

The Osteopathic Physician

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Merry Christmas—Happy New Year

The Osteopathic Physician

Volume XXII.

CHICAGO, DECEMBER, 1912

Number 6

Chiropractic Bunco Artists Trying to Sell Osteopaths Gilt Diploma for Mural Decorations

IT HAS come to the point of monumental gall where chiropractic fakirs are sending a broadcast invitation to osteopathic physicians to become "chirofakirs" by buying a cheap diploma—partly, it seems, to bunk the chiropractors; partly to bunk the public, and partly to bunk themselves.

As near as we can analyze the purpose of this original plan as submitted to us by letter, and likewise divine the chief reason for its advocacy by its sponsor, they are the same; it is at one and the same time a plain case of triple-plated BUNK.

Just stop and read the proposition as it comes to us by letter.

This circular letter is being mailed to all our practitioners in Michigan to advocate that osteopathic physicians take a mail order course in chiropractic as a means both of getting a nice "wall ornament" for their offices and—by a shrewd coup which only discloses its charming naivette by peering deeper than the surface, affording a means also of gaining protection for the osteopathic practitioners against the competition of chiropractic aliens! The scheme runs as follows:

You probably know that a number of the most prominent osteopaths in this state recently took a course in chiropractic. I chance to know of a number of other good osteopaths who desired to take the course but who, for various reasons, could not do so at that time.

It is my personal opinion that if all the osteopaths in the state would take a course in chiropractic and obtain a diploma, that it would benefit them very greatly in their practice, as they would then be able to meet competition on a different basis. I do not feel that we would gain any great amount of knowledge, but the diploma would prove to our patients that we really knew all there was to the chiropractic system.

Then, too, it will benefit us very greatly when legislative matters come up, as we will all be chiropractors, and will be in position to testify regarding chiropractic. I think it is generally conceded by osteopathic physicians all over the world that if the regular medical practitioners had "absorbed" our science years ago, osteopathy would never have reached its present enviable position in the therapeutic world. We can do the same with chiropractic by taking their course and thus be in position to demonstrate to our patients that it is only a small part of osteopathy. A chiropractic diploma in your possession will prove a valuable weapon against the "chiros," and will enable you to defend an osteopathic bill before the next legislature.

I am personally acquainted with a great many chiropractors, and with the owners of several schools, so I realize the need for this protection to osteopaths.

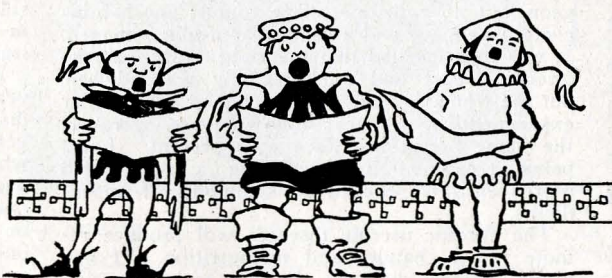
I have explained to the National College of Chiropractic of this city that a great many osteopaths desired to know more of the chiropractic science, and they have agreed to give their full course of fifty lessons in chiropractic, together with their diploma, to any osteopath at a very greatly reduced price. This diploma is a very impressive one, and looks very much like regular medical college diplomas. It bears no wording to indicate that the course is given by correspondence, and the diploma is just as legal as any other chiropractic diploma.

The price of their course is \$25.00, but they have agreed to make the price of \$10.00 to osteopathic physicians, and as I have given them your name, you will no doubt hear from them. Kindly keep this communication strictly confidential, as it would be very unwise to allow this sentiment to reach any chiropractor. Command me for any information along this line.

With kindest personal regards, and hoping you are en-

joying a liberal patronage, I am, yours fraternally, L. E. Mathews, D. O.

Chiropractic is an ignorant imitation of osteopathy—a burlesque. It began its career as a misrepresentation of osteopathy. It may be called "ignorant osteopathy faked to the n—th power." Any osteopathic physician who adds "D. C." or "Chiropractic" to his name or claims to practice it, degrades him-



Our voices swell to wish you well Thro'



ut the coming year May



happy days be yours always And



plenteous good cheer.

self and his profession. He shows that he is very gullible.

