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THE OSTEOPATHIC PHYSICIAN

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Number

Is Psychology a Legitimate Part of the Osteopathic System of Medicine and Should We Use It?

By William L. Grubb, D.O., Pittsburgh, Pa.

"THIS is the great error of our day in the treatment of the human body, that physicians separate the soul from the body."—Plato.

Definition: Osteopathy is a name for a system of medicine which recognizes Structure, Physiology and Psychology as a correlated whole (body) as the medium or vehicle for life's manifestations, and a deviation from the normal environment of the cell as being the occasion for abnormal manifestations, which is disease. Treatment, then, would be adjustment of the environment whether in Structure, Physiology, Psychology of the organism or extraneous to it.

Osteopathy, considered from its biological scope, presents a broader view than we have been accustomed to take of it. It seems very clear to me if we expect it to be a complete system of healing, we are compelled to take a broader view of its philosophy. This seems to be the natural trend, judging from our present day literature.

Accepting the biological concept of osteopathy as being true, we have a foundation for our system that is different from any other system of medicine. I believe that I am safe when I declare that osteopathy includes within its scope all there is worth using and preserving in all of the older systems of medicine.

In the discussion of our subject, we wish to stay as close to biology as we can, and in trying to do this we shall follow wherever it may lead, regardless of our preconceived opinions.

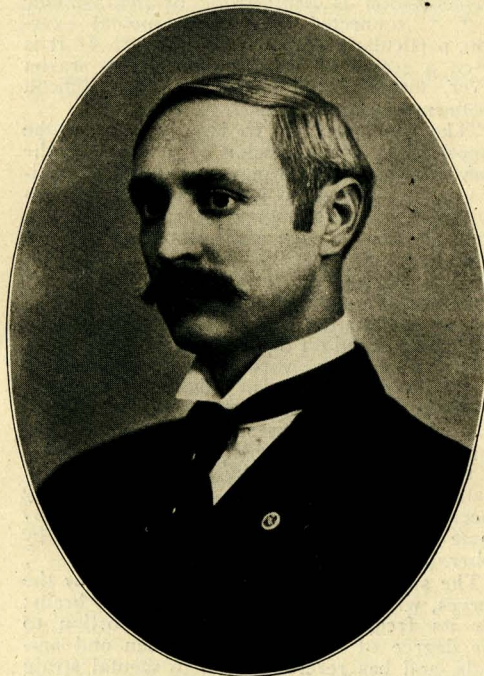
Biology is the science of life. Since we cannot touch life itself, we must confine ourselves to a study of its manifestations: Structure, Physiology, Psychology and its environment, which is the occasion for manifestations.

We, therefore, must recognize at the beginning of our study the great importance of having as thorough a knowledge of the Structure, Physiology and Psychology, and the relations of these to each other and to the environment, as is possible to have. We now have before us the "Big Four," i. e., Structure, Physiology, Psychology and Environment, which, taken together and considered from the standpoint of a system of medicine is something we can characterize as Scientific Osteopathy.

If we do not expect osteopathy to degenerate into a few mechanical manipulations, performed in a more or less perfunctory sort of way—or else be absorbed by the so-called "regular" school of medicine, we must labor assiduously to develop it from the basis of its biological concept.

In a recent issue of the *A. O. A. Journal* there appeared an article by Dr. Nettie Olds Haight, which bears very strongly upon the question under consideration: "The human body is but a community of cells, separated into groups, each group specialized to perform certain work. Each cell and each group of cells (organ) depends upon a normal environment for perfect functioning. Each cell and each group of cells responds to its environment by certain manifestations of life force—the heart muscle by contracting, the gland by secreting, the brain cell by thinking, etc.: each

contributing in the complex arrangement of the body to the perfect harmony of the whole. This harmony may be broken, first, by violence by which the initial substance of the cells is partially or wholly destroyed; second, the environment may be so unusual, or abnormal, as to exhaust the store of vital energy in its efforts to respond; or third, what is the most common, there may be an obstruction in the normal avenues of response. In the first class belong the purely surgical cases; in the second, those conditions resulting from excesses and abuses of every kind, of which over-eating, over-work, inhaling poisonous atmospheres, etc., are examples where treatment indicated is logically the cessation of the abuse; and in the third class are comprised those conditions



Dr. William L. Grubb, of Pittsburg, Pa.

which form the basis of the *Osteopathic System* of treating diseases."

This is the first attempt I have ever seen at classifying abnormal conditions with respect to Structure, Physiology, Psychology: environment acting upon Structure, Physiology and Psychology, vice versa—the treatment, of course, naturally following each class inevitably. The good Doctor, however, has not been fully emancipated from the idea of manipulating for everything, when she is fully aware of the biological axiom, that function effects structure and vice versa, whether it is on the physiological or psychological side of the equation.

We osteopaths are not exempt from falling into ruts any more than other people. The medical doctor calls on Doctor Dose-em for everything, while we call on Doctor Manipulate-em for everything.

To further strengthen our psychological

view, I shall quote from Paulsen on Philosophy who calls attention to a parallelism which is practically accepted by all modern philosophers and thinkers. He says: "When a definite physical process occurs, a psychical process simultaneously takes place, which may be characterized as a concomitant phenomenon or as a physical equivalent of the psychical occurrence." Again—"The physical equivalent of psychic life is the sum of the physiological vital processes; a psychic element corresponds to every physical one. What occurs in the corporal world as movement appears in the world of consciousness as sensation or idea."

This gives us a wide scope for the psychological factor in osteopathy, and we cannot afford to pass it by so lightly as we have been accustomed to do in the past. It is a most important factor in our armamentum, and we cannot intelligently ignore it. We do not seem to realize the fact that a knowledge of psychology is as important as physiology—I contend that it is far more important. Both psychology and physiology are manifestations of that intelligent something—call it what you may—that is back of all phenomena, psychology stands on a higher plane than physiology. Physiology has been more prominently manifested in the phylogenetic series leading up to man, while psychology begins to predominate as soon as the human ontogenetic series is reached and continues to increase rapidly as we ascend the scale in this series.

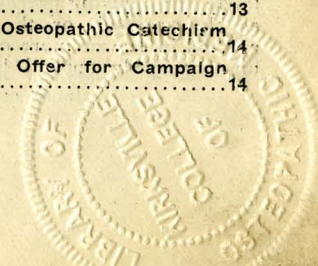
In the human animal we find a most perfectly adjusted instrument of communication between the world of motion without and the psychic world—also the world of independent ideas, the spirit world, within. This wonderful instrument is connected with the external world by the terminal sense organs of the sensory nervous system, and the brain cells in touch with the psychical or spiritual world within. The world of external environment acts on the sensory nervous mechanism, which determines changes in the psychic world. The psychical world—also the world of independent ideas, the spirit world—acts by will through the motor and vaso-motor system determining changes in the structure and the physiological worlds, to say nothing about the external world of nature.

In my experience I find our osteopaths about as well qualified to diagnose and treat psychical lesions as a medical doctor is to diagnose and treat a mal-adjusted vertebra or inno-

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minate. Of course, this is very obvious and we are not amazed very much unless it be at his palpable indifference. If he did not get his knowledge of psychology before entering school, the probabilities are that he did not get it there.

How many of us, in addition to making a thorough physical examination, ever look into the psychological realm?

Are we true to our calling as physicians if we neglect this phase of an examination?

Are we keeping within the scope of Biological Osteopathy that structure affects function and function affects structure whether the stimulus is mechanical, chemical, thermal, electrical or psychological?

To diagnose a psychological lesion and apply the treatment indicated, is just as scientific and just as osteopathic, as it is to diagnose a bony, ligamentous or muscular lesion and adjust them and more skill is required to apply the treatment.

The fact of the matter is, that we have allowed the Christian Scientists, Suggestive Therapists, Mental Scientists, etc., to use the "thunder" that rightly belongs to our armamentum. The failure of the Drug Doctors and Osteopaths to make use of their psychological possibilities, has enabled Mrs. Eddy, Alexander Dowie, Bishop Fallows, Col. Sabin, etc., to organize the psychological side of the healing art into systems of religion. As we see our patients leaving us and going to the psychological healers, do we not feel like exclaiming with Macbeth—

"Cure her of that.
"Canst thou not minister to a mind diseased,
"Pluck from the memory a rooted sorrow,
"Raze out the written troubles of the brain,
"And with some sweet oblivious antidote
"Cleanse the stuff'd bosom of the perilous stuff
"Which weighs upon the heart?"

Each of our schools should have a Chair of Psychology, so students could have a theoretical and technical knowledge of psychology; also have a clinical department for the practical application of the same.

In order to get a clearer picture of man's normal psychology, as well as to have a standard of comparison for his pathological psychology, let us take an inventory—which will be something like the following: "A physical body, a spiritual body, a will, a consciousness, one full set of appetites, desires, emotions, aspirations and ambitions." Do these not appear to be man's stock in trade when he is ushered into the world?

However, before we have opened our psychological account it may be necessary to make a few credit entries in order to take care of the hereditary increment that may have accrued in our becoming, up to this time. Of course we are careful of the so-called physical diathesis in our examination, but has it ever occurred to us to take into consideration the broader field of psychological diathesis? If it has, do we ever try to apply the treatment indicated? Do we not feel our weakness in the face of hereditary predispositions? We take these cases and apply our mechanical manipulations, but will our mechanical manipulations remove the lesion of a psychological diathesis? If in making out a diagnosis of a case, if surgery is indicated, or if the lesion is a bony, ligamentous or muscular, not coming under the surgical classification, would we be transcending the scope of osteopathy by applying the treatment indicated in either case? Of course not. But on the other hand, if our diagnosis is a psychical lesion, should we hesitate to apply the treatment indicated? Would we be using our common sense and reason by recommending surgery, medicine or mechanical manipulations to make the adjustment?

As I understand it, the osteopathic method, or vehicle, is the only natural one in existence today for applying psychical treatment as well as the surgical, or the manipulative. This method in one or more of its phases has been unconsciously applied by all of the great

(Continued on Page 7.)

Anatomical and Physiological Pictures of Diseases

Being Chapter VIII of This Series by Dr. E. E. Tucker, Jersey City, New Jersey.

The Etiology of Hay Fever.

PRESENT day studies of hay fever at the hands of medical authorities are subject to the same limitations that are evident in their studies of others disease: that they are committed from the beginning to the specific cause idea, or are strongly biased towards it; and that they study this specific cause rather than the specific condition of the body, which alone can make a specific symptom-group.

Perhaps the real truth will be found somewhere between this idea and the osteopathic idea, which is that a constant symptom-picture must be due to a constant anatomical picture, an affection of a definite organ, function, or biological property of the body; and that any agent which is capable of irritating it is capable of producing the symptom picture.

The latest review of the subject of hay fever is that by Dr. W. P. Dunbar, in the latest edition of Osler's Modern Medicine (1907) from which we quote.

"Hay fever is a product of modern culture * * * with a definite predisposing cause and a definite exciting cause. * * * The predisposition is neuropathic or neurasthenic * * * connected often with mental exertion, particularly responsibility. * * * It is often a sequel of infectious diseases, scarlet fever, measles, diphtheria, pleurisy, difficult confinements, influenza."

"The predisposition to hay fever is to be conceived as an expression of a lesion of the nervous system which may be induced by various causes, and is so permanent that a spontaneous cure is the greatest rarity, and the predisposition is even transmissible. * * *"

"Pollen toxin is to be considered a poison which has a specific action on the endings of nerve fibers in predisposed persons. All studies on the explanation of the predisposition will have to be based on this fact. * * *"

The effect of the various agents giving rise to the predisposition is, judging from these authorities, the creation somewhere in connection with certain nerves, of a substance not normal to the body which is acted upon by a toxic substance in the pollen of certain plants. This substance in the body is highly specific, for certain persons are acted upon by some varieties of pollen, other persons by other pollens.

The substance in the body is created by the nerves, with particular reference to the brain; for its frequency is in direct proportion to the degree of culture, both in men and animals, and has reference also to mental strain and responsibility. It immediately suggests itself that sustained attention is the condition acting here. The particular aspect of mental activity that must produce this substance is necessarily the metabolic or nutritive aspect—and the nutritive effect is the one that would be most pronounced in sustained attention.

The other causes given for this predisposition are the infectious diseases, and other great metabolic strains. The reader will immediately recall the suppositious organs or group of organs in, or near, the medulla which were commented on under diphtheria and tonsillitis, which seemed to be involved also in all the acute infectious diseases and all diseases of toxicity. These suppositious organs were shown to have a close relation to the respiratory mucosa, particularly the nasal and pharyngeal, which are the parts effected in hay fever. There are fairly constant osteopathic lesions found in this disease in relation with these upper spinal segments. The brain in acting as a cause of this predisposition need not itself produce the "substance in the body,"

mentioned above, but may produce it by its action upon these nutritive organs—by the strain of its prolonged demand for its particular nutriment upon these centers of metabolic equilibrium. The predisposition becomes pronounced in connection with fatigue, mental work and excitement, etc. No doubt it is also through those centers that the infectious diseases cause the predisposition to hay fever.

In this way do all the causes of the predisposition become one and simple. In no other way that has yet occurred to me can the various features form one whole.

