

The Osteopathic Physician

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The Osteopathic Physician

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Number 3

Overwhelming Vote Says Osteopaths Should Continue to Preach Good Old Osteopathic Gospel That "Drugs Don't Cure Disease"

THE poll instituted by "The O. P." to ascertain the sentiment of the profession regarding the desirability of continuing to educate the public to understand that drugs do not cure disease shows that the profession stands almost to a man for carrying on that educational campaign with the old time conviction of duty.

As far as the poll has proceeded, about ninety-five per cent of our osteopaths who have voted at all, have recorded their votes in favor of continuing to preach the gospel that *drugs don't cure*, while 5 per cent of the replies are either indefinite and undecided or are opposed to going on record against drugs in our educational literature. As a matter of fact, only three of our practitioners who have written us on the subject oppose preaching the good old osteopathic gospel that drugs don't cure.

This is just as we surmised it would be and we are very glad that profession believes that its propaganda mission for widening the horizon of human thought in regard to therapeutics and in doing an honest, sincere part in rescuing the people from the evil of drugging, has not yet been completed.

This in our judgment is a hopeful sign for osteopathy.

Had the profession by its votes, indicated a tendency to cease to be reformers and non-conformists to the old order of things, it would have been equivalent in our judgment to the death knell of osteopathy. Osteopathy was not built by a conformist and it is not being advanced today one inch by any of the conformists who are in its ranks, however estimable in personality and in professional conduct such people may be. Dr. A. T. Still was a nonconformist opposing the trend of affairs; he changed the tide of human thought and practice—his disciples who followed loyally his teaching carried on the movement, until today there is in conjunction with the anti-drug movement of the Christian scientists, a tremendous decay of the popular faith in drugs and a marked decrease in their consumption.

Yet, if the osteopaths of the land were to feel that their mission had been completed and were to cease their efforts, the drug demon no doubt, would long flourish in the average family and continue to number his victims by the thousand every year as the result of errors committed and the failure to use a more rational therapy while making the drug experiment.

There are, of course, many perfectly estimable and nice people in our profession who are either afraid or disinclined to take a bold stand in this and in every other issue of life, who yet do not merit any harsh criticism or unkind words because their error is one of natural conventionalism. It cannot but hurt the feelings of these people to tell the plain truth

and assure them that by their attitude they are not defending the cause of osteopathy appreciably in their community.

But, I would like to ask any who are in that class and I have heard from several of them, what they think their responsibility is to their generation for the errors and crimes that are being committed against human life



Dr. James L. Holloway, of Dallas, Texas, a stalwart, "true blue" osteopath of recognized high ability, president of the American Osteopathic Association, a sportsman of proven prowess, especially in the piscatorial line and a decided "comer" as favorite for winner of the swimming marathon race to be held in Detroit next year.

and happiness every year through the wrong use of drugs, while they do nothing whatever to warn their fellow men and fellow women and help deliver them from the bondage of ignorance which they are struggling against.

Does it strike you, Doctor, that it is doing your whole duty to man and humanity to know what a terrific wrong the prevailing practice of drugging in medicine is and hold your own council?

I do not see how an osteopath who believes in osteopathy and who disbelieves in drug practice can attempt to keep quiet and let the people suffer this grievous bondage.

I am glad that at least 95 per cent of our practitioners who have taken the trouble to voice their sentiments at all on this subject, have stood in line with Dr. A. T. Still and the large number of leading medical writers who have gone on record in medical literature to show the fallacies of drug practice and to warn the people against the wrong committed in the name of drug therapy.

One thing further, to preach in a fair, intelligent and kindly spirit that drugs do not

cure disease is not knocking your fellow practitioners of drug medicine. One of my correspondents objected to preaching the truth because he thought it was hurting the M. D.'s. Well, we grant freely that it will either compel the M. D. to become rapidly much more prudent in the administration of powerful drugs or to use more natural methods in the treatment of his patients; but that is surely in the interest of the patient and Doctor both—unless it is claimed that the Doctor's interest are bettered by taking the biggest risks with the life and health of his patients—which we do not accept for a minute—and you will not either.

So it is the prevailing sentiment that the profession should stand fast to its colors and go in the course which it has pursued successfully thus far in its career and upon occasion, with the conviction of truth and its duty to mankind ever before it, to say boldly and definitely in proper places and at proper times, that drugs do not cure disease and the testimony of the scientific practitioners the world over, as well as the common experience of mankind both together, unite to prove it.

What Some of the Voters Said.

"I have just read the September number of *Osteopathic Health* and I must say it is a 'winner.' It strikes me as the best issue I have ever seen. I think we ought to have more of this kind of a number. I wish I could send out a thousand of them."—Dr. D. D. Young, Dallas, Oregon, September 2.

"Tell the public about the uselessness of drugs? Why, certainly, and keep on telling them. I wish I could afford to use 1,000 copies of *Osteopathic Health* each month. Some of our D. O.'s have told me they had all the practice they could handle and wanted to know why they should spend money for magazines, etc. I don't say much to these poor doctors. I simply say what if Dr. Still had stopped when he had all he and his sons could do, what would you be doing now? Let us educate the people. It is more pleasant to work with them when they understand our science and when we get more than we can handle, we can get some one to come and help us."—Dr. J. J. Moriarty, Ottawa, Ill., August 26.

"Please send me fifty copies of the September issue of *Osteopathic Health*. I am very much in favor of articles setting forth the fact that drugs do not cure disease and explaining why osteopathy does."—Dr. W. E. Waldo, Seattle, Washington, September 5.

"I am glad to see you take such a firm stand in relation to the education of the public as to the usefulness of drugs. *Until a man can be shown that what he has will not do what he wants—he will not change.* To take osteopathic treatment, one must be dissatisfied with drugs. Your September *Osteopathic Health* is fine. Please send me five hundred extra copies of this number as I want to spread this particular information in this community."—Dr. Joseph Ferguson, Middletown, N. Y., September 2.

"In reply to your question 'Should be Osteopaths continue to tell the people that drugs do not cure disease,' I answer most emphatically, yes. We are in the midst of a great re-

form in therapeutic methods, and undoubtedly the trend of the 'Medical Profession' is toward a Douglas Therapy. It is my opinion that osteopathy has been the greatest factor in bringing this about. It is proper, then, that we, as a profession, should make the facts known to the public and receive the credit due us."—*Dr. Leslie D. Smith, Chicago, Ill. August 26.*

"I endorse your proposition about informing the public concerning the uselessness of drugs? If you could see the interest with which my patients read and discussed the September issue of *Osteopathic Health* it would show very clearly that the times are ripe for this kind of work. I am anxious to receive at once my extra one hundred and fifty copies so that I can send them out immediately."—*Dr. Carl J. Johnson, Louisville, Ky., August 28.*

"I have just read the September issue of *Osteopathic Health* and I am more than delighted with it. While we don't need to knock the M. D.'s personally, yet we certainly gain nothing by being 'weak-kneed' on the subject of drugs. Let us out with the truth and the whole truth. It is a good idea to let the great M. D.'s tell it themselves. I believe we should issue one of this kind each year. Please send me one hundred and fifty extra copies of this September number."—*Dr. D. V. Moore, Iowa Falls, Iowa, August 29.*

"I have just read your splendid article in the September issue of *Osteopathic Health*. I endorse your idea of educating the people as to the futility of drug treatment. This kind of an article should be repeated once or twice a year."—*Dr. J. S. Baughman, Burlington, Ia., September 7.*

"I endorse your article in the September issue of *Osteopathic Health* on the futility of drugs. Send me fifty extra copies of this edi-

tion. It is one of the best I have ever seen."—*Dr. B. S. Johnson, Philadelphia, Pa., September 7.*

"I should say we should keep continually educating the people 'drugs do not cure.' I have written a booklet in which I emphasize all the way through that 'drugs do not cure, do not assist, but are a positive hindrance and cause disease, dope fiends and death'; and that the beliefs that 'drugs do cure' is 'founded on ignorance and superstition.'"—*Dr. D. J. Favell, Superior, Wis., August 28.*

The Socialization of Osteopathy— A Problem with Some Sug- gestions for Its Solution

By Dr. Jennette Hubbard Bolles, Denver Colo.

IT is well known to the student of sociology that the socialization of knowledge is slow, painfully slow. As Tennyson says: "Science moves but slowly, slowly, Creeping on from point to point."

There has long been knowledge enough in the world to alleviate most of the ills of humanity, but that knowledge has been confined to a few. The acquisition of knowledge has been comparatively easy; its socialization spreading it to the masses, has always been very difficult.

With osteopathy history is only repeating itself. Eighteen years ago, Dr. A. T. Still gave to the world the greatest contribution that has ever been made to the healing art, and the most important scientific discovery ever made on this side of the Atlantic, but today the knowledge of these important principles is the property of a few.

How to bring it to the many, how best to

accomplish the socialization of osteopathy, is the problem with which we have to deal.

It is true that osteopathy has one handicap. If it had come to us stamped with the seal of Paris or Vienna or Berlin, it would have carried the world by storm; but, "Can any good come out of Nazareth?" Can anything great come from Kansas or Missouri?

But our great new science of health can not be limited even by such considerations as these. It must be known far and wide, and I wish to mention some methods of making it known.

As the concrete is always more forceful than the abstract, I shall discard theory and confine myself to facts, so I will tell you some of the things we are doing in Colorado.

We have learned that nothing can be done without organization. The old story of the dying Indian Chief who called his sons about him and bade them try to break a bundle of arrows, which, of course, they could not do, and then showed them how easily each arrow could be broken singly, is little short of inspired in its practical wisdom, whatever may be its literary merits. At present the majority of our osteopaths are single arrows and they will be powerless until they can be united.

Our banner county in this respect is Boulder county. Here every one of the small number of osteopaths has joined their county association, and they have assessed themselves ten dollars a month for twelve months. The fund thus raised is used to advance the interests of osteopathy. Space is reserved in the newspapers for matter relating to osteopathy, lectures are employed, and when conventions are held there, much is done to make them interesting as well as instructive.

We cannot emphasize too strongly this need for organization. Osteopathy is rapidly approaching the time when it must fight for its

The Osteopathic Catechism — What It Contains:

A SERIES of questions that are asked daily by osteopathic patients, callers, and those considering treatment, with simple and judicious answers to give a correct knowledge of our science and practice. It includes simple and satisfactory explanations of such terms as disease, the cause of disease, "lesion," etc, with concise statements of the fundamental principles of osteopathy, its method of treatment, and its entire dissimilarity to massage. The questions asked and answered are:

What is osteopathy?

What does the word mean?

Does osteopathy teach that bones are usually diseased?

Is it a treatment only for bone diseases?

Do you prescribe drugs at all?

What is the fundamental conception of osteopathy?

If drugs are not used, what agency does osteopathy employ to overcome diseases?

How does the osteopathic physician control vital forces so as to restore health?

Then osteopathy must be some form of massage, is it not?

Is osteopathic treatment indelicate in women's diseases?

Do you have to believe in osteopathy to obtain its benefits?

What is health?

What is disease?

What theory, essentially new to medical science, has osteopathy established to be the common cause of disease?

What brings about such mechanical disturbances in the body—in other words, what causes sickness?

Are mechanical disturbances the only first causes of disease?

Has any other school of medicine recognized such mechanical disorders as causing disease?

What does the average physician say about osteopathy—about this new mechanical theory of disease?

What do other schools of medicine ascribe as the main primary predisposing cause of disease?

What does osteopathy hold regarding microbes?

So the body is endowed by Nature with its own adequate defenses against disease?

What common-sense postulate does osteopathy affirm concerning the body?

How is it that the body is so liable to "bad mechanics"?

Then osteopathy has simplified pathology, the science of diseased structure and function?

How about symptomology—the science of symptoms?

Is not osteopathy merely a form of massage?

What is a "lesion"?

Why does osteopathy make the claim that it goes back to the first cause of disease more carefully than other systems?

Is this mechanical origin of disease the only new principle in osteopathy?

What is meant by "stimulation" and "inhibition"?

Can osteopathy reduce the temperature of fever?

How does osteopathy reduce temperature?

Is every case treated alike?

What disease do the osteopaths have most success in curing?

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life. Nothing shows so well the growth and development of osteopathy as the opposition which it now encounters from other schools of therapeutics. At first we were ignored, then ridiculed, next tolerated, and now we have grown big enough to be formidable, and we have to meet bitter opposition. This opposition is being organized in the most systematic manner.

Medical men are entering politics for the express purpose of fighting osteopathy. Literature is being sent to voters, and no stone is being left unturned to down the dangerous rival. There is a popular belief that no good thing can be suppressed; that "truth crushed to earth will rise again," and this creates a tendency to pursue a policy of masterly inactivity and let events take whatever trend they will.

