

The Osteopathic Physician

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THE OSTEOPATHIC PHYSICIAN

Volume X.

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Number 3

Complete Report On Dr. H. W. Forbes' Hip Cases

WE are pleased to be able to present herewith a complete report of the hip and other bloodless operations that have been performed by Dr. Harry W. Forbes of Los Angeles, California.

These cases number twenty-six in all, including fifteen cases of congenital hip dislocation, eight cases of tuberculous hip dislocation, and three cases of anterior poliomyelitis deformans.

These reports were prepared by Dr. Forbes at the request of *The O. P.*, in order to allow the profession to pass judgment upon the number and results of his various operations, no clear information having existed upon either point to date and some wrong impressions and much misinformation having obtained.

It is a plain, unvarnished record of the operations which Dr. Forbes conducted while connected with Still College of Osteopathy and since going to California. The report was not furnished as one complete article, but came by installments in three parts, or rather as three separate reports on three classes of cases operated upon, submitted severally as fast as the author had leisure to write them. The editor has grouped these installments into one article and added to it whatever explanatory matter was given in accompanying letters.

It is due Dr. Forbes to explain this, as perhaps the *tout ensemble* may not be just what he would have wished were he writing a continuous article to include these different classes of operations; yet the facts and opinions given are all germane to the subject and will be just as necessary for clear understanding on the part of the profession as they were for the editor.

Of course, Dr. Forbes labors under difficulties in making such a report, as the patients are widely scattered; for the most part are poor correspondents; and often have been lost track of altogether. He gives in each case only the last data available. On our part, of course, we accept the report for its face value. Neither have we had the time or opportunity to hunt up any of these cases to inquire into late developments if changes have taken place.

These records speak for themselves. Not every congenital hip case was cured by any means, nor indeed were all even benefitted, as is only to be expected—indeed, as it is absolutely sure will be the case in advance—but they show up as a class exceedingly well and the results as chronicled—good, bad and indifferent—are a strong endorsement of Dr. Forbes' work. Even in the tuberculous hip cases—while this is a line of work probably not sanctioned by all surgeons and Osteopaths, yet it does have the approval of foremost orthopedists, as well as Osteopaths, and the results of Dr. Forbes' eight cases are full of interest and, I dare say, encouragement. His work in these cases may possibly open up a new line of experiment.

We wish that we had been enabled by Dr. Forbes to get this data to print a year ago, at the time that he was being roundly criticized in some quarters for alleged shortcomings. We made every effort to get at the facts then, appealing directly to Dr. Forbes—as the profession will recall—but he did not answer our letters. We advised him plainly

what was being said regarding his work and asked to have the facts to uphold his position, stating that we would find far greater pleasure in being able to vindicate him than criticize, did the facts but justify it, and we saw no inference left to us but to conclude that the doctor himself was radically wrong, when in the face of such an impeachment he steadfastly maintained silence.

At Put-in-Bay, however, Dr. Forbes and the editor got together for several long interviews when the silent one explained why he had not answered these important appeals. He felt hurt at what *The O. P.* had said in its convention issue about his Denver operation. He pointed out that the editor had not said any thing about these matters when meeting him in all friendliness at Denver; that this criticism followed soon afterwards; and on top of that came letters reciting other criticisms with the announcement that they would have to be noticed, and it looked, so Dr. Forbes said, as if a studied attempt were being made to "roast" him and he concluded to maintain entire silence. Of course, he ought to have known better—but he didn't.

That was a very unfortunate decision at such a moment, we submit, as it left no other construction, but that of insincerity on the part of Dr. Forbes in the face of the criticism that was in circulation already regarding his work. Yet it is easy to see now that such a determination was perfectly sincere, and from his own standpoint was entirely justified. That was the first point that Dr. Forbes elucidated for the editor, and when this fog had been cleared up it happily permitted at once an entire reconstruction of opinion regarding him.

As a matter of fact, the criticism which *The O. P.* leveled at the congenital hip operation before the Denver convention seems as timely today as it was when uttered. Leaving out all personality it was not, in our opinion, the sort of an operation to have been held at such a time and place as the risks were too great, the facilities too poor and the probable results all too unsatisfactory to warrant it. Dr. Forbes should not in fairness have been criticized for this, however, as he was invited to perform the operation and did not volunteer his services. To that extent our article of a year ago was not just to him.

The results of this convention operation, be it noted, were just as we feared they might be. The first operation was not successful, although some benefits may have resulted; and after a second operation, the hip was still not restored to its socket, albeit improvements may be substantial. This is not criticizing either of Dr. Forbes' two operations on this patient; he may have done—and very probably *did do*—a work in both operations; but the percentage of failures is always so great that Osteopathy is not justified—after a possible dozen operations—in going before the world with any claims for originality or success all its own in these cases.

We still feel that our point as taken immediately after the Denver convention was well based and developments go to prove it; but we are glad, in the light of developments, to be able to say these things without reflecting

in any way upon Dr. Forbes, and we are sure that he now appreciates the point we are making just as much as the rest of the profession.

As to the other and louder protest we made last December against the claims that Col. Shaw and other friends had made for Dr. Forbes' work, a reference to Dr. Forbes' report will show that our criticism was timely and well founded in that there have not been nearly so many of these operations performed as was generally stated, nor, as we pointed out then, was every operation that was performed to be accepted in advance as tantamount to a success.

We bore down particularly hard, the profession will remember, upon one sentence in a magazine write-up of Still College, in which the statement was made that Dr. Forbes had performed the congenital hip operation successfully seventeen times during the year of 1904. Of course, that was a gross exaggeration. We all knew it to be incorrect without waiting to have complete data at hand, while a reference to the records now shows that the sum total of these operations by Dr. Forbes for several years numbers only fifteen cases, five of which were performed after 1904, and this without reference to what number have been successes and failures. It was unfortunate that such exuberance was shown in advertisements, and *The O. P.* feels that it did the science and profession a good turn to call a halt to that form of publicity. Manifestly Dr. Forbes' work is good enough to stand on its own merits without making wild claims for it.

We review these several things now because it is due all parties that the exact truth be known. *The O. P.* in giving full publicity to Dr. Forbes' cases, wishes to have the full credit given him that we believe is his due for much sincere, good and highly successful work; wherein our statements regarding him were ever in any degree wrong or unjust we wish to correct them; and, while we live up to our light and always give the full facts as nearly as we can obtain them, about every matter of great moment to the profession, we also want full credit for having been right to any extent that we are right as final facts show. In our fundamental contention in this matter the facts sustain our position.

We much regret that misunderstanding and silence at a critical time should have permitted circumstances—not nearly as important or noteworthy as they then seemed—to have prejudiced our opinion concerning Dr. Forbes in the way and to the extent that they did, and that our inferences did him much injustice; and just as we wrote him would be the case if he could set us right as to facts, we are now very happy to be able to say that Dr. Forbes has restored himself fully in our esteem and confidence.

Dr. Forbes' Clinic Reports.

Los Angeles, Cal., September 8, 1906.
Dr. Henry Stanhope Bunting, Editor of the
Osteopathic Physician:

Dear Dr. Bunting:

I am sending you case reports on the fifteen patients I have operated on for congenital dislocation. In three of these cases the dislocation was a double one. In two of these I operated on both hips. The third is not yet out of the cast from the first operation, and I will operate on the other hip this fall.

You will note that I have numbered the cases, without giving the names. The names

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on the separate sheet I am sending you correspond with the same numbers in the case reports. I do not want the names and addresses published for two reasons: First, because I have not obtained the permission of the parties interested to publish the names; and second, because I do not want this report to appear in any way as a testimonial or advertisement. I have furnished the names of these cases to all who have applied and have no objection to your furnishing the names and addresses to any who ask for them.

I am also sending you a few letters obtained in reply to letters of inquiry concerning the condition of these cases, etc. I send these to you, hoping that you will read them, for after doing this, you will appreciate the difficulty I labor under in attempting to get accurate reports of results at long range.

In summarizing results, prognosis, etc., I think I have been conservative. At least, this has been my desire.

You will also please note the following contract which I am using in these cases. My object in sending this is to show you the relation I have in these cases and that I candidly and completely inform the parents or guardians of the uncertainty of success in connection with such an operation.

Copy of Contract Made with Parents or Guardian Before Operation.

KNOW ALL MEN BY THESE PRESENTS: THAT WHEREAS, and child of about years old, in the care and custody of is suffering with genitil dislocation of the hip. AND WHEREAS, said and custodian aforesaid of said child have been fully advised that any attempt to reduce the same is necessarily attended with danger, and that no certainty of success in such undertaking is possible; that there is especially danger of fracture of bone and chloroform poisoning, rupture of arteries, tearing of nerves and surgical shock; that second and third operations are sometimes needed to obtain satisfactory results; that the percentage of successful operations, in cases of children under four years of age, is greater than in cases of older persons.

AND WHEREAS, said relatives and custodian of said child are desirous of securing such possible benefits as may be had from such undertaking, under the direction and management of Dr. H. W. Forbes of Los Angeles, California, we hereby expressly waive all right and claim of damage by reason of any act or omission on the part of said Dr. H. W. Forbes and his helpers in such undertakings and attempts to operate upon said patient for the purpose aforesaid, and expressly exonerate him by reason of the dangers aforesaid.

And it is expressly understood that Dr. H. W. Forbes will not have the charge and care of said patient during any period following such operations, and in no way be responsible during such period.

IT IS FURTHER UNDERSTOOD that such service by Dr. H. W. Forbes is gratuitous, other than actual expense incurred, and rendered as assistant to Dr., and that such operations are to be subject to observation by, and in connection with instruction to be given to, medical students and physicians.

Witnessed by:

You may recollect that I told you at Put-in-Bay that I have never had any dissatisfied patients and have never received any criticism or protest from any of them. This condition of affairs is very satisfactory to me, and it is probably largely due to the candid way in which I have informed prospective patients of the nature of the case, prognosis, etc.

It may be of interest to you to know that thus far the only operations I have ever performed in these cases have been clinical ones. As yet, I have not received a fee for a private operation.

I think it well for you also to know that the preparatory treatment and the care and treatment during the time the cast is worn and after its removal, has necessarily been intrusted to other Osteopaths. I have always been satisfied with the way they have attended to these cases, and the results obtained are probably about the same as they would have

been had the case been under my direct care and oversight.

I am making all of these reports as brief as is consistent with reporting the case at all.

There have been no fatalities or serious accidents in any of my congenital cases. One case of infantile paralysis died within a few days after the operation, with an intense tonsillitis. Some of the cases of acute tuberculosis have terminated fatally. You will be able to understand how it has been possible for one acute and skillful in his attack on me to assume that all of the cases have been congenital operations and to credit the results obtained in the other cases to the congenital type.

OPERATIONS OF DR. FORBES FOR CONGENITAL DISLOCATIONS OF THE HIP.

- Case No. 1, M. E., Lima, Ohio, patient of Drs. Pierce & Pierce.
- Case No. 2, R. B., La Crosse, Wis., patient of Dr. A. U. Jorris.
- Case No. 3, D. J. H., Inwood, Ia., patient of Dr. John Eneboe.
- Case No. 4, L. A. P., Des Moines, Ia., patient of S. C. O. clinic and Dr. T. J. Ruddy, S. C. O.
- Case No. 5, I. H., Madison, S. D., patient of Dr. U. S. Parish.
- Case No. 6, A. S., Valley Junction, Ia., patient of S. C. O. Clinic and Dr. T. J. Ruddy.
- Case No. 7, H. J., Storm Lake, Ia., patient of Dr. U. S. Parish.
- Case No. 8, S. S., Sac City, Ia., patient of Dr. Nellie W. Nelson.
- Case No. 9—H., Inwood, Ia., patient of Dr. John Eneboe.
- Case No. 10, M. I., Boone, Ia., patient of Dr. D. E. McAlpine.
- Case No. 11, H. M. R., Denver, Colo., patient of Dr. C. C. Reid.
- Case No. 12, E. S., Aberdeen, S. D., patient of Drs. Goodfellow & Pittman.
- Case No. 13, B. B., Darlington, Ind., patient of Dr. Ella McNicoll.
- Case No. 14, R. S., Hebron, Ohio, patient of Dr. F. E. Corkwell.
- Case No. 15, M. M., Lewiston, Idaho, patient of Dr. H. W. Forbes at Los Angeles, to remain until operation and after treatments are completed.

The above are all the cases of congenital dislocation of the hip which I have operated upon.

Congenital Dislocations of the Hip.