But if other forms of nervous strain act to cause the predisposition, undoubtedly that from an anatomical lesion in this area may also so act. Osteopathic physicians do cure hay fever, and they do so by no other means than by removing such lesions and by securing the diffusion of the dynamic excess that seems to be concentrated here, by means of normal nerve stimulation, renewed circulation, and the inhibition which always characterizes a broader co-ordination of nerve forces. The fact that they do cure is to be taken as evidence that a neurotrophic disorder, when established by overstrain, or by too long continuance of one set of co-ordinations, may be corrected and normal trophicity renewed and established, by incoming stimuli of another order and source.

The toxalbumen has been separated from the irritant pollens, and with it an anti-toxin obtained, from which the following results were obtained:

56.1 per cent entirely free, or attacks aborted.
30.7 per cent partial cure.
13.1 per cent no benefit.

These results enable us to draw certain inferences. In the first place the substance in the body on which the toxalbumen acts is continuously formed in those persons subject to the affection. The administration of the anti-toxin in 50 per cent of cases, causes this formation to cease. Osteopathic release and stimulation of certain nerve centers also causes its formation to cease. It is a substance not normal to the body, but produced under certain conditions of strain or irritation, which then appears to be self-perpetuating until checked. In other words, it may be a variation in one of the zymotic or nutritive processes in the nerves; as Dunbar himself expresses the opinion that the pollen, in great amount or meeting a weakened condition may produce the susceptibility.

The fact that such an alteration in metabolic order may be self-perpetuating offers an explanation for the transmission of the predisposition, and throws a most interesting, and far-reaching light upon all problems of metabolism of infection and of inheritance. And osteopathy throws a further sidelight upon the role of the nervous functions as agents or as causes of it.

In connection with this it is worth citing the observation mentioned by Dunbar that bacteria may in one day lose and never thereafter regain, a most intense toxicity. The same thing that can happen to the metabolic order in bacteria can happen also in the animal organism, and furnish an explanation for the sudden acquiring and the as sudden losing of this susceptibility. And the fact that osteopathic treatment can effect these cures is a most striking evidence of the power of mere dynamic variation to cause changes in nutrition in the nerves and other structures of the body.

A last and most interesting point in connec-

tion with this affection is that the symptoms from an injection of the toxalbumen of the pollen bear a very remarkable relation to those of the infectious diseases, by means of which we can still further incriminate the common ground of the metabolic nerve centers, the suppositious organs of nutrition in the neck; and also get a clue by means of which it may be possible to bring order out of the chaos of the symptoms of those affections.

The injection of toxalbumen was made by Dr. Dunbar into a vein of the forearm of a susceptible person. In the first place a fairly definite time element is noted.

The following is an epitomized description of the effect noted:

After 10 minutes, sneezing and secretion from nose.

After 30 minutes, dry cough, slight tenacious expectoration, face swollen and cyanatic, conjunctivae injected.

Later, chemosis, tension in ears.

After 1 hour, tormenting asthematic disorders and audible stridor.

After 2 hours, urticarial-like eruption of wheals over whole skin, violent itching.

After 3 hours, forearm began to swell.

During night, whole arm swollen. Arm and face remained swollen several days.

Temperature and urine normal throughout.

One week, disturbing sensation of weakness and exhaustion and palpitation of the heart.

In the second place, the first effect is seen not in the arm, but in connection with these nutritional centers in the cervical cord.

Third, the involvement of the skin, noticeable here when the toxic substance is in sufficient excess, though hardly noticeable in the ordinary attack except as a slight rosy hyperemia, is paralleled in nearly all infectious diseases. Possibly all tissues are similarly affected, being visible in the skin alone; but possibly also the function of the skin in meeting and neutralizing all poisons that reach it is a reason for its responding so actively to all such toxins.

Fourth, the effect upon vasomotor equilibrium, seen most severely in black or hemorrhagic measles and in those severe cases of smallpox wherein vast hemorrhages into the body cavities occurs, and seen to a greater or less extent in all such diseases, is evident also here, bearing a sequel in the heart neurosis.

Of course most important among these parallelisms is the seat of the chief effect in the throat. Even before any result appeared at all in the arm, where the injection was made, severe symptoms appeared in connection with these suppositious organs, in the throat and nose—that is, within ten minutes.

All these parallelisms indicate very strongly that the symptoms of the acute exanthemata are *physiological pictures*, not specific metabolic pictures except to a slight extent, and give a new and exceedingly practical approach to the great problems of these diseases in the purely physiological and anatomical study of the body—in other words, in osteopathy. It is too early as yet to generalize on the possibility of the differences between the acute exanthemata themselves being largely dynamic differences; if that be the case, the dynamic differences are largely on the biological plane. But it is certain that a purely dynamic variation in the cervical ganglia is a part cause and also a possible cure for the affection.

In all respects the actual changes in tissue correspond with the features of the uniform response to irritation and injury. There are occasionally prodromes; there is characteristically the sensory stage and the stage of motor reaction; there is the initial failure of function, followed by hyperaemia, congestion, catarrh and often the severer stages of the inflammatory process; the sensory and motor stages are exaggerated in true expression of the function and structure of the part affected; the congestive and catarrhal features also show a variation in different parts and for the same reason. The *incidence* of these phenomena and some slight variation in them, is in accordance with another series of changes—also a *functional* one—due to metabolic or biologic reaction which will be studied in connection with infectious diseases.*

* Paragraph 3. "The real truth will perhaps be found somewhere between this, the 'specific cause,' heresy, and the osteopathic, the 'specific function or specific structure, idea.' This, upon further thought, appears the just truth in the case of this particular disease. The involvement of a certain function, or a certain structure, occurring widely in the human race, indicates some widespread abuse of function or tendency of structure throughout civilized people.

We have then:

- A widespread abuse;
- In proportion to the degree of civilization (or specialization);
- Producing a weakening of biochemic equilibrium;
- Self-perpetuating and hereditary.

Among all these, the element of heredity seems to be the most broad and uncertain. Let us begin with examining it.

Any variation in the structure of animals of any species is evidence of a lack of stability in the biochemic elements that determine that particular part of their structure, it is also cause of weakness in the functioning of that part until it has been given definiteness and stability by generation after generation of increasing strength.

In the human race, variability in the cerebrum and general nervous system and nervous functions is its prime characteristic. This variability is forced to the greatest possible degree by education and intellectual rivalry. That is to say, in proportion to the degree of civilization.

Any upsetting of equilibrium affects not only the part primarily concerned, but as is implied in the word equilibrium, other and perhaps widely varying parts and functions as well.

Any variation, spontaneous or otherwise, in the biochemic molecules of the body tends to be self-perpetuating—as is proven by every fact of heredity, natural selection, specialization and education.

In fact, every change of function, mechanical or chemical, in the body shows also the same tendency, as is evident in memory and habit, in the habits of the stomach, in immunity, in increasing strength from use, in varying of function from varying use. Modern biology is taking greater and greater interest in such aspects of physiology as zymotic action, reversible and irreversible reactions, etc.

Here, then, we have the widespread abuse, in proportion to the degree of civilization, producing a weakening of biochemic equilibrium, showing a tendency to be self-perpetuating and hereditary, and it is in this part which is specifically affected in Hay Fever.

erted upon the body, and likewise, the influences of the other parts of the body on those normally weak points. Habitual postures of some people and also bad habits exert a very strong influence on a lesion in keeping it wrong.

One such lesion is at the Axis.

Reasons why an atlas lesion causes so much trouble:

1. Because of its close relation to superior cervical ganglion.

2. Because of its tensions and pressure exerted on muscles and nerves causing the muscles to contract unduly and stay contracted, and the nerves to be constantly irritated.

3. Because of its influence on the circulation to head and its parts.

4. Its influence on circulation to the throat.

5. Its influence on the circulation to entire body through the superior cervical ganglion and its control of vasomotion for the body.

Causes of such lesion:

1. Blows on the front and sides of head which suddenly turn the head without moving the body.

2. Falls striking on the side of the head and shoulder.

3. Suddenly turning the head too far to one side or other without moving the body—especially when sitting or riding.

4. Turning of head to one side, raising chin and looking up as in sweeping cobwebs putting up curtains, etc.

5. Using the head to raise the body when turning over in bed.

6. Lesions of other bones, Innominate, Atlas, curves of the spine, lumbar and upper dorsal lesions.

7. Sleeping and lying on chest, which turns head so it lays on its side.

8. Contraction of muscles due to other lesions in spine, also muscles contracted because of "colds," drafts and acute diseases.

Symptoms produced by an axis lesion:

1. General weakness very important and very frequently found.

2. Entire body cold.

3. Nervousness.

4. Headache and migrane.

5. Dizziness, nearly always present.

6. Eye troubles.

7. Ear troubles.

8. Neuralgia.

9. Falling out of hair.

10. Stiff neck.

11. Hemiplegia.

12. Loss of memory.

General weakness is almost always present in a case where there is an axis lesion. The weakness in many cases is almost a prostration which is to be relieved by correcting the axis. The reason is because the circulation to the head is so greatly interfered with and the brain is not properly nourished, and therefore is unable to generate sufficient nerve force to carry on the work of the body. It is the nerves that feed the body its strength.

Dizziness. I have noticed with only two or three exceptions in a great many cases that where I found an axis lesion there was dizziness present in varying degree as the lesion was of varying degrees.

Nervousness. The axis lesion is a great cause of nervousness because of the great pressure brought to bear on the nerves, and also the impoverished condition that the brain and spinal cord must be in because of the congestion of venous blood, caused by the lesion, plus the contraction of all the muscles in the neck, both front and back.

The brain, like any other organ or tissue, has to have pure and unobstructed blood and is especially disturbed by an irritated nerve connection. If it has not normal blood flow and nerve vibrations its functions are interfered with and finally decrease of vitality follows.

Diagnosis of the most frequent axis lesion which is a lateral rotation:

1. The unilateral contraction of the muscles

Axis Lesions, Their Importance and Adjustment

By Dr. F. A. Turfler of Rensselaer, Indiana.

THE greatest medical truth that has been given to mankind, in my belief, is Dr. A. T. Still's discovery of bony lesions and their relation to sickness and infirmity. Words cannot express my appreciation of that truth. I wish to add my mite to this subject, that it may help some others to appreciate the meaning of that great truth more fully, and, as well, help suffering humanity by its application.

Some lesions in the body occur more frequently and are the source of more trouble than others. This is so because they are at the points in the body where the most motion takes place, as between a bone that moves a great deal and one that is considerably less moveable. In mechanics the part that moves is where we look for trouble.

Some lesions are also of more frequent occurrence because of the outside influence ex-

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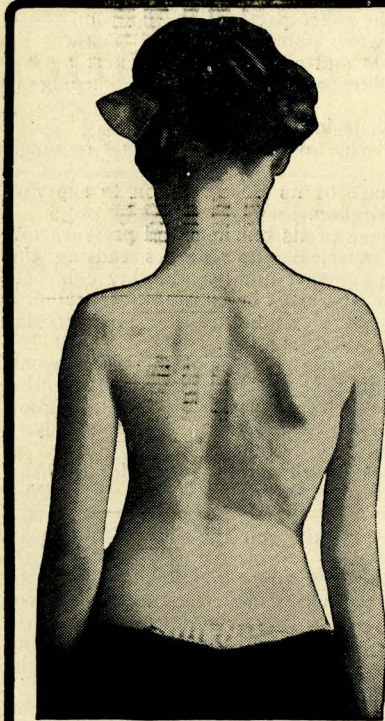
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on the side to which the spinous process has deviated.

2. Prominence of the spinous process on the side to which it has deviated.

3. Prominence of articular process on the side to which it has deviated backward, and lessened prominence of articular process on the opposite side.

4. Tenderness and thickened tissues over the articular process, especially the one that has rotated backward. If the spinous process has rotated to the right the articular process is prominent on the left.

5. Subjective symptoms.

Locating a lateral rotated axis lesion:

1. The contraction of the muscles that are irritated by the pressure of the deviated spinous process; and these muscles are stretched and made to pull around this prominent point of bone which crowds them into a smaller space and makes them pull out of their normal positions.

2. The distance from the sides of the neck to the sides of the spinous process.

3. The prominence of the left articular process. If the spine is rotated to the right, the articular process is prominent on the left, and the tissues are thickened over it.

4. The distance of the articular process from a line drawn midway through the neck from the right to left. The articular process on the right will be much nearer this line on the right than the articular process on the left will be on the left side of the neck. By placing the finger on the back of the articular processes having the fingers lying flat, you can look along the sides of the neck and see how much farther one is anterior to the other. I have been surprised to find so much difference at the articular processes only finding a little deviation at the spinous process. In locating a deviated spinous process of cervical vertebrae, I place the tips of my fingers on either side of the upper dorsal vertebrae, the patient lying on his back. Then I bring the fingers of both hands along up the sides of the spinous processes of the cervical vertebrae, thereby comparing all of them. Now if I find one out of line I ascertain if it is tender, if there are any subjective symptoms, any tender muscles. If I find none of these I conclude it is a natural and non-pathological

abnormality; but if I do I consider there is a lesion at that point.

In examining a neck it is well to examine the rest of the spine to see if there are any spinal curvatures or a slipped innominate that are also producing a curve in the neck. That would make the axis appear to be deviated when it sometimes is only a compensatory condition due to the other cause and which is to be corrected by correcting the other cause.

Many times when I am puzzled about the axis whether there is a deviation of the spinous process or not, I place the tips of my middle fingers against the sides of the spinous process, then hold the fingers straight out from the sides of the spinous process to the right and to the left. Holding my head over the center of the patient's neck I look down past the neck on either side to the fingers and see which are covered most by the tissues of the neck and which, the least. The side which is covered the least is the side to which it has deviated.