If osteopaths do not organize and present a united front, they are going to be exterminated or absorbed. The enemies of the profession are alive to the situation and are making every effort. They have carried organization to a very high degree. They already have a strong following in many of the State legislatures, and are preparing to storm the doors of Congress itself.

Now shall we sit quietly by and let them accomplish their ends; or shall we strengthen our organization and meet them on their own ground? They are ready to fight to the death for a decadent profession. Shall we not fight for a profession that is immeasurably superior to theirs?

The Colorado State Association has adopted two principal methods of reaching the general public; the distribution of literature and popular lectures. Many of our practitioners distribute field literature furnished by the various editors, among people who may be interested in osteopathy.

One lesson that we have learned is not to

expect results from sending one copy to a person, or two copies or even three, *but to keep on sending*. Keep hammering away; never weary in well doing, and in a majority of cases, results will follow. The first step is to familiarize the public mind with the idea of osteopathy and then to make converts.

One of our effective ways of reaching the public is by lectures and informal talks given by members of the profession. A hearing is gained for these speakers in various ways. Our State Association sends out speakers to any place that may care for them, under the auspices of the osteopaths, and the friends of osteopathy are depended upon for securing an audience. These audiences are necessarily largely composed of people who are already converts, but they always contain a minority who need to be informed upon the subject. Before these audiences, of course, osteopathy can be advocated with all the eloquence which the speaker has at his command. With another set of hearers, great care must be exercised in this respect. As State Chairman of the Child Hygiene Committee of the Mothers' Congress, many opportunities have been given me, and the parent-teacher associations which are organizing all over the country, offer excellent means for reaching the mothers of the country. These meetings are held in the public school buildings, and special invitations are sent out by the teachers through the children—to all the mothers in the district.

The question of the health of the children is a vital and most important one to such audiences. Here we do not talk osteopathy directly, but in the general talks on hygiene, and the necessity of the perfect mechanism of the body, osteopathic principles may be inculcated.

College societies, church societies, clubs, in fact any organizations of any kind where "two or three are gathered together," furnish a field

for the dissemination of information concerning the gospel of health, or in other words, the principles of osteopathy.

We are becoming such a club ridden nation that it is not possible to find a corner so remote that the club is not there, and the program committees are seeking whom they may devour in the way of material for filling up the vacant programs, so any fairly good speaker is sure of opportunities for getting a hearing.

During the past winter in Colorado, we have had speakers who have appeared before women's clubs, literary clubs, college fraternities, church societies, boy's clubs, mothers' meetings and professional osteopathic societies.

I have yet to meet an intelligent, unprejudiced man or woman who, when given a clear understanding of osteopathic principles, has not become an advocate. If every member of the profession will make it his business to give clear explanations of the general principles on which osteopathy is based, the new gospel of healing will spread and become a great power in the land.

Birth Rate in France

Figures furnished by Consul General Mason, Paris, present still more striking and significant facts concerning the rates of births and deaths in France.

It is true that 1910 showed a greater ratio of births over deaths than 1909. But this condition was the result of marked decrease in the number of deaths, not of any increase in birth rate.

In some sections of the country, notably in the valleys of the Garonne and Rhone, the number of deaths was considerably in excess of births. Comparative conditions may be illustrated by the following table, showing the number of births in 1,000 population in the countries named:

Holland155	Austria113
Germany149	Italy106
Great Britain121	France18

Compared with other European nations, France seems to present a condition threatening extinction of its native born population.—*Chicago Journal*.

The Osteopathic Catechism — What Is Said About It:

THE Osteopathic Catechism has been pronounced without doubt the finest piece of campaign literature ever published for our profession. It is clear, concise, complete. Easily read and easily understood, it appeals alike to all classes. Here are endorsements from some who have used it:

The Osteopathic Catechism is indispensable to every practitioner.—**Dr. Albert T. Hunt, Omaha, Nebraska.**

The Osteopathic Catechism is clear-cut, concise, convincing and conservative.—**Dr. Howard T. Crawford, Boston, Mass.**

I never saw a piece of field literature as good as the Osteopathic Catechism.—**Dr. J. F. Bumpus, Steubenville, Ohio.**

I like the Osteopathic Catechism. It cannot be improved upon.—**Dr. Ralph H. Williams, Rochester, New York.**

The Osteopathic Catechism removes the lesion ignorance in splendid fashion.—**Drs. Wendell & Magill, Peoria, Ills.**

The Catechism is the best piece of osteopathic explanation ever printed.—**Dr. Paul M. Peck, San Antonio, Texas.**

The Osteopathic Catechism tells a patient more in half an hour than a practitioner could explain in a week and does it infinitely better, too.—**Dr. H. E. Bailey, St. Louis, Mo.**

Nothing finer than the Osteopathic Catechism was ever put out. It's good enough for me.—**Dr. Charles Hazzard, New York City.**

The Osteopathic Catechism is the best field literature I have ever read.—**Dr. Frank F. Jones, Macon, Ga.**

I have never found anything quite so good as the Osteopathic Catechism.—**Dr. Joseph H. Sullivan, Chicago, Ills.**

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How the Osteopath May Be Recognized as a Complete Physician

By P. C. Jones, M. D., D. O., Sunnyside, Wash.

There are two things that must be; First, efficiency on the part of the osteopath; and second, confidence on the part of the people in the osteopath as a physician upon whom they can rely in every need. Then and only then, will we be able to supplant the medical doctor.

In this state I think we have one of the best of laws, as it favors freedom; in other words, there are no teeth in the law to snarl at us if we use other means than just ten fingers. Therefore for that reason every osteopath should devote time to the study of the physiological and therapeutical action of drugs—not that we will ever need to use them, but that it will give us the vantage ground of knowing in every case just what the "medics" know or think they can do with drugs. The same is true in the matter of surgery. Every one should equip himself fully, so that he may answer any call in an emergency fully equipped to do the work, and let the people know it, and that will go a long way toward cutting out our limitations. For some of us feel that we are limited and the public, generally, hold that same idea. It is all an error if the people think that the osteopath is limited to *ten-fingered osteopathy*. Let us convey the thought that we are not so limited. Let us not resist and set in the office and say *osteopathy pure and simple for me or I do nothing*. The good sailor prevents *mal de mer* by reeling like a drunken man. He knows that he cannot resist or prevent the motion of the vessel. Nor can he resist the thought of the people, but we can educate them. Let them know that we can use any and all means if we think it necessary. We may not need to use other means for we may see that it is not necessary.

I hold that an osteopath should not be limited. He is not limited by our Washington State law, so let him not limit himself. Osteopathy, like other sciences, did not spring full panoplied into the world like Minerva from the brain of Jupiter. It is and must continue to be the product of growth, development, evolu-

tion. While we hold to the thought that purity of therapeutics demands that osteopathic treatments should be administered solely with the ten fingers, yet if we have a case of retention of urine, we must not limit ourselves so as not to use the catheter when that is the only agency that would save the patient. For to leave the urine in would cause great suffering and eventually result in cystitis and uræmic poisoning. If we are satisfied with what we have done, we will progress no farther. The evolutionary instinct is the instinct which impels the organic world onward in the path of progressiveness. As Dr. Hudson says, "Any failure to go forward will result in stagnation and decay." We must either be whole doctors or none. We do not want osteopathy to be simply a specialty only good in a few cases, as our medical friends say. No! it is a complete successful system of medicine. Let us be family physicians and treat all cases, either acute or chronic. Take fever and beside cases, as has been the role of physicians for years, for we can do the work. We are far better equipped with our wonderful insight into the new anatomy and the principles of osteopathy as now promulgated, than the average medical man is with his pills, powders, and dope. He realizes, he has got to depend upon mental, psychical, and other adjuncts, and *does do so*. So let us be broad and not refuse cases or turn them over to the hospitals or M. D.s, because we cannot do for them what is needed with our ten-fingered osteopathy. We must also study the mental attitude of our patients, for I find that many need mental as well as physical treatment. We often have cases in which we fail to find any pronounced lesion, and sometimes treatment in these cases will be nil, unless we get control of them mentally, and while treating give them proper suggestions. I hold that every cell in the body is amenable to suggestion as well as every organ, and if we get the patient in the right mental attitude and energize them, the result will be success. By becoming real family physicians we supplant the medical man and are then in a position to be called upon in every case of need. Often the family physician discovers that some domestic infelicity is the cause of more real trouble in the household

than all the diseases put together. No one is in a better position to help than the family physician. Better than the preacher, neighbor, or friend. Often these domestic troubles are of a nebulous character, and a little common sense will clear them up. You may think that such is not a doctor's business, but I know from years of practice that it is. We should also be able to formulate suitable sex hygienic teachings when called upon. The years of darkness have proven a failure; we should now turn on the light.

I hold that osteopathy is not just the manipulative treatment that removes the lesion. To be sure the treatment that removes the lesion results in the patient's getting better, but it is the fundamental law of nature to recuperate after the lesion is removed. The method employed is only an incident. I may do it one way and you another. But the true osteopathic principle involved is, that nature gets around the obstruction, and the method is the help. So that Dr. Still discovered a law of nature (as Newton did) when he discovered a method that would let this principle of nature work. We must be honest enough to admit that a great fundamental principle, a law of nature, is the great foundation of osteopathy, and that it is what we offer in opposition to the medical panacea of pills, powder, and dope.

If the methods elucidated by the osteopaths of today are not full enough to overcome these lesions, then *progress*, and get others even if we must call them adjuncts. We must correlate to ourselves all those schemes and methods that will result in the one great thing of setting the fundamental law of nature's healing to work. We do not need to fall back on the things that we have tried and found wanting, such as drugs, etc., but by our own research work discover wherein we have failed and search out for the new. But remember the mind, that great dynamo, that has much to do with our health, happiness, and lives. If we can learn how to set it to work for us in every patient it will be one great stride toward success. We are not perfect, but we are gaining every day, and the field where the work is being accomplished is not alone in the office, but at the bedside as well.

We must be equipped and efficient to become real physicians and then proclaim it to the world and be able to back up that proclamation by "delivering the goods." By so doing we can save osteopathy from being classed merely as a method or as a branch of medicine only applicable to a limited class of patients, as our medical friends are wont to proclaim it.

I wish to say that today osteopathy is the most successful system of medicine ever promulgated, and I have for years been ready to demonstrate its efficiency over medicine in any case, acute or chronic.

My old classmate of the medical department of the University of Michigan, Dr. Woods Hutchison, in the November number of *Hampton's* magazine, sets forth the passing of powder, pill, and dope. He is doing good work to eradicate the doctrine that was preached to us at Ann Arbor. While Hahnemann's law, *similia similibus curatur*, is being undermined there has been nothing that has shattered Dr. Still's law of nature.

It is not giving something or getting something, but *being* something, that makes the world better. Oh! that I could make every osteopath a real physician! We must use thought in everything that we do. Every patient that we treat we must think as to the condition and not just remember what we were told to do, in like conditions. Thought has wonderful power. It is the greatest thing in the world. It will enable us to see as on a photographic plate just the condition in every patient and without that insight we are working in the dark. Ella Wheeler Wilcox has said:

I hold that thoughts are things
Endowed with being, breath, and wings.
We send them forth to fill
The world with good results or ill.

By becoming grounded in these fundamental principles we shall avoid many of the errors that many of the osteopaths are now committing. Then we can feel that we have been partly instrumental in carrying osteopathy to the fore, and demonstrating to the world that in osteopathy the people have the greatest agency in restoring health.

From the many letters that I have received from you all but one complains of the limitations of osteopathy. For that reason I shall outline for you what I think would be a help, and what I really think has got to come, in order to make the osteopath a complete family physician—the ideal I have looked for for years. I personally do not feel the limitations, so I had to get it from you through your letters.

The osteopathic principle, which I call the osteopathic law, is not just the method of adjustment. The fundamental thing is, remove the cause or adjust—that is, corrective. But I have always held that there is also the palliative treatment, that is, morphine, etc. We all know that morphine is not curative, neither is calomel, but they are both good adjuncts, and in order to be complete physicians we must meet all cases. Usually the public considers that in desperate cases where the patient is near death's door they must call the M. D., at least, if death takes place, to sign the death certificate. Not so in my cases, for I am sure that many times I have stepped in and pushed death back that surely was entering by the side of the M. D. Many of you take the medical man to be a more complete physician. But as a medical man, I found more limitations in the practice of medicine than I find in the practice of osteopathy. It was because *I was limited*. I had a case in which Dr. S. S. Still told the patient he could cure her with his two hands, when as a medical man I saw no help but a surgical operation. But as she had told me Dr. Still could help her, I had to admit that he as an osteopath knew more than I did, and I decided that what he knew I could learn also. And I did, and thereby cut out some of my limitations. There is absolutely no medicinal treatment for asthma, pneumonia, whooping cough, smallpox, tuberculosis and many other diseases. While medical men attend these cases, though they often die, yet the public are satisfied and sometimes the friends freely thank them for what they have done. As a medical man I have been willingly paid for services when, before my God, I had not done the first real thing to ward off death. If we will only call off our limitations, and claim we are the "whole thing," the people will soon claim the same. Then we will be where the M. D.s are today. It is not hard to correct some errors of the people. A man at Mabton was mashed between a car and a wagon. They called an M. D. He thought the man was going to die and so a friend called me. Before I got there the medical man wanted to fill him up with whisky. I told them if he was going to die, let him die sober, and if he could live I could do more for him if he were sober than if he were drunk. The result was I got the case. I set four fractures, sewed up two wounds, and today he is a well man.