- 1. Female, age three and a half years, single dislocation, several months preparatory treatment. Operated, June 10, 1904. Cast removed Nov. 20, 1904. Result: Anatomical cure. Osteopathic treatment following the removal of cast. No relapse up to August, 1906.
- 2. Male, age three, single dislocation, several months' preparatory treatment. Operated, May, 1904. Cast removed in five months. Functional cure. Stable joint, normal movement. The femur moved up five-eighths of an inch during the six months following the removal of the cast.
- 3. Female, age seven, double dislocation, two months' preparatory treatment, operated one hip at a time. Operation on right hip, June 27, 1904. Cast removed Nov. 1, 1904. Result: Anatomical cure. Stable joint, leg two and one-half inches longer than its dislocated fellow, normal movement quickly developed under treatment and use. The child was frail at the time of the operation. Following the operation and while wearing the cast she grew robust. Operated on left hip, Feb. 3, 1905. Cast worn five months. Result: Reported satisfactory at the time the cast was removed and no relapse had occurred up to August, 1906. (Have not seen this case personally since the removal of the last cast.)
- 4. Female, age six, double dislocation, several months' preparatory treatment. Operated on right hip, Dec. 2, 1904. Cast defective and was removed and another applied Dec. 20. Cast removed May 9, 1905. Result: Functional cure. Stable joint, normal movement developed under treatment, leg two inches

longer than its dislocated fellow. Operated on right hip June 16, 1905. Cast worn five months. Result: Functional cure. Saw case last, December, 1905.

5. Female, age eight, single dislocation, a few months' preparatory treatment. Operated Oct. 14, 1904. Skiagraph revealed incomplete reduction. Second operation, Dec. 9, 1904. Cast worn two and a half months. During this period child had scarlet fever and following this complained of considerable pain in the joint. Some pain was complained of at intervals from the time of the operation. Result: Failure.

6. Female, age seven, single dislocation, several months preliminary treatment. Operated June 24, 1904. Cast removed in five months. Result: Head of femur almost in position and free movement when the cast was removed. Relapse in a few weeks and the head of the femur moved up an inch and a half. Shortening before operation, two and five-eighths inches. Second operation Jan. 14, 1905. Cast removed in five months. Result: Functional cure. No information since December, 1905.

7. Female, age twelve, single dislocation, several months' preparatory treatment. Operated October, 1904. Cast removed in five months. Result: One and one-fourth inches shortening, stable joint and normal movement. Shortening before operation was two and one-half inches.

8. Female, age five, single dislocation, one month's preparatory treatment. Operated Nov. 4, 1904. Cast removed March 24, 1905. Result reported: Good joint, normal movement after six weeks of treatment and leg a trifle shorter than its fellow. No report since Jan. 10, 1906.

9. Female, age six, single dislocation, a few months' preparatory treatment. Operated June 24, 1904. Cast worn five months. Result reported: Good joint, normal movement after four months of use and leg the same length as fellow. (Have not seen case since the removal of cast and do not know whether to classify it as a functional or as an anatomical cure.)

10. Female, age seven, single dislocation, several months' preparatory treatment. Operated July, 1905. Cast worn five months. Result reported: Good joint, normal movement developed in four months, both legs the same length.

11. Female, age seven, single dislocation, one month's preparatory treatment. Operated on August 7, 1905, before the A. O. A. convention in Denver. Cast worn about three months. Result: Great trochanter one inch above Nelaton's line and leg one inch short. The leg had been lengthened enough for the child to walk flat footedly instead of on her toe, but the joint was insecure and it seemed probable that the head of the bone would move up more unless prevented. Second operation was advised and was performed on Dec. 18, 1905. Cast worn five months. Result reported: On the removal of the cast the physician in charge reported a satisfactory result. Later a skiagraph revealed that the head of the femur is up and back. No report on the character of the joint, or amount of shortening present.

12. Female, age thirteen years and eight months, single dislocation, one year's osteopathic treatment. Great trochanter two inches above Nelaton's line on traction and three and five-eighths above when pressure upward was made on the foot. Operation was undertaken with the object of returning the head of the bone as near to the acetabulum as possible and exciting sufficient inflammation to produce a more stable joint. Operation Dec. 28, 1905. Result: An intense sciatic neuritis followed the operation and the cast had to be removed in a few weeks. No recent report. No benefit to the hip joint.

13. Female, age twenty-eight, single dislocation, several years' osteopathic treatment.

\$30,000 BOND ISSUE FOR SUBSCRIPTION

SOONER or later everyone has some money for investment. Then comes the problem of how to invest it wisely and well. Most of us want to get beyond the purely speculative and yet have a good return for our money. There are many good things which can pay and do pay more than 5% but they are not easy to find. Banks and Trust Co's pay three or four per cent at most but they are not always safe as the number of recent large failures seem to indicate. It is generally conceded that a first mortgage on real estate is the safest investment. Land is not likely to run away. It is always difficult to find one person with a large sum of money for a mortgage. Thus a large number of investors must be reached and then the mortgage may be turned into a bond issue. All bond issues are not mortgages on real estate, as there are many kinds. To carry some of our plans we find it necessary to give a first mortgage of \$45,000.00 (\$50,000 of a bond issue) on property as described below. The Brinkman Clay and Sand Property contains 72.6 acres of land, 23 miles from New York City. It is situated on the Raritan river at Fords, N. J., and is one of the finest properties of its kind in this section of the United States. Without any improvements it is yielding a net income of over six thousand dollars (\$6,000.00) per year and is good for several centuries as it is managed now. We intend spending several thousand dollars in improving the property so that the income may be more than doubled, but as no stock is for sale this part is only interesting in that it makes a first mortgage all the better. A branch of the Lehigh Valley R. R. runs through this property and a spur runs into it. A private railroad goes to its own dock on the Raritan river. It adjoins the famous Ostrander property which has made a fortune for its owners from thirty acres. Here's the opinion of an expert who has examined this property. A good report from him would be absolutely unbuyable were the property unworthy.

220 Broadway, New York.

Dr. W. J. E. Dillobough, 209 W. 56th St., New York.

Dear Sir:—In reply to your inquiry as to what I consider a fair valuation of the Brinkman property at Fords, N. J., will state that I have carefully examined the property and considering that it has every thing required in the manufacture of clay products—clay, sand and spar, it is well worth \$1,000.00 (one thousand dollars) per acre.

(Signed) C. M. Hamshaw.

(i. e.—\$72,600 for the property.)

Mr. Hamshaw made a very exhaustive report, which is not necessary here, as it's lengthy.

However, I don't want to weary you with details other than enough to satisfy you of the safety of this investment. I shall stand personally back of the entire proposition and guarantee the payment of interest and principal. These bonds are *first mortgage* bonds, bearing six per cent interest, payable semi-annually. They are to run for a period of ten years, amount of bond payable at any interest period. \$50,000 is the entire amount of issue (any amount above this at any time will have to be a second mortgage) and \$30,000.00 of this issue is offered to you and your friends at 90. This will give you more than a 7 per cent investment at maturity. Bonds issued in denominations of \$100.00 and \$500.00. Allotments made in order subscriptions are received so *do not delay* your intended subscription. Subscriptions too late will be returned.

Mr. O. D. Price, of the A. D. Campbell Milk Co., of Brooklyn, N. Y., says:—"This is to certify that I have made an exhaustive examination of the clay and sand property owned by S. F. Brinkman and located at Fords, N. J., and consider it worth at lowest estimate \$1,000.00 per acre and some acres worth not less than \$8,000.00.

(Signed) O. D. Price.

Mr. Price thinks this property cheap at \$100,000.00.

Prof. Wm. Alberti, of 50 Broadway, New York, says that it will pay good interest on an investment of \$100,000.00.

APPLICATION FORM

NO. 2

To W. J. E. Dillobough,
209 W. 56th St., New York City.

I hereby agree to take.....dollars worth of First Mortgage Bonds of the Brinkman Clay and Sand Property, located at Fords, N. J., interest at 6% payable semi-annually. (Name may be changed but property mortgaged the above described) at (90) ninety.

I shall pay for same as soon as bonds arrive at.....

.....(bank or trust Co.)

at.....

(Signature).....

To W. J. E. Dillobough,
209 W. 56th St., New York City.

I hereby agree to take.....dollars worth of above bonds at 90, March 1st, 1907.

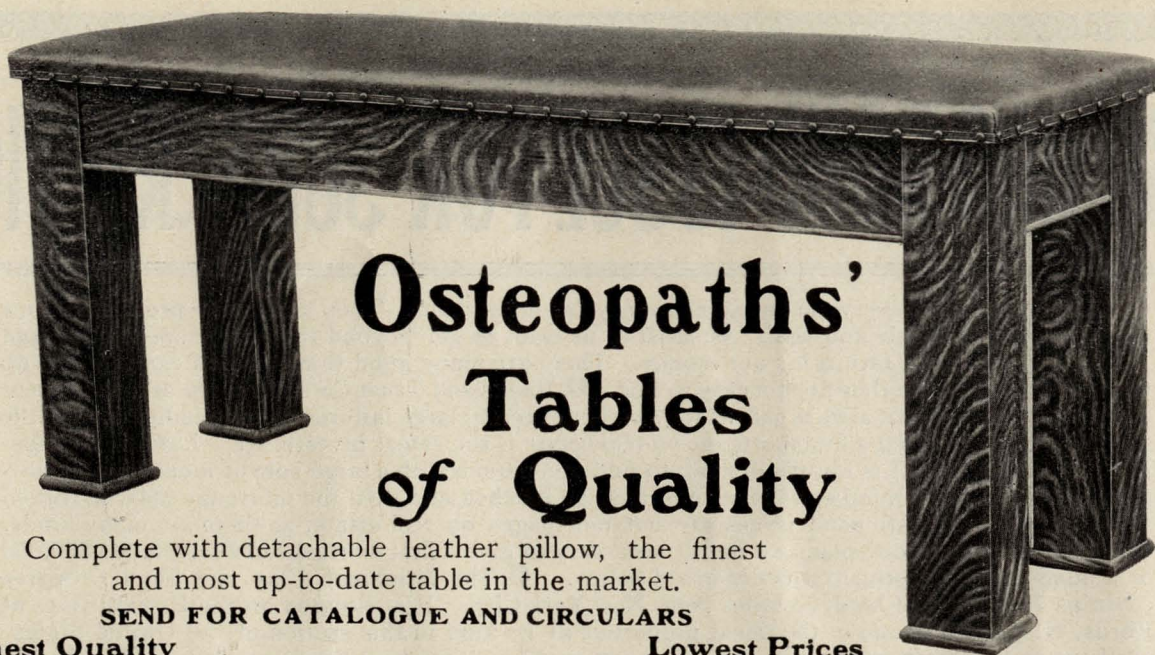
I shall pay for same as soon as bonds arrive after that date at..... (Bank

or Trust Co.) at.....

(Signature).....

I have given second form as there may be some who prefer taking the bonds after March 1st, 1907. The title to this property will be guaranteed—in fact we cannot register the bonds unless title is good and they have to be registered before they can be sent out. A bond issue saves you time, trouble and expense. Thus a larger return for your money.

W. J. E. DILLOBOUGH, D. O., 209 West 56th Street
NEW YORK CITY



Osteopaths' Tables of Quality

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Patient contended that the treatment weakened the leg, caused the muscles to waste and loosened the joint so that it was more unstable than before. The joint was so loose that the head of the bone could be placed in the acetabulum easily and without anesthesia. Patient solicited an operation. Was told that there was little hope of improvement but that some benefit might be derived from reducing the dislocation and retaining the bone in place for several months by a cast. This was done. After several months the cast was removed Oct. 1, 1905. Result reported: Decided improvement.

14. Female, age four, single dislocation, a few months' preparatory treatment. Operation Dec. 31, 1905. Cast removed in five months. Results reported: Head of bone in normal position, legs the same length, joint stable, no movement. Treatment is being given to develop movement. Cast was removed June 9th, '06.

15. Female, age four, double dislocation, a few months' preparatory treatment. Operation on right hip May, 1906. Cast not yet removed.

All were cases of dorsal dislocation.

Summary.

Fifteen cases; seventeen operations; twelve single dislocations; three double dislocations; fourteen girls; one boy; oldest patient, twenty-eight years; youngest, three years; patients six years of age and older, ten; patients, five years of age and under, five; method employed in reduction, manipulation; cases 9 and 3 are first cousins.

"Anatomical cure," as used in the foregoing case reports, means that the head of the femur is in the normal position, a stable joint is formed and normal function restored.

"Functional cure" means that the head of the femur is near but not in the socket, stable joint, good movement and decided improvement.

"Anatomical" and "functional" cure are terms employed by Lorenz to classify results. Objections have been made to the term functional cure on the ground that strictly speaking there is no "cure" in the cases in which the head of the femur is not retained exactly in the normal position. Unquestionably there is a decided difference between cure and improvement, however great the improvement

may be, and the difference should be indicated by the terms used to record results. However, this is not the proper place to enter into a discussion of the nomenclature employed in surgical cases, and the subject has been mentioned only because it seems desirable to state the meaning given to these terms in the foregoing case reports.

Observations, Deductions, Generalizations.

Congenital dislocation occurs much more frequently in females. Out of forty-three cases examined, but three have been boys. Lovett tabulates 341 cases, 301 (88 per cent) being in females. We are utterly ignorant of the cause of this.

Right and left dislocations occur in about an equal number of cases. Double dislocations are less frequent than single.

There is danger in generalizing from a limited experience, and the reader is reminded that the following conclusions are based on operations on just seventeen dislocated hips of the congenital type:

Reduction is made easier by three or more months' osteopathic treatment. Preliminary treatment probably results in better joints being formed after operation.