Correction of the lesion:

In some cases you can correct the lesion without any work on muscles if it is of recent origin or an easy case. But in a good many it is important to work on the muscles. First stretch and pull so they let loose some if you can.

One way of correcting the rotated axis lesion I have found will do the work in the majority of cases is the following procedure:

The patient lying on his back on the table, I place the palms of my hands on either side of the patient's head. Now by forcing the head to the side opposite the lesion with the head-left on the table, be sure the axis is the only one that is exaggerated. You can tell this by holding the head with one hand while you see if the axis is the only one exaggerated. If you do not get the axis exaggerated you are liable to pull one out of line that is all right.

Now with both hands on sides of head, hold the head so the axis is exaggerated and the left articular process is crowded together so that when you make the move the right articular process will be separated and free to move. The above is the key note.

Crowd the articular process on left together

and hold it there. If you do not do this, when you give the movement the "move" is all lost.

Now holding the head as stated then, make a quick roll of head and neck above the third to the right, keeping the head and neck in the exaggerated position.

The chin moves a little up and to the right at same time. The chin moves not more than a distance of an inch to two inches. If the lesion does not move by moving the chin that far, you would better work on the muscles more and stretch them and give them some more time.

If you have corrected the lesion, work on muscles and relax them more thoroughly. Also, instruct your patient how to take care of his neck so it can be kept in shape and thereby give the articular surfaces time to adjust themselves to the new position, the ligaments to become strong, muscles to relax and pull equally which all takes time.

This part of the work—teaching the patient to be careful—I find is of the greatest importance until the tissues get strong enough to hold the bone that has gotten somewhat new bearing surfaces, wedge-shaped cartilages, weakened ligaments and muscles that tend to pull it out of its normal position. The habitual way people have of holding their heads when writing or sitting at a desk where they have to turn the head too far to see a person addressing them, in my opinion, produces mischief. I have found that people handle themselves in such ways as to pull the bones out of shape and below are some of the most common errors:

Sudden turning of head too far to the right or left.

Using the head to turn the body over in bed.

Looking to one side and up as in standing close to wall in sweeping cobwebs.

Lying or sleeping on chest with head turned to one side.

People who have had lesions corrected in their neck for six months to a year have gotten them out again by doing one or another of the above things. I instruct them to raise up when turning in bed; to look straight up and stand away from walls when sweeping cobwebs or look up at any thing, and in turning to look at things to turn their bodies and not turn their heads too far to right or left, and not to sleep or lie on the chest.

When treating patients have them high enough upon the table so their head can hang off the table.

I find it is harder to keep the lesion in and instruct the patient to be careful not to throw them out than it is to correct the lesion.

You have to keep matters adjusted the best you and the patient can and wait until the joint and its tissues and related structures grow strong again. In many cases we must wait until the patient can grow strong generally before the joint will hold its own. I hope these remarks may be of some aid to the brethren and sisters in the profession.

Using the Title Doctor

R. L. Stephens, D. O. Tyler, Texas.

Dear Doctor Bunting—I read your article in a recent number on the "Use of the Term Doctor" with much interest. It was timely advice, as I know from personal experience. My sign at first read "R. L. Stephens, D. O." While it created a good deal of talk people were very slow to learn the meaning of "D. O." They would read "R. L. Stephens—D. O.," then say, "Well, what does he d-o?" Occasionally one would ask "What does D. O. mean?" So, I had a little panel made to swing under the other with "Osteopathic Physician" on it and then they began to understand that I was really a doctor.

R. L. STEPHENS, D. O.

Tyler, Texas.

Osteopathy's Real Disorders Are All "Inside" Lesions

The Interesting Criticisms of a Layman Who Has Studied Osteopathic Progress for Seven Years.

By Mr. W. R. Archer, of Warren, Pa.

AS AN apology to those who may think it presumptuous for a layman to undertake to tell the osteopathic profession its faults, will say I became interested in the science seven years ago and seriously considered at one time the matter of taking it up as a life vocation. With that in view, I started to investigate it. My duties as a traveling man took me into many states. I visited the Kirksville and Des Moines schools. I also visited a large number of practitioners throughout the country. Not only have I been a close follower of osteopathic literature, but also that published in opposition to your system. Anything said or written against osteopathy has not tended to shake my confidence or belief in it, but my reason for not being an osteopath today was found entirely within the precincts of the profession itself.

The profession is suffering from an internal canker—a condition of jealousy and selfishness that is sapping its vitality. It is its own worst enemy. Just how this is so will be hereinafter related. What the profession needs is to be placed on the treating table and given the kind of a treatment that will cause pure and unadulterated osteopathy to flow through its system. When it practices, in its purity, what it professes, then it will maintain its rightful and dignified place, not only in the opinion of the public, but also that of its opponents.

Permit me to explain what I mean by jealousy, selfishness and impurity in the practice of osteopathy. It is easily apparent to any one who will take the trouble to observe that the graduates (as a rule) of one school look upon those of any other with contempt and as being hardly worthy the name of "osteopath," or at least so many of them exhibit this spirit that we lay people come to think it quite the rule, which amounts to the same thing, after all. Especially is this true of the Kirksville students' feelings against other schools. Nor is this feeling of jealousy directed entirely against other schools, but is found to exist even between members of different classes of the same schools.

To illustrate: The writer called upon an osteopath who was located in a little city in southern Michigan, a graduate of the class of '01 or '02. Had been practicing about three years. For convenience we will call him Dr. A. I explained to the doctor that I wanted to know something about osteopathy as I thought seriously of taking it up. He readily volunteered to give me all the information he could, and proceeded to do so. Told me of his pioneer efforts in that locality; that he had been monarch of all he surveyed in his line until recently when Dr. B., a graduate of the same school about three years later, had shown the temerity or nerve to come and locate in the same domain as Dr. A., when he ought to know that there could be only a comfortable practice for one osteopath. If this Dr. B. had used decent or dignified methods of announcing himself to the public and had not dragged the system of practice of Dr. A. into disrepute likewise, the conditions would not have been so bad. Dr. B. was doing nothing himself to speak of while Dr. A.'s practice had suffered a bad decrease.

"What did Dr. B. do?" was asked.

"He announced himself by flaring newspaper ads. Circulated promiscuously cheap hand-bills and proceeded to make himself shockingly conspicuous, which brought down ridicule both on himself and his profession.

Dr. A. told of the following alleged incident to illustrate his grievance.

"There is in this town a dry-goods firm, H. H. Jones & Co., who were having one of their periodical sales at the proverbial slaughter prices simultaneous with the issuance of the Dr. B. osteopathic circular. There also happened to be a woman in that town who never had had occasion to hear about osteopathy. So having received one of the doctor's circulars and desiring to take advantage of the low prices at Jones & Co.'s, after other purchases, she asked for 'a package of osteopathy,' saying she thought they would look nice planted on each side of the path in front of the house. The clerk said 'they were just out of osteopaths,' but recommended something else that would look just as well."

Such was the story, as told me by one osteopath about another.

After getting enough information from Dr. A. to give me a bad impression of Dr. B. I went to the latter's office, where a young man of about 28, introduced himself as Dr. B. I was surprised to find a man of particularly fine appearance, of good address and cultured, who had been a college professor for a number of years before taking up osteopathy. Upon learning my mission, he at once entered into a most enthusiastic and comprehensive explanation of the science, really the best I had ever heard.

In answer to questions about his practice, he stated he had been located about three months and was more than pleased with his practice. After hearing what I had, I was naturally curious about his methods, which appropriate questioning brought out. In two of the local papers he ran a modest business card, containing only his name, profession and address. He had then about 150 journals (of some kind) ready for mailing, stating that he sent out several hundred each month. He also gave me a copy of a very neat little folder of about six leaves and cover, which explained in a concise manner what osteopathy stood for. This he said had been mailed to the head of every household listed in the city directory. (The cheap handbill).

The annoying (?) thing about calling on a man like Dr. B. was our visit was interrupted four or five times by patients coming in to be treated, otherwise it was so pleasant that I was surprised to find I had been in his office full two hours.

When asked if there were any other osteopaths there, the doctor answered with a sort of yes—no. Yes in name, no in reality.

"There is one here—was here when I came—but he don't seem to be doing anything. No hustler, no mixer, never did anything to educate the people—doesn't believe in education evidently, or is too stingy to use good wholesale field literature. He's not an up-to-date osteopath. Got his diploma when osteopathy was taught only in its crudest form, in the primitive days of the science. Most of the old-timers are now taking post-graduate courses in order to get the real thing we got. He ought to, too."

I was really not prepared for this last bit of a stab. I did not expect to hear such a "knock" from this clean, intelligent, broad-minded young man, against one who had pre-

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President

ceded him through the same school only three years (The A. S. O.) and against one who, at least, possessed the advantage of three years of actual practice.

Both men professing the same thing. Both located in the same town. Both duly graduated from the same school. Both saying disrespectful things of each other's capability. Both striving to discredit the other in public opinion. Both trampling the dignity of the science of osteopathy into the ground and neither realizing it. Both osteopaths plain ordinary every-day knockers!

Is this putting it up to the public in a way that will make it prosper as a science?

If you think for one moment that this is an isolated example and you will take the trouble to investigate, you will find this condition to be true in almost any locality where two or more osteopaths are located. Especially is it true where the rival doctors represent different schools. There are, of course, however, many pleasing, refreshing exceptions, both as to communities of D. O.'s and individual osteopaths.

Even the laws promulgated by the state associations and passed by the legislatures are in my humble judgment permeated by the essence of selfishness. These laws, in the form in which they were passed, under the guise of protecting osteopathy, are in many ways barriers to its progress. How? The best way to discover some of their detriments, is to go into any class room of any of the schools, read the New York, Ohio and several other state laws and ask the students how many of them could qualify under these laws even after they have taken the three years' course. Many of the state laws are, of course, more liberal. Some of the associations were glad to get almost any kind of a law as a matter of recognition, which may afterwards be more easily amended and molded into more prohibi-

tive measures—which if not so intended, in certain cases, do operate as barriers to restrict the influx of otherwise fully qualified osteopathic practitioners.

For fear this method would not be sufficiently effective, the clamour for a three years' course was set up.

Was this from the public in order to secure more efficient service? No!

Was it from the M. D.'s to secure stronger and more ethical competition? No!

Was it from the legislatures to compel a higher standard of service to the public? No!

Was it from the osteo-athic schools? *The Journal* says "the schools pled for just one more year in which to make the change." If not any of those, who, then? To whom did the schools plead?

It surely could not have been to three-year osteopaths, so we must conclude that it was to two-year osteopaths who were more interested in the other fellow's welfare than in their own. This arrangement would cut "goin' and comin'." It would keep 'em back a year. It would keep a lot out of school altogether and it would close up most of the small schools that could not get enough students under the three-year course to keep them alive. It has all worked, beautifully. It is one way to boost osteopathy—over the cliff.

A three-year course is unquestionably a splendid thing for the ones who may take advantage of its benefits, but was osteopathy ready for such a change? Events have certainly shown that it was not and has suffered as a consequence. Will the turning loose of a three-year product in the field against, or rather in competition with the two-year graduates be conducive to harmony? The things that have been said about each other in the past will be tame beside that which is to come.

[There is very much to be said in defense of our laws not realized by the writer but well

known to our practitioners who fought, bled and all but died, professionally, in many instances to get these laws enacted. Each law presumably is the best the profession could do under all the circumstances.—Editor.]

One time I was in a western city and having some leisure went to visit an osteopath, finding the desired sign on a second-story window of a very nice block. Mounting the stairs, I passed into a door that bore a similar sign to that on the window, but was about to back out, thinking I had made a mistake and was in the city electric light plant machine shop. But the chief engineer in charge, on finding out what I wanted, assured me that I was in a real osteopathic physician's office and that he was the doctor.

After the usual preliminary of making my desire known, the doctor was delighted to show me all the "appliances of osteopathy" and proceeded to explain the merits of his electric light cabinets, thermal ovens, regular bath tubs with electric attachments, massage machines, pedestal electric vibrators, block-and-tackle swings, etc. Also, of course, the regulation tables. Here the patient could be lit up, warmed up, soaked (possibly "soaked" should be used last) shocked, shook, buzzed, vibrated and otherwise treated. Amazingly complete!

When the writer was in Kirksville he thought he was shown everything from cellar to garret, but somehow he missed the machine shop. A considerable percentage of osteopaths use these mechanical adjuncts. To be sure, not to the extreme just described, but there are few that do not have mechanical adjuncts of some kind.

What the public doesn't understand and wants to know about, is *why all the literature circulated by the osteopaths describes only the wonders of Stillosteopathy*, and that they are nearly always given machineosteopathy. Is

the latter better? If it is, why not teach it as well as practice it?

When osteopathy has shaken from its own skirts the elements of fakism, it will be better qualified to call the chiros and mechanotherapists, etc., "fakes." Whether they are or not, the writer does not pretend to know, my only information about them has been gleaned from osteopathic papers and from which I surmise, they are a real or fancied danger on the trail of osteopathy.

Where does osteopathy stand as a system in comparison with others? I will not say "science" for the reason that a member of one recognizes only his own system as a science usually. The medical system is hundreds of years old. It has about 130,000 practitioners in the U. S. (according to McCormick). What is its following? Millions.

Christian Science, whose founder still lives, has been placed before humanity in a way that must be convincing, or it would not have over fifteen millions of alleged believers and followers. (Something like five and one-half millions in the U. S.) This is a system where religion and suggestion is dealt with. In the practice of medicine, suggestion is again found to be a potent factor.