Now what would I have you do? Our Washington state lets you do anything. But you cannot do anything without knowing how. And the greatest thing with us, as a curative agent, is OSTEOPATHY, and that without drugs. But to help out in cases of suffering where it is necessary to use morphine as a palliative agent and some other things only as palliative agents and not as curative agents, it would be well to study the physiological and the thea-

peutical action of some drugs. Then you would be equipped to use them if you thought it was necessary and you can tell the public the same. But in most cases you will find that it is not necessary. I always have my hypodermic, chloroform, and ergot.

Then for surgery. You should have your pocket case and a few of the essentials for treating wounds. Psychology is a thing we must know. Food specialists, above all, we must be. For it is often the stuff we put into our stomachs that make us sick. Never give a treatment that will do no good merely to show a prospective patient what osteopathy is. Never turn a case over to another doctor that is an M. D. Impress upon people the fact that *you* are fully equipped and qualified to take any and every case, and do not get rattled. If every osteopath in Washington state would do this, it would be but a short time until we would find ourselves occupying a position in the front rank, as fully equipped and complete physicians.

International List of Cause of Death, Census Bureau Will Issue Manual Based on Second Decennial Revision

CENSUS DIRECTOR DURAND will submit in the near future to Secretary Nagel of the Department of Commerce and Labor the manual of the International List of Causes of Death, based on the second decennial revision by the International Commission which sat in Paris in 1909. In his letter of transmittal the director states that it contains many additional terms not found in the original translation of the report of that commission, and will be of special service to American registration offices whose returns supply the material upon which the mortality statistics published by the Bureau of the Census are based. It was prepared under the direction of Dr. Cressy L. Wilbur, chief statistician for vital statistics of this bureau.

In the introduction of the manual it is stated that the progress of what is known as the International Classification of Diseases and Causes of Death it is most remarkable. It can be explained only by the fact that there was a widely recognized need for national and international uniformity of classification, and that the system proposed met fairly well the demands of registration offices and of the users of mortality statistics and proved capable of progressive development as those demands changed with the advance of medical knowledge.

As late as 1893 no two countries in the world employed precisely the same forms and methods for the statistical classification of causes of death, the compilation of which is universally regarded as of the utmost importance for the advancement of sanitary science and practice. This lack of uniformity rendered the statistical results of such classification incomparable, and it was imperative that an effort be made to remedy this defect.

The past 18 years have seen the successful accomplishment of this task, at least to a degree that warrants the most sanguine hopes of ultimate success and of the early approach of the time when all nations shall be in agreement in this respect.

The measure of this success may be inferred from the large number of countries represented at the sessions of the International Commission in 1900 and 1909, as given in the official reports of the proceedings, although all countries that employ the classification were not represented by delegates in 1909. In a paper before the Fourteenth International Congress of Hygiene and Demography, held at Berlin in 1907, Dr. Bertillon estimated that the system

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was in effect for over 212 millions of population. This estimate was a very conservative one, the United States being credited with only the population (33.1 millions) shown for the registration area in 1904. Since the meeting of 1909 the very important accession of Great Britain has been received.

Many countries, among them the United States, that have expressed their cordial approval of the international list and have adopted it for practical use so far as material is available for the statistical compilation of causes of death, do not enforce the complete registration of deaths throughout their entire territory. This is not the case, however, in the British possessions, for as an almost invariable rule there is thorough registration of vital statistics wherever the British flag flies. The addition of the British Empire is thus a most important one.

All the English-speaking and Spanish-speaking countries of the world are now united in the adoption of the international list. The entire Western Hemisphere, including North, Central, and South America; Australia and New Zealand; China, Japan, and British India in Asia; Egypt, Algeria, and South Africa in Africa; and many countries of Europe are now, or soon will be, represented among those thus seeking international uniformity. Progress during the recent decade should be even more gratifying, and by the time of the Third Decennial Revision, which is to be made in 1919, it may be hoped that all countries will join in the movement.

The manual states that the International List of Causes of Death makes no pretension of being a proper nomenclature of diseases or of including a scientific classification of diseases. It is only a practical working list whereby statistical compilers can assign medical terms reported by physicians as causes of death to certain more or less definite titles representing individual diseases or groups of diseases of similar character. Statistics of causes of death are vitiated to a considerable extent, and sometimes to a very large extent, by the fact that many deaths are reported under what the Committee on Nomenclature of the American Medical Association very graphically calls certain blind returns. How applicable this phrase is can be appreciated most fully by those who have puzzled over returns as received in registration offices, and an inspection of the many unsatisfactory and indefinite causes included in the manual will make it clear that reform is necessary in order to place our statistics of causes of death upon a satisfactory basis.

Satisfactory statements of causes of death can be obtained only by means of a high degree of coöperation between members of the medical profession and the registration authorities. It is desirable that physicians appreciate the importance of exact statements of causes of death and realize, by means of study of the statistical results, how certain forms of reports may lead to misunderstanding and inaccuracy. An essential requirement is that the blanks employed for the statement of causes of death be uniform, as otherwise specific instructions can not readily be given. A very satisfactory result of the general adoption of the United States standard Certificate of Death, as recommended by the American Public Health Association and approved by the Bureau of the Census, is that uniform instructions can be employed for a very large proportion of the registration area.

Convention Publicity Stirs Things Up in Indiana

DR. J. F. SPAUNHURST, of Indianapolis, osteopathic member of the Indiana State Board of Medical Registration and Examination is feeling highly elated over the splendid newspaper publicity occasioned by the big Chicago convention. He sends in half a dozen clippings taken from leading Indianapolis papers. Commenting on the situation, he says: "The invitations to the Medics gave our cause such publicity as nothing else has done. It was a good stunt that should be pulled off in some fashion

each year. It 'stirred up' the 'animals' and spreads the gospel of faith that lies within us; yet there are those among us who will 'knock' and regard it detrimental—such are fossils—believe me."

We believe with Dr. Spaunhurst that the publicity occasioned by the Chicago convention has set people thinking and talking about osteopathy from one end of the country to the other, and will prove a great impetus to the progress of the profession.

Some Impressions of the Chicago Convention

By C. A. Whiting, D. O., of Pacific College.

THE Chicago convention impressed me as being a great meeting. I think more work was done at this convention than was done at any of the eight previous conventions which I have had the pleasure of attending. The thirst of the profession for more knowledge is truly remarkable. The sessions were long, but the great majority of those in attendance stayed to the end of each one.

Much of the success of this convention was due to the unusually able way in which President Hildreth presided. Had his discipline been less strict or his methods less methodical, it would have been impossible to have accomplished the great amount of work which was done at the 1911 meeting.

The President's address was strong and as might have been anticipated from one of the "old wheel-horses," somewhat conservative. This is said in the way of praise for any thoughtful person realizes that however important progress may be, it is of little value unless the good things are conserved. The truly great men of the world have not only been progressive, but they have always been conservative. It was the progressive Paul who invoked an anathema upon any one who should preach any other gospel than that which he himself had delivered. We may smile at this seeming absurdity and yet no man has his full strength until he is certain that he is right. Personally I suspect that some of the most cherished views of our ex-president will be outgrown and that osteopathy will be all the stronger because they are outgrown. But that is neither here nor there.

I think it is safe to say that the profession has much cause to be proud of the papers which were presented at the convention and when one considers the number of papers presented, this is somewhat remarkable.

It is probable that a little more dignity in extemporaneous speech and a little less slang from speakers would place us in better position in the public eye. Expressions which are not out of place when one is engaged in private conversation, are not always fitting for use when one appears before a large audience.

In the past, the question of "adjuncts" loomed large before osteopathic conventions. That matter has been settled and perhaps one of the most important questions which now confronts us is in regard to what letters we may put after our names. When one listens to the almost acrimonious discussions of this question he would almost suppose that those discussing it, really believe that the character of the treatment a sick person would receive at their hands was quite dependent upon their academic appendages. Personally, I wish that the question could be settled by all educational institutions agreeing to drop these relics of medieval days. But the time is not yet.

It would hardly do to speak of the convention without mentioning the banquet which brought it to a close. It is not pleasant to compare physicians and waiters with each other, in fact at first one would think there is little opportunity for comparison and the more one seeks for comparison, the more he is forced to a conclusion that contrast is more in order. The one striking contrast between the waiters and the banquet speakers was the fact that the waiters knew when

to stop bringing on the good things, and the speakers did not.

We should all unite in an effort to build a worthy structure in 1912 upon the splendid foundation laid in 1911.

Psychical Influences

H. F. Ludwig, D. O., Parker, S. D.

I WISH to say in the first place that I am thoroughly osteopathic, that I think our system is just a little better than any other system of therapeutics known to mankind.

I believe the lesion stands out above and ahead of any other causative factor in the production of disease; that to take the lesion away from osteopathy would be like taking crutches away from a cripple.

However I think there are other factors that we must not overlook. We all know that the mind has a very great influence over the body, we know that fear, worry, fright, anger, the so-called "fit of the blues," or any kind of mental depression has a very marked effect on all the vital organs; loss of appetite is at once noticed, indigestion, lassitude, slower circulation of the blood, loss of sleep and various nervous manifestations. While on the other hand the old adage, "laugh and grow fat," is virtually true.

The psychic side of therapeutics is looked upon by many as a joke but it is far from it. I believe much good has been accomplished by christian science. I do not think their system should have been called christian science, I think the word christian should not have been used, and furthermore if they would apply their system only to those cases where suggestions are indicated it would be a valuable adjunct to the healing art.

We, theoretically speaking, have two minds, the conscious and sub-conscious or subjective and objective. The one most active while we are awake, the other most active while we are asleep. They, of course, are not separate and distinct, one merges into the other but it is very evident that the mind that in dreams is not the one that is active while we are awake. It is also very evident that the sub-conscious mind is suggestible, that has been proven by hypnotism, the subject doing whatever he is told to do.

Here is food for thought then. If the sub-conscious mind can and does act on suggestions, what benefit can be derived from this fact?

A certain noted man goes so far as to say that he can shape the future character of a man by suggesting good or evil to this sub-conscious mind during early youth. He claims this can be done by suggesting good or bad thoughts to the child as he is passing off to sleep, and upon waking he will unconsciously carry out the suggestion.

If this is true, and I have no reason to doubt it, what a vast field there seems to be that is yet unexplored. Does it not seem possible that the adult mind, that is subject to worry, fear, hysteria, depression, or other conditions of the mental state that are detrimental to health, might be reached in some such way?

Then there is the psychic side of the prenatal state. Investigators along these lines have proven beyond a doubt that the mental state of the mother during pregnancy is reflected on the child. We all have noticed the difference in disposition of children in the same family, one may be bright and cheerful and always happy, while another just the opposite irritable, moody and depressed. Why is this? Psychologists claim it is due to a great extent to the mental state of the mother during pregnancy, that anger, sorrow, grief, worry or depression during the prenatal state is reflected on the child, that this produces the irritable and depressed child. While the happy, cheerful pregnant woman produces a child of that disposition.

Have we any reason to doubt this. I think not. I believe it is up to us to keep our eyes open and observe and investigate for ourselves along these lines.

An osteopath recently told me of a case he had of a nursing child who became suddenly ill with

indigestion. An M. D. was called who gave several different drugs but no change was noticed, then the osteopath was called. He made a careful inquiry and found the mother had recently had a violent fit of anger and jealousy. He immediately put the child on cows milk with a speedy recovery.

Fear is an agent that perhaps produces more physical ailment than any other psychical influence. Marden says "Fear is the greatest enemy of the human race. It has robbed man of more happiness and efficiency, has committed suicide upon more years of his life, has made more men cowards, more people failures or forced them into mediocrity, than anything else." Horace Fletcher says "Fear is an acid which is pumped into one's atmosphere; it causes mental, moral and spiritual asphyxiation and sometimes death, death to energy and all growth."