The largest percentage of successes are in cases between the ages of two and four. In average patients between these ages, anatomical cures may be expected in three or four patients out of ten; decided improvement may be expected in three or four more. Thirty to forty per cent of failures may be expected. Decided deformity of the socket or of the head or shaft of the femur is a common cause of failure. The percentage of complete failures can be kept very low by selecting cases carefully.

Between the ages of four and seven, the percentage of anatomical cures (complete) is reduced and that of the functional cures is increased, so that while satisfactory results are obtained in sixty to seventy per cent of cases, a fewer number of perfect results are expected.

Between the ages of seven and ten, the percentage of successes is reduced. Anatomical cures are infrequent. Functional cures are not expected in more than thirty to forty per cent of cases. Great care should be exercised in selecting cases for operation.

Reduction by manipulation should rarely, if ever, be advised in cases over ten years old.

Relapse is more frequent in patients over five years of age. Second and third operations are often needed.

Single dislocations offer a more favorable prognosis than double ones.

Proper treatment during the period the cast is worn and after treatment increases the percentage of successes.

Tuberculous Hip Cases.

I append herewith case reports, with the few remarks I deemed necessary, on all the cases I have operated upon for tuberculous hip dislocations. Please note that these are cases in which *the tuberculous process was entirely healed* and that they are cases in which the joints were ankylosed and the patient badly crippled, because of the flexion and adduction of the leg.

In re-reading these reports I am inclined to cut out the last line and a third of the report on Case No. 1. This may look a little like a testimonial and I will leave it to you whether it is not better to cut it out. [The editor let it stay in.]

I am also enclosing a few letters about these cases for you to glance over, personally, and after you have done this, please return them to me.

I hope I have also made these reports brief enough to suit you. I have not included in them any material I can easily eliminate.

OPERATIONS FOR TUBERCULOUS DISLOCATIONS (HEALED AND ANKYLOSED JOINTS).

Case No. 1, F. McT., Nemaha, Ia., patient of Dr. U. S. Parish.

Case No. 2, F. D., Coon Rapids, Ia., patient of Dr. L. C. Sorenson, Toledo, Ohio.

Case No. 3, W. W. S., Coon Rapids, Ia., patient of Dr. L. C. Sorenson, also.

Case No. 4, B. L., Des Moines, Ia., clinic patient of Dr. W. W. Micks.

Case No. 5, H. G., Davenport, Ia., deceased; clinic patient S. C. O., treated by Mrs. A. M. E. Leffingwell.

Case No. 6, S. A. B., Missoula, Mont., patient of Dr. Anna James.

Case No. 7, L. R., Noblesville, Ind., patient of Dr. K. L. Seaman.

Case No. 8, —, patient of Dr. J. R. Patterson, Pasadena, Calif.

Tuberculous Process Healed.

Note: The following are cases of "dislocations" resulting from tuberculosis of the hip joint. The tuberculous process was entirely

healed and the joints ankylosed in the position of adduction and flexion. The object of the operation was to overcome the adduction, flexion and shortening of the leg.

The almost universal employment of the term "dislocation" in describing these tuberculous hip lesions probably justifies its continuance. The reader is reminded, however, that few, if any, of these cases are genuine dislocations of a normally formed head of the femur from a normal socket. The femoral head is in part, or wholly, destroyed and the acetabulum is frequently extensively eroded and deformed. The changes in the upper extremity of the femur and the acetabulum allow the upward movement of the shaft of the femur and carry the great trochanter above Nelaton's line. Extensive fibrosis occurs in the process of healing.

1. Male; age, 16; dorsal dislocation; ankylosed in adduction and flexion; actual shortening, three and one-half inches; apparent shortening, four and one-half inches; badly crippled—needing a crutch and cane to enable him to walk; badly broken in general health. Osteopathic treatment for six months to build up general health and prepare hip for operation. Operation Nov. 14, '03. Cast removed March 11, '04. Results: Leg same length as the sound fellow; normal position, that is, no adduction, abduction, or flexion; patient able to walk well without artificial assistance; ankylosis, as before operation; general health and strength excellent. Latest report, Dec. 30, '05: "Although my hip is a little stiff and I limp a very little, I consider myself a well and sound man."

2. Male; age, 17; dorsal dislocation; actual shortening, two and one-half inches; apparent shortening, over three inches; ankylosed in flexion and adduction; badly crippled, used artificial assistance to walk. Several weeks' preliminary treatment. Operation Sept. 14, '04. Cast removed Feb. 17, '05. Result:

Leg exactly the same length as the sound one; apparently five-eighths of an inch longer; slightly abducted; general health improved; joint ankylosed; musculature wasted. Osteopathic treatment for several months developed the musculature, reduced the abduction, and restored slight movement to the joint. Patient walked well without assistance, having the limp characteristic of a stiff hip joint. Latest report September, '05.

3. Male; age, 25; dorsal dislocation; duration, twelve years; actual shortening, one-half inch; movement in hip joint limited and attended with great crepitation (pseudo-crepitus); hip weak and ached after use. Several weeks' preparatory treatment. Operation Feb. 10, '05. Cast removed June 13, '05. Legs same length; one operated on apparently half an inch longer because it was slightly abducted; some movement in hip; patient could walk better than before operation, immediately on the removal of cast. Osteopathic treatment begun to develop musculature and carefully increase the range of movement and overcome the abduction. Case improved under treatment. Latest information July, '05.

4. Female; age, 22; dorsal dislocation; duration, 14 years; actual shortening, four inches; apparent shortening, five and three-fourths inches; ankylosed in flexed and adducted position; badly crippled. Case history: Injury at age of five; measles a few weeks later; convalescence slow; hip continued to pain and three abscesses appeared before the age of eight years; dislocation at age of eight; four more abscesses opened (these abscesses were not treated with surgical care, but were allowed to open spontaneously. In all seven separate openings were made around the joint); healing occurred in two or three years. Osteopathic treatment for over a year preceding operation. Operation October 28, 1904. Cast removed March 3, 1905. Result:

Leg actually one and one-half inches short; abducted and almost ankylosed; on account of abduction, leg was apparently almost as long as the sound one; hip weak but not painful; small superficial suppurative lesion appeared in groin, speedily healed; small abscess appeared on the posterior surface of hip at site of one of the original abscesses, slight discharge, odorless, sterile, no pain, healing occurred slowly. Latest information, December, 1905. Leg still weak, but patient able to walk without much lameness, carried a cane but could walk without it, had danced, but was advised to be careful in this; leg slightly over two inches short, normal position, range of movement had gradually increased; abscess almost entirely healed (would heal entirely when patient was quiet for a few days and would discharge a little after active use of the leg).

This patient was informed before operation that the case was very unfavorable, that it might be impossible to move the joint and that, on account of the large amount of scar tissue about the hip, healing was uncertain. No conclusion can safely be drawn in this case for a year or more yet.

5. Male; age, 12; duration, ten or eleven years; dorsal dislocation; actual shortening, two inches; apparent shortening, three inches; badly crippled because of shortening, adduction and flexion of leg, but walked without assistance; ankylosis. Patient was an inveterate cigaret user and his general health was low. Two months' preliminary treatment. Operation April 7, 1905. Incomplete reduction of dislocation, flexion and adduction overcome, leg abducted about ten degrees and cast applied. Patient not allowed to smoke in hospital and on the morning following the operation he eluded the nurses and escaped from the hospital. Cast fractured and hip allowed to move up slightly, and abduction overcome. Second operation May 12,

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1905. Leg one and one-fourth inches short before second operation and application of new cast. Reduction more nearly accomplished, abduction fifteen degrees and placed in cast. Good recovery from operation, but on account of his behavior making him such a great care to his sister (his only living near relative), the plan to continue osteopathic treatment while he was wearing the cast had to be abandoned and he was returned to the Catholic home from which he had been taken for the treatment. Result: Case died in about five months. Have been unable to obtain any particulars of the case history after he left for the home. Whether the condition of the hip and the operation had anything to do with the death is uncertain, but not improbable.

6. Female; age, 20; dorsal dislocation; duration, fifteen years, actual shortening, two and one-half inches; apparent shortening, four and one-half inches; apparent shortening reduced by ten months' treatment from five and five-eighths to four and one-half inches; extreme adduction, moderate flexion, complete ankylosis; badly crippled. Eleven months' treatment before operation. Operation May 27, 1905. Head of bone drawn down almost two inches, adduction and flexion overcome and leg placed in cast in abducted position. Cast removed in five months. Results reported on December 26, 1905: "Three inches of shortening, leg weaker than before operation, requires assistance of cane to walk, leg tires easily." Have not seen case and do not know whether the shortening reported is real or apparent, or both. Advised treatment to develop the musculature. Cast had been removed but a few weeks when this report was made. Have not had a report since.

7. Male; age, 13; dorsal dislocation; duration, seventeen months; actual shortening, one inch; apparent shortening, almost two inches; flexed, adducted, ankylosed; general health, good. Seven months' preliminary treatment. Operation June 9, 1905. Cast removed September 21, 1905. Result reported on December 20, 1905: "Case all right so far; no pain since third week following operation; some movement has developed." Case was treated one month following removal of cast. No report since that of December 20, 1905.

8. Male; age, 11; dorsal dislocation, several years' duration; flexed, adducted, slight movement; several months' osteopathic treatment, followed by operation in May, 1905; operation thought to have been successful at the time and on the removal of cast, but case relapsed and the head of the bone moved upward and adduction returned. Fist saw this case personally the first of April, 1906. Operated in May. Head of femur brought nearly to the normal position, leg abducted and cast applied. Cast is still worn. Case apparently doing well.

Notes and Conclusions.

The foregoing is a complete list of the cases of tubercular dislocations operated on. It is important to clearly distinguish these cases of dislocation, ankylosis and deformity, the result of a previous tuberculosis of the hip, from the group of cases of acute tuberculosis of the hip which follow. In the foregoing cases the tuberculosis was healed, all symptoms of inflammation had subsided and no pain or other manifestation of disease was produced by preliminary treatment.

"Actual shortening" used in the case reports means the real shortening revealed by comparing the measurements of the sound and dislocated legs from the anterior superior spine of the ilium to the internal malleolus of the tibia. Actual shortening is due to the upward dislocation and to changes in the upper extremity of the femur.

"Apparent shortening" means the practical shortening revealed when the legs are placed parallel. Fixation (ankylosis) of the leg in an adducted position produces an apparent shortening when the legs are placed side by

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side; fixation in abduction produces apparent lengthening. Apparent shortening is produced by the tilting upward of the pelvis on the side of the ankylosed hip when the legs are placed parallel.

Experience is too limited and insufficient time has elapsed to warrant final conclusion.

It is much better to treat acute cases correctly and thereby prevent extensive disorganization of the joint than to allow the dislocation to occur and expect good results from the correction of it. It is more easy to prevent ankylosis in adduction, flexion or other abnormal position than it is to correct it. However, all acute cases are not treated successfully and consequently many cripples apply for treatment.

Cases should be treated six months or longer before operating.

They should be informed clearly that the object of the operation is to lessen the real

shortening by moving the head or upper extremity of the bone downward, to entirely remove the apparent shortening by overcoming the adduction and flexion, and to produce fixation in abduction. This accomplished and they are able to walk, run and get about well without artificial assistance. In other words, the fixation of the leg in the position of extreme adduction, flexion, or abduction is the greatest factor in making bad cripples of these patients and the sole object of this operation is to overcome as nearly as possible these "vicious attitudes." Some movement may be developed in time by persistent after-treatment, but this is uncertain and no promise of considerable movement can safely be made. They have no movement to lose, however, for the joints are ankylosed at the outset.

Cases should be carefully selected. Osteotomy is probably preferable to manipulative reduction in many cases of long standing.

It is not necessary to entirely reduce the dislocation in order to make the legs the same length. By fixation in abduction, a practical lengthening is obtained. The amount of abduction in which the leg is put in a cast should vary with the degree of correction of the upward misplacement of the femur. In cases where the dislocation is entirely corrected the leg should be abducted just sufficient to allow the application of an efficient cast; in cases where the head of the bone remains considerably above the socket, the abduction should be greater in order that the real shortening may be compensated for by the practical lengthening which will result from fixation in abduction.

Poliomyelitis Deformities.

I append reports of three cases of poliomyelitis deformities. These are the only cases of this character that I have operated on under anaesthesia.

I do not venture any conclusions in these cases (in print). It is infinitely better to treat these cases correctly and thereby prevent these extreme deformities than to attempt to correct them, once formed. I do not know what the relative merits of forcible manipulation and tenotomy are, but I am inclined to believe that tenotomy is better in long-standing cases.

Please note that cases "one" and "two" of poliomyelitis are the two cases referred to in Dr. S. S. Still's letter to Dr. C. E. Still, printed in *The O. P.* about one year ago, wherein he says that *two* X-ray pictures he had examined showed that *the hips were not out before operation*. Of course they were not out; and it was not announced that they were out.

Case No. 1, patient of Dr. John P. Enebo, Sioux Falls, South Dakota.

Case No. 2, patient of Dr. J. F. Atkinson, Mitchell, South Dakota.