We likewise find many advocates of mental suggestive therapy without any trimmings. It is a thing which is usually wholly ignored by the osteopath who yet claims to possess a complete system of healing by dealing only with the Physical Man and ignoring the Mental Man altogether. How well have you been able to convince "many men of many minds" that you are right? You have less than 5,000 practitioners. What is your following? You have but to read the writings of your own members to appreciate the difficulty with which they make the public understand what osteopathy is and what its benefits are.

It is not because of public ignorance, believe me, for is it not the essence of the opinion of this same public that feeds the vitality and molds the character of the Nation of which we are so proud?

Osteopathy is but a child—too small to assume the role of "Jack-the-giant-killer." It must remember that old Giant Medic has lived to see scores of would-be "Jacks" batter out their tender brains against his armor. Osteopathy is too small as yet to say that noxious weeds shall not grow in its pathway in imitation of itself. It is too small to say to the public that it is a fool to entertain beliefs that are not encompassed by the principles of osteopathy. It must win its spurs and shield by the practice of Simon-pure A. T. Still-Osteopathy.

Cast into a heap its adjuncts, egotism, selfishness, jealousy and burn them all up with the fire of brotherly co-operation and enthusiasm. Then, and *only then*, will true osteopathy live and prosper in an atmosphere and environment that so great a science is truly entitled to know.

Psychology in Osteopathy.
(Continued from Page 1.)

physicians and healers of antiquity. We need not be ashamed of our ancestry; it is the most royal that has ever existed. It is to the shame of so many of our practitioners that they become so credulous on the mere mentioning of psychical treatment—we are dubbed either as Spiritualists, Hypnotists, Messmerists, Fakirs, etc. I have often heard one or more of these epithets applied to the "Old Doctor."

At this point I wish to introduce one or two phases of abnormal psychology with a few shadings of each to illustrate my point. We shall consider Fear first—a better name for it would be "psychological freezing". We are very familiar with this psychological item; we have to meet it daily in our practice. It affords also another beautiful example of psychology affecting physiology and also structure. A few of the shadings of fear will

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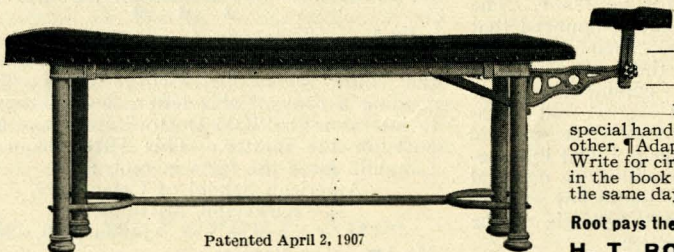
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broaden our vision of disturbed psychology such as—horror, terror, fright, dismay, dread, despondency, apprehension and anxiety. "Anger" would be another phase of abnormal psychology and a better name for it would be "psychological combustion"—another instance where psychology is affecting physiology and structure. Some of its shadings are: rage, fury, hate, wrath, revenge, pettishness, irritation, bitterness, resentment, impatience and ill-temper. A combination of "fear" and "anger" would be jealousy, and "envy"; "jealousy" shading into "suspicion, apprehension and distrust"—"envy" into hate, wrath and revenge.

We are very familiar with these phases of abnormal psychology. This form of suffering is as real as the grave. But they are not grounded primarily in physical infirmity and they are not to be cured by manipulations and physio. The psychological side of an organism becomes convinced by unconscious repetition that a certain part of the body is infirm, and this part becomes painful in spite of all the medicine and manipulations in the world.

How many patients refuse to get well after we have positively cured them. It is not our fault and it is not their fault;

but they have had disease suggested to them until they cannot think at all except upon this assumption. It is an auto-suggestion, or it is a family suggestion, and the only way to remove it is by the vigorous counter-suggestion of another person.

Think of the great multitude of invalids sitting in padded chairs and making ready for the hearse, whose trouble primarily is psychological. Why we are so indifferent to these conditions seems very strange to me. We have all had patients doubtless, who would not get well after the structure had been fully adjusted, and we have wondered why? I have lost cases due to this fact, and I have won cases by removing the psychological lesion. We can all do the same if we will lay aside our prejudices and preconceived opinions and be physicians—treating our patients according to the indications. I think I am more capable of applying psychological treatment to my patients, when indicated, than the Christian scientists or other psychological healers are. I prefer to use my own psychological "thunder" when indicated, regardless of the adverse opinions of those who are convinced deep down in their own hearts as regards the potency of the psychology factor in osteopathy.

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Fairness! Freedom! Fearlessness!

EDITORIAL

"Hew to the line, let chips fall where they will"

WASHINGTON OSTEOPATHS MAKE THEIR BOOSTER GOVERNOR

Notwithstanding the organized opposition of the old school doctors of the state, S. G. Cosgrove, a man favorable to the science of osteopathy, was elected governor of Washington state in the recent election by a majority much larger even than was accorded Mr. Taft. In fact, he led the entire ticket. The election of Mr. Cosgrove was the more remarkable because he had no political prestige to start with, and resided in a small county in a remote section of the state. The rumpus was started, it is said, when at the state osteopathic convention the name of Mr. Cosgrove was mentioned as a suitable man for governor. The papers at once took it up and announced that the Osteopaths had selected "their candidate" and "champion," although there was no such official action. The M. D.'s commenced a systematic campaign against Cosgrove but without avail. Osteopathy has done some splendid work in Washington and this political indorsement of a man known to be willing to do legal justice to the science is a significant expression of the appreciation of the people of the state for our system of practice.

D. O. Makes His Profession Ridiculous.

DR. FREDERICK H. WILLIAMS, of Lansing, Mich., sends us a copy of the Grand Rapids Herald of Jan. 7th, containing display ad of Dr. Charles H. Jennings, which reads in display type:

"More people suffer from headache than from any other known ailment. I will give \$100 in cash to any person not permanently cured of headache after two months' treatment at this office. Dr. Charles H. Jennings, Osteopath, Wonderly Building."

Rotten! Dr. Jennings should be ashamed to show himself in the street after such an ignorant assumption of virtues which are not his nor osteopathy's, and which no doctor of self respect would ever claim. Perhaps some misguided charlatan would put forth such a claim in good faith, not knowing what a fool he was, but for any man who has had the opportunities that Dr. Jennings has had to know, it is hard to make any apology. Certainly he knows that what he states is dishonest. Take a case of uremic headache, for example, following Bright's disease. Bright's

disease patients have most ferocious headaches, as a result of the poison which their worn-out kidneys can no longer excrete. Everybody knows this—even the average intelligent layman. For Dr. Jennings to claim that he can cure such a headache by two months of treatment is to brand himself unworthy of consideration by intelligent people.

There are many things that osteopathy cures with pretty fair success, and practically all the time, and SOME kind of headaches are among them, but to classify all headaches under one category and claim to be able to cure them is asinine, and to represent that all can be cured by osteopathy or any method is dishonest.

We sincerely regret to see Dr. Jennings stoop to this sort of thing for we thought very much better of him. We hope that calling attention to his error will prevent others from traveling the same road to fakiry.

Asks if A. T. Still Ever Was a Real Doctor

THE editor of "Osteopathic Health" has received the following letter from A. B. Lession of San Bernardino, Cal., of recent date:

Editor: Osteopathic Health, Chicago, Chicago, Ill.

Dear Sir: I write for information, truthful information, the kind that can be proven.

Was Dr. Still (A. T. Still) a graduate of an allopathic college? If so, what college? I have it disputed that he was a graduate of any medical school.

Polk's Medical Directory—containing names of all physicians of the United States and Canada—fails to give his name. Why does it on the last page of January number of Osteopathic Health? You say he was a physician of the allopathic school. Show me, for I want to stand up for the truth. Answer in February number and I shall be gratefully yours, A. B. Lession, San Bernardino, California.

Such an inquiry is, of course, entitled to the most authoritative and respectful answer, so the editor wrote Dr. George M. Laughlin, sending a copy of this letter, and asking him to interview the "Old Doctor" and make a report on the matter. This letter from Dr. Laughlin gives the facts in reply:

American School of Osteopathy, Kirksville, Missouri.

January 13, 1909.

My Dear Dr. Bunting:

Your letter at hand in regard to interviewing the "Old Doctor" about attending the Kansas City Medical College.

The "Old Doctor" tells me he attended the Kansas City College of Physicians and Surgeons during the winter of 1865 and 1866. This was right after the close of the war. He attended there one full term and finished up the work, but did not get his diploma. He says he was so disgusted with the outfit he never went back after it. He did, however, practice medicine and surgery a number of years before attending this college. His father being a physician, he practiced and studied under him. He tells me further he was registered as a "regular" under the laws of Kansas and Missouri. These, I believe, are the facts in the matter.

Yours very truly,

Geo. M. Laughlin.

P. S.—The full medical course at that time was six months.

It can readily be seen from this citation how easy it is for any one interested in giving a prejudiced report of osteopathy and its origin to twist the truth so as to make it appear that Dr. A. T. Still is not a man of honorable medical lineage. The world knows fully that his father and several brothers were all allopaths. The world also knows that medical

colleges in that day were more of a farce than institutions of learning, most every doctor getting his real preparation from practice by reading medicine in the office and under the tutelage of some practitioner, just as our lawyers until a recent date were prepared for law by reading under some successful lawyer. What school a man came from in that day must in the nature of things have been a very unimportant incident in his professional knowledge and training, since most, if not all, of these schools only had courses extending through six months, and any farmboy without preparation or training could be converted into an M. D. between one harvest time and another. Consequently what a man knew and what he was had to be shown by his subsequent work and not by any credentials he got at college. Nothing could be more characteristic of Dr. A. T. Still than that after complying with the requirements of the Kansas City College of Physicians and Surgeons for graduation, he was so disgusted with traditional medical tenets that he did not go back after his diploma. It must be recalled that Dr. Still was not then a student. He had been a practitioner of medicine for some years. He had served as an army surgeon during the Civil War with the Kansas regiment and for four more years had had the hard grind of medical and surgical practice that is met with in the camp and on the battle field. He had won his degree as a doctor in the University of Life, so it must have seemed very like a childish matter to him to let a six months' college of that period hand him a diploma giving the right to become a doctor.

Dr. Still's registration under the laws of Kansas and Missouri should be verified for the sake of future historians, if there is any way to go about doing that—not because any one has ever doubted in his long and useful life that he was "really a real physician," but because some quibbling M. D. historian is very certain to try to pervert the truth in years to come when the records cannot perhaps be dug up. "The O. P." suggests that the A. S. O. take steps to silence this petty slander once and for good by an appeal to such historical data as is obtainable.

First Contributions for Test Case on Medical Boycott of Office Building.

YOUR article concerning the "Medical Boycott" is very timely and interesting and I believe that we should make a test case to see just where we stand in this matter. However, I feel that the local osteopathic society in either Detroit or Chicago should make the case against the owners of office buildings and the medical men who are responsible for the boycott. This movement would receive the moral support of the A. O. A. and if necessary I believe material assistance would be given by the association. At any rate, there are many of us who would be glad to see the thing brought to a test, and I am willing to contribute personally to a fund to support the movement.—Frank F. Jones, D. O., Macon, Ga.

Let's Have a Few More Fives.

I will be one of a sufficient number to give \$5 to make a test case of the office building affair. Fraternally—F. Carlton Hill, D. O., Homer, Ill.

"For Our Profession and Civilization."

After reading your article on "Medical Boycott of Office Leases," I, for one, would welcome a test case through the A. O. A., and am willing to pay toward financing such a worthy cause. They are taking too much authority for the good of our profession and civilization. Hoping you can bring about prosecution of the guilty parties. Fraternally yours—M. T. Mayes, D. O., Springfield, Mass.

Dr. George W. Perkin Builds Professional Success on Sound Business Methods

HOW many osteopaths owe their position in the profession to the benefits derived from osteopathy by members of their immediate family?

It was while traveling in search of health for his wife that Dr. George W. Perrin, of Denver, first heard of osteopathy. He at once became deeply interested. Mrs. Perrin "tried" the treatment and was much benefited. This demonstration was followed by a personal investigation which convinced him of the soundness of the osteopathic principle and led to his decision to study the science and adopt it as a profession. After graduating he quickly established



Dr. Geo. W. Perrin, of Denver.

his fitness and skill by building up a substantial practice and by his keen interest in the affairs of the profession and his hearty cooperation with every effort for its advancement.

Graduating from the American School of Osteopathy in 1904, Dr. Perrin opened offices in Denver the same year and drew to himself a strong clientele. He became actively connected with the state and national organizations for the advancement of osteopathy, and has regularly attended the conventions of the A. O. A., being present at Denver, Put-in-Bay, Norfolk and Kirksville. He was soon recognized as a man of ability, a willing worker and a safe adviser. The persistent way in which they elect him to office out in Colorado shows that they fully appreciate Dr. Perrin's executive qualities. He was recently re-elected secretary of the Colorado Osteopathic Association, having previously served two terms as its treasurer, and two terms as president of the Denver Osteopathic Association. Under the administration of Dr. Fred E. Moore he served on the Publication Committee of the A. O. A.