With thousands of people the dread of some impending evil is ever present, some people are afraid they are going insane. I had two such cases. Some are continually fearing business reverses, some are afraid of public opinion or that crops are going to fail or of poverty, lightning, and tornados. A good illustration was the fear last spring of Halley's comet, many people committing suicide just because of it.

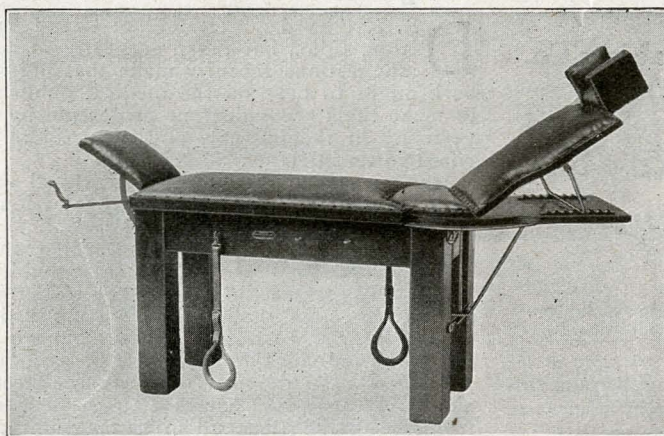
Then another phase of the therapeutics where psychical influences play a very important role is in the digestive apparatus. We all know how important it is to be cheerful during and after a meal, how worry, anger, fear, and so on, retards the flow of gastric juice.

That the mind has a great influence on the flow of gastric juice has been positively proven by that great Russian, Pawlow, by his experiments on dogs. He took a healthy dog and resected part of the stomach wall, making a fistulous opening to the outside. He was thus enabled to plainly watch the flow of gastric juice. He observed that as soon as the dog became aware that he was going to be fed the gastric juice immediately began to flow. The rattling of dishes in an adjoining room at about meal time would start it. It is true that he observed that the secretion of gastric juice was much greater when food was taken into the stomach, showing that the mechanical stimulation of food to the walls of the stomach also is a great factor in bringing about the necessary secretion of gastric juice, but I am trying to show that the condition of the mental state plays no small part in the process of digestion. I believe we should think about our meal shortly before eating because that starts the gastric juice, as proven by Pawlow's dog. So many business men never give a thought to their meals, they hurry to the table, bolt down their food and then off again. Why is it a wonder then we have so many dyspeptics?

And last, but not least, I want to speak of the two sympathetic friends who steps into the psychical arena of our neurotic patients. We no doubt all have had neurotic patients and have seen the effects of a visit from one of these well-meaning friends. The first thing they say when entering the home of the patient is to tell her how bad she looks and how sorry they feel for her, how they have known many people to die from the very same illness she has. This is followed by recommending about a half dozen different remedies, ranging from Peruna to Rocky Mountain teas. The first thing you know your patient loses confidence in you, for these friends usually do not fail to say that they can not see how "rubbing" is going to cure them. This brings about two of the greatest obstacles we have to contend with as a result of over sympathetic friends, namely: The patient believing she has some serious illness and losing faith in her physician. In my very limited experience I have had several such cases.

Now I know some will say: It is up to the physician to gain the confidence of his patient and keep it, but I have found it mighty hard to get some of my patients to disbelieve their friends whom they have known very intimately for at least a dozen years. The only remedies I know for cases of this kind are excluding all visitors

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or sending the patient away to some sanatorium, but I realize it is very hard to do that sometimes, so it is still a rather mooted question with me.

Faculty and Student Body of Still College Show Splendid Spirit

FOR some time past there has been great uncertainty as to the future of Still College of Osteopathy, Des Moines, Iowa. A short time ago it was announced in the newspapers that the institution had been sold and that it would not be reopened this fall. The faculty showed themselves very loyal, offering to give up their salary for a certain period to help the school out, but the board of directors did not arrive at any plan to rescue the college from its financial difficulties. When the matter came to the attention of the student body, they showed themselves distinctly averse to leaving Des Moines, and together with the faculty and other well wishers of the college, they got together and organized a campaign to raise a \$50,000 fund for the school. A very vigorous campaign was conducted in Des Moines and also an appeal was made to the college alumni. The results of the efforts were even more satisfactory than had been at all anticipated, and by September 10, \$22,764 had been raised. It is claimed that within a short time the endowment fund of \$50,000 will be completed and that Des Moines will continue to have an institution worthy of the name of "osteopathy." An entirely new board of directors will be elected and it is expected that a new charter will be obtained.

The loyalty of the faculty, the enthusiasm of the students, and the support they have received in Des Moines is a source of considerable satisfaction to the well wishers of the school. More money is still needed to complete the endowment fund of \$50,000 and as faculty, students and local friends have already done so much to help themselves they feel they are worthy of outside support and it is hoped that members of the profession throughout the country will contribute to the fund.

Incidentally we may say that offers have been received from Detroit, Michigan, and Kansas City, Missouri, to take over the college and inquiry has been made as to the necessary funds required to finance such a deal.

Commenting on these offers, President S. L. Taylor said that it was the desire of the majority of the faculty to stay at Des Moines and that the faculty and students body thoroughly appreciated the generous response the people of Des Moines had made to the call for an endowment fund. At the same time it is expected that some correspondence will be carried on with Detroit and Kansas City with a view to see what might possibly be done in case of need or emergency. We hope to be able to give a complete account of the reorganization of the college and of its financial conditions in the next issue of THE OSTEOPATHIC PHYSICIAN.

Wants an "Osteopathic Day" at Panama Exposition

Editor of the Osteopathic Physician:—Since we of the great populous circle of which New Orleans is the "logical point" have lost the Panama Exposition to San Francisco, suppose we bury the hatchet and all pull for a great osteopathic day at the fair.

Put the matter in the hands of the California Association, with a few honorary members from other sections, so that they will always be in touch with what others than the Pacific Coast people want.

Advertising made up of this kind of recognition is what we most need for the broader establishment of our profession.

This is in short a suggestion to be put before the profession with a view to bringing out discussion, which will ripen the idea for consideration at the Chicago meeting, which I hope to attend.

This also should be an argument in favor of a press agent (not for any favored section) for the whole profession, especially in the southern states, where as yet osteopathy is almost unknown.

I believe a live wire in the nature of a press agent could shake up more worth to the whole field than every other effort combined (with due apologies to pet hobbies) as well as bring together more endowment money, from outside the profession, than can be gotten by the doctors' own solicitation. The layman is a little leary of grinding axes, especially when they look good and new.

All osteopathic publications please copy.—
Reuben T. Clark, D. O., Natchez, Miss.

The Osteopathic Physician

The Organ of News and Opinion for the Profession

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*Editorial**Fairness, Freedom, Fearlessness.**"How to the line. let chips fall where they will"*

VOL. XX SEPTEMBER, 1911. No. 3.

Life is motion—stagnation is death, by individual decay and by pressure of ever active forces.

The osteopath who has all the practice he or she can handle is the one who should do the most individual publicity and educational work for osteopathy.

If we would live as a profession we must be progressive and maintain our right to existence by constant aggressive activity against the forces of prejudice and prestige that oppose the truth we affirm.

We must preach the truth that drugs do not cure disease to eradicate the age hoary superstition that there is a drug specific for every disease. Some drugs may contain a food property but the public makes no such distinction—in the public mind each drug is a particular remedy for a certain complaint. It is a false *idea* that we have to fight. Until this erroneous conception of the efficacy of drugs is destroyed, osteopathy can not secure the complete confidence of the public and perform its full mission.

Ever since its organization, the National League for Medical Freedom has been the object of bitter attacks and denunciations. From the fighting character of the League this, of course was to be expected, but the methods adopted against it have been extremely unfair. One attempt to discredit the League has been by the circulation of the charge that it was secretly financed by manufacturers of patent medicines. The League offered to prove the contrary by disclosing the list of contributors to its funds to a proper committee but they were never given the opportunity and the canard continues on its way unretracted, to the serious injury of the League among those who have no means of learning the truth. As osteopaths, we may not agree with the views of many individuals who are members of the League, but as an organization it stands for freedom as against monopoly and bureaucracy in medicine, and in

this we are with it, and we should let it be known that we endorse the work of the League in this respect.

Dr. Riley D. Moore Starts Campaign Against Prejudiced Publishers

DR. RILEY D. MOORE, of Grand Junction, Colo., has taken earnestly to heart suggestions recently made that pressure be brought to bear on the medical publishers to make them recognize our profession by advertising in the journals and newspapers devoted to its interests.

He has started a vigorous individual campaign and he wants the whole profession to fall in line.

Dr. Moore is right, and some such plan to impress the medical publishers should be adopted. We must be careful not to get into any arrangement that might be construed as a conspiracy in restraint of trade, but we can no doubt individually agree not to recognize publishers who do not recognize the profession and the joint request to remove names from the mailing list and to stop sending representatives to call, sounds to us like a good plan.

Let us hear from many on this topic, and if there is sufficient demand, "The O. P. Co. will arrange to take care of the printing and distributing of cards, the cost, of course, to be covered by subscription."

Here is what Dr. Riley has to say:

Editor The O. P.—The following extract from a letter I have just written to Wm. Wood & Co. is self explanatory:

"In looking over my library this morning I found 37 volumes of Wm. Wood publications, ranging in price from \$2.00 to \$8.00 per volume. Now it appears that your house does not care enough for the patronage of my profession to advertise in one of its journals, neither do I find that you were an exhibitor at the A. O. A. convention in Chicago. Until Wm. Wood & Co. see fit to recognize the osteopathic profession and to value osteopathic patronage sufficiently to advertise in our journals, you may notify your representative that it is useless to call."

I expect to write similar letters to other publishers with whom I have done business. I would suggest that a pledge to refuse to buy of any of the large medical publishers, naming them, be printed on cards and one sent to each osteopathic physician for his or her signature. Let the pledge be worded in the form of a request, and one that will not be misunderstood, to these firms to take the names of those signing the request off their mailing and calling list until they toe the mark and advertise in at least one of the three journals of largest circulation in the profession.

After these signed pledges have been turned in, let the pledge and the names and addresses of the signers be printed and a copy sent to each of the publishing houses named in it. The reason I say we should name the publishers is that there are a few small publishing firms which issue a limited number of works, most of which are not of interest to the majority of the profession and to demand that they advertise with us would be unjust as the returns would not compensate for the expense. But by all means let us take in all the large medical publishers. Let us do as they do in politics, reward our friends—and our enemies.

Mr. Simon Flexner on Cerebro-Spinal Meningitis

IN the July issue of the Journal of the American Medical Association, Dr. Simon Flexner, of the Rockefeller Institute for Medical Research, states that cerebro-spinal meningitis is far from an uncommon disease and discusses experiments which it is claimed resulted in the discovery of a cure for the malady.

"That influenzal cerebro-spinal meningitis is by no means a rare affection is being shown by the increasing number of reports of its occurrence, and which have terminated fatally," says Dr. Flexner.

"Influenzal meningitis is more frequent among infants and children than among adults. It sometimes follows on undoubted influenza bacillus infections of the respiratory tract, and sometimes develops independently of obvious disease of that tract.

"The fact of the frequency and severity of influenzal meningitis was impressed on us at the Rockefeller Institute, and we undertook the experimental investigation of this highly fatal disease. Dr. Wollstein was able to show, first, that the injection of virulent cultures of bacillus influenza into the subdural space of several species of monkeys by lumbar puncture would set up a severe and usually fatal form of acute cerebro-spinal meningitis that reproduced the clinical and pathological effects observed in the spontaneous disease occurring in human beings.

"The effects of the inoculations begin to be apparent about five hours after the injection, and death may result as early as thirty-six hours after the inoculation, or it may be delayed for three or four days.

"The experimental production of an influenzal meningitis was regarded merely as preliminary to the attempt to influence the course of the infection by means of the local application of a therapeutic agent. An efficient one for the experimental infection has been found in an immune serum prepared in the goat by the long continued, repeated injection of virulent cultures of bacillus influenza.

"It has been found possible to rescue monkeys regularly from the fatal effects of the subdural inoculation of cultures of the influenza bacillus through daily injection, by means of lumbar puncture, of the immune serum for three or four days. Serum injections produce an arrest of the multiplication of the bacilli and bring about a free phagocytosis, with which is connected the cessation of the emigration of leukocytes and a consequent clearing of the cerebro-spinal fluid.

"In view of the severe conditions surrounding influenzal meningitis in human beings, it would seem desirable to apply the serum to the treatment of the spontaneous disease. If this should be done, then every effort should be directed to the making of the bacteriologic diagnosis at the earliest possible moment and the employment of a serum that has been prepared with virulent influenza bacilli and that shows a high degree of opsonic value.

"The testing of the anti-influenzal serum will be confined, for the present, to a few places in which its effects can be carefully observed and controlled before it is offered for more general use."

CHRISTMAS IS COMING.