Case No. 3, clinic patient, S. C. O., treated by Dr. Chas. Bennett, now of Detroit, Michigan.

These are cases in which the contracture following the destructive cord lesion of anterior poliomyelitis produced deformities by holding the affected parts in "vicious" attitudes. The object of the operation was to restore the normal anatomical position to the parts. The method used was manipulation under anaesthesia.

1. Female; age, 5; flexion and abduction deformity of the hip; several weeks' osteopathic treatment. Patient could not walk on account of the great flexion of the hip. The abduction was not so great as the flexion. Operation June, 1904. Cast worn four months. The abduction was completely overcome at the operation and the flexion almost so. Result: Patient began to walk in a few weeks after the operation. Osteopathic treatment was continued. Latest report August, 1905: The patient continued to improve and result satisfactory. (This latest report came indirectly, but is believed to be accurate.)

2. Female; age, 4; flexion and abduction deformity of hip and talipes equino deformity of ankle and foot. Several weeks' osteopathic treatment preceding operation. Patient had severe attack of acute rheumatic fever preceding the infantile paralysis and was subject to acute follicular tonsillitis. Operation November, 1904. Abduction and flexion of hip almost completely removed, talipes corrected and a cast applied. Result: Patient died two days after the operation. Patient had slight fever and vomited the first night after she arrived in the city for the operation. This subsided under rest and treatment and was considered due to car sickness. Operation was performed the following day, patient apparently in good condition. Intense tonsillitis and a high temperature developed in a few hours after the operation. Temperature reached one hundred nine degrees immediately before death.

3. Male; age, 13; extreme talipes equino-

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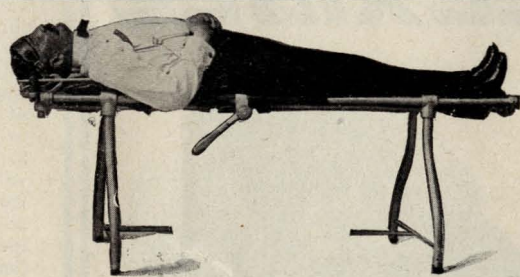
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varus, ten months' osteopathic treatment developed the paralyzed leg and increased its usefulness but failed to modify materially the deformity of the foot. Operation March 3, 1905. Succeeded in overcoming the "varus" and placing the foot in a cast in the opposite position; the "equino" was more resistant and the foot was placed in the cast in a position short of correction of the "varus." Cast worn three months. Result: The "varus" remained corrected, the "equino" was reduced one-third.

Hoping the case reports as submitted and the few remarks I have made in connection with them will be satisfactory, I am,

Yours fraternally,

HARRY W. FORBES.

Corrections of Mis-statements In re. Shaw, Forbes et al.

WITHOUT attempting at all to rehash the story of the unfortunate breach between the Pacific College of Osteopathy and the founders of the Los Angeles College of Osteopathy a year ago, the editor of *The O. P.* yet desires to correct several mis-statements of fact to which he gave circulation and revise the opinions that were based upon these misapprehensions.

Evidence shows that it was not correct to

charge Dr. Harry W. Forbes and Col. A. B. Shaw with treachery toward the A. S. O., as the time they were closing out the S. S. Still College and preparing to go to Los Angeles. Dr. Forbes was *not* at first under any contract with the A. S. O. not to re-engage in school work, either in Des Moines or elsewhere. He sold his stock at an agreed price with no strings to it. He expected at once to resume school work in Des Moines or elsewhere.

No Treachery Toward A. S. O.

He says, further, it was himself and the Drs. Spencer who treated with the Commercial Club—as stated in an affidavit by Dr. W. S. Carpenter, with regard to reopening Still College; that they had a perfect right to do this; and that Colonel Shaw had nothing to do with these negotiations as he then was under contracts with the A. S. O. not to re-engage in school work for ten years. In view of the fact later that Dr. Charley Still wanted to get an agreement from Dr. Forbes also not to re-engage in school work in the Mississippi valley, and was willing to release Col. Shaw from his ironclad agreement if he would not re-engage in school work in the old territory, the contract of Col. Shaw was modified so that he was free to resume a college connection on the Pacific coast. For this release of the Colonel, Dr. Forbes agreed on his part not to go into school work anywhere in certain prescribed territory.

As these agreements were made with the express view of Dr. Forbes and Col. Shaw going to California to buy or start a school, it was very unfair to charge them with treachery in this course, as we did in these columns a year ago, when laboring under a misunderstanding of the facts. This correction would have been cheerfully made in our succeeding issue had the gentlemen concerned brought the facts to our attention at that time—which they should have done.

Did Not Sell a Gold Brick.

It was further made to appear that Col. Shaw and Dr. Forbes had sold the A. S. O. a "gold brick" in closing out their interest in the S. S. Still college. It does not appear so, from what Dr. Forbes now says about it. Without going into details, it looks as if the price realized from the real estate plus the tuition notes—allowing a due amount for worthless or depreciated notes—would make the deal look like a very fair one to the purchasers—even profitable, Dr. Forbes hazards saying, without at all considering the indirect benefits to the purchasing school from the deal and whether indirect benefits were realized to any extent or proved disappointing.

From all the information that has come to the editor Col. Shaw did respect his contract as long as he was on the payroll of the A. S. O. and did not begin negotiations with students to take them west until after the close of the term. When students approached him to discuss the plans to go west, I have been told by several persons who tried it, that the Colonel said he recommended them to go to Kirksville. The editor wasn't present at these talks and can't say whether the Colonel smiled blandly or winked the other eye—as many a business man would do under the circumstances—but the persons who interviewed him failed to note it if he did. It would be expecting too much of the coterie of professors who had decided to go west to re-engage in school work not to talk about their plans to their friends until after commencement and of course they did, more or less; but I am assured that they refused to bring out any catalogue or to make any official announcement

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Reconstructions of Opinions in Order.
Now, then, these simple facts are important—however trivial they now seem—for they certainly created great prejudice against the founders of the Los Angeles college a year ago and tended to discredit their sincerity and throw suspicion on all their later acts. To be set right on these points now permits of an entire reconstruction of opinion and feeling toward the parties most concerned.

Incident About the Catalogue.
In stating that the Pacific college authorities had repudiated the catalogue brought out by Col. Shaw and Dr. Forbes purporting to be the authorized Pacific college catalogue, we also used the words that this catalogue "had never been heard of by the Pacific college authorities, they said, until a bundle of these" catalogues arrived at the express office. We were so informed by letter by one who did not know the full facts. The Pacific school prepared the first draught of this catalogue and sent it to Dr. Forbes, who, they understood, would revise and revamp it and return for their approval. Instead of that, the Des Moines people reconstructed the book to suit their ideas and at once sent it to press. The repudiation followed, as stated, but it was not fair to say the Pacific people had never heard of the catalogue till they saw it.

Another Wrong Inference.
We also stated that "Dr. Tasker had not even been consulted" as to whether he would teach in the school as reorganized, although he was published as a professor who would hold his old position. Technically this is true. Dr. Tasker didn't receive a formal invitation from the newcomers to stay in the school and he didn't feel that he had committed himself to do so up to the time the repudiated catalogue came out; but his name had been presented by Prof. Whiting to the Des Moines people, along with those of all the rest of the Pacific college professors, as one of the faculty for next year, and the invaders didn't understand that they were supposed to canvass these individuals for their consent to a faculty connection. Further, they wrote Dr. Tasker for his photo to go in the catalogue, which he sent, along with a letter that contained nothing to indicate that he was doubtful about continuing his faculty connection; so, our criticism of a year ago on this point also was unjust to the Des Moines people, although founded on technical facts.

Getting a clear understanding upon such points as these permitted the editor to change his opinion and feeling toward the founders of the Los Angeles College of Osteopathy very decidedly and it permits a much more just and charitable view of the subsequent events at Los Angeles.

Loggerheads Came About Naturally.
It also develops on close scrutiny that our friends of the Pacific College of Osteopathy did their share to block negotiations and prevent the consummation of the plans entered upon. Discovering this fact does not in the least impugn their motives or shake the editor's confidence in their character or devotion to principles—for both and for their loyalty to osteopathy and scientific teaching he entertains the highest admiration and confidence. But it seems to be a plain fact, capable of easy proof, that several successful agreements were reached between them and the newcomers; and in each case the Pacific school people found it advisable or necessary to increase the demand made upon the proposed purchasers of the school stock, virtually "raising the ante," as we say in poker, higher and higher as the game continued. Doubtless this was in part due to the advice of friends outside the deal who warned them to be careful and protect themselves, etc., but the fact is, it seems to have been done. It also appears that the Des

(Continued on page 11.)

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PONTIAC, ILLINOIS

THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the
Profession.

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Fairness! Freedom! Fearlessness!

EDITORIAL

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

Strife is the parent of things.—Heroditus of
Ephesus.

The good convention photo which adorned
the front page of *The O. P.* last issue sells
for \$1.00 and can be obtained by addressing
C. W. McCreary, Hotel Victory, Put-in-
Bay, Ohio.

Through inadvertence in our last issue credit
for issuing the excellent pictorial souvenir of
the American School of Osteopathy which
was distributed at Put-in-Bay was not given
to Editor R. Emmet Hamilton, as we meant
it to be.

Our attention has been called to our error
in quoting Dr. Teall as saying, in his report
on the Los Angeles college, that the institu-
tion is "deficient in equipment," whereas the
report said that equipment is "sufficient for
present needs."

Dr. George W. Riley, secretary of the New
York Society, is out with a postal to all the
state Osteos asking reports on whether mem-
bers of the state and national societies, what
college graduated from, date of graduations
and present address. Such systematic work
by state secretaries begun early would greatly
lighten the duties of the editor of the year
book.

Welcome, Canadian Journal!

We acknowledge receipt of the *Canadian
Journal of Osteopathy*, Volume I, Number 1,
which our associates over the border design
to educate the legislators of the Dominion
respecting the genuineness of Osteopathy as
a science and its rights to legislation. Dr.
Edgar D. Heist is its editor. The journal
puts up a very credible appearance. Its editor
reports that already this little journal seems
to be achieving some of the purposes for
which it was created as an expected "trial"
set for the present month has been shelved.
Success to the cause.

Our Enemy Defeated in Alabama.

Dr. Greenwood Ligon appeared in the *Mo-
bile Daily Item*, Aug. 26th, with a very strong
column and more arraignment of Dr. Cunn-
ingham, the medical trust nominee for gov-
ernor of Alabama, and in support of Mr.
B. B. Comer. As Mr. Comer was elected
and the M. D. candidate—who, by the way,
will cast the decisive vote, as presiding officer
of the Alabama senate, again our Osteopathic
bill which has enabled his profession to per-

secure Osteopaths ever since—it is fair to
suppose that Dr. Ligon's able argument proved
a factor in the election. Now, Governor Comer,
give Alabama and its Osteopaths a square deal
in medical legislation. Down with the M. D.
trust in Alabama!

Dr. Upton Is the A. O. A. Secretary.

In the great amount of matter contained
in the report of *The O. P.* about the A. O. A.
meeting, an error crept in—viz.: Dr. C. A.
Upton was re-elected assistant secretary. It
would have been unjust to his very ac-
tive work to have done otherwise. Dr. George
T. Monroe was very efficient as assistant pro-
tem, and the secretary was authorized to se-
cure his help in that capacity, if he were
willing to give it for the coming year.

Dr. Monroe as well as Dr. Upton are now
at work letting good Osteopaths know that
there is such a thing as the American Os-
teopathic Association and either of them, or
the undersigned, will be glad to have the
application of any such one for membership.
An active aggressive campaign for mem-
bership is to be waged. I would be glad to
have you print the text of a message that was
sent by the association to Dr. Upton:

"The American Osteopathic Association in
annual meeting assembled sends regrets for
your absence, wishes your complete recovery,
and shows its appreciation of your services by
your re-election."

One thing else I notice, the legislative com-
mittee is not given. It consists of A. G. Hil-
breth, Chairman, St. Louis; C. S. Fleck,
Orange, New Jersey; and Otis F. Aiken, Port-
land, Oregon.

Just one other think, Won't you state that
the *Journal of the Association* this year will
be issued semi-monthly, and will be edited as
before by Dr. Evans, who has raised it to the
point where every Osteopath who is familiar
with it is proud of it?

Help us whoop up membership—everybody!
Fraternally yours,

H. L. CHILES, Sec'y.

AMONG THE STATES

Rewriting McConnell's Practice.

Drs. McConnell and Teall are working
overtime in Chicago these days and nights re-
writing (not revising, merely) McConnell's
Practice of Osteopathy. When this book
comes from the press it will be new and up-
to-date and something that every practi-
tioner will want.

President Ellis in Chicago.

President Ellis of the A. O. A., famous in
the ancient days as a mighty hunter, good
Osteopath, and so forth, and in these latter
days achieving new fame as "the man of red
blood corpuscles," was in Chicago twice the
past month going to and from his old home
at Austin, Minnesota, where he enjoyed a rest
and shot prairie chickens. He saw some of
his old friends while in the city.

Pacific College Has Good Opening.