Successful as a salesman while he was engaged in commercial pursuits; successful later as a merchant, and then successful as a doctor—this, in brief, tells the story of the hard work, executive ability and resourcefulness of the man. Small wonder that Dr. Perrin has been selected for various offices in the osteopathic organizations of his adopted state and has also begun to see service in the National Association. He has applied the appreciation of system and attention to detail, developed in the course of his business training, to the conduct of his practice, and to his association work. Men who can do well whatever they set their hand to are always in demand, and osteopathy needs thousands more of them.

Dr. Perrin has worked up in life by dint of personal enterprise and hard service. He was not born with a silver spoon in his mouth and inherited no established business. He was one of a large family in humble circum-

stances and when young helped to start members of his own family into business.

Dr. Perrin was born at Thorntown, in Boone county, Indiana, February 14, 1866. His education was obtained in the town school and in a business college at Valparaiso, Ind. After leaving school he became a shoe salesman in Garden City, Kans. He stayed there a year, then returning to Thornton formed a partnership with his father in the shoe business. The venture prospered and his connection with it continued for nine years, when he sold out his interest to a brother. He next bought a business in Lebanon, Ind., and conducted it successfully for four years more. The precarious condition of his wife's health then necessitated a change of climate, so a move was made to Oklahoma City, Okla., but the desired benefit not being obtained they decided to try Colorado Springs. The change proved beneficial and Colorado became their permanent home.

This turned the Perrin activities into an entirely new direction. Becoming convinced of the truth of osteopathy and learning of a school in Denver, he decided to make that city his home and attend the institution. He received preliminary instruction there and then went to the American School, where he graduated in the class of 1904.

Dr. Perrin takes deep interest in study. On three occasions in his home county he was granted a school teacher's certificate, but never took up that vocation. He has long been identified with religious work also. For five years he has been superintendent of the Central Christian Bible School, Denver, a large organization that does an important work in the city and contributes \$1,000 annually for missions. Dr. Perrin is also active in fraternal work, being an Odd Fellow, a thirty-second degree Mason, and a Shriner.

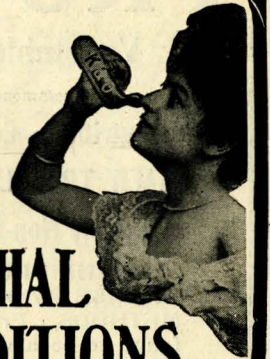
Dr. Perrin was married some seven years ago to Miss Eva Harris of his old home town. Having experienced personally the benefits of osteopathy, Mrs. Perrin is just as enthusiastic about the science as her husband.

Dr. H. W. Forbes' Successful Tour East

DR. HARRY W. FORBES of the Los Angeles College of Osteopathy has had a triumphant march, literally, from Plymouth Rock to the Mississippi Valley within the past 30 days, having been the guest of honor in quick succession of city, state and interstate gatherings of osteopaths at seven different places. Wherever Dr. Forbes appeared his friends of the profession turned out in full force to hear his interesting lecture and to profit by a series of clinical demonstrations which in some cases extended through a couple of days and far into the night.

It is only fair to say that the credit for inaugurating this good movement originated up in Wisconsin where so many good things osteopathic have originated. Something over six months ago Dr. F. M. Oium, president, and Dr. L. H. Noordhoff, secretary, of the Wisconsin State Osteopathic Association, both resident at Oshkosh, began correspondence with Chicago and various other city and state osteopathic associations for the purpose of making up an itinerary and finding the ways, and means to bring Dr. Forbes east on his lecture tour, and enabling him to cover as wide a territory as possible in the time at his disposal. They do not begin anything in the Wisconsin State Osteopathic Association that

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they do not push to a successful conclusion, and the termination of this enterprise and the good it has done the profession from St. Paul to New England is ample reward to them for their enterprise and trouble.

Dr. Forbes made his first convention at St. Paul December 29th, when the twin cities, with out of town visitors, gathered to give him an ovation. It was a very successful meeting and alike profitable to all who participated.

Then the Wisconsin folk came in for their share of fun and fireworks and on December 30th and 31st Dr. Forbes and the state meeting conducted a joint program.

The next place of jubilee was at Kalamazoo, Mich., January 1st and 2nd, when both the State and Southeastern Michigan associations met together, and repeated the feast. The next jump was to Boston where the osteopaths met with Dr. Forbes and had a very delightful time on January 5th.

Then came the biggest meeting of the journey—at least until after Chicago had been heard from—when on the 5th and 6th of January the New York City Society had its monthly meeting with the midwinter of the New York State Osteopathic Society. These two societies kept Dr. Forbes busy for two days and a good part of the night.

Dr. Forbes came into Chicago saying that the New York meeting was the largest and most enthusiastic meeting that he had ever had the privilege of addressing on any of his journeys. He said that they did things just right in New York City anyhow, and that the profession had every reason to be proud of the New York osteopaths—which we all say "huzza!" to, for it's true.

Before Dr. Forbes had finished his lecture and clinics at the night session of the Chicago meeting, which took place on January 9th at the Sherman House, his honesty, however, compelled him to rise and state that in justice to the big gathering of osteopaths representing not only the Chicago Osteopathic Association, but those from Illinois and adjoining states, he was compelled to say that "this was the biggest meeting" that he had entertained on this or any other journey. This made Chicago feel proud because, as the profession

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Dr. Smith's Lectures

Dr. B. F. Still writes as follows four days after a lecture delivered at Elizabeth, N. J.

"*** If it impressed this man who is a scholar and man of affairs it should impress all who were present, and as a substantial echo of the entertainment I have already enrolled five new patients and hear of several more who are expecting to come. A medical trained nurse who was present at the meeting told me to-day that she had induced two prospective patients to come for examination this week, and she herself is considering entering the A. S. O. next September."

For Press and other opinions address

**DR. WILLIAM SMITH
KIRKSVILLE, MO.**

well knows, our society has not lived up to its fullest opportunities in the past, and has been willing to concede most of the time that the New York society was bigger and more successful in many ways. However, as stated and printed recently in *The Osteopathic Physician*, the policy of harmony now prevails in the profession in Chicago and Illinois, and all factions are welded effectually into but one party. The good result following from this sort of union of forces and sentiment was fully apparent at this meeting.

Dr. Forbes gave a characteristically fine talk, and several interesting clinical demonstrations. Dr. H. H. Fryette and others also made addresses at the evening session. Several Wisconsin osteopaths were present also at this session.

Eighty-five osteopaths sat down to dinner at the Sherman House between sessions that evening, so that indicates that a rousing good crowd was present. Some of the local practitioners who attended the meetings were not able to attend the dinner.

One of the pleasant features of this meeting was the attendance of nearly a score of students from the Littlejohn Osteopathic College.

The souvenir copy of the program gotten out by the Wisconsin State Osteopathic Association for their meeting at Eau Claire was very artistic and creditable to the association.

New York Societies Have Good Meetings.

The Osteopathic Society of the City of New York held its second monthly meeting Tuesday, Jan. 5th, at the Hotel Imperial. Owing to the fact that it was favored by the presence of Dr. Harry Forbes a large and enthusiastic membership was present, as well as several of the up-state osteopaths, who had come to the city so as to be on hand for the feast Dr. Forbes had prepared. His subject, "The Fundamental Conception of Osteopathy," proved to be a scientific exposition of the histologic structures, osteopathically considered, and immediately following the lecture arrangements were made to secure the publication of the article in pamphlet for distribution. Wednesday morning, Jan. 6th, the New York Osteopathic Society was called to order at the Imperial Hotel, New York City, with Dr. Smiley in the chair. Dr. Harry Forbes again held his audience for a couple of hours. An interesting clinic followed with discussion. After a brief hour for lunch the society adjourned to visit the Tuberculosis Exhibition, which is being held in this city. There was some talk of having Dr. Forbes give a lecture to the profession in the east during the summer months, and it is the kind of work which he is doing which has resulted in the enthusiastic support of the New York Osteopaths to the Research Fund.—John B. Buchler, D. O.

In D. O. Land

Reorganization of New York City Society.

At the last regular meeting of the Greater New York Osteopathic Society, held at the Imperial Hotel, New York City, December 19th, by unanimous vote, a committee was appointed with full power to organize and incorporate a new osteopathic society, and the Greater New York Osteopathic Society, as an organization, was honorably dissolved. The "Osteopathic Society of the City of New York" has been organized and incorporated under the laws of the State of New York to supplant the Greater New York Society, with the following officers and directors:

President, Dr. Guy Wendell Burns; vice-president, Dr. Cecil R. Rogers; secretary, Dr. Joseph Ferguson; treasurer, Dr. Norman D. Mattison. Directors, Dr. Charles S. Green, Dr. William D. Fitzwater and Dr. Charles H. Whitcomb. Keeper of Records, Dr. Arthur S. Bean. After dissolution the Greater New York Osteopathic Society, as an honorary body only, was reorganized by the committee, to remain inactive and together with the preservation of

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all books, documents and past records, to hold honorable position upon the records of the new society. This change of organization was necessary for the best good of the science of osteopathy, and that the society may be a power in the upholding of the tenets of the code of ethics in the metropolitan district. The policy of the society is to be thoroughly osteopathic in the strict sense of the term. The Osteopathic Society of the City of New York has adopted and will maintain the high standards which the Greater New York Osteopathic Society has always upheld, and further will be active in the movement to rejuvenate and perpetuate the principles and practice of the science of osteopathy as taught by Dr. Andrew Taylor Still.—Guy Wendell Burns, D. O., President; Joseph Ferguson, D. O., Secretary.

Dr. Jorris Resigns From Wisconsin State Board.

Dr. A. U. Jorris, of La Crosse, Wis., has decided to resign from the Wisconsin State Medical Board. He has served for eight years and his present term does not expire until July.

American School Will Have Mid-Winter Class.

The American School of Osteopathy at Kirksville has decided to re-inaugurate the two classes a year system which was abandoned a few years ago. A strong demand for mid-winter entrance causes the change.

Another Fraternal Organization Recognizes Osteopathy.

Dr. Jessie A. Russell, Los Angeles, Cal., was recently commissioned as examining physician for the Royal Court, a fraternal insurance order with head offices in that city. She is the first osteopath commissioned by the order.

Sunday Paper Gives Big Space to Osteopathy.

The Los Angeles Examiner for December 13th, had a full page illustrated article on osteopathy. The article was written and compiled by Dr. Charles A. Hammert, of 201 Citizens' National Bank Building, Los Angeles, and his portrait, together with those of seven other well known osteopaths of the city, appeared at the top of the page.

New Catalogue of Osteopathic Supplies.

The Jaeger-Hillery Supply Company, Des Moines, Ia., have just issued a new catalogue illustrating and describing a complete line of osteopathic supplies. They show some useful apparatus and furniture. The concern is favorably known in the profession and any contemplating new equipment should send for a copy of this catalogue.

Dr. Floyd Lectures on "Jamaica."

Dr. Ambrose B. Floyd, of Buffalo, N. Y., was the speaker of the evening at the regular meeting of the Richmond Club, of that city, January 4th. He took for his subject "Jamaica," and illustrated his talk with stereopticon views, showing about a hundred scenes, many from his own negatives made during a recent trip through the island.

Blind Man Student in Osteopathy.

The triumphs of the blind continually astonish us. When J. W. Machlin, of Anita, Ia., now a student at the Still College of Osteopathy, graduates next spring he will enjoy the unique distinction of being the only blind osteopath in the United States. Machlin has made exceptionally good progress in his studies and has paid his own expenses through college by tuning pianos.

Dr. Smith's Lecture Brings D. O. Cash.

Dr. William Smith lectured at Elizabeth, N. J., on the night of December 29th. Dr. Benjamin F. Still writes that it was a success from every point of view. A good audience with marked enthusiasm and attention. Dr. Still notes what he terms "the surprising fact" that by noon next day he had received \$30 from new patients. The local papers gave liberal reports of the lecture.

Southwestern Michigan D. O.'s Hold Annual Meeting.

The Southwestern Michigan Osteopathic Association held its annual meeting January 1st at Kalamazoo. Dr. Edith Ashmore, of Detroit, and Dr. Harry W. Forbes, of Los Angeles, were among the speakers. Extracts from Dr. Ashmore's talk were freely quoted in the local papers.

What Is Technicality That Restricts "Homesteaders"?

"I see in the November Osteopathic Physician an item from my neighbor, Dr. E. J. Martin, of Coffeyville, stating that in a communication from Dr. C. B. Paul, Supreme Medical Director of the Homesteaders Society of Des Moines, Ia., in regard to osteopaths being examiners for fraternal insurance societies of that state, he says they cannot permit osteopaths to make examinations unless the auditor of the state gives his consent, and, according to his (Dr. C. B. Paul) understanding it, any society that does so, without the auditor's consent, is jeopardizing its authority to do business in the state. I

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would like to say I am a commissioned examiner for the Modern Brotherhood of America, of Mason City, Ia., I received my commission first of last year from Dr. Geo. Baudry, of Atchison, Kan., and have done a great deal of work for them. I have also done some work for the Fraternal Bankers Reserve Society of Cedar Rapids, Ia., which has been accepted. I think if these fraternal people could realize how many osteopathic physicians there are practicing and the influence they have, they would not care to hold back on account of medical competition, but would be glad to give them the work. I hope that the "Homesteaders" will let the osteopaths examine for them, if the Modern Brotherhood of America can commission osteopaths without jeopardizing its authority within the state, why can't the "Homesteaders"? Fraternally—Ivy E. Hancock, D. O.

Osteopaths New Member for State Board.