The December issue of Osteopathic Health will be a special Christmas Number. We should be pleased to receive suggestions concerning the most appropriate and effective style of articles for such a number. Give us your ideas about its arrangement, "make up," and cover design. We want this coming number to be our best Christmas issue and by that we mean a number that will give the best satisfaction and service to our patrons; a number that will combine in the highest degree possible the characteristics of a good popular osteopathic educator and an attractive seasonable souvenir of good will and good wishes. Any special instructions concerning orders for the Christmas Number must reach us on or before November first to make sure of being effective as an edition of this kind must necessarily be written and put to press many weeks in advance of the time it is expected to be delivered.

Hard Nuts Cracked for Puzzled Practitioners

BEGINNING with this issue we will carry a regular department, full of practical common sense for the practitioner, and replete with the experience and opinions of a number of the most successful and experienced doctors in our field.

This department is called "Hard Nuts Cracked for Puzzled Practitioners."

You are invited to ask any practical question relating to medical science or osteopathic practice in this column. These questions will be answered by a staff of our most representative physicians. If you are wrestling with any problem of diagnosis or technique, Doctor, speak your mind through this department in THE OSTEOPATHIC PHYSICIAN and profit by taking counsel with some of the alert and seasoned minds of the profession.

The inspiration for this department came from a talk had with Dr. Herbert Bernard of Detroit at the last convention of the A. O. A. when Dr. Bernard answered a question put to him in these words:

"It is my belief that every problem of diagnosis and treatment can be answered osteopathically in terms which do not violate one well established fact or principle of science."

In other words, the doctor himself meant to say that he had not encountered any stumbling blocks in fifteen years of hard active practice that could not find a rational interpretation by osteopathic philosophy. He felt so sure of this that he said he was ready to meet all comers and would undertake to answer any question put up to him by members of the profession.

The proposition to open a "Question Box" department for the discussion of scientific phases of disease and its alleviation met with the doctor's hearty approval.

So here it is.

Dr. Bernard furnishes the questions and answers both for this issue, to indicate the scope of the department.

Next issue we will print the names of other practitioners who will stand ready to help crack the hardest nuts that can be sent in for this department.

What question is bothering you, Doctor?

Have you got a problem you would like to propound?

If so, send it in to this department over your own signature.

Three Important Questions Answered by Dr. Bernard.

THESE questions were asked me at the Chicago convention:

"Why do lesions so often recur after being corrected?"

I believe that over-treatment is the cause of their recurrence. The lesion more liable to recur is the bony lesion. The bony lesion is corrected by either of two methods. One, the natural method, is by the relaxing and consequent strengthening of the involved tissues, which will gradually bring the bone back to its normal position by becoming normal themselves. The other method of reducing or replacing a bony lesion is the one wherein the tissues cannot replace the bone, on account of its being an extreme lesion, and it becomes necessary to force it into place. It is the lesion which has been corrected by the first method that is apt to recur, as the osteopath is so liable not to follow his technique conscientiously and to overlook the fact that the lesion has been corrected.

I have found that when a patient says he feels better is the time to carefully reexamine the area of my diagnosed lesion, and if the tissues feel normal, or relaxed, not to treat that patient for awhile. Let him go for a week

or two and see how he comes out. Many times he will be entirely cured. Treatment immediately following a correction would do no good and only cause a recurrence in many cases by irritation.

"What about the use of braces in 'Potts Disease'?"

"Potts Disease" is a condition differing from any other form of spinal curvature, the distortion being caused by parts of the bodies of the



New Portraits of Prominent Osteopaths

Dr. Della B. Caldwell of Des Moines, Iowa, recently elected president of the Iowa Osteopathic Association, is one of the progressives among Iowa osteopaths. She stands for osteopathy clean cut, untrammelled and undefiled. As a member of the Iowa legislative committee she did splendid work for the bill to create an independent osteopathic board. Dr. Caldwell was born in 1863 and was married in 1886. Previous to taking up her osteopathic education she was a school teacher for four years. She graduated from the S. S. Still college of osteopathy in 1892 and has practiced continuously in Des Moines since that time. She is secretary-treasurer of the Polk county Osteopathic Association, of which society she was president for the year 1908.

vertebrae being carried away through a tubercular process instead of the curve being caused by a mechanical disturbance. Also, the only form of spinal curvature in which adhesions are formed is the curve of "Potts Disease." Adhesions can only come from an inflammatory process. Other forms of spinal curvatures do not show adhesions, as the process has not been inflammatory but mechanical. Although, if the curve has been caused by injury, adhesions following inflammation may be found at the point of injury or the original lesion. The adhesions of "Potts Disease" cannot be broken up, as the force it would take to do so would be dangerous. The best that can be hoped for is to improve the blood supply and strengthen the tissues of the diseased area. If this is done—and osteopathy in my opinion is the only treatment that will do it—then the disease may be arrested. The treatment should be very light and entirely what is called inhibitory.

I think that the use of braces in "Potts Disease" is deleterious. While a brace will hold the spine immobile it will at the same time weaken the tissues. Therefore, I do not think it is necessary to use them. Should you be called upon to treat a patient who is already using a brace, it is advisable to change the brace for a celluloid jacket and then have it removed for a little time each day until its use becomes unnecessary. It is much better to

strengthen the natural tissue tone than to weaken that same tone by the use of casts, braces, etc.

"Can a single dorsal vertebra go anterior?" Yes, although usually there are two or more vertebrae involved in an anterior dorsal lesion. The normal anterior movement of the dorsal vertebrae is backward; flexion is very limited; therefore, a single dorsal anterior movement is extremely limited, but it *can* go anterior. It does this by narrowing the interspaces of its laminae with those of the vertebra below and the one above and gliding downward on its articular facets, which will approximate the spinous processes of its two fellow vertebrae with itself.

An osteopathic lesion is usually no more than an exaggerated normal movement. The vertebra is crowded to the extreme limit of its articulation, either anterior, posterior, lateral or rotated, and held there by changes in the attached tissue.

"What I Have Found Out"

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

A convenient and fairly accurate record of spinal examination may be made quickly and easily as follows: Have the patient seated in a natural posture on the stool, and with a flesh pencil mark carefully the center of every spinous process from the first dorsal to the fifth lumbar vertebra. Test the joints for tenderness and place a mark of some kind that will indicate to you that the joint is tender, anterior, or any other particular characteristic that you wish recorded. If any region is anterior or posterior, indicate it on the skin by a bracket and appropriate initials. After the markings are ready place a wide strip of adhesive tape carefully over the spine so as to have it vertical and gently press the tape down over the spine and remove it. A print of the spinal markings will be found on the adhesive forming a "negative" of the spine. To make "positive" indent the tape at the points indicated by the print and remark on the other side. In this way you have a complete and fairly perfect record of the spine, which is particularly valuable in cases of curvature. After the marking is completed apply a clean piece of white paper to the adhesive side of the tape and note on it the name, age, sex, etc., of the patient.

An easy way to prevent the patient from sliding around on the table during treatment in a sitting position is to have a strap three inches wide pass across the abdomen of the patient and buckle to straps fastened to the rail of the table either side of the patient. I have the buckles placed near the end of the table so that I may stand at the side of the patient if desirable. I call it a "kicking strap."
—L. A. Bumstead, D. O., Delaware, Ohio.

A Valuable Man.

"Yes, he had some rare trouble with his eyes," said the celebrated oculist. "Every time he went to read he would read double."

"Poor fellow," remarked the sympathetic person. "I suppose that interfered with his holding a good position?"

"Not at all. The gas company gobbled him up and gave him a lucrative job reading gas-meters."—August

A Student of Humanity.

Mrs. Carter and her cook were discussing the murder which had harrowed the dusky citizens of the countryside. "Will dey hang him fer killin' of his wife, Miss Cyarter?"

"We can't tell yet, Aunt Jinny. The court will decide. Of course if they prove he did it on purpose—"

"Done it a purpose! Law, Miss Cyarter, in course he kilt his wife a purpose! Honey, ain't I done been married? Don't I know men?"—August Lippincott's.

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

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

American Osteopathic Association: President, James L. Molloway, Dallas; vice-president, Edythe F. Ashmore, Detroit; vice-president, H. M. Vastine, Harrisburg, Pa.; secretary, Harry L. Chiles, Orange, N. J.; assistant secretary, Geo. T. Monroe, Silver Springs, N. Y.; treasurer, M. F. Hulet, Columbus, Ohio.

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

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

Studies in the Osteopathic Sciences; The Nerve Centers; Volume II; By Louisa Burns, M. S., D. O., D. Sc. O.; Professor of Physiology, the Pacific College of Osteopathy.

Dr. Burns brings to her work two or three very valuable qualities rare in combination—a gift of description and clearness of presentation which is a part of the clearness of her own thought on the subject—a patience in observation and willingness to keep the jog trot that, as Kipling says, "Eats up the long miles"—and a great joy in that most noble of games, the pursuit of scientific knowledge and proven generalizations.

Dr. Burns in this book has picked out the one point in the framework of the osteopathic science which is most susceptible of broadening and most needful of careful working out, and has focused her talents on that one point, namely, the Nerve Centers. She does not call these osteopathic centers. Just what an osteopathic center is would be rather hard to define. Probably it would be defined as that point on the surface of the body where stimulation most quickly and specifically affects a

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certain particular function. Let us say the osteopathic center is the most direct path from the surface to the nerve center for that given function.

Dr. Burns discusses them merely as nerve centers and in this book lays the foundation for research in the treating room, which is the

only research that will be finally acceptable so far as osteopathic technique is concerned.

The first part of this book occupies itself with a thorough discussion of Neurons—their physiology and the control of them. It leads up to the last half of the book, in which the results of experiments on animals to deter-

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mine the centers for various organs are presented.

This subject is presented very systematically and simply:

Page 156—"The Splenic Center. The centers controlling the splenic muscles and blood vessels lie within the lateral gray matter of the sixth, seventh and eighth thoracic segments of the cord, and perhaps the fifth and ninth segments. The action of the splenic muscle is of considerable interest, since it appears to exert a certain influence upon the abdominal blood pressure and supply. Stimulation of the splenic nerves causes contraction of the muscle of its capsule, and when the capsule is cut, so that the influence of its contraction may not greatly affect the caliber of its vessels, stimulation of the splenic nerves is followed by vaso-constriction.

The action of the splenic centers is affected by impulses from the following sources:

I. Afferent impulses from the somatic tissues affect its action—stimulating movements cause the contraction of the splenic muscle. Lesions of the vertebrae and ribs of the corresponding segments, and abnormal contractions of the muscles enervated from these segments, are associated with abnormally large spleens. In the latter case, if the lesions are the only cause of the enlargement, the spleen decreases very quickly under corrective treatment. This statement does not, of course, apply to those cases in which causes of splenic hypertrophy are present.

II. Probably the action of the splenic muscle is governed, in part at least, by descending impulses from the higher centers, and by visceral afferent impulses, but nothing is certainly known of this relationship."

The discussion of the centers for other organs is presented, in so far as possible, in precisely the same form. Here, then, is that simplicity which is an absolute essential in all scientific builders. Here is the careful statement of approximate results which yet point to a probably very specific location of centers. Here, also, is a frank presentation of the loose ends of the research work, the lines which should be followed in the future—suggestions of possible further discoveries in the domain of physiology. With the power to produce contraction of the muscles of the spleen at will what might we not learn of the functions of this mysterious organ?

It is very probable—in fact, it is in my mind proven, by our experience with the human body itself—that the centers are far more specific in location than as presented in this volume. This is, of course, no fault of the work. This volume is the actual result of actual experiment. The reasons for the diffuseness of the results obtained here are not far to seek.

The nerve overflow, reflected out from the irritated organ or lesion, will widen its path as it spreads. As Dr. McConnell shows, it affects first and most specifically one segment and the muscles thereof; but as it spreads inwardly from a lesion it involves probably one organ in particular, but a widening circle of other organs in lesser degree. As it spreads outward from an organ, it involves also one segment first, and then, after these shorter muscles the other longer muscles in turn. The shorter muscles, being covered by the longer, are less easily palpable, so it is impossible to discover absolutely the specific segment in which the contractions are most noticeable.

Therefore lesions not only directly related to the specific centers, but even at some distance from them, may affect the organs governed by these centers; and therefore, also, in Dr. Burns' experiment, the muscular contractions involve not only the specific segment, but a wider area of muscles.

There are other causes for uncertainty in the result of this work. There are doubtless specific centers for each of the different functions of the organs experimented with. This is necessarily the case, since these functions must be differently governed; but in the experimental method used, the irritation from the needle must have affected indiscriminately any or all of the nerve centers or nerve tracts, and we would therefore get a result far more diffuse than might be the case with experiments that strained specific functions of an organ.