The Pacific College of Osteopathy began its
fall session on Sept. 4th. The enrollment on
Sept. 3d was greatly in excess of what the
most sanguine friends of the college had an-
ticipated, and the good work which began on
Monday was continued through the early days
of the week. Of the nearly thirty new stu-
dents, every one has completed at least a high-
school education, several are normal school
graduates and three or four are college
graduates.

Biologists at Pacific Coast.

The first meeting of the Biological Section
of the Southern California Academy of Sci-

ences was held in the Pacific College of Oste-
opathy on the evening of September 10th.
The lecture of the evening was given by Prof.
Miller of the State Normal School, and was
on the "Life History and Physiology of a
Salamander," which Prof. Miller has been in-
vestigating during the last year. All of the
meetings of the Biological Section are of
great scientific interest and the osteopaths feel
a little justifiable pride in forming a very
considerable part of the membership of this
valuable section of the Academy of Sciences.

New York Will Gather.

Cards are out for the eighth annual meet-
ing of the New York Osteopathic Society at
the Hotel Ten Eyck, Albany, on October 31st.
Besides the routine reports of officers, includ-
ing a legislative report by Dr. Charles Haz-
zard, and a paper on epilepsy by Dr. W. L.
Buster, of Mt. Vernon, which is to receive
a general discussion, chief interest will center
in the address of Dr. C. P. McConnell, of
Chicago, on "Osteopathic Research." It is
announced that nearly the entire afternoon
will be given up to Dr. McConnell, who will
be pleased to answer all questions relating to
his paper, so a valuable discussion is planned.

Outlook at Los Angeles College.

Indications for the September class are ex-
cellent. I believe that we will matriculate
forty or more in the freshman class. Col.
Shaw estimates a less number than this, thirty
or more. The brick work in our new college
building will be finished next week and we
hope to have it ready to begin school on Sep-
tember 24th. Our college building is going to
be an ideal one, with annunciators and tele-
phones in every room, hot and cold water,
built in marble laboratories and steam heat in
every room, and every modern convenience.
It is just across the street from the new public
library, in the heart of the business part of
the city, where a very large clinic is inevitable.
—Dr. Harry W. Forbes, Los Angeles College
of Osteopathy.

The Ontario Osteopathic Association.

An interesting and profitable meeting of the
Ontario Osteopathic Association was held at
Toronto, Ontario, at the offices of Dr. Pigott,
on Labor Day. Clinics were held by Dr.
Bach, of Toronto, on lateral curvature; by
Dr. Henderson, on kyphosis, and by Dr. Pig-
ott, on deafness. Dr. Cook read a paper on
the atlas, and by Dr. Edgar D. Heist, on
typhoid fever. Luncheon was partaken at
McConkey's, and among the guests enter-
tained were Drs. Pitts and Pitts of Bloom-
ington, Illinois. The association will take
steps to become incorporated, and is in train-
ing to entertain the meeting of the national
association, the A. O. A., at Toronto, at least
by 1909. Toronto is an ideal convention city,
and we can entertain royally and well.—E. D.
Heist, D. O., Secy.

Los Angeles College Mandamus State Board.

Complaint in the suit of the Los Angeles
College of Osteopathy for a writ of mandate
against the California State Board of Oste-
opathic Examiners was filed Aug. 23d. Sum-
mons was issued to the members of the board
next day. The case was set for hearing in
department seven of the Superior Court on
September 7th. When this suit came up for
a first hearing the defendant (the state board)
demurred to our complaint, on the grounds
that there was a misjoinder of parties in
the suit. We included as plaintiffs the Los
Angeles College of Osteopathy and H. E.
Reed, F. E. Hiles, etc., graduates. The con-
tention of the defendant was that it was not
proper to join these parties in one suit. The
judge did not have sufficient time to listen to

the reading of authorities on this point, so he requested the attorneys to submit their authorities and arguments in briefs. The attorney for the state board was given five days to prepare his brief, three days more will be consumed in the answer, and two days in a reply, so that the demurrer will be decided in ten or twelve days and at this time our case will come up on its merits. Our attorney is confident that there is no misjoinder of parties and that the case will go to an immediate hearing on its merits at the end of the ten days. We hope to have it all settled by the time the September class matriculates. We do not know how much our interests are imperiled by the antagonism of the state board in regard to the matriculation of new students, but probably some timid ones are prevented from entering at this time. The state board has modified its position enough to take the application and fee from our graduates who apply to them for certification.—*Col. A. B. Shaw, Los Angeles College of Osteopathy.*

Osteopaths Have Election.

Helena, Sept. 7.—At the sixth annual meeting of the Montana Osteopathic Association, held at Helena, Sept. 7th, the following resolution was adopted: "Resolved, That in our judgment as physicians it would conserve to the interest of public health to so amend our laws relating to the requiring of physicians to regularly report certain contagious and infectious diseases to the state health authorities, if the physician, in addition to scarlet fever, tuberculosis, smallpox and other diseases now named, be required also to report all cases of venereal diseases examined or treated." These officers were elected: President, Dr. L. K. Cramb, Butte; vice-president, Dr. C. W. Mahaffay, Helena; secretary, Dr. C. W. Dawes, Billings; treasurer, Dr. A. A. Allison, Anaconda; trustees, Dr. H. A. Lorton, Butte; Dr. L. K. Cramb, Butte, and Dr. Asa Williard, Missoula.

Dr. McConnell in Minnesota.

The Minnesota Osteopathic Association enjoyed a lecture by Dr. Carl P. McConnell, of Chicago, on the subject "The Osteopathic Lesion," on the evening of September 21st, at the Park Congregational Church, St. Paul. In this lecture Dr. McConnell presented with the aid of stereopticon views the theory of osteopathy. The experiments conducted by Dr. McConnell and illustrated by the views conclusively prove the osteopathic theory of disease in a manner easily comprehended by lay people, a great many of whom were in attendance.

At the sixth annual state meeting Pres. B. F. Bailey made the welcome; Dr. C. W. Paul reported on the A. O. A. meeting; Dr. Frank P. Young, of Kirksville, lectured on emergencies and with Dr. McConnell conducted clinics. Dr. E. C. Pickler introduced Dr. McConnell at the public address.

Olive of Peace Waving.

When the dean of the Los Angeles College of Osteopathy breaks bread with the professor of the Pacific College of Osteopathy, it would seem that peace papers of the rival institutions were to be signed, and pipes called for, said the *Los Angeles Daily Times*, Aug. 27th. Dr. John S. Allison and his wife, Dr. Jeanette Allison, entertained at dinner to-day at their pretty home on Line avenue Dr. W. R. Laughlin and Mrs. Dr. Laughlin. Dr. Laughlin is dean of the Los Angeles College of Osteopathy. His entertainment by the professor of the rival school had only a social aspect. He was a lecturer at Kirksville College when both of the Drs. Allison attended there. Mrs. Dr. Laughlin was also a member of the class and met her husband as his pupil. The other guests were Dr. E. A. Plant of Los Angeles and Donnie Lonsdon of this city. The visitors enjoyed a drive over the foothills.

Dr. Ella D. Still Guest of Washington D. O.'s

The Washington Osteopathic association held its semi-annual convention at Spokane Sept. 8th at the office of Dr. G. M. Nichols. Fifty members of the profession participated in the proceedings, which came to a close with a banquet at the Silver Grill. Dr. J. E. Hodgson, of Spokane, welcomed the guests; Dr. R. E. Chase, of Tacoma, responded; and Dr. E. B. Neffler, of Everett, also spoke. Dr. Nichols presided at the banquet, at which the speakers were: Dr. A. H. Benefiel, "The Local Spirit"; Dr. M. Teeter, of Davenport, "The Country Member"; Dr. E. B. Neffler, "The Spokane Members"; Dr. Ella D. Still, of Des Moines, Ia., "The Pelvis." Dr. Still, Dr. Carrie A. Benefiel, Dr. Ina F. Rupert and Dr. J. E. Hodgson gave a clinic at the afternoon session, when it was decided to have the annual meeting in the Sound country.

CORRECTIONS OF MIS-STATEMENTS ABOUT SHAW, FORBES ET AL.

(Continued from page 9.)

Moines crowd tried repeatedly to meet these additional demands.

Trouble Should Have Been Foreseen.

Meanwhile the situation had developed of two corps of professors, followed by two bands of loyal students, being housed under the same roof and trying to affiliate as one body. Classes were called and yet full arrangements had not been made to organize and conduct them. Business negotiations still hung fire. Misunderstandings had developed; suspicion and distrust were rife; some unfortunate personal clashes occurred between the professors of one party and the students of the other; both bands entertained a secret distrust—even contempt—for the attainments and teaching proficiency of the other; and, on top of all this, hitches developed between the two factions as to courses of study, hours, professors, etc. It was inevitable that the two student-bodies would not mix and amalgamate before their principals had succeeded in getting together. And they didn't. The Des Moines students never registered.

We blamed Ring Master Shaw for not cracking his whip and saying: "Boys, jump over the camels and elephants!" at the time the rucus developed; but we can see now, that even his astute leadership probably failed after he did his best to hold the students in line. If the professors couldn't get together, of course the students wouldn't.

It is easy to figure out now how the Des Moines professors found themselves, as they say, high and dry, a long way from home, with a large following of students who had crossed the continent to study under them and in a position where they either had to buy the Pacific school on any conditions and at any price or found a new college.

Even the Improbable May Be True.

The only hard thing to swallow in evidence is that as smart a business man as Col. Shaw would cross the continent on agreements and contracts that were not legal and enforceable and which, to a man of average business acumen, would look as if they were not meant to be enforceable. Maybe the Colonel is not as careful a business man as we have all supposed. There are certainly reasons for giving him the benefit of this doubt, although the circumstance quoted was considered by us a strong point of presumptive evidence in tending to show a plan to put the Pacific school in a corner and then start a new school under its eaves. However, time and new facts learned tend to give the Colonel the benefit of the doubt in this matter and perhaps he was as much the victim of circumstances, after all, as anybody else.

We are glad to make the foregoing corrections and give the parties concerned the benefit of being set right before the profession.

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Are Our Meetings as Scientific as They Should Be?

Editor Osteopathic Physician:

You will kindly acknowledge me in the next issue of "The O. P." as the author of the "bearish letter" on the A. O. A. meeting in the August issue, as I cannot permit you to use it anonymously.

While my regret that this "confidential exuberance" should have been published is simply beyond my powers of expression, and while I sincerely deplore the personalities used by me; at the same time, and as a matter of fact, it was a confidential letter—one to which no one but you has a right; and even though it has been published, I shall so consider it. Yours fraternally,

DR. HERMAN F. GOETZ.

St. Louis, Mo., Sept. 2d.

It is due Dr. Goetz that the editor apologize for putting him in the embarrassing position of having a private letter printed which he never intended to receive publicity. It is also due the editor that he explain how and why his course was not a violation of journalistic ethics.

The editor printed Dr. Goetz's views of the unprofitable side of the recent A. O. A. meeting anonymously. No hint was given of the author. And nothing was further from the mind of the editor than that Dr. Goetz would in any way be made to feel uncomfortable for the presenting of such comment to the profession.

Such a view and such opinions in the nature of things can scarcely be peculiar to one individual, and might be uttered by anyone, or any score, or any hundred members of the big organization. There did not seem to the editor to be anything distinctly Goetzian about this letter that would identify its author or involve him in possible unpleasant criticism for publishing opinions that he might seem to be in the position of being afraid of acknowledging over his own name.

So the writer was not consulted about publishing it; was not asked to bear any responsibilities for his utterance; and no one save the writer and the editor knew whence the letter came. In fact, the letter arrived after the whole paper was in type and another article was displaced to make room for it, because it seemed to give balance by presenting both sides to a convention retrospect.

Dr. Goetz promptly protested when he saw his personal chat printed anonymously, and the editor's explanations followed.

Then an unexpected circumstance developed. Several leaders of the profession wrote to Dr. Goetz in turn, either twitting him about the letter, or congratulating him upon his views, and assuring him that they agreed with him perfectly. Others wrote in the same way to the editor about "Dr. Goetz's views as expressed in the 'Blue Spectacle' article" as though his name had been signed to the letter! Queer—wasn't it? The editor thought so, at least. A number of persons seemed to take for granted that Dr. Goetz had spoken and not even to stop to reflect that the letter was anonymous.

This is very unusual. It pays a compliment to Dr. Goetz that he perhaps does not realize. If but one man in a thousand could speak a bold, fearless utterance of such originality that all would know it were his—even though unlabeled—then has he earned a recognition indeed among his associates!

The editor's judgment may have been greatly at fault in not anticipating this denouement; but it is due him to state that he violated no ethics of journalism in the incident, although we deeply regret causing

Dr. Goetz unintentional embarrassment. Half of every edition of every paper like *The O. P.* is made up of articles, quotations, ideas or facts reported anonymously, which the writers may, or may not, have expected to see daylight. No one is supposed to write an editor things that are not believed to be true, and if the author is not quoted, or involved, a journal is supposed to have a perfect right to print anonymously whatever ideas it deems fit and fair to all interests involved.