Following the resignation of Dr. A. U. Jorris, of La Crosse, from the state medical board, Wisconsin osteopaths at their state meeting nominated five doctors for the vacancy and will present the names for the attention of the governor. Those nominated were: Dr. A. U. Jorris, La Crosse; Dr. F. N. Oium, Oshkosh; Dr. W. B. Davis, Milwaukee; Dr. W. T. Thompson, Sheboygan, and Dr. E. J. Elton, Milwaukee.

Pennsylvania Osteopaths Keep Cause Before Public.

Under the efficient leadership of Dr. O. J. Snyder, osteopaths of Pennsylvania are vigorously pushing their campaign for legal recognition at the coming session of the state legislature. They are getting the subject before the public through the newspapers in various ways. A half column article explaining the object and need of the new law appeared in the Philadelphia Ledger for December 12th.

Dr. Willard Talks to Philadelphia Society.

The regular monthly meeting of the Philadelphia Osteopathic Society was held Tuesday evening, January 5th, at 1414 Arch street, President Beitel presiding. Dr. Earle S. Willard, of Philadelphia, gave a paper, "The Universal Abnormality of the Human Spine." Dr. Willard has devoted much time and thought to this phase of osteopathic diagnosis. He illustrated his statements by exhibiting five or six spines of apparently healthy individuals.—Abbie Jane Pennock, D. O., Secretary.

To Fight Tuberculosis Among the Darkies.

E. G. Routzahn, 5711 Kimbark avenue, Chicago, who signs himself "director American Tuberculosis Exhibition of the National Association for the Study and Prevention of Tuberculosis" and "Secretary Bureau of Civic Co-operation," is sending out press notices of the "First Negro Congress on Tuberculosis." Work is being done among the darkies to show them the importance of care of the body, personal cleanliness, sleeping in open air, etc., with a view to stamping out or at least controlling tuberculosis among the negroes.

Annual Meeting of Oregon Association.

The annual meeting of the Oregon Osteopathic Association was held at Portland, January 9th. Notwithstanding we were having some extremely cold and stormy weather, we had a fine program and every one left feeling he had been greatly benefited and filled with more enthusiasm. Officers elected were: President, Dr. H. F. Leonard, Portland; first vice-president, Dr. W. L. Nichols, Ashland; second vice-president, Dr. Rhoda C. Hicks, Astoria; secretary, Dr. Mabel Akin, Portland; treasurer, Dr. R. B. Northrup, Portland. Fraternally.—Mabel Akin, D. O., Sect'y.

Gulf States Society Convention at Jacksonville, Fla.

The annual meeting of the Gulf States Osteopathic Society was held at Jacksonville, Fla., January 1st. The attendance was good and an interesting program was presented. Some of the papers were: "Neuritis," by Dr. Ernest Sasvil, Montgomery, Ala.; "Advantages of Organization," by Dr. Grace E. Bullas, Biloxi, Miss.; "Congenital Torticollis," by Dr. Reuben T. Clark, Natchez, Miss. Officers elected were: President, Dr. J. S. Blair, St. Petersburg, Fla.; Vice-President, Dr. Murray Graves, Monroe, Ga.; Secretary, Dr. Frank Jones, Macon, Ga.; new member of Board of Trustees, Dr. Ernest Sasvil, Montgomery, Ala.

D. O.'s Have Interesting Clinics at Regular Meeting.

The S. W. Missouri and S. E. Kansas Osteopathic Association met with Dr. M. S. Slaughter, Webb City, Mo., Saturday, January 2d. Eleven members and five visitors were present. The feature of the evening was a clinic for diagnosis and prognosis. The case was a child of seven with enlargement in the anterior triangle of the neck and the supraclavicular area. The discussion as to the character of the growths, whether tubercular or non-tubercular, surgical or non-surgical, was of great benefit

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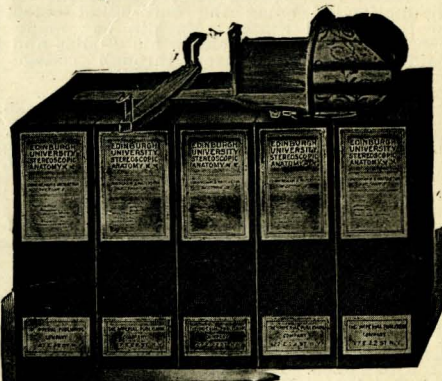
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Colorado Osteopaths Have Big Meeting.

The twelfth annual meeting of the Colorado Osteopathic Association at Denver was celebrated by receptions and sessions extending over three days. Dr. George M. Laughlin, of Kirksville, was the guest of honor, and performed some special operations before the assembled osteopaths. Monday evening, December 28th, there was an address by the president, Dr. L. N. Overfelt, on legislation, followed by a reception. December 29th the sessions included: Address of Welcome, Hon. H. A. Lindsay, representing Mayor Robert W. Speer; Response, Dr. J. D. Glover, of Colorado Springs; "The Internal Secretions in Osteopathic Treatment," Dr. E. C. Fortin, of Colorado Springs; discussion by Drs. G. W. Perrin, J. D. Glover, W. P. Suare, G. M. Laughlin and L. M. Burrus. Clinics, Dr. George M. Laughlin, of Kirksville, Mo. In the evening a banquet was enjoyed. Dr. L. B. Overfelt acted as toastmaster and the following speakers participated: Dr. J. T. Bass, "The Past"; Dr. J. D. Glover, "Local Organization"; Dr. C. E. Taylor, "Our Present"; Dr. E. C. Fortin, "The Osteopathic Idea"; Hon. J. A. Rush, "Legal Status"; Dr. G. M. Laughlin, "Osteopathy"; Dr. M. A. Morrison, "Our Future." Wednesday, December 30th, Dr. L. B. Overfelt, of Boulder, the president, gave his annual address. Dr. W. S. G. Bowersox, of Longmont, contributed "Osteopathy and Suggestion," which was followed by a talk by Dr. Laughlin on his experience with the modified Lorenz operation. Later, assisted by Drs. C. C. Reid, E. C. Fortin and G. W. Perrin, he performed the operation on a child two years of age. Dr. C. E. Taylor, of Grand Junction, read a paper, "Pediatrics." At a special meeting plans were made to raise money for legislative expense. It is expected that a fund of \$2,500 will be obtained, and an active campaign for an independent board of five members will be inaugurated. All the old officers were unanimously re-elected: President, Dr. L. Berry Overfelt, Boulder; first vice-president, Dr. Nettie Hubbard Bolles, Denver; second vice-president, Dr. J. D. Glover, Colorado Springs; secretary, Dr. Geo. W. Perrin, Denver; treasurer, Dr. B. D. Mason, Denver. Dr. J. T. Bass was elected delegate to legislature and Dr. C. C. Reid, delegate to the council. The semi-annual meeting will be held at Boulder.

Wisconsin Annual Meeting Big Success.

A splendid two-day program was enjoyed at the eleventh annual state convention of the Wisconsin Osteopathic Association, held at Eau Claire, December 30th and 31st. Prominent visitors were Dr. Harry W. Forbes, of Los Angeles, and Dr. C. W. Young, of Minneapolis. The convention went on record as opposed to the persecution of any new method of healing and that nothing be done to hinder non-drug systems from securing legal recognition. The report of the committee on legislation states further: "We, however, strongly recommend that where any of their methods are identical with either principles or practices of osteopathy, under whatever name, we use our utmost endeavor to the end that no such sect may gain a foothold in this state except under equally rigid regulations as are required of osteopathic practitioners and that every assistance in our power be given to those whose duty it is to enforce the laws regulating the practice of the healing systems in Wisconsin." The program included "Diagnosis and Technique of Cervical Lesions," and "Diagnosis and Technique of the Innominate Lesions," by Dr. H. W. Forbes; "The Mental Attitude of the Osteopath Toward His Profession," by Dr. C. W. Young; "Pathology, Technique and Treatments of the Innominate," by Dr. O. W. La Plout, Portage, Wis. Officers elected were: President, Dr. J. E. Matson, Eau Claire; Vice-President, Dr. J. K. Schuster, Milwaukee; Secretary, Dr. L. H. Noordhoff, Oshkosh; Treasurer, Dr. Eliza M. Culbertson, Appleton; Legislative Committee, Dr. E. J. Favelle, Superior; Dr. S. J. Fyette, Madison; Dr. L. P. Crow, Milwaukee; Executive Board, Dr. G. M. McIntyre, Grand Rapids; Dr. E. M. Olds, Green Bay; Delegate and Alternate to A. O. A. Convention, Dr. O. W. La Plout, Portage; Dr. Harriet W. Whitehead, Wausau. A banquet was held on the evening of December 30th. Toasts responded to were: Dr. Louise P. Crow,

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WHAT IS MIND TO BODY?
WHAT IS BODY TO MIND?
WHAT IS NERVE FORCE?
YOUR VITAL BANK ACCOUNT
HAVE YOU OVERDRAWN IT?
HOW CAN YOU REPLETE IT?
HOW CAN YOU MAINTAIN IT?
WHAT DEPENDS UPON IT?
TO KNOW THYSELF SPELLS WEALTH!

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MAN IS DISEASED IN LIKE MANNER. PRESSURE ON A NERVE (THE ULNAR NERVE OR "FUNNY BONE," FOR EXAMPLE) WILL DIS-EASE THE LITTLE FINGER AND RING FINGER. HANDICAP THE "HUMAN DYNAMO" (THE BRAIN) BY UNCONTROLLED THOUGHT, AND THE ENTIRE BODY WILL BE DIS-EASED. MIND IS THE ENGINEER.

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Milwaukee, "Mine Host;" Dr. A. W. Jorris, La Crosse, "Association History;" Dr. G. M. McIntyre, Grand Rapids, "Future Osteopathy in Wisconsin;" Dr. E. J. Favelle, Superior, "Our Friend the Enemy," and Dr. Harriet A. Whitehead, Wausau, "The Pig." A very neat program of the convention was issued. It contained a greeting from the president of the A. O. A., Dr. Thos. L. Ray, of Fort Worth, Tex., and on the parchment paper cover appeared a miniature portrait of Dr. Forbes.

Ohio Osteopaths Have Fine Meeting at Toledo.
Ohio osteopaths turned out in force for their eleventh annual meeting which was held January 7th and 8th at Toledo. Drs. M. E. Clark, of Indianapolis, Harry W. Forbes, of Los Angeles, and J. Martin Littlejohn, of Chicago, were guests of honor. Officers and committeemen were elected as follows: President, Dr. Charles L. Marsteller, Youngstown; vice-president, Dr. Frank W. Long, Toledo; secretary, Dr. Earl H. Casner; treasurer, Dr. William S. Pierce, Lima; members of executive committee, Dr. L. C. Sorensen, Toledo; Dr. C. A. Arand, Sandusky; Dr. Clara A. Davis, Bowling Green; Dr. F. E. Corkwell, Newark, and Dr. L. A. Bumstead, Delaware. Delegate to A. O. A. convention, Dr. E. W. Sackett, Springfield. The program was a very strong one, Drs. Clark, Forbes and Littlejohn participating, as well as local members of wide reputation. On the evening of the 7th Dr. Littlejohn delivered an open lecture on "Osteopathy in Relation to the Public Health." The regular program included "Insurance Examinations," by Dr. R. W. Sanborn, of Akron; "Innominate Lesions," by Dr. R. E. Tuttle, of Hicksville; clinic conducted by Drs. F. W. Long, L. C. Sorensen and Louis A. Liffing, of Toledo; "Field of Osteopathy," by Dr. F. G. Smith, Marion; "Report of a Case," by J. H. Long, Lancaster; "A Gynaecological Case," by Dr. H. L. Knapp, of Elyria. A banquet was held at the Hotel Secor. Some of the toasts were: "Principle and Interest," Dr. E. R. Booth; "The Bachelor Girl Osteopath, Why?" Dr. Clara A. Davis; "Backbone," Dr. H. H. Gravett; "Burned Toast," Dr. C. M. T. Hulett; "Our Affliction," Dr. D. C. Westfall; "Social Anastomosis, or the Relation of Society to Practice," C. V. Kerr; "Dr. Still," Dr. L. A. Liffing.

Osteopathic Health's New Dress Makes a Hit

FROM Maine to California we have received nothing but the most enthusiastic praises from the profession over the new form of "Osteopathic Health." A good many of our practitioners doubled their orders as soon as they saw the new form. Others who had not been using our paper in recent months came back with annual contract. Some who had never used it got in line for the first time, and others who order literature occasionally, placed their orders for the January issue. The net result was that we printed and have disposed of one of the biggest editions we ever turned out, scarcely five thousand copies remaining on hand by the middle of the month, with two more weeks of daily orders to be heard from yet before the end of the current month.

Surely this is a good showing and we are much gratified by it.

We thank our friends one and all for their words of praise and their substantial show of appreciation in the orders we have received.

A good deal of satisfaction is expressed over the fact that while we have adopted the point of type used by all standard magazines and newspapers, it is easier to read than any ordinary paper because our type is much blacker than one ever sees in standard reading matter. This makes for clear, easy reading and that is always a desirable feature in educational matter.

The profession is one in saying that this paper is easier to circulate among one's friends and patients because it can be carried in coat pockets and hand bags, which was the prime idea of the editor in adopting the present size.

We invite your support, all osteopaths! and would be glad to enter your order beginning with the February number, either on the an-

nual contract or single order basis, whichever suits you best.

The fact that "Osteopathic Health" now gives full satisfaction to our patrons both "outside" and "inside" will be best shown by quoting from three letters that have come to us.