To any osteopathic physician who has a professional birthright through A. T. Still, the proposition to add legitimacy to his calling through anything issuing from an ignoramus like old man Palmer is an insult.

The chiros degree is to the D. O. a useless appendage. To spend good money—no matter how small an amount—for a "chiropractic

course" is money wasted, as far as education is concerned, and is aiding, abetting and providing the sinews of war for an imitation and an imposition that is threatening, if not actually working great harm to osteopathy.

Insincere imitation is even harder to combat than opposition. A worthy opponent who has clean-cut principles and honest convictions is worthy of respect. A counterfeiter who maligns osteopathy by misrepresentation that is knowing and tries to steal another's thunder is despicable.

The arguments advanced in this letter to show the distinctness and value of chiropractic are childlike, specious and untenable. They are based on insincerity or gullibility. It is admitted that no worth-while knowledge would be gained from the course recommended, but the "impressive" diploma which "looks very much like a regular medical college diploma" is to be used to "gull" the public into believing that the proud possessor (for \$10.00) is better educated and better equipped to render service than before! That is pure charlatany and is reprehensible to the last degree.

State legislators are to be "worked" in somewhat the same manner. Instead of opposing the recognition of chiropractic because it is not worthy—lacking both educational fitness and originality in therapeutics—the disingenuous plea is to be advanced that chiropractic is the same as osteopathy, or an incomplete part of osteopathy, and that as osteopaths are also chiropractics, they, the osteopaths, should be allowed to regulate the practice of chiropractic; and hence a separate law would be unnecessary!

Oh, ye gods!

Such an appeal is to be condemned from every point of view. It is puerile. It is dishonest. It would be retroactive to the highest degree. It directly concedes a recognition to chiropractic as a superior thing to which it is in no way entitled. It would be suicidal to be beguiled into any such peanut politics.

Chiropractic is not osteopathy, and osteopaths are not chiropractics. Chiropractic is a small part of osteopathy ignorantly misapplied. A real osteopath comprehends all of value that is taught about anatomy and adjustment in the so-called chiropractic colleges (save the mark!) in his second term in college and soon very much more. If he doesn't, God help him! for he is deceiving the public and deluding himself, or else prostituting himself with charlatany by holding himself out as a competent osteopath.

Osteopathy has won its success with the public and with the legislatures by making its appeals for recognition on a basis of originality and merit; frankness and straight-forwardness have been its cardinal principles. We have fought and won a good fight so far. Let us not imperil our success by resorting to subterfuge, cheap trickery, pooling issues with chiro fakirs and hoisting piratical colors. Throw out the poor fools that do!

This letter compels grave suspicion that it is an effort to promote a scheme for picking up "some easy osteopathic money." If the

author is misguided, then somebody else has "put one over" on him. His letter is an insult to every genuine osteopath who receives it.

No man or woman with any self-respect or professional pride would consider for a second stooping so low as to buy a cheap \$25.00 course—even if the bargain price were made \$10.00 or less—for the sake of a "fake" gilt diploma however gorgeous it might be, which would be "valuable" only as a means of notifying the public that its possessor ought to be sent to the county home for the feeble minded.

Symptoms, Real, Reflex and Psychic

By Andrew McCauley, D. O., Fairmont, Minn.

THE subject which I have to deal with is unique in that, so far as I have been able to determine by a thorough perusal of our journals, there is no record of symptomatology on any previous osteopathic program.

We may assume by this that symptoms are of no importance. This I believe is not the case. While it is absolutely necessary for us to have a thorough understanding of the more exact sciences of anatomy and physiology upon which the principle of osteopathy is founded, and the other sciences, it is also necessary to give considerable attention to the lesser and undeveloped branches of study, a combination of the lesser strengthening the greater.