With Dr. Goetz's well known trait of standing squarely to his guns for his every opinion—even under criticism—he, therefore, insists on acknowledging authorship for the "Blue Spectacles" article, although deploring that it was ever printed in the form it was in and without his consent. We in turn apologize to Dr. Goetz and take pleasure in giving space to a more serious article that he has written on the same subject, which follows:

Another Reach for Our Weak Spots.

To the Editor of The Osteopathic Physician:

IN YOUR review of the last convention of the A. O. A. you give full consideration to the gloss, to the glamour, to those features successfully conducted, and which did evidence progress in so far as they form their part of it; but, the plain, unvarnished truth is also a part of the line to which we must hew.

Unfavorable criticism is not pleasant, but must we discuss our reviews of the convention without noting all the factors which prevailed, thus missing the great lessons which this convention, by its omissions, taught us? Are we again asked to sit fatuously by, and have these remissions glossed over by optimistic views, which but pander to our egotism, our vanity, and blind us to the actual?

Let us turn from this "white light," this deceptive, misleading view, to the modest little candle of our student days and study again: "What is the real object of osteopathic conventions?" "What is of the greatest and most lasting benefit to our science?" On every side

could be heard the demand for "more Osteopathy," "more originality," "more original scientific research." It is about time, then, that we let these thoughts prevail.

The review of the convention by the Journal of the A. O. A., September issue, is all-sufficient to demonstrate how little scientific

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GEO. MOFFETT, D. O., Secretary
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work was accomplished at this convention, and with an enthusiasm that reaches about 32 degrees Fahrenheit, the A. O. A. Journal outlines "the more important features of the meeting." We, too, have felt the pulse of many conventions—of this one, with its continuous fever of political, educational, endowment discussions; and from our point of view, that the true object of an osteopathic convention is scientific advancement, this convention was indeed, "mortally ill," practically devoid of such progress as our profession must show from year to year.

To have our scientific sections consist of a few didactic papers, evidences no progress; compilations cannot pass for or set forth original ideas and investigations.

A symposium of treatment for which no "clinics" are available has no practical value—misses completely the points such symposiums are intended to bring out.

For a scientific body to take up the major portion of the time in discussions of legislative and political questions, college grievances and the like; to allow its scientific transactions to be interrupted, diverted, time and time again; to intersperse prepared papers *not* on program, and crowd those who did prepare (by request); to do this by individuals simply thrusting themselves upon the convention, willy-nilly is *certainly* not the true object of our A. O. A.

We can recall no part of the program that was not interrupted in this manner; many discussions were never resumed; some not even begun. Such an instance was Dr. Chas. E. Still's clinics—a most important one on the ear; the diagnosis had been made, the treatment outlined, the prognosis made, and Dr. Still has just answered a question, when, lo! "With just a moment" as an excuse for the interruption, without a moment's wait, a member arises, walks to the front of the convention body and says: "I wish to point out a feature in the endowment fund, not made clear"—throwing the entire section into chaos; the discussion of the ear clinic was never resumed; ruthlessly pushed aside, no one had the inclination to resume it.

No use to multiply examples. The object in referring to it is, *never allow these interruptions again*. Lax enforcement of parliamentary laws wastes much valuable time.

Scientific progress is the paramount issue; these other discussions are not a part of the convention's work as a whole. Without underestimating their importance, this work must be relegated to and executed by committees, and their decisions must be accepted or rejected, not *allow every* little point that comes up to take up the valuable time of the convention body.

To point with pride to a convention—in session five days—in which the sum total is a few scientific papers, and three clinics scarcely appeals to us as "the greatest convention ever

held," much less does it appear in the light of progress to us. Why ignore the almost general disappointment that was voiced by those in attendance? Why not give it full publicity? Surely just criticisms precede needed reforms. It is only by pointing out derelictions, striving to improve them, that our hope of "greater Osteopathy" will be realized. Criticisms of our conventions are certainly in order if they be well taken; are more honest, more fearless than it is to refer to it as the "best in the history of the association." (A. O. A. Journal.)

No convention is a success if the *great* work accomplished is not thoroughly scientific; does not make us stronger as physicians, or that does not entrench us more surely in our defence of Osteopathy. And surely this convention made no such contributions.

Our literature (largely the work of the conventions) is pitifully deficient in original contributions. Naturally I except that searchlight of brilliancy that Dr. McConnell flashed across our horizon. Note the effect of his work, the eager minds that grasped it! It was the food our hungry mentalities have so long demanded; it was the *actual*, undeniable proof of the very fundamental osteopathic theories. Is there no way in which we can arouse others of our profession to the full realization of our scientific inertia and to the necessity of "getting out of the rut?" Must we always plod along in the same old way, accepting the dogmatic assertions of our predecessors and basing our claims for scientific recognition, our most vital theories, on clinical evidence—evidence justly and notoriously empirical?

Our case records teem with inaccuracies, with unsubstantiated claims.

The lesion theory of Osteopathy we accept without question—and yet if we except McConnell's studies, *by what right?* The whole structure of Osteopathy is built up on this theory of lesions; GRANTED that this is a foundation of rock, concrete and steel beams, and yet why not of sand? I do not question the lesion theory of our pathology. I accept it, believe it to be amenable to conclusive substantiation. BUT WE WANT THAT PATHOLOGY. We want the proof. This work is too difficult for the individual practitioner; it must be assigned to our colleges, with their equipment, no trouble should be experienced by them in writing this NEW pathology.

We are getting older; days, months, years pass, and, although our numbers are constantly increasing, SCIENTIFICALLY we are marking time.

Does that mean retrogression?

And we are a great and strong profession. *Research! Pathological Research!* that's the trumpet call to the osteopathic profession.

For this we are planning an endowed college. Opposed to it? No! Opposed to the impracticability of it. We want facilities for

research now. "We need thee every hour." How can we raise the amount of money demanded by this project—that is, within a reasonable length of time? In my judgment, we can't. But, with the funds *we can RAISE*, we can establish a research laboratory now.

The profession will give \$8,000 each year; buildings, equipment in part, we have now; they are ours for the asking; men with the time for research work—that's the need. Eight thousand dollars each year is the equivalent of two professors and two assistants. Let these men devote their time to original research, develop these problems in Osteopathy that demand solution; *let them teach our students*; let them co-operate with the college professors.

In the development of the student of today lies our scientific hope, and they can be developed before the college endowment is drawing interest. In *five years*, instead of waiting for this endowment fund to crystallize, we will have 500 students educated along new lines, and if only ten of these are McConnells—the pride—the joy—the uplifting—the rearing of temples of fame—the proving of Osteopathy—does it not make your heart bound with anticipation?

Don't you get my point of view? It's not endowed colleges we want, if they can only be had by long waiting, but it's *acting now* with what we have. It's going into business with a small stock. The theory of an endowed college is a beautiful one, but it is a dream, an everlasting game of "wait"—of stagnation.

Throughout the land medical laboratories are doing the important work of their profession; those privately endowed, municipal and government laboratories, presided over by a few scientific men, are advancing their profession.

As our funds are limited and as nearly all

THE AMERICAN COLLEGE OF Osteopathic Medicine & Surgery

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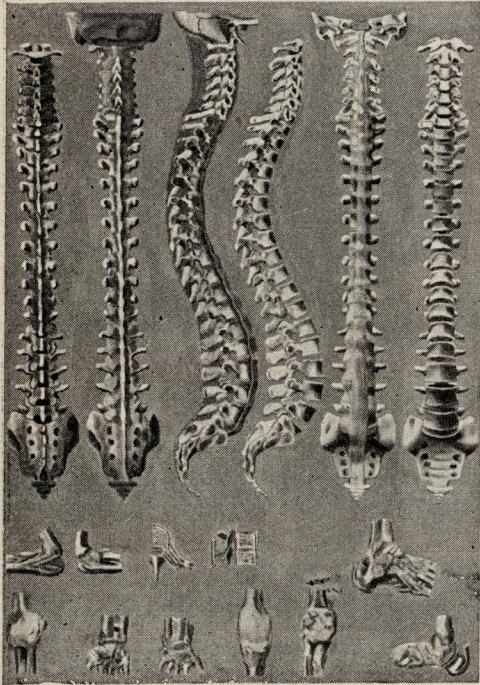
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edges. An ornament to the treatment room. Full of persuasion for the patient. He sees it plainer than you can tell him. Saves wordy explanations.

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our work is still to be done, no doubt *our* laboratories for scientific research should be located in college towns. Location is no obstacle. The University of Michigan laboratories have been devoting much time to the study of *tropical* diseases, thus securing the co-operation of the large faculties of our schools. I realize that I have already consumed too much of the profession's time, but the subject is so tremendous that I cannot dismiss it in a few words.

In conclusion, if we can see our actual needs, learn the real lessons, then even our last convention was not in vain.

Yours very truly,
HERMAN F. GOETZ.

St. Louis, Mo., Sept. 6th.

Concerning the "Bearish" View of the Put-in-Bay Meeting.

To the Editor of the Osteopathic Physician:

The letter from your "bear" correspondent, published in *The O. P.* for August, reads very much like it might have been written by a sore-headed member of the bruin family. Yet I do not wish to say anything harsh, as I am aware that it was a private letter, and I think it possible that its author, after sober reflection, will not thank you for having given it publicity. There are a great many statements in it, however, that if allowed to go unchallenged might do considerable harm to the A. O. A. in the minds of some of the great body of non-affiliated Osteopaths who were not present at Put-in-Bay.

It is an adage which is more or less true that one finds what one is looking for. It must be apparent, then, that the "bear" was looking for things to criticize, for he sums up the results of the recent meeting at Put-in-Bay as "unprofitable in every way," and believes this is the conclusion of every one who was there for something "besides shaking hands." *The O. P.* reports, and correctly, Dr. Loudon as saying that the paper of Dr. Burns was worth all it cost him to attend the meeting. It is evident Dr. Loudon was not there solely for hand-shaking purposes, though even that feature is worth considerable to many people. It will hardly be denied that there were many good features besides the paper of Dr. Burns. So those, like Dr. Loudon, and their name is legion, got many times the worth of their money.

As an evidence that the author was not in a judicial frame of mind when he wrote, I need but quote: "Whenever I think of how this meeting was conducted, dominated by that same old crowd—an Oslerized bunch of 'has beens,' I get hot under the collar." I need hardly call attention to the contradictions in terms where he speaks of "has beens" dominating things, to show that the judicial temperament is lacking.

There may be some who agree with this writer that reports on educational and legis-

lative work are "idle prattle," but for the sake of the future of our science and profession I am glad to believe that they are in a decided minority. Surely most Osteopaths regard these things as of supreme and vital concern, and will consider the action taken on them worth alone the \$25,000.00 which he figures this meeting cost.

The ridicule cast upon the endowment movement is ill-advised and ill-timed. I assume he knows whereof he affirms when he states that it costs \$70,000 to \$80,000 to run the A. S. O. But what of it? No one who favored the endowed college expected that those in attendance would contribute \$500,000 in cash. I know of no endowed institution that is not aided by wealthy philanthropists, and the \$22,000 pledged by those in attendance—none of whom are rich—betokens a spirit of sacrifice and earnestness on the part of those most nearly concerned that will do much to enlist the help of philanthropists. To doubt that we can succeed in this undertaking is either to doubt the virility, the truth in the theories we hold in regard to Osteopathy, or that we are capable of impressing those truths upon others. Neither view of the matter is creditable, either to the loyalty or judgment of the "bearish" writer.

I am of the opinion that "Ellis of Boston," who, as the writer truly states, "has red blood corpuscles," will not relish the idea that he is to "fight off" those who have been active in the A. O. A. work during the past.

The writer urges that the "arrangement committee of the A. O. A. appoint a committee (or do it themselves) to designate certain members of the profession to begin certain scientific investigations, and report to the profession. Especially the college professors, etc."

Here is the solution of a weighty problem. And just to think that scientific investigation has been languishing through all these years simply because the "arrangement committee" had "designated" no one to attend to it! Certainly let them be "designated."

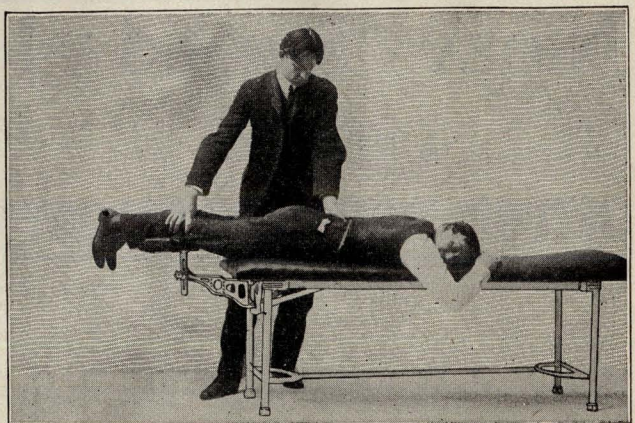
The "bearish" correspondent urges that "all work of educational institutions and legislative matters go before special committees and end there." He also urges other great centralization of power which seems strange in one who feels that "a bunch of has beens" dominate the meetings, and that "a dozen or more people have been in charge of the association ever since it begun." If such criticism is at all justifiable now, how much more would it be if "special committees" were empowered to finally end all matters affecting educational institutions and legislative matters?