Dr. L. C. Kingsbury of Hartford, Conn., writes: "I am very much pleased with the new epidermis of 'Osteopathic Health' and must add that the beauty is more than 'skin deep' in this case. The effect is neat, clean and wholesome."

Dr. George O. Seeley of Grand Rapids, Mich., says, "I like the size and the cover of the new 'Osteopathic Health' and also the paper stock and type face, but *most of all the reading matter.*"

Dr. S. Parrott of Fresno, Cal., wrote: "I like very much the radical change you made in 'Osteopathic Health' for 1909. You may enter my order for 100 copies and send them each month for a year."

Thus the testimony was entirely unanimous from ocean to ocean. May we have your order beginning with "The Osteopathic Catechism" this month?

Profession Wants the "Osteopathic Catechism" for February

WE had planned a special and timely feature for the February issue of "Osteopathic Health" as the second number of our successful little field magazine to appear in its new art make-up and cover. However, so many insistent demands have been received for issuing a revised edition of the "Osteopathic Catechism" by our friends in the field, that we have acceded to their request this month, and after a lapse of 18 months since this campaign number made its appearance, we send it forth again on its mission of light-bearing and hope-giving to the American public as our current February number. "The Catechism" appears in the new art form characteristic of the 1909 "Osteopathic Health," and its covers present a symphony in blue. This stalwart osteopathic brochure is worth its weight in silver, literally, to every doctor in the profession. Herein are found all the usual questions that patients ask so insistently about osteopathic practice, and which must be answered in order to give them correct knowledge about our science and practice.

Herein are found a simple and yet satisfactory explanation of such obscure terms as "lesions," "stimulation," "inhibition," and other things which people hear about continually from the first hour that they come in contact with osteopathy. "The Osteopathic Catechism" is a copyrighted brochure, and has been used with marked success by the 100,000 copies in the past decade. It is a notable fact that all our practitioners, almost without exception, who have ordered it once, re-order it every time a subsequent edition is available. We have scores of friends in the field who insist that this brochure should be published along with "Most Diseases are of Spinal Origin" once every year, as the foundation for the year's campaigning.

It is also notable that those who use other field media, generally put in an order for the "Catechism" whenever it comes on the market.

We are sending out a copy to every practitioner who is not a regular user of the paper this month and any osteopaths who fail to get their sample and are interested should report to us promptly in order that a copy will be gotten to them in plenty of time to order from, so as to receive the shipment by the first of February promptly.

The following is the table of contents of "Osteopathic Health" for the month of February—that is to say "The Osteopathic Catechism" asks questions and gives an adequate answer to each of these various topics and considerations:

- What is Osteopathy?
- Is it a treatment for bone diseases only?
- Do osteopaths prescribe drugs at all?
- What is the fundamental conception of osteopathy?
- What agency does osteopathy employ to overcome disease?
- How does the osteopathic physician control vital forces?
- Is osteopathy massage?
- Is osteopathic treatment indelicate in women's diseases?
- Do you have to believe in osteopathy to obtain its benefits?
- What are health and disease?
- What new theory regarding disease has osteopathy established?
- What causes mechanical disorder in the body?
- Are mechanical disturbances the only first causes of disease?
- Does any other school of medicine recognize osteopathic lesions?
- What other physicians think about osteopathy?
- What do other schools of medicine teach are the first causes of disease?
- What does osteopathy hold regarding microbes?
- The body's own defenses against disease.
- The body as a complete machine.
- The body liable to bad mechanics.
- How osteopathy has simplified pathology.
- How symptomology has been simplified.
- Why osteopathy is not massage.
- What is a lesion?
- How osteopathy goes back to first causes.
- Osteopathy new in diagnosis and treatment both.
- The meaning of stimulation and inhibition.
- How osteopathy controls fevers.
- All cases not treated alike.
- Osteopathy not a "cure-all," but a wide system of practice.
- Good treatment for infants and aged people.
- Pneumonia robbed of its terrors.
- La grippe can be aborted.

To Non-Subscribers of The Osteopathic Physician.

We are sending this copy to a bunch of our friends and well wishers in the profession, who somehow don't have the knack of sending in a dollar once a year and staying on The O. P. mailing list. If you are one of these and your eye falls upon this notice, we extend you our compliments for 1909 and ask you if twelve issues of a paper like this isn't worth the money? We will be glad to have your dollar and can give you every assurance that you will get value received. May we have the pleasure of booking you on The O. P. subscription list for 1909?

Unprecedented 30-Day Offer for Campaign Literature.

OWING to the change of form in our magazine to the new size and make-up, we will offer our friends a big drive in stock numbers of "Osteopathic Health," having on hand from 200 to 1,000 or more of 11 different numbers. These magazines include some of our most successful campaigners of the past year and one or two of the most conspicuously successful of campaigners of the previous year. The fact that we still have these papers on hand does not argue that they were not good, but in printing big editions which we sold and estimating a future demand, we over-printed several thousand, and as a result still have some on hand.

To close out this stock within the next thirty days, we will make our friends in the field this very unusual offer. We will price any number of these magazines that you want at \$2.00 per hundred with envelopes, and ourselves bear the cost of printing your professional card, and prepaying expressage or freight to any part of the Union.

This offer is limited to thirty days.

Think what this means, brethren and sisters of the profession. Two cents a piece for this excellent literature, delivered to you in your own office with your professional card on it, and in many instances it will cost 78 cents to make the delivery to you by express. We have never before made any such offer and would not at this time, but for the fact of changing the size and make-up of our magazine, and having quite a number of thousands of magazines on hand that we wish to close out promptly.

You will profit very greatly to invest \$10.00 in this form of promotion work just as quickly as you can find time to sit down and write the order.

We have as few as 250 copies of some of these numbers and so your order should come in early if you have a preference for particular numbers. On several of the best numbers we are able to fill individual orders as big as one or two thousand.

If you choose you can make a combination order and select as many of each number as you want *not less than 10 copies of any one number being selected.*

No orders of less than \$2.00 will be received on this basis and cash must accompany each such order for stock numbers.

We give herewith a full list of the tables of contents of these stock numbers, and invite

Contents of February "Osteopathic Health"

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your orders with alacrity. First come, first served. Regular contract users of "Osteopathic Health" will find it very convenient to lay in a supply of these stock numbers so as to complete their file with literature upon practically all of the diseases treated by osteopathy.

This is an unparalleled opportunity for a few enterprising osteopaths who want to do their promotion right and put editions of five or ten thousand copies a month in circulation at a price lower than it was ever before possible to do it.

Special Brochures.

We also have to offer our special brochures "Most Diseases Are of Spinal Origin," and our woman's number at the price of \$3.00 per hundred, or \$22.50 per thousand, expressage or freight extra. These two numbers are not sold by themselves at the special price quoted for the eleven other numbers.

However, any one ordering any number of assorted copies above 100 may receive 25 per cent of his order made up of one or both of these numbers, if preferred. This is still another inducement for our practitioners to put in a good fall order promptly while these stock numbers last.

December, 1906.

The Cure of Acute Bright's Disease; That "Cold" in the Head; Functional Heart Diseases; Indigestion Has a Cause; Sprains and Displacements; Rheumatism, Prostatic Troubles and Other Ills.

March, 1907.

Do You Value Your Life? It's Easy to Understand Osteopathy; Why Osteopathy Is Not Massage; A Truce to Asthmatics; Constipation Curable; Women Who Suffer; Throat Troubles are Spring's Sorrow.

May, 1907.

Disease is Caused by Mechanical Pressure; Philosophy of Osteopathy Boiled Down; How Acute Ills Become Chronic; The Testimony of the Glands; Pressure in Lymphatic Inflammations; Hodgkin's Disease an Exaggerated Pressure Malady; Goitre, Its Pressure-Origin and Symptoms; Prostatic Troubles from Pressure; Liver Disturbed by Pressures; Mental Diseases Also Based on Pressure; Apoplexy, Both Pressure-Caused and a Pressure-Effect; What Pressure on the Brain Will Do; Functional Diseases Associated with Pressures.

May, 1908.

Health Notes; Passing the Dangers of Puberty; Physicians Bid Farewell to Drugs; Napoleon Bonaparte on Medicine; Errors Regarding Osteopathy Corrected; Fore Cure—Not for Pleasure; The Alcohol Habit, and Chronic Gastritis

June, 1908.

What Osteopathic Fingers Will Do; Man and Piano Alike Get Out of Tune; Nerve Pressure a Typical Disorder; Effects to be Wrought by Osteopathy; Pains Are Often Soothed; Circulation Controlled; Waste and Repair Regulated; Health Measures Become Simplified; by Henry Stanhope Bunting, A. B., D. O., M. D.; Health Officer Says Drug System is a Relic; Strange Practices of the Ancients; We Live Longer Today; Drugs Alone Will Not Cure; Preventive Medicine is the Watchword; After Gastric Juice Had Dried Up; Diarrhea Makes Quick Response; How Osteopaths Relieve Gallstones; Presence of Gallstones Often Unknown; Relieves Pain and Cures Causes; Hunts Out the Initial Obstruction; Go to the Switchboard, by Henry Stanhope Bunting, A. B., D. O., M. D.; What Causes Dropsy? Nervous Diseases; Catarrhal Appendicitis; Barrel-shaped Chests; Nerve Leakage; Growing in Favor; Rheumatism; Neglected Dislocations Perfection in the Machine. News About Osteopathy. Notice—To Prevent Misunderstanding and Error.

July, 1908.

A Cause of Stomach Trouble; The Great Medical Discovery of the Ages; Must View the Body as a Machine; Causes of Disease Are Within the Body; Osteopathy Began with Facts; We Meet with Forces that Injure Us; Osteopathy Studies Records of Injury in the Body; Why Osteopathy is an Independent School; It Remedied These Injuries and the Ills Got Well; Life Depends on Normal Stimulation; Organs all Work by Stimulation; Osteopaths Supply Normal Healthy Stimulation; Mechanical Stimulation is Natural; The D. O. Foregoes Drug Experimentation Only; Nerve Treatment for Angina Pectoris; Disturbed Circulation Leads to Valvular Diseases; Throws Every Organ Out of Tune; The Part Infection Plays; Sense of Pain is Transferred; The Avenue of Pain Used to Heal; Relieve Congestion and Prevent Degeneration; Two Widely Separated Discoverers Hit the Truth; Pain and Degeneration Both Come from Nerve Sickness; Common Sense in Treating Piles; Muscular Tension Means Nerve Waste; Constipation a Common Cause; Do Not Cut or Cauterize Piles; Osteopathy Removes

the Causes; Stop that Nerve Strain; When Locomotor Ataxia is Curable; First Stage of Disease is Impure Blood Flow; Relief is Reasonably Sure in Early Stages; Cases Due to Injury Yield Best to Treatment; Pressures Lead to Death of Nerve Cells; Must Correct the Circulation; The Element of Safety in Treatment; Neuralgia and Chronic Headache, and the Financial Side of Treatment.

November, 1908.

Osteopathic Relief in Acute Cases; No Other Treatments So Prompt; Typhoid and Pneumonia Aborted; A Case in Point; Mental Depression Plus Drugging Prolongs Typhoid; Sleep; The Flower of Health; A Good Treatment for All Diseases; Sore Throat and Its Cure; Are Your Spinal Foundations Plumb? Overuse and Abuse of the Voice; Overcoming Paralysis; Heart Must Be Kept Quiet; What is the Osteopathic Theory? Spinal Curvature and Pott's Disease; Osteopathy in the Magazines; How Osteopaths Cure Stomach Ills; Intelligent Linemen Fix the Wires; Is it Nature or the Doctrine that Cures? Comforting Truth About Disease Germs.

December, 1908.

Osteopathy Nearest to Nature; What Stimulation is Preferable; Do You Prefer Drug or Mechanical Stimulation? Osteopathy is Applied Physiology; Health Practically a Matter of Circulation; Osteopathy Defined; "Colds"; Pneumonia Curable by Adjustment; Quinsy Can be Prevented; Croup—A Word of Warning; Pleurisy May Come From a Slipped Rib; Diphtheria; Chronic Constipation and Chronic Dysentery; Rheumatism Due to Body Poisoning; Waste in

Osteopaths Victims of False Subscription Agent

Dr. I. J. Watson, of New York City, advises us that one R. P. Sterling, representing himself to be a subscription agent, is a fraud. He is working osteopaths and others for subscriptions to the *Cosmopolitan Magazine* stating that there will appear a number of articles on osteopathy during the year. The *Cosmopolitan Company* states that he is not authorized. Look out for this man and turn him over to the nearest officer if he attempts to work you for a subscription.

"Sterling" is Also "Martin."

"Please put a warning paragraph in *The O. P.* stating that a party representing himself to be an agent for the *Cosmopolitan Magazine*, and giving the name of "R. P. Sterling" and "Martin," is swindling osteopaths by securing subscriptions for eighteen months at \$1.80 and giving a stylographic pen as a premium. His principal claim is that the *Cosmopolitan* will have a series of osteopathic articles for the next year and this, of course, is appealing to the profession. It would be well to notify the local police authorities and have them take the party in charge, notifying the *Cosmopolitan Magazine*, No. 2 Duane street, New York City, who will see that he is prosecuted for grand larceny, as the total number of subscriptions we know he has secured would make this charge possible. Fraternaly yours—J. B. Buehler, D. O.

Denver City Osteopathic Association Meeting.