As the first step in demonstration of osteopathic centers and research technique, this work is excellent. There is no confusion as

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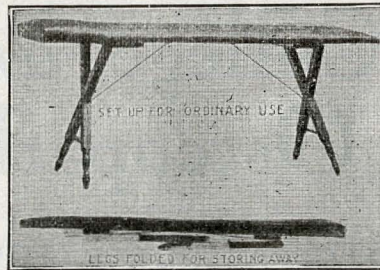
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to what is desired, and no uncertainty as to method. The location of centers is tentatively defined, and if slightly indefinite, it yet points very definitely to a central spot which may be regarded as the specific center.

No amount of laboratory research will ever take the place of bedside research, but this is no reason for not going ahead with the utmost enthusiasm in the laboratory. One person can do the laboratory research—it takes thousands to do the bedside research.

Sciences are not born of earthquakes. A few islands of the sea may be raised by such means. The great majority of them are the result of the slow and patient placing of one bit of coral after another by thousands of minute marine animals. So are sciences made. The quality of imagination that can take in the perspective of generations of work on details, and see the final wonderful result, is one of the rarest things on earth.

Publicity About Uselessness of Drugs Wins High Praise

Just received my September *Osteopathic Health*. It is certainly a winner for the cause. Send me an extra 200 copies. *Osteopathic Health* is certainly a fine publication for the promotion of osteopathy.—Dr. Lydia H. Holmes, Pekin, Ill., August 22, 1911.

The September issue of *Osteopathic Health* is fine. Make my order one hundred copies this month.—Dr. Henry Carson, Ridgefield, Conn., August 22d.

Send me 150 copies of the September issue of *Osteopathic Health*. This is the best number I have ever seen.—Dr. Carl J. Johnson, Louisville, Ky., August 20th, 1911.

I have all the business I can well attend to now but the September number of *Osteopathic Health* is too good to pass by. Please send me 200 copies at once.—Dr. F. C. Lincoln, Buffalo, N. Y., August 21, 1911.

The September number of *Osteopathic Health* is a "hummer." Send me 100 copies post haste. It certainly contains the right kind of material to get results.—Dr. Charles M. LaRue, Lancaster, Ohio, August 21st.

"I want to say that the September issue of *Osteopathic Health* is as fine a number as you have had recently."—Dr. A. H. Greene, Maryville, Tenn., August 29th.

I want one hundred and fifty copies of the September issue of *Osteopathic Health*. It certainly looks like a "Patient-getter" and is one of the best I have seen for a long time.—Dr. F. A. Parker, Champaign, Ill., September 4th, 1911.

I want to tell you how much I like the September issue of *Osteopathic Health*. It is very fine.—Dr. Erta Chambers, Geneseo, Ill., September 4th, 1911.

"The September number of *Osteopathic Health* just received and I must say it is a winner. It strikes me as the best issue I have ever seen and I think we ought to have more of them. I would like to distribute a thousand of them myself and there certainly ought to be many thousands of them put before the laity."—Dr. D. D. Young, Dallas, Ore., September 2d, 1911.

Please send me three hundred copies of the September issue of *Osteopathic Health*. It is a fine number.—Dr. George P. Long, Brooklyn, N. Y., August 23d.

"The sample copy of the September issue of *Osteopathic Health* just received. This September issue is one of the best you have ever published. It contains wholesome knowledge not only for patients but information for our profession, especially those not rooted and grounded in the faith and practice. Send me at once 500 copies as it is just the kind of stuff we need."—George J. Helmer, New York City.

"Please send me five hundred extra copies of the September issue of *Osteopathic Health*. This is a special order. I will increase my regular standing order soon."—Dr. Wm. E. Crutchfield, Greensboro, N. C., August 31, 1911.

I am delighted with the September issue of *Osteopathic Health*. It is just the kind of a publication that will do the work for a beginner in a new territory.—Dr. Alice Whipple, Galva, Ill., August 28th.

Please send me 100 copies of the September issue of *Osteopathic Health*. It is a good one.—Dr. C. E. Dove, Glendive, Mont., August 26th.

I herewith enclose contract for one hundred copies of *Osteopathic Health* for one year beginning with the September number, which I think is a "hummer."—Dr. R. W. Bell, Independence, Kans., August 24th.

Wisconsin Association News Column

President Hildreth, in his message before the Chicago convention recommended a permanent press committee for the American Osteopathic Association and the State Osteopathic Societies to the end that the most systematic work possible, may be done for publicity all over the country. This new policy was adopted by the association. It is one in force already with the American Medical Association.

I would like to call attention to the Wisconsin Association members, that the above suggested policy is one which has been advocated by your State Press Committee for the past four or five years. The association in convention assembled has practically turned the proposition down as many times. It has apparently seemed either too trivial a matter to seriously consider, or, the ultra conservative have influence delay in action along these lines.

Now here comes the American Osteopathic Association, of which we are practically a subsidiary organization, recommending decidedly in favor of active work in this direction. Why are we continually contented to take a back seat and then follow where others lead instead of endeavoring to be the leaders ourselves. See what the Michigan Association intend to do along these lines—spend perhaps \$2,500.00 to further osteopathic publicity? Do we realize that, the result of this expenditure will react on many practitioners who have not been directly connected with any part of this expenditure? Is any one of us willing to reap the harvest of another's effort without feeling that he or she individually ought to compensate for that which is received? Publicity is practically a give and take proposition all the way through and each of us ought to realize this to the extent that we are willing to contribute our share toward our own reward.

Not long ago, I received a patient through the medium of a small circular which another D. O. had issued. To be sure the circular itself, while it hardly met my personal approval so far as the general make-up was concerned, it did not contain any objectionable material. But, regardless of that, I, individually was benefited without any expenditure of money on my part.

That is just the point I desire to make—we must be co-workers along the line of publicity.

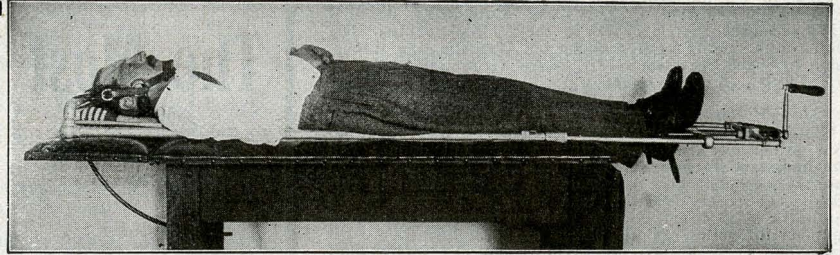
As an association, we should adopt means to carry out such a course. For the past three years we have been creating a fund to defend ourselves in the event certain legislation should be attempted against us. We ought to be creating a similar fund toward the furtherance of osteopathic publicity. And I firmly believe that, the publicity fund would be spent several times over before there will ever be need of spending a cent for legislative protection. Our legal standing is already secured and whatever changes come about in the law will, without a doubt, be done amicably.

Publicity is being used today as never before in the history of advertising. It is more genteel, if I might use that word. And every line of activity is recognizing its worth. The great religious organizations of the world, educational institutions, banking and trust companies are using it with tremendous results. As Dr. Herroder of Detroit puts it, I can see no logical reason why an association such as ours with a story to tell as vitally important as we know our story to be shall not make use of this same great force in bringing the American public to see the benefits of our profession as we see them.

Practically all the publicity which has been done up to present time has been that which each of us has seen fit to do. A few have kept

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

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Washington Building,

Madison, Wis.

up persistent efforts in certain directions, doubtless with results. Others have done it spasmodically.

What we need to do is to unite on some plan and then act. And enter into an agreement to carry out the plan for a definite period, of sufficient length to warrant any effort at all. In other words, first, create a fund for this very purpose, then authorize a committee to act in the name of the association.

In order that the press committee may establish preliminary work along this line, I am going to ask every practitioner in the state who receives this paper to write Dr. E. J. Breitzman, as chairman of press committee, expressing your ideas along this line.

In order to form some definite basis for a report by this committee, later, tell him what you have been doing in the matter of publicity in the past, what means you believe have netted the best results and the amount expended annually for this cause. This will enable the press committee to form some idea of what may be done in the near future.

If, as a State organization, we cannot take this matter up with any degree of satisfaction then we should certainly make an effort to do so among the various local societies.

The formation of District Societies is progressing. Dr. Olds will call a meeting early in the fall for the organization of another district association in the state. It is proposed to start the Fox River Valley District Association, which will include in its membership, all the practitioners from Fond du Lac at the south, to Marinette at the north, and those in the immediately adjacent cities, east and west of the Fox River Valley. This should be a strong organization and with frequent meetings could accomplish much in bringing the practitioners of the district in closer touch with each other, both professionally and socially. The first meeting will probably be called at Appleton as the most central point of the proposed new district.

The Milwaukee District Association will probably be in active work for the fall and winter by the time this issue goes to press. A program of unusual attractiveness, consisting of practical clinics is outlined.

Dr. J. C. Gulmyer is located in Williams Block, Manitowoc, and Dr. Arthur Brockway at Waukesha.

Now, lets all boost on membership, both State and National. All these newcomers must get into our organizations, for they need us more than we need them.—Edwin J. Elton, D. O.

Oh, Tell Us!

When Schools of Aviation are founded, will they award scholarships?—August Lippincott's

A. O. A. Resolution Against National Department of Public Health

WHEREAS, The President of the United States has in a message to Congress recommended that Congress make provision for a National Department of Public Health, the head of such department to be a member of the President's cabinet, and

Whereas, Bills to that effect are now pending in Congress,

Be it Resolved, That we, the members of the American Osteopathic Association, in convention assembled, do hereby voice our opposition to the creation of any such an office, believing it to be inimicable to the best interests of the public to centralize control of public health by any method which puts its management into the hand of any one school of practice, as must be the case under the proposed legislation, which provides for a member of the cabinet and does not specify that incumbent shall be a layman. This association favors any and all activities for public health, provided there be no utilization of the machinery of government by any one school of practice.



Nebraska Annual Meeting.

The Nebraska Osteopathic Association will hold its 12th annual meeting at the Millard Hotel, Omaha, Neb., on Friday and Saturday, September 22d and 23d. A good program is assured.—C. B. Atzen, D. O., Secretary.

New Secretary at the A. S. O.

Dr. E. C. Brott, who has, for some time past, been associated with the financial management of the American School of Osteopathy has been elected secretary of the institution to succeed Dr. Warren B. Hamilton, deceased.

Southwest Michigan Meeting.

The Southwest Michigan Osteopathic Association held a regular monthly meeting at the office of Dr. Conklin, Battle Creek, on September 1st. The principal paper of the evening was "Medical Inspection of the Schools," by Dr. G. H. Snow, of Kalamazoo.

Meeting Central Ohio Osteopathic Society.

A regular monthly meeting of the Central Ohio Osteopathic Society was held at Columbus, September 5th. Dr. M. F. Hulet of Columbus reported an interesting case of puerperal eclampsia. Dr. E. H. Cosner of Dayton gave an instructive paper on dystocia, with a detailed report of a number of difficult cases. Dr. L. A. Bumstead of Delaware reported a case of diabetes, with complications, together with the post mortem findings, which explained the complications.—B. H. T. Becker, D. O., Secretary.

Why, of Course.

He: "How clean the surf keeps the sea shells."
She: "Yes; you know the sea is very tidy."—August Lippincott's.

Chicago Meeting.

A regular meeting of the Chicago Osteopathic Association was held September 7th at the La Salle Hotel. Dr. Furman J. Smith read a paper on Neuritis, the discussion of which was led by Dr. Marie Grunewald.—*Arthur H. Tuttle, D. O., Secretary.*

Opportunities for Osteopaths.

Two especially good locations have been brought to our attention. In one location a thousand dollars will be necessary to buy office fixtures and furniture, which are very fine. There is absolutely no opposition in this field. The other location is a town of between twelve and fifteen thousand people with no osteopath within a number of miles. Both places are described to us as excellent opportunities and require an A No. 1 man and in the location where the investment is required it is useless to attempt any deal unless the necessary cash is forthcoming. All communications will be considered confidential. For further information address A1, care The Osteopathic Publishing Company, 215 South Market street, Chicago.

Opportunity for Osteopath.

There is an M. D. here who has a monopoly on most of the work, and he wants to sell out and if I could get a man in here who is qualified as a surgeon and could take the medical examination to take his place I think it would be a "sure winner," both for osteopathy and the osteopaths. This fellow has the only hospital in the county and it is strictly allopathic, and what I want is some one to help me get hold of it and make it strictly osteopathic. I am alone here and I think osteopathy would have a better show if there were two of us, providing the other fellow isn't a "mixer." If you know of any one, or in any way can aid me in securing the right fellow, I would appreciate it and will do my best to repay you.—*J. Henry Hook, D. O., Telluride, Colo.*

Montana State Board Meeting.