It should be remembered that the A. O. A. is not solely a post-graduate school. It has some legislative functions as well, and I do not believe that it would ever be satisfactory to allow committees, special or otherwise, to have the final word in such grave matters as

(Continued on page 15.)

SAVE YOUR BACKS, D. O.'S

while "breaking up" the lumbar spine. "You need not lift the legs of that 200-pound patient of the end of the table and swing his feet in mid-air at the cost of your own strength unless you like it for mere exercise. Even if you like that sort of strain and have no fear of rupture, or pulling down of your own organs. **The Common Sense Treating Table and Adjustable Swing** is still better than ordinary tables for many reasons. It is light, strong, durable, portable, movable, comfortable and beautiful, and is not an expensive table. No man afraid of rupture, or valuing his own vitality, can afford to use any other table. No woman, mindful of the special handicaps of her sex, WILL use any other. Adapted to every one's needs alike. Write for circulars and prices. Everything in the book line also. Orders shipped the same day as received and Root pays the transportation charges on books only.
H. T. Root, Kirksville, Missouri.



Publisher's Corner

What October "O. H." Brings.

OCTOBER brings a copy of "Osteopathic Health" that will challenge attention everywhere it goes. It is full of the talk that will interest the masses. It lifts the veil of mystery from Osteopathy and makes it intelligible as a treatment. It makes clear what so-called osteopathic "dislocations" are. It shows how disease usually leaves its record in the spine. It recites how Osteopathy has its imitators and how the diagnosis and treatment are now endorsed under other names by other physicians. It shows that the nerves are needing release and due nutrition in most diseases. It explains the influence of pressures. It shows that not much is to be expected from drug treatment and that nothing is to be lost by giving it up for Osteopathy. Then it adduces the sort of proofs that nine in ten persons demand—reference to some serious cases that Osteopathy has cured.

The reader cannot put down this October number without reading it through. He cannot read it without becoming friendly to Osteopathy. If he doesn't need treatment himself he will tell some neighbor about Osteopathy who does need it.

The contents for this October issue are:

A 3-page article on the "Treatment of Stomach Troubles"—very good indeed, from the pen of Dr. L. M. Rheem.

"The Radical Cure of Gall Stones," a 2-paged article by the editor, which is convincing because it is simple and because several cases that were cured are alluded to—and that is the sort of talk that the layman always understands. We make a mistake in our literature, often, telling the public too much of *how* it is done rather than *what* is done by Osteopathy. All understand the latter; not all are interested in the former.

"Laryngitis," by Dr. Clara E. Sullivan, is a good one of 2 pages' length. Very lucid. It makes one strong point clear—that laryngitis is often a mere symptom of uterine or ovarian trouble, a thing Dr. Byron Robinson always preaches to his students.

"Nerve Tire," one page, by Dr. Elmer T. Hall, is to the point. Neurasthenia is ever present in this day and generation, among both men and women.

"Why the Body Becomes Diseased" is a beautiful, thoughtful and simple explanation of 4 pages by Dr. J. W. Banning. It gives concrete examples of disease produced osteopathically, like a draught on the neck or a rubber band bound around one finger. This article will entertain, instruct and convince.

"Giving Drugs is on the Decline" is a plain, dispassionate statement of facts worth public attention.

"Osteopathy Defined," "The Sin of Over-eating" and "Good Blood Cures Nervousness" are paragraphs to the point.

A vitally and seasonably good number! How many will you use, Doctor?

"Back Number News."

The supply of left-over numbers on hand Sept. 29th, 1906, was:

1905.

June Issue: 1,125 copies still in stock. This is undoubtedly one of the strongest campaigns we ever issued. We happen to have it still available solely because of greatly overprinting the required edition and not because it did not prove to be one of the best-selling numbers we have produced—which it was. Its leading article is a peerless one on liver diseases entitled: "Liver, Captain of Industry," by the editor. Another good one is on "Functional Heart Troubles"; others are Bed-wetting; Catarrh; Chronic Dysentery; Neuritis; and the Economy of Osteopathic Treatment. This number hasn't a flaw! You can get what's left at 2 cents a copy, expressage extra.

1906.

January Issue: 450 copies in stock. Adjusting the Human Engine; Proper Care of Kidney Troubles; Osteopathy in Lung Diseases; A Fe-

ver and Nature's Pharmacy; How to Break Up a Cold; A Rheumatic's Thankfulness; Appendicitis and Abdominal Pains.

March Issue: 300 copies in stock. Story of Asthma; The Quick Cures of Osteopathy; Slow Cures Are the Rule; Runaway Hiccoughs Cured; A Study in Backs; What Diseases Osteopathy Treats. This is a number designed to attract attention to Osteopathy among people who need to be startled to make them observe. Yet it makes no extravagant claims whatever.

June Issue: 500 copies in stock. Constipation Curable; Preventing Apoplectic Strokes; Osteopathy for the Eyes; A Word to Old People; "The Great American Fraud" (Patent Medicines); How to Keep Well; How Osteopathic Patients Are Treated; Osteopathy in Rheumatism and the Parable of the Stupid Engineer. Excellent issue for autumn campaigning.

August Issue: Just 1,100 left. "The Mothers' Number"—full of woman's diseases. Contents: Sterility Overcome; A Rational Remedy for Miscarriage; Common Every-day Backache; Preventing Damage in Childhood's Diseases; A Specific Cure for Flux; Malaria; A Historical Sketch of Osteopathy; What the Term, Osteopathy, Means; A System, Not a Method; "Acute" and "Chronic" Misleading; Opie Read's Opinion of Osteopathy; and The Parable of the Lights. This issue will only last a few days longer. Order at once if you want it.

September Issue, "The Osteopathic Catechism," all sold out by Sept. 27th. Just as we predicted a month ago, this issue did not last long enough to fill current orders, although we printed 10,000 more copies than the biggest edition previously issued.

There are copies of but five editions on hand selling at the back number price and these are moving fast at 2 cents a copy, expressage extra. If you want a few hundred act before they are all gone.

OCTOBER

An all-around number—Good far opening one's Fall Campaign of Education. The edition is already largely sold and will not last long. So order early if you want it.

CONTENTS

Treatment of Stomach Troubles.
Osteopathy Defined.
The Radical Cure of Gall-Stones.
The Sin of Over-Eating.
Giving Drugs is on the Decline.
Good Blood Cures Nervousness.
Laryngitis.
"Nerve Tire."
Why the Body Becomes Diseased.

How many will you distribute in your locality?

THE OSTEOPATHIC PUBLISHING CO.
171 Washington Street, Chicago

FIELD LITERATURE NOTES.

Our Catechisms are all sold out.

The October issue is a very strong one.

Just as September "O. H." did not last to become a "back number," so we predict that our October issue will be exhausted before the end of its month. It's not that we are curtailing the size of our editions, for they are bigger this autumn than ever; but the demand increases so greatly that we don't seem to anticipate its volume.

Many demands for an article on "Gall Stones" have come from the field. October "O. H." contains it.

O. P. Delinquents Have Been Cut Off.

True to our promises we have cut off all delinquent subscribers to the O. P. this month and will keep them cut off till they pay up and renew. We suppose some of these delinquents thought we were bluffing when we assured them we would have to take such action, because we really were extra courteous and considerate in delaying such action; but we got around to it finally and they will find we are not fooling about it, after all. A newspaper can't run for the mere fun of it—as much fun as it is to run a live newspaper like **The O. P.** and it can't spend more than the price of a subscription writing letters and sending bills and duns and appeals to try to collect it. If **The O. P.** is worth the price to a subscriber we are glad indeed to furnish him the live news and opinion of the osteopathic profession monthly, and if it isn't,

we desire to know it and lose no further time and money trying to render a service that is not appreciated. To subscribers whose renewal time falls due, month by month, we beg a prompt remittance as the subscription paid when it falls due is a dollar of actual revenue, while one paid after many solicitations has been mostly consumed in clerical hire, stationery and postage.

CONCERNING THE BEARISH VIEW OF THE A. O. A. MEETING.

(Continued from page 14.)

those affecting the educational and legislative policies of the profession. For years the association has been moving in the direction of presenting matters of business in the form of committee reports, and this was done at Put-in-Bay so far as it could be done legally, and, considering the importance of the matters considered, comparatively little time was occupied with them. A constitutional amendment was adopted at Put-in-Bay, which will in the future remove from the floor the consideration of the next meeting place.

The "asinine law that will not permit a member of a college to hold an office" which the above quoted writer wishes to do away with, has not been a law since July 5, 1901. It is true an amendment to effect this purpose was before the Association at Put-in-Bay, but it was tabled.

I have no fault to find with the author's desire to have the offices "go around, and get in some new blood." That is a matter that is, and has ever been, in the hands of the members. I know of no one who holds, or has held, office that has not been elected or appointed in the regular and prescribed way, without intrigue, electioneering, or the use of doubtful political methods.

A. L. EVANS.

Chattanooga, Tenn., Sept. 5th.

WANT ADS.

Note.—Wants of all sorts printed in this department for five cents the word. We "key" your ad. for you, using an assumed name, receive answers and forward to you, if you wish to keep your identity concealed to all except your correspondents. Send remittance with ad. Announcements of Help Wanted and Fields Open to Practitioners are printed free.

FOR SALE—OFFICE AND PRACTICE IN A large city. Write for particulars. Address care of O. P. 104.

GENTLEMAN, GRADUATE OF A. S. O., would like position as assistant; would take charge of good practice on a percentage or would make partnership with lady 35 years or older; experienced; references. Address care of O. P. 105.

PRACTICAL IN NEW JERSEY TOWN OF 4,000 for sale or rent. Equipment includes X-ray and laboratory. Address care of O. P. 106.

FOR SALE—3,000—CHICAGO PRACTICE—CAN turn practically every case; ten years established; splendid opportunity to come to Chicago and continue study or take M. D. degree; would remain with purchaser a month to introduce; am leaving city. Address care O. P. 107.

WANTED—POSITION AS ASSISTANT BY EXPERIENCE lady D. O. in Chicago office; graduate Kirksville. Or would share office with practitioner. Address care of O. P. 108.

GOOD LOCATION FOR MARRIED OSTEOPATH in Illinois town of 3,000. Address care of O. P. 109.

A. S. O. GRADUATE, ESTABLISHED IN SUBurban town would give alternate days per week to reputable Chicago osteopaths as associate. Address care of O. P. 110.

FOR SALE—SMALL INVESTMENT SECURES established osteopathic practice. Write Dr. George, 616 State Life Bldg., Indianapolis, Ind.

WANTED—A LADY OSTEOPATH AS ASSISTANT. State of what school, year of graduation, age, weight, wages required; permanent position to the right party. Address Osteopath, Oakesdale, Wash.

WANTED—A YOUNG MAN ASSISTANT WHO wishes experience in sanitarium work. A. S. O. graduate-preferred, \$50.00 and board. Address Garfield Sanitarium, Garfield, Wash.

Removals.

Dr. A. B. Clark, from 750 Ellicott Sq., Buffalo, N. Y., to 10085-85 Metropolitan Bldg., New York, N. Y.

Dr. F. C. McHolland, from Box 109, R. F. D. No. 1, Portland, Ore., to 311 N. Main St., Kirksville, Mo.

Drs. W. W. and C. J. Blackman from Bluffton, Ind., to over Shider & Bowman, Warren, Ind.

Dr. Clarence M. Terrell from Brougerhoff Bldg., to Openheimer Bldg., Austin, Texas.

Dr. C. C. Klumph from 580 W. Madison St., to 1201 Trude Bldg., Chicago, Ill.

Dr. Dwight M. Swain from Hudson, N. Y., to Malvern, Iowa.

Dr. Hiram L. Conklin from 618 Masten St., to 1721 Main St., Buffalo, N. Y.

Dr. R. W. E. Newton from Harrisburg, Ill., to Cambridge State Bank Bldg., Cambridge, Ill.

Drs. J. S. B. & Elizabeth J. B. Marshall from 433 East 4th St., to 312 East Third St., Jamestown, N. Y.

Dr. J. A. Kerr from 45 E. Liberty St., to Nolle Blk., Wooster, O.

Dr. W. J. Webb from Cairo, Ill., to 308 I. O. O. F. Bldg., Danville, Ill.

Dr. L. R. Chapman from Eureka, Kans., to 1020 E. 10th St., Kansas City, Mo.

Dr. J. J. Pearce from Missouri & El Paso St., to 707 N. Oregon St., El Paso, Texas.

Dr. F. O. Edwards from Salinas, Cal., to 2 and 3 Work Bldg., Pacific Grove, Cal.

Dr. Robert H. Miller from Rochester to Bardstown, Ky.

Dr. A. H. Lillard from Owensboro, Ky., to 302 S. Elson St., Kirksville, Mo.

Drs. Collyer & Collyer from Second and Walnut Sts., to St. Charles Annex, 365 Second St., Louisville, Ky.