The Denver Osteopathic Association held its regular monthly meeting at the office of Drs. T. and E. C. Bass, 624 Empire building, on the evening of January 2d. A short discussion was held on the manner of conducting, and the proper character of general clinics. The secretary was instructed to get information on the subject from other cities. Dr. Julia V. they resigned as vice-president, as she expects to go abroad in a short time. Dr. R. R. Daniels gave the paper for the evening, the subject being "Adenoids."—J. Alvin Stewart, D. O., Secretary.

Personal.

Dr. Edward H. Fritsche, of Philadelphia, Pa., now at 706 N. 19th street.
Dr. Peter J. Fitzharris, of Brooklyn, N. Y., is traveling in Europe with a patient.
Dr. Wade H. Marshall, formerly of Pittsburg, Mo., has located in Trinidad, Colo.
Dr. Mary E. Pittman, formerly of Wauneta, Neb., has located at Aberdeen, S. Dak.
Dr. Fanie J. Phelps, formerly of Harper, Kans., is now located at Belleville, Kans.
Dr. Robert H. Conover will succeed to the practice of Dr. A. E. Freeman at Cairo, Ill.
Dr. Robert H. Conover has taken charge of the practice of Dr. A. E. Freeman, at Cairo, Ill.
Dr. C. J. Higginbotham has succeeded to the practice of Dr. A. S. Washburn, at Streator, Ill.
Dr. John F. Bone, of Pontiac, Ill., is now making regular visits, twice a week, to Dwight.
Dr. Cora E. Hemstreet, of Galesburg, Ill., recently had the misfortune to lose office equipment by fire.
Dr. Betty R. Dyer has located in Waco, Texas, and will be associated in partnership with Dr. John Mangum.

We are in receipt of a souvenir card from Dr. William Efford at Live Oak, Fla. He reports a "fine time."

Dr. Ralph Kendrick Smith, of Boston, Mass., has been elected Regent of Jamaica Plain (Mass.) Council, Royal Arcanum.

Dr. L. H. Bell, a recent graduate from the Still College of Osteopathy, at Des Moines, Iowa, has located at Emmetsburg, Iowa.

Dr. J. F. Farmer, of Shawnee, Okla., has retired from the practice of osteopathy and is devoting himself to other interests.

Dr. W. E. Davis, of Paris, Ill., entertained students of osteopathy visiting in the city at a dinner and smoker on December 29th.

Dr. W. J. Smith, of Ironton, Mo., sent out souvenir postal cards showing his sanatorium and expressing the compliments of the season to his friends.

Dr. M. W. Goodwin, of Boston, Mass., does not expect to be able to attend to practice this winter, and thinks that he may have to leave Boston for a while.

Dr. M. C. Hardin, of Atlanta, Ga., is enjoying an excellent practice. He keeps several assistants busy all the time in order to properly take care of his patients.

Dr. W. S. Mills, of Ann Arbor, Mich., has just moved into a fine new office building. He has a suite of four nice rooms, well arranged for osteopathic work.

Dr. A. E. Freeman, of Cairo, Ill., has given up his practice in that city in order to reside

a Physician of the "Old" Cum le Start of the First College; Wonderful Expansion of Osteopathy; Osteopathy Has Won Legal Recognition; A Year of Osteopathic Jubilee; A Foundation for Osteopathic Research; How "Lesions" Cause Sickness; Pinches Most Frequently Occur in the Spine; Osteopaths Find the Trouble Spot; Hot Weather and the Liver; The Stomach Must Get its Blood Supply; How Heart Disease is Cured by Osteopathy; Pulmonary Tuberculosis is Being Routed; Iritis and Other Eye Diseases; Anaemia or Bloodlessness; Tonsillitis—Why Treat the Whole Body? "The *Cosmopolitan*" for September Reviews Osteopathy; It's All in the Diagnosis.

Most Diseases of Spinal Origin.

We have part of a special and undated edition of this brochure, which is the most scholarly and convincing presentation of osteopathy yet penned for the lay-reader. This number will not be reprinted soon, as one of our regular issues, so if you have none on hand you need a hundred of it while they can be had. \$3.00 per hundred, with envelopes. \$22.50 per thousand. Expressage or freight extra.

Woman's Number.

This is a special edition for women. From Bondage to Liberty; What is Osteopathy? How Pelvic Wrenches Weaken Women; Sore Spots in the Spine; What Osteopathy Does for Women; Menstrual Disturbances; Displacements; Leucorrhoea; Backache and Headache; Nerve Pains; Hemorrhoids and Varicose Veins; Sterility; Miscarriage; Obstetrics; Constipation; Nervousness and Insomnia; Cysts and Benign Tumors; Ills of Old Age and Youth; As to Germ Diseases; Treatment not Indelicate; What About Surgery; Is Osteopathy a "Cure All?" By Henry Stanhope Bunting, A. B., D. O., M. D. Hypochondria Not Merely a Delusion; How Women Suffering with Actual Structural Derangements are Often Denied the Sympathy and Treatment They Deserve; Cannot Make Osteopaths by Mail; A Fair Trial or None.

on a farm and treat his niece. His post office address is Cameron, Ill.

Dr. Martha Petree, of Paris, Ky., entered the hospital at Kirksville the latter part of December to undergo an operation. She will be away from her practice about two months.

Dr. Samuel B. Miller, recently associated with Dr. E. H. Beaven, at 314 Granby block, Cedar Rapids, Ia., has opened offices of his own occupying rooms 207-208 in the same building.

Dr. William Efford passed through Chicago on his way from Sapperton, B. C., to Live Oak, Fla. He visited awhile at the O. P. office and pronounced the new "O. H." "o. k." and a "dandy."

Dr. Lola L. Hays, of Moline, Ill., is visiting in Chicago for two weeks and taking a needed rest from practice. She is looking up old friends and dropped at the O. P. office for a few minutes' chat.

Dr. James A. Bragg, who has been at Kirksville, Mo., for the past three years, has resumed practice and located in Live Oak, Fla. He says it is a good town, but the people need educating in regard to osteopathy.

Dr. S. W. Longan, formerly in partnership with Dr. Martha Petree at Paris, Ky., will continue practice there individually. Dr. Petree is at the hospital at Kirksville and does not expect to resume practice for some months.

Dr. Charles H. Jennings, of Grand Rapids, Mich., has returned to practice after an extended vacation. His offices have been remodeled and enlarged and are modern and well equipped in every way.

The new suite of offices that Dr. Clinton E. Achorn, of Boston, has had fitted up at the "Kensington" are elegant in furnishing and up to date in equipment. It's one of the most attractive professional offices of the city.

Dr. Edward Everett Chagnon, 37 Madison avenue, New York City, is now associated with Dr. John N. Helmer as assistant, being successor to Dr. Daniel Neil Morrison, who sailed January 7th for London, England, where he will locate for practice.

At one of the recent monthly lectures for the public, under the auspices of the Boston Osteopathic Society, Dr. Mark Shrum, of Lynn, Mass., delivered the address. He presented the subject in a very interesting manner and had a good audience.

Dr. W. A. Cole, of Dubuque, Iowa, has so his practice to Drs. Adam Baker and Cly Ellsworth, of that city. They will move in Dr. Cole's offices, 311-313 Bank and Insurance building. Dr. Cole will take an extended vacation and will go South to look after farm and other real estate property.

Dr. Fred B. De Groot, of Rock Island, Ill., has been laid up for over two months with an attack of appendicitis. He made a big effort to stave it off, but it developed into a pus case and a trip to the hospital and an operation became necessary. He is now back in his office getting his practice into shape again.

Dr. C. A. Dodson, formerly of Edwardsville, Ill., has made a new location at Little Rock, Ark. Little Rock is a city of 65,000 population and as Dr. Dodson is the only physician there confining his practice exclusively to osteopathy, he should be able to establish a splendid practice. Several osteopaths have endeavored to get together a practice at Little Rock and have failed, but Dr. Dodson goes at it with the conviction that he will succeed. We wish him all success.

Removals.

Dr. A. E. Freeman, from Cairo, to Cameron, Ill.

Dr. F. D. Bohannon, from Olney, Ill., to Redkey, Ind.

Dr. M. E. Ilgenfritz, from Osceola to Corydon, Iowa.

Dr. J. E. Haley, from Rutledge, to Kirksville, Mo.

Dr. Minnie Bowersox, from Allerton, to Indianapolis, Iowa.

Dr. R. A. Ellis, from Denver, Colo., to Lindsay, Kans.

Dr. Wade H. Marshall, from Pittsburg, Pa., to Trinidad, Colo.

Dr. Fannie J. Phelps, from Harper, to Belleville, Kans.

Dr. Fannie J. Phelps, from Harper, Kans., to Belleville, Kans.

Dr. William Efford, from Sapperton, B. C., Can., to Live Oak, Fla.

Dr. Paul E. Erwin, from Allerton, Iowa, to Gamble block, Perry, Iowa.

Dr. Anna Balfe, from Gering, Nebr., to 505 Mason building, Los Angeles, Cal.

Dr. Lester A. McMasters, from the Temple, to the Bridgett building, Danville, Ill.

Dr. Nannie Dufur, from San Diego, Cal., to 110 W. Seventh street, Sedalia, Mo.

Dr. D. O. Thompson, from the Conn building to the Schmitt building, Palmyra, Ill.

Dr. Elinor Balfe, from Kansas City, Mo., to 505 Mason building, Los Angeles, Cal.

Dr. H. B. Martin, from 1710 Beverly road, to 355 E. Sixteenth street, Brooklyn, N. Y.

Dr. J. Lovell Lawrence, from 2124 Bush street, to 2077 Sutter street, San Francisco, Cal.

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Dr. M. B. Walkup, from 105 Campbell avenue, to 605-607 Watt, Rettew & Clay building, Roanoke, Va.

Dr. Delphine Mayronne, from 305 Lowndes building, Atlanta, Ga., to 745 Camp street, New Orleans, La.

Dr. Edith Stobo Cave, from 218 Huntington avenue, Boston, Mass., to 22 Cypress place, Brookline, Mass.

Dr. Francis A. Cave, from 218 Huntington avenue, Boston, Mass., to 22 Cypress place, Brookline, Mass.

Dr. Kent L. Seaman, formerly of Denver, Colo., has removed to Fort Wayne, Ind., where he will locate for practice.

LOCATIONS.

Dr. L. H. Bell, at Fonda, Iowa.

Dr. Julia S. Bolam, at Monett, Mo.

Dr. Maus W. Stearns, at Hoosick, N. Y.

Dr. N. J. H. Sickles, at the Mint Arcade building, Philadelphia, Pa.

Dr. Janet M. Kerr, at 12 LaPlaza, corner Charles and Jarvis streets, Toronto, Ont., Can.

DISSOLUTION OF PARTNERSHIP.

Dr. Samuel B. Miller and Dr. E. H. Beaven, 314 Granby block, Cedar Rapids, Iowa. Dr. Miller has offices in rooms 207-208 of same building.

Dr. Frances J. Marshall and Dr. Wade H. Marshall, 1027 Park building, Pittsburg, Pa. Dr. Wade H. Marshall has removed to Trinidad, Colo.

PARTNERSHIP FORMED.

Drs. J. C. Goodell and Plant, at Escondido, Calif.

Dr. Betty R. Dyer and Dr. John Mangum, at Vaco, Texas.

Dr. M. B. Walkup and Dr. J. R. McCrary, at 65-607 Watt, Rettew & Clay building, Roanoke, Va.

Dr. Chas. A. Upton and Dr. J. B. Bemis, at 108-9-10-11 New York Life building, St. Paul, Minn.

MARRIED.

Dr. Alexander Francis McWilliams, to Miss Eleanor Mary Batstone, on December 23d, at New York, N. Y.

Dr. Frank Muralt, of Washburn, and Miss Essie Johnson, at the bride's home in Carlisle, Dr. and Mrs. Muralt will be at home in Washburn, where Dr. Muralt has an extensive practice.

BORN.

To Drs. T. C. and Elizabeth Morris, at Spokane, Wash., a girl, on December 17, 1908.

DIED.

Dr. John S. Gardner, of Fulton, Ky., on August 26, 1908.

Mr. Jno. Hastings, father of Dr. Sarah Middleitch, of Winona, Minn., on November 26, at Petoskey, Mich.

James L. Garrett, father of Dr. Lorena M. Schrock, of Bedford, Ind., at his home in Lincoln, Neb., January 8th. Dr. Lorena Schrock is the wife of Dr. J. B. Schrock, and a sister-in-law of Dr. E. R. Ryerson, of Tecumseh, Neb.

WANT ADS.

WANTED—A LOCATION IN COLORADO. Address B. E., care "O. P."

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Dr. Paul C. Goodlove, from 318 Forest building, to 306 Healy building, Detroit, Mich.

Dr. E. L. Harris, from Owensboro, Ky., to 602 National Bank building, Savannah, Ga.

Dr. C. A. Dodson, from Edwardsville, Ill., to 300-303 Riegler Building, Little Rock, Ark.

Dr. Edward H. Fritsche, from 2248 N. 17th street, to 706 N. 19th street, Philadelphia, Pa.

Dr. F. L. Antes, from 15 Greeves street, Kane, Pa., to the New Realty Block, Ridgeway, Pa.

Dr. F. C. Martin, from Waterloo, N. Y., to 10 Schnirel building, Seneca street, Geneva, N. Y.

Drs. Baker & Ellsworth, from 316 to 311-313 Bank and Insurance building, Dubuque, Iowa.