The Montana State Board of Osteopathic Examiners convened at Helena, September 5th and 6th, and granted licenses to the following, who successfully passed the examinations: Dr. Fred H. Buten, located at Havre; Dr. C. H. West, located at Lewiston; Dr. C. L. Shafer, located at Helena; Dr. Martha C. Arledge, located at Lewiston. The incumbent members of the board are: President, Dr. A. Willard, of Missoula; secretary, Dr. L. K. Cramb, of Butte; treasurer, Dr. W. C. Dawes, of Bozeman. The Montana State Board requires an average of 75 per cent on all subjects and an average of 80 per cent in the three fundamental subjects, anatomy, physiology and principles and practice of osteopathy, with the minimum in any of these subjects of 75 per cent.—*Asa Willard, D. O., President.*

Dr. Teall on Bullheads.

Dr. C. C. Teall, of Fulton, N. Y., who passed the months of July and August at Upper Saranac, spent a good deal of his time fishing and studying the habits of bullheads. He says that one thing he learned about the bullheads which he had never before noted is the fact that they care for their spawn and look after the little fishes until the little ones can look after themselves. On one occasion Dr. Teall noted a school of small bullheads, the mass being as large upon the surface as the top circumference of a bushel basket. Over this mass the female bullheads circled about while around its edges the male swam. Ten days later Dr. Teall saw this same mass with the large bullheads acting as caretakers, the male and female preventing their young from plunging into deep waters, keeping the spawn near the shores in shallow waters where the large fish did not approach.

Montana Convention.

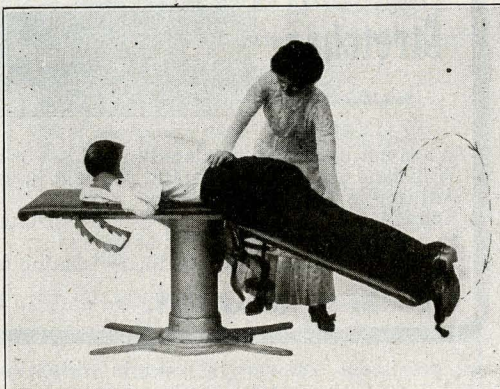
The eleventh annual convention of the Montana Osteopathic Association was held at Hunter's Hot Springs, September 7th and 8th. Some of the papers read and discussed were: "Cretinism, Its Course and Treatment," by Dr. W. C. Dawes, of Bozeman; "Torticollis," by Dr. M. C. Craft, of Deer Lodge; "Paralysis, Following Spinal Injury," by Dr. Asa Willard, of Missoula; "The Physician and the Law," by Dr. L. K. Cramb, of Butte; "Acute Diseases," by Dr. Eva M. Hunter, of Livingston; "Infantile Paralysis," by Dr. Carrie Cramb, of Butte; "General Practice," by Dr. Daisy Reiger, of Billings; and "Osteopathic Legislation," by Dr. Asa Willard. A banquet was given on the evening of September 7th and Dr. L. K. Cramb, of Butte, acted as toastmaster. Officers elected were: President, Dr. C. E. Dover, of Glendive; vice-president, Dr. M. C. Craft, of Deer Lodge; secretary-treasurer, Dr. W. C. Dawes, of Bozeman.

Pennsylvania Board of Osteopathic Examiners Reorganize.

Owing to the resignation from the board of Dr. John T. Downing, who served as its secretary from the time of its first organization, Governor Tener appointed Dr. Virgil A. Hook of Wilkes-Barre to succeed Dr. Downing and at a meeting of the board for reorganization held at Harrisburg, September 2d, he was elected to the vacated office of secretary. Dr. O. J. Snyder of Philadelphia was re-elected president and Dr. Harry M. Goehring of Pittsburg succeeded himself as treasurer. The other members of the board are Dr. Frank B. Kann of Harrisburg and Dr. Berton W. Sweet of Erie. A matter of interest to the profession is the position the board will adopt in the future in its relation to reciprocity with other states. Heretofore the board was obliged to reciprocate with all other states having the same educational requirements for licensure. At the recent session of the legislature the State Association had our law

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- The leg hooks.
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- Gynecological feature.
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- Complete relaxation of patient during treatment.
- The procuring of forced relaxation by approximation of vertebrae, aiding the effectiveness of treatments given.
- The absolute lack of discomfort to patient while being treated. This in part accounts for the marked relaxation secured.
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amended, changing the word "shall" to "may" in the reciprocity proviso on account of some states failing to provide for reciprocal relationship with other states though they have the same educational requirements. Pennsylvania was obliged to recognize the licenses of these states and in turn the same courtesy was refused it. Such treatment approaches what may be termed an indignity and this Keystone board would, therefore, suggest that any state that desires reciprocity with it in the future had better busy itself and have its own law so amended as to make a square deal possible. The

power to reciprocate with other states is now wholly vested in the board. At the close of the board's meeting the members toasted with affectionate esteem and regard the retiring secretary, Dr. J. T. Downing.—*Virgil A. Hook, D. O., Secretary.*

Southern Minnesota Meeting.

A meeting of the Southern Minnesota Osteopathic Association was held at Luverne, September 5th. The program in part was as follows: Delegate report of American Osteopathic Association Convention, Dr. W. H. Albertson, Austin; "Neurasthenia," Dr. W. H. Bedwell, Mankato; "Pelvis Lesions and Their Corrections," Dr. Ella D. Still, Des Moines, Iowa; "Success and Failure in Practice," Dr. Arthur Taylor, Stillwater; "Open Parliament," Dr. Geo. L. Huntington, St. Paul; "Clinics," Dr. Ella D. Still, Des Moines, Iowa; "Minor Surgery," Dr. J. P. Smith, Pipestone; "Contagious Diseases—Prophylaxis and Treatment," Dr. A. F. Steffen, Worthing.

St. Louis Association Meeting.

The St. Louis Osteopathic Association held its annual banquet and election of officers at the Hotel Jefferson, September 8th. The officers elected were: President, Dr. H. F. Goetz; vice-president, Dr. A. B. King; secretary-treasurer, Dr. W. D. Bobson; trustees, Dr. Homer E. Bailey, Dr. W. F. Englehart, Dr. A. G. Hildreth; ethical publicity committee, Dr. H. E. Bailey, Dr. O. S. Miller, Dr. J. H. Crenshaw and Dr. H. L. Connor. New members elected were: Dr. D. L. Schumacher, Dr. Mitchell Miller and Dr. J. F. Meyers. This election and banquet marked the opening of the association's work for the winter. Dinners will be held the first Friday and the first Thursday of each month and there will be discussions of professional interest at such times.

Los Angeles College Illustrated Souvenir.

The Los Angeles College of Osteopathy has issued an attractive, illustrated souvenir booklet, with various views of the college building, portraits of the faculty, portraits of the various college Fraternity students, Masonic students, Easter Star students, etc. There are also a number of half-tones of photographs taken when the faculty and students were enjoying themselves at the semi-annual field day of the college. A number of interior views of the college are also shown, showing students at work and in the lecture rooms.

Osteopathy in the Papers.

The East Liverpool, Ohio, *Evening Review* for August 26th, contains a very good popular article on osteopathy, entitled, "Osteopathy the System that Bears Close Investigation." It occupies about a column of space. The Huntington, W. Va., *Herald-Dispatch* of August 23d, and the Charleston, W. Va., *Mail* of August 25th, both contain a half-page article by Dr. W. J. Seaman, on the subject, "What Is Osteopathy?" being a reply to a question asked of Attorney General Wm. G. Conley by Dr. M. V. Godbey, a member of the State Board of Health. The question was, "What Rights Have Osteopaths in the Practice of Medicine?" Dr. Seaman makes a splendid analysis of the status of osteopaths by quoting various state laws and also shows himself thoroughly well acquainted with the situation in West Virginia. The Clay Center *Dispatch* of September 11th also contains a good two column story, explaining in popular style, "What Osteopathy Is" and also giving history its discovery and development.

The Stretcher is the oldest important invention in Osteopathic Mechanics and grows in favor the world over. The reasons seem to be as follows:

Some things can be done better by machinery than by human effort.

Many more results can be accomplished by combining the two.

The Stretcher takes up many cases where other treatment must leave off, and completes the aim of the Physician.

It costs a lot in labor and results to be without one, and very little to own one. Special High Machine for Physicians.

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Association and Society Convention and Meeting Dates

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

Raleigh, N. C., July, 1911, regular meeting of the North Carolina Osteopathic Society.

Opportunities for Osteopaths

IN this column we want to list towns that present opportunities for good osteopathic practice. If you know of any town, or towns, in your state that needs an osteopath or that can support more practitioners, tell us about it. State briefly something of the circumstances and conditions such as size, character and attitude of the people.

There are several good openings in New England. There is no law in Maine or New Hampshire. Information concerning these openings will be cheerfully furnished by Dr. Florence A. Covey, of Portland, Me.

We are informed that there is a good opening for a competent osteopath in one of the interior towns of British Columbia. A man is preferred to a woman. Further information can be secured by addressing Mrs. J. C. Gopnil, care Dr. R. S. Shepherd, 409-10 Eitel building, Seattle, Wash.

There are some good openings for live osteopaths in North Carolina, notably in the cities of Washington, Elizabeth City, Reidsville, Gastonia, Statesville, Concord, and Wadesboro. Temporary licenses and further information can be secured from Dr. E. J. Carson, Fayetteville, N. C.

We are advised that there are several good openings for osteopathic practice in Montana. Full information concerning these locations will be cheerfully furnished by Dr. Eva M. Hunter, Suite 108, Post Office Building, Livingston, Mont.



Dr. W. A. Cole, of Oklahoma City, Okla., has perfected a device which he calls the "Perfect Sight Restorer." It is so designed that when in operation, pressure and suction can be exerted equally around and upon the eye, and by a process of molding and stimulation restores the eye to normal strength and function. The device is now ready to be supplied to the profession and we may have a more detailed explanation concerning it in another issue.

Dr. J. K. Holloway of Fort Worth, Texas, president of the American Osteopathic Association, was given an informal dinner by members of the St. Louis Osteopathic Society on the evening of August 16th. Dr. A. G. Hildreth acted as toastmaster.

Dr. S. W. Tucker, of Greensboro, N. C., has sold his practice to Dr. W. E. Crutchfield and will become associated with his brother, Dr. A. R. Tucker, at Durham, N. C.

Dr. O. Reeve, A. S. O., 1911, graduate, has located at Mason City, Iowa.

Dr. J. Albert Boyles, of Baltimore, Md., has removed from 407 Fidelity building to suite 1216 Fidelity building.

Dr. C. C. Teall, of Fulton, N. Y., has just returned to his office after a two months' sojourn in the mountains. He says that it was one of the greatest disappointments of his life not to be able to attend the Chicago convention, but at that time he was with a patient in the country and the condition of the patient was such that he could not be left for even twenty-four hours.

Dr. and Mrs. J. Albert Boyles, of Baltimore, spent their vacation at Blue Ridge Summit, Pa.

After a seven-year courtship Dr. M. C. Carpenter, formerly of Long Beach, Cal., and Dr. Ethel Cook, of Lansing, Mich., were married in Chicago, September 7th. Dr. Carpenter has opened offices at Lansing and will make that city his permanent location.

We are in receipt of a souvenir postal card, dated Moose Jaw, Canada, from Dr. T. T. Ruddy, of Los Angeles, Cal., showing him performing "The Last of 1600" special operations which he executed while in Chicago. Although he was in Chicago six weeks he

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FOLDING TABLES STRONG AND DURABLE, \$6.00

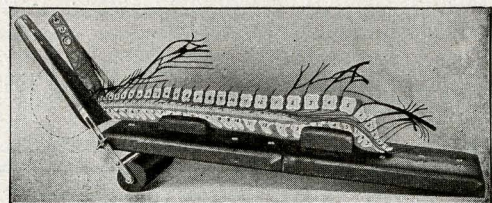
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Pat. Sept. 7, 1909

gradually presses the congestion out of the spinal tissues; it thereby deeply relaxes the spinal muscles without causing pain or discomfort to the patient. The deep, steady pressure will relax the spinal tissues, and will thus free the most sensitive nerves without danger of causing harmful reflexes. The appliance treats any desired point along the spine specifically either by traction or passive pressure. Send for circulars.

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was unable to get up and visit us but he had a good excuse as he was tremendously busy. He was attending the Chicago Eye, Ear, Nose and Throat College Hospital from 8:30 to 6:00 p. m., except 1:30 to 3:00, when he was at the Illinois Charitable Eye and Ear Infirmary. He also took a special operative course at night. He examined, treated and operated on more than 1,600 cases.