Dr. Lyman W. Wilkins from 885 Massachusetts Ave., Cambridge, Mass., to 277 Water St., Augusta, Me.

Dr. Jennie B. Neal from 909 New England Bldg., to 610 New England Bldg., Cleveland, Ohio.

Drs. Frederick J. and Mabel B. Eimert from 321 Weightman Bldg., Philadelphia, Pa., to over Jordan Merc. Co.'s store, Miles City, Mont.

Dr. A. E. Ellis from 18 Warden Blk., San Luis Obispo, Calif., to Riverside, Calif.

Dr. M. E. Pluss from Field Bldg., to 221 W. Main St., Denison, Tex.

Dr. W. A. Gaylord from 303 Columbus St., Kenton, Ohio, to 5½ W. Broad St., Columbus, Ohio.

Dr. J. F. Alderson from Hill Blk., Ft. Scott, Kans., to 115 South Race St., Urbana, Ill.

Dr. Wm. C. Wilson from O'Fallon, Mo., to Wentzville, Mo.

Dr. T. W. Sheldon from 2611 Fulton St., Berkeley, Cal., to 1822 Sutter St., San Francisco, Cal.

Dr. Clara Macfarlane from 220 N. Raymond Ave., Pasadena, Cal., to 777 Johnson St., Portland, Ore.

Drs. Kaiser & Kaiser from 44 Park Pl., Lockport, N. Y., to 506 East Main St., Little Falls, N. Y.

Dr. Henry Kirsch from 1360 Waller St., to 31 Tremont Ave., San Francisco, Cal.

Dr. Wm. F. Englehart from 910 to 212 Mo. Trust Bldg., St. Louis, Mo.

Dr. F. A. Lacey from Central Bank Bldg., to St. Paul Bldg., 12th and Clay streets, Oakland, Cal.

Dr. Fred Rush from 69-70 to 49-51 Pixley-Long Bldg., Ft. Wayne, Ind.

Dr. Lena Fitzgerald from 1914 Johnson avenue to 1914 Main street, Parsons, Kans.

Dr. Delia B. Randel from 528 N. State street, to 307-8 Merchants' Bank Bldg., Jackson, Miss.

Dr. Effie E. York from 901 Eddy street to 1481 Geary street, San Francisco, Cal.

Dr. C. T. Mitchell from Atlantic City, N. J., to 209 Davis Exchange Bldg., Albany, Ga.

Dr. Fred D. Kelley from Hopkinsville street, Greenville, Ky., to Fulton, Ky.

Dr. A. M. Reid from Hatfield, Mo., to Kansas avenue, Columbus, Kans.

Dr. Nellie W. Sawyer from 828 West street, Wilmington, Del., to 222 West 8th street, Topeka, Kans.

Dr. C. O. Goodpasture from 1640 19th street, N. W., to 2449 18th street, N. W., Washington, D. C.

Dr. E. B. Waters from Whitehall to Virginia, Ill.

Dr. N. D. Laughlin from Kansas City, Mo., to 411 Granger Blk., San Diego, Cal.

The California College of Osteopathy has removed to 1481 Geary street, San Francisco, Cal.

SUBSCRIBER'S NOTICE

If you see a RED STAR stamped in the margin of your paper opposite this notice, your subscription is NOW due. We will appreciate it very much if you will remit \$1.00 without awaiting a more formal notification. Please remember that U. S. POST OFFICE regulations require us to cut off subscribers who fail to renew after a sufficient notification.

Dr. J. R. Barge from 917 to 501 Austell Bldg., Atlanta, Ga.

Dr. Martha Petree from Oregon, Mo., to Agricultural Bank Bldg., Paris, Ky.

Dr. David Littlejohn from Freeport, Ill., to 418-19 Sterry Blk., Pontiac, Ill.

Dr. W. H. Bowdoin from Cuthbert, Ga., to over Anderson's dry goods store, Madison, Ga.

Dr. E. E. Evans from 22 Hunter street, to 237 East Broad street, Tamaqua, Pa.

Dr. Peter C. Hart from Morris, Ill., to Lockport, Ill.

Dr. E. E. Keller from 303-4 Auerbach Bldg., to 309-10 Herald Bldg., Salt Lake City, Utah.

Drs. J. Birdsall and Louise A. Banker from 135 Prospect Park West, Brooklyn, N. Y., to 115 West 71st street, New York, N. Y.

Dr. Charles Carter from New Loudon, Mo., to Danville, Va.

Dr. Alice E. Houghton from 230 Diamond street, to 103½ N. Main street, Kendallville, Ind.

Dr. E. D. Rogers from 51 North Mill street to 23 East North street, New Castle, Pa.

Dr. Geo. J. Markert from Hamilton Bank Bldg. to 325 West 124th street, New York, N. Y.

Dr. Margaret E. Messick from 446 S. Main street, Princeton, Ill., to 6358 Ellis avenue, Chicago, Ill.

Dr. D. B. Catlin from 4-5 Stern Blk. to Loan Assn. Bank Bldg., Mankato, Minn.

Dr. Robert H. Long from Far Rockaway, N. Y., to Myrtle avenue and Park street, Richmond Hill, N. Y.

Dr. W. C. Dawes from Billings, Mont., to Whitehall, Mont.

Dr. R. Annette Ploss from Wildwood, N. J., to 331-332 Witherspoon Bldg., Philadelphia, Pa.

Dr. Millicent Smith from King City, Mo., to 1131 24th street, Des Moines, Iowa.

Dr. C. L. Thompson, formerly of San Francisco, opened his office at 1065 Washington street, Oakland, Cal.

Dr. Wm. E. Reese from 5 S. Main street, Bowling Green, Ohio, to 442 Nicholas Bldg., Toledo, Ohio.

Dr. Minnie Iland from Grand Forks, N. D., to East Grand Forks, Minn.

Dr. H. W. Honf from Las Vegas, New Mex., to 1509 Anthony street, Columbus, Mo.

Drs. Mitchell and Minnie Miller from Stafford, Kans., to Olney Blk., Las Vegas, New Mex.

Dr. Adam Baker from Des Moines to 603 Commercial Bk. Bldg., Waterloo, Iowa.

Dr. Mary E. Taber from 6317 Glenwood avenue, Chicago, Ill., to Lebanon, Mo.

Personals.

Dr. and Mrs. Frederick E. Moore visited at Kirksville and Kansas City for a couple of weeks en route home to Oregon from the convention.

Dr. A. A. Speegle of Palestine, Texas, has been sick for two months, and has just begun practice again.

Drs. Glen B. and Jennie Wheeler have moved their offices from Dakota avenue to some very nice rooms just around the corner on Fourth street, Wahpeton, N. D.

Dr. J. J. Pearce has severed his connections with the Collins institution at El Paso, Texas, and is now conducting a successful practice for himself.

Dr. A. H. Lillard is taking up a post graduate course at Kirksville, but expects to return to Owensboro to continue practice with Dr. Harris when he has finished.

Dr. Margaret E. Pluss of Denison, Texas, has been compelled to give up her office on account of sickness, but is now able to be around again.

Dr. and Mrs. Geo. D. Wheeler of Melrose, Mass., since their return from the Osteopathic convention, have been spending their vacation "autoing" through Vermont. Dr. Aubrey W. Hart of Boston has been taking care of the doctor's practice during his absence.

Dr. Aubrey W. Hart, of Boston, Mass., has opened a branch office at 1126 Hancock st., Quincy, Mass.

Dr. E. E. Keeler of Salt Lake City, Utah, has been traveling with a patient since the first of last March, visiting the Hawaiian Islands and the Pacific Northwest, only returning a short time ago.

Dr. H. J. Faulkin of Pekin, Ill., has recently returned to the city to resume practice, after an absence of over four months on account of ill health.

Dr. George Wenig of Bath, N. Y., has opened a branch office at 18 E. Market St., Corning, N. Y., but has not moved there entirely, as announced in last month's "O. P."

Dr. Thos. L. and Mrs. Ray arrived home from their vacation Sept. 5th. They had a fine time in Minocana, Wis., catching lots of fish, and had a glorious time in the old pine forests.

Dr. Geo. Dexter Chafee of Appleton, Wis., has opened a branch office at Kankanna, Wis.

Dr. Edith S. Cave of Boston, Mass., has been ill practically ever since she and Dr. Francis A. left the convention. They landed up in the back woods of Maine about 40 miles from nowhere for a two weeks' outing, but were obliged to return home after being there only a few days. Probably the extreme heat, combined with the long and dirty ride on the train, was the exciting cause of the trouble.

Dr. Campbell Black of Toronto, Ont., Canada, returned to Kirksville Sept. 1st, and expects to graduate in January.

Dr. Wm. L. Klugherz of Batavia, N. Y., has opened a branch office at Attica, N. Y.

Dr. J. J. Kaufman of Grafton, W. Va., has just returned to practice, having been laid up with typhoid and inflammatory rheumatism.

Dr. and Mrs. A. L. Goff of Tacoma, Wash., recently returned from a two weeks' vacation, visiting Portland, Ore., and several summer resorts on the Pacific Northwest. Returned home to their summer home on Puget Sound very much refreshed from their trip.

Dr. John H. Burton of Pasadena, Cal., is compelled to give up his practice on account of ill health. He is now with his sister, Dr. Charlotte Burton at Fort Collins, Colo.

Dr. Charles K. Garring of Durant, I. T., was shot in the shoulder on May 27th, fracturing the outer third of the clavicle, and has been unable to practice since. He is just commencing to practice again, but is obliged to limit himself to treating only a few patients until the cartilage becomes stronger.

Dr. Briscoe succeeded the practice of Dr. Elizabeth Harvey-Todd, at 819 Kansas Ave.

Among those who called on the "O. P." office were: Dr. S. H. McElhaney, Newark, N. J.; Dr. Ada E. Morrell, Lowell, Mass.; Dr. Wm. H. Ivie, formerly of San Francisco, Cal.; Dr. M. E. Gordon, Wahoo, Neb.; Dr. Chas. A. Ross, Cincinnati, Ohio; Dr. John W. Baird, Battle Creek, Mich.; Dr. E. C. Bond, Waterloo, Iowa; Dr. Elizabeth Harvey-Todd, Dr. Mary E. Taber, formerly Chicago, Ill., and J. A. Nowlin, Farmer City, Ill.

Drs. Mitchell and Minnie Miller, formerly of Stafford, Kans., have purchased the practice of H. W. Honfrat, Olney Block, Las Vegas, New Mex.

Partnership Formed.

Drs. G. Percy and Robt. H. Long, at Myrtle avenue and Park street, Richmond Hill, N. Y.

Drs. A. B. Clark and L. R. Benson, at 10085-87 Metropolitan Bldg., New York, N. Y.

Locations.

Drs. Lester R. and Edna C. Daniels, A-06, at Suite 21-22 Ochsner Bldg., Sacramento, Cal.

Dr. James H. and Frank W. Long, A-06, at 232 West State street, Sharon, Pa.

Drs. Robt. W. and Mary C. Bell, A-06, 211, 1-2 East Main street, Independence, Kans.

Drs. Roland J. Dunbar and A. Maude Atherton, A-06, at 401 Liberty Bank Bldg., East End, Pittsburg, Pa.

Dr. Alice C. Whitney, L. A. C. O., '06, successfully passed the Nebraska examination and is located at Fullerton.

Born.

To Dr. and Mrs. Wm. F. Traugher, of Mexico, Mo., July 1st, a boy.

To Dr. and Mrs. M. H. Sharp, of Hood River, Ore., August 25th, a son.

To Dr. and Mrs. Ralph K. Smith, of Boston, Mass., Sept. 15th, a son.

To Dr. and Mrs. George Wenig, of Bath, N. Y., August 22d, a daughter.

To Dr. and Mrs. H. A. Mossman, of Chadron, Nebr., June 7th, a boy.

To Dr. and Mrs. Burton J. Jones, of Monroe, Mich., May 16th, a daughter.

To Dr. and Mrs. G. B. Clark, of Detroit, Mich., a girl.

Married.

Dr. Elizabeth Harvey to Mr. James H. Todd, August 20th, at Battle Ground, Ind., the old home of the groom, where they were staying, their wedding day being the 54th anniversary of his parents' wedding. They now reside at 1012 North Jackson street, Topeka, Kans.

Miss Verna Seeley to Dr. Seba A. Ennis, June 22d, at Springfield, Ill. At home at 405 East Capitol avenue, Springfield, Ill.

Dr. Clara Brain to Dr. Fred C. Lincoln, September 28th, at Buffalo, N. Y.

Miss Emma Wonderly to Dr. Frank L. Martin, June 16th, at Oakland, Cal.

Died.

Donald Edward Betts, seven months old baby of Drs. C. Steele and Lida H. Betts, Sept. 2d, of manasmus and premature teething. Dysentery was the immediate cause of death.

Major D. H. Hilton, father of Dr. Anna L. Kelton, of Montpelier, Vt., August 9th. Dr. Kelton was called from the convention to attend the funeral.

Dr. Logan H. Taylor, Peoria, Ill., on Sept. 6th, after a severe attack of coughing, the result of a prolonged and acute case of bronchitis.

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