Dr. Walter Jay Ford, of Seattle, Wash., has been spending a few weeks up in the Olympic mountains fishing.

Dr. Carrie Miller, of Grand Island, Neb., has been making a tour of the Pacific Coast, spending some time in Seattle, Wash.

Dr. Roberta Wimer Ford presented a paper on "Food Sanitation" before the Seattle Women's Twentieth Century Club September 8th. This is the largest women's club of the city and is very aggressive in public and philanthropic work.

Dr. Council Gaddis, A. S. O., June, 1911, graduate, and her mother are the guests of Mrs. Thomas Meade of Seattle, Wash.

Dr. J. W. Murphy has located in Bremerton, Wash., for practice.

After attending the Chicago convention Dr. Roberta Wimer Ford, of Seattle, Wash., visited her old home in southern Iowa and called on the practitioners in Kirksville, St. Louis, Kansas City and Billings, Mont.

Dr. George W. Townsend of Fitzgerald, Ga., recently made a visit to Seattle, Wash., and called on a number of the practitioners there.

Dr. Jas. T. and Hattie Slaughter have removed from eastern Washington, and are now located in Seattle.

Dr. F. L. Harden, of Dowagiac, Mich., spent his vacation motoring through Iowa and visiting his parents there for a few weeks.

Drs. George J. Helmer and Charles S. Green, operating The George J. Helmer Infirmary of Osteopathy in New York City, have so entirely outgrown their offices at 136 Madison avenue that they will remove October 1st to fine new offices, three blocks up the avenue, 185 Madison avenue, where they will have ten operating rooms, all with outside light. They will have the best possible equipment and the furnishings and conveniences will be strictly up-to-date.

Dr. W. B. Van de Sand, of Montrose, Pa., has been spending his vacation with a camping party in Canada. They made their camp on the shore of Doe Bay, near Katrine, Ontario, Canada. Dr. Van de Sand says that they were roughing it and were having great sport.

In the August issue of THE OSTEOPATHIC PHYSICIAN appeared the marriage announcement of Dr. Ernest Walton Robson, of New York City, to Miss Joanna Miller. This announcement should have read: Dr. Ernest Walton Robson to Dr. Joanna Miller Brooks, of Running Water, S. D. We make this correction for the benefit of the many friends in the profession of Dr. Brooks who possibly would not recognize her the way the announcement formerly appeared.

Dr. H. A. Price, of Alexandria, La., has moved from the Garner building to 9-10 Hotel Bentley, which is considered one of the finest hotels in the South. Dr. Price informed us that osteopathy is being very well received in his city.

Dr. Julius A. Quintal, who for a short time was located at Denver, Colo., has removed to Laramie, Wyo., where he has every prospect of building up a very fine practice. He is taking up a liberal campaign of education with *Osteopathic Health*.

Dr. Arlowyne Orr, of St. Louis, Mo., has changed her residence address from 5063 Morgan street to 6045 Waterman avenue. The name of the building in which Dr. Orr's office is located has been changed from Missouri Trust building to Central National Bank building. Dr. Orr has been spending a two months' vacation and has just returned to her practice and other professional duties. At the Missouri State Convention she was elected secretary of the organization.

Dr. Paschell Morris, A. S. O., June, 1911, graduate, has located in Philadelphia and has opened offices at 317 Weightman building.

Dr. H. B. Bell, who has been practicing at Berlin, Wis., for the past three months, has returned to his former location, Ft. Atkinson, Wis., and has reopened his old offices.

Dr. J. B. Schrock and Dr. Lorena Schrock, who have been practicing at Broken Bow, Neb., purchased the practice of Dr. O. R. Meredith, at Norfolk, Neb., and will take charge of the practice at once. Dr. Meredith goes to California.

Dr. Lydia Crow, of Twin Falls, Idaho, has removed from the McCormick block to the McDonnell block, where she has fitted up very handsome new quarters, in fact, she is said to have one of the finest suites in the city.

Dr. Frank P. Pratt, formerly of the Faculty of the American School of Osteopathy, Kirksville, Mo., September 1st opened an office for the practice of osteopathy at 5 Clairmont Gardens, Glasgow, Scotland. We wish Dr. Pratt abundant success and hope to hear from him from time to time with some of his experiences in "Bonnie Scotland."

Dr. Chas. R. Palmer, formerly of Chicago, has disposed of his practice in the Auditorium bldg., and is now located with his wife at the Boston bldg., Pasadena, Cal. Dr. Mary K. Palmer has already started a connection in Pasadena, having been out there in the winter, during the past several years and she has been out there continuously since last Christmas.

Locations and Removals

- Dr. E. H. Calvert, at Realty bldg., Cadillac, Mich.
- Dr. J. M. Church, to Burrel block, Lewiston, Idaho.
- Dr. Norman L. Sage, to Ferguson block, Saskatoon, Sask., Canada.
- Dr. S. D. Pennock, to 626 Land Title bldg., Philadelphia, Pa.
- Dr. Henry Carson, to Richfield, Conn.
- Dr. H. C. Kirkbride, to 611 Swede street, Norristown, Pa.
- Dr. Paschall Morris, at 317 Weightman bldg., Philadelphia, Pa.
- Drs. K. J. & J. M. Clements, to Higgins, Texas.
- Dr. N. C. Hurd, to 301 Christie bldg., Duluth, Minn.
- Dr. E. Florence Gair, 120 New York avenue, Brooklyn, N. Y.
- Dr. E. V. Belvin, to 221 North Beaudry avenue, Los Angeles, Cal.
- Dr. J. B. Shrock, from Broken Bow to Cotton block, Norfolk, Neb.
- Dr. J. P. Whitmore, to Werner bldg., Marquette, Mich.
- Dr. F. P. Pratt, at 5 Clairmont Garden, Glasgow, Scotland.
- Dr. J. G. Follett, to Clyde, Kan.
- Dr. J. L. Dellinger, to 209 South Walnut street, Bucyrus, Ohio.
- Dr. J. Boyles, to 1216 Fidelity bldg., Baltimore, Md.
- Dr. Mark C. Carpenter, at 15-17 Jenson block, Lansing, Mich.
- Dr. George J. Helmer, 187 Madison avenue, New York City, N. Y.
- Dr. H. R. Bell, from Berlin, to Fort Atkinson, Wis.
- Dr. Ella I. Coltrane, to Union National Bank bldg., Manhattan, Kan.
- Dr. S. H. Stover, at 319 Schot bldg., Winona, Minn.
- Dr. T. Y. Stelle, at 218 Greir-Pork bldg., Greenwood, South Carolina.
- Dr. Herbert O. Steeves, at 412 Huntington Chambers, Boston, Mass.
- Dr. Lydia E. Crow, to McDonnell block, Twin Falls, Idaho.
- Dr. W. J. Weitzel, at 93 Garfield street, Springfield, Mass.
- Dr. R. P. Buckmaster, at Elizabethtown, Ky.
- Dr. J. C. Gulmyer, at Williams block, Manitowoc, Wis.
- Dr. Fred H. Buttin, at Havre, Mont.
- Dr. C. L. Shafer, at Helena, Mont.
- Dr. Martha Arledge, at Lewiston, Mont.
- Dr. A. W. Brockway, at Waukesha, Wis.
- Dr. Mary E. Alspach, from 410 Commerce building to 609-10 Mills building, Topeka, Kans.
- Dr. S. M. Andrews, from The Iowa Savings Bank building to Temple block, Oelwein, Iowa.
- Dr. J. W. Banning, from Ridgewood, N. J., to 415 Washington avenue, Brooklyn, N. Y.
- Dr. F. G. Brown, from 1512 Poplar street to 3624 Lancaster avenue, Philadelphia, Pa.
- Dr. Darwin F. Cady, from 434 South Warren street to 441 South Salina street, Syracuse, N. Y.
- Dr. Arthur E. Cole, from Richmond, Ind., to 217 West Court street, Urbana, Ohio.
- Dr. Allen B. Caine, from Kenosha, Wis., to LaCrosse, Wis.
- Dr. Henry A. Davis, from 48 Syndicate block to 521 First avenue, South, Minneapolis, Minn.
- Dr. Gertrude Farquarson, from Winner building to Schweiter building, Wichita, Kans.
- Dr. Laura L. Grainger, from Savannah, Ga., to 1206 1/2 Main street, Columbia, S. C.
- Dr. Fannie Gosden, from Denver, Colo., to Farley, Iowa.
- Dr. H. R. Gibson, from Chicago, Ill., to Elida, N. Mex.
- Dr. G. W. Groth, from Guelph & Ont. Invest. Bldg., to 96 Arthur street, Guelph, Ontario, Canada.
- Dr. Laura Belle Givens, from Greeley, Colo., to 104 Pike's Peak avenue, Colorado Springs, Colo.
- Dr. Helena Halvorsen, from Spokane, Wash., to Box 15, Madelia, Minn.
- Dr. C. A. W. Howland, from Boston, Mass., to 290 Westminster street, Providence, R. I.
- Dr. Minerva H. Kenaga, from Phoenix, Ariz., to Port Townsend, Wash.
- Dr. F. A. Lovell, from Kirkwood to Flat River, Mo.
- Dr. A. M. McNichol, from Joliet, Ill., to Myrtle, Neb.
- Dr. Edna MacCollum, from 24 East Park place to 15 South Franklin street, Wilkesbarre, Pa.
- Dr. Houston A. Price, located at Hotel Bentley, Alexandria, La.
- Dr. Stanley Pemberton, from 1106 Bergen street to 1187 Dean street, Brooklyn, N. Y.
- Dr. Julius A. Quintal, from Denver, Colo., to 8 Converse building, Laramie, Wyo.

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

- Dr. Sanford Ringler, from Sixteenth and Harney to 324 Neville block, Omaha, Neb.
- Dr. Edwin Shackelford, from 212 East Grace street to Fifth and Main streets, Richmond, Va.
- Dr. Oscar Van Osdol, from Loveland, Colo., to Junction City, Kans.
- Dr. G. S. H. Wilson, from Hespeler, Ontario, Can., to Guelph, Ontario, Can.
- Dr. C. E. Willis, from Winne building to Beacon building, Wichita, Kans.

Married

- Dr. Maude Wodetzky, of Berwyn, Ill., and Rev. William Roberts, at Lincoln, Ill., August 29th, at home, at Slater, Mo.
- Dr. Paschell Morris, of Philadelphia, and Miss Helen Augusta Benerman, September 9th, at New York City.

Born

- Born to Dr. and Mrs. W. B. Farris of Snyder, Texas, July 27th, 1911, a son, William Buford, Jr.
- To Dr. and Mrs. Walter S. Smith, Marlin, Texas, August 11th, a boy, Walter Scott, Jr.

Died

- Dr. Antonette Smith, of Seattle, Wash., September 1st, of cancer of the liver.

Want Ads

WANTED—New York City osteopath, desirous of sharing offices. Address, 265, care of O. P. Co., 215 S. Market St., Chicago.

WANTED—A lady osteopath would like to rent hours or days in furnished office in Chicago. Must be central location. Address, 266, care of O. P. Co., 215 S. Market St., Chicago.

WANTED—By graduate of A. S. O. 1911 class, position as an assistant or to take care of a practice. Address, 264, care of O. P. Co., 215 S. Market St., Chicago.

FOR SALE—For price of furniture, \$1,300.00 practice in a small mountain town in Colorado, 1,000 inhabitants. The practice would not be on the market were it not for a much needed rest. Address, Jean M. McNeal, D. O., Pagosa Springs, Colorado.

FOR SALE—Osteopathic Scholarship. Small payment down and balance payable in four years, when you earn it. Address, G., care of O. P. 215 S. Market St. Chicago.

FOR SALE—First class stretcher, in good condition, little used. Original price, \$30.00; will sell for \$10.00. Address, 267, care of The O. P. Co., 215 S. Market St., Chicago.

FOR SALE—On account of my health I am obliged to give up my practice. Will rent my suite of offices situated in central part of business section of Chicago. Fine location. Address 268, care The O. P. Co., 215 S. Market St., Chicago.

WANTED—Location or position as assistant by an A. S. O. man of six years experience. Licensed in Indiana and Missouri. Address P. A. L., care The O. P. Co., 215 S. Market St., Chicago.

WANTED—Man osteopath who is attending medical school in Chicago, wants position as assistant to work part time. Address No. 269, care The O. P. Co., 215 S. Market St., Chicago.

WANTED—Woman osteopath desires position as assistant to a practitioner in Chicago. Address No. 270, care The O. P. Co., 215 S. Market St., Chicago.

FOR SALE—Practice in New York State; established 8 years; only osteopath; population, 16,000; average yearly income, \$2,000; good reason for selling. Address 263, care The O. P. Co., 215 S. Market St., Chicago.