In school we are eager for the study of the more exact sciences and little attention is given to the study of symptomatology, but that which is most perplexing to the recent graduate is symptoms. What his patients are most concerned about is symptoms, and whether he treats symptoms or not, he at least must be prepared to interpret their meaning and find their cause.

The classification that I have here made of symptoms is only for convenience of consideration of this subject. In dividing them into real, reflex and psychic I wish to show how many symptoms may be greatly misleading and alarming unless the exact cause is determined.

It is hard to make this classification and separate all symptoms under these three divisions, as the cause of the disorder must be considered to so classify them. For instance, a temperature of 105 may be registered in hysteria and come under the psychic or it may be toxic in origin and would then be classed real.

Whoever heard of anyone having a symptom that wasn't real? All symptoms are real—to the patient.

The meaning that I wish to give to the word "real" in connection with symptoms is to denote that phenomena of pathological physiology of an organ found in the organ or tissue where the pathology exists, and the objective symptoms that are always present in certain diseases, like icterus, diarrhoea, oedema, hemorrhage, etc.

The three symptoms that we have most to deal with are pain, fever, and abnormal pulse rate. All these may come under the different divisions, so it is obvious that the cause is the determining factor in considering them.

Infection of any kind has a characteristic symptom—fever—but other signs are necessary to classify the fever, its character, duration, etc.

It is not necessary to go into detail of symptoms of this class as they are familiar to all of us. The temperature of the body is a very valuable guide to the metabolic processes going on within the body and the use of the clinical thermometer is very important in the diagnosis of disease.

To differentiate whether pain is caused by inflammation or is a hyperesthesia, pressure will increase if there is inflammation and will relieve it if it is a hyperesthesia. Experience in the treatment of neuritis proves this statement.

It is not so much the real symptoms of disease that are hard to analyze, but the reflex and psychic.

Reflex symptoms are innumerable and are greatly misleading to the diagnostician. Many

different treatments have been given perfectly normal organs and they have even been removed by the well-meaning surgeon when the trouble is elsewhere, the diseased organ being overlooked, simply because the diagnostician has not considered the functioning of the sympathetic nerve.

I have seen two operations for the removal of the appendix, where the much abused appendix was perfectly normal.

Operations of this kind are being performed every day and it is not always the large fee that causes the surgeon to make this mistake in diagnosis.

By closely investigating the symptoms from an anatomical and physiological standpoint we can readily see how such a mistake is possible. The skin over McBurney's point and the peritoneum is supplied by the Illo Inguinal and Illo Hypogastric nerves. The nerve supply to the ovaries is from the Inferior Hypogastric plexus of the sympathetic through the uterine and ovarian plexus, the latter receiving branches from the aortic. These connect with the Illo Inguinal and Illo Hypogastric, getting branches from the same segment of the spinal cord. A disturbance of the ovary may be referred to the distribution of the Illo Inguinal and Hypogastric nerves, causing a hyperesthesia of tissues overlying the appendix which may be mistaken for symptoms of appendicitis.

I recently examined a case that had been operated on for gallstones by a very prominent surgeon, but no gallstones were found; another incision was made and a healthy appendix removed. It was then decided that the right ovary was the offending part and oophorectomy was advised, but the woman's husband objected to any further experimenting. A year following the operation the same symptoms were still present. Local pelvic treatment and replacing a retroverted uterus entirely relieved all symptoms of appendicitis.

The chronic uterine diseases will produce remote reflex changes and malnutrition. If one viscus becomes diseased, the next to become diseased is the one connected with the diseased viscus by the greatest number of nerve strands. The reflexes are reorganized in the solar plexus and are transmitted outward to the viscus with greatest force on the lines of least resistance. Take, for example, a case where the digestive tract is deranged on account of pregnancy. The tract of the nervous irritation is definite from the generative organs, through the hypogastric plexus, to the solar plexus, where it is reorganized and emitted to the various viscera. This is the interpretation of the old story that uterine disease creates stomach trouble.

Diseased generative organs may also cause symptoms of bladder, liver, heart and eye diseases, which are entirely reflex symptoms and they cannot be relieved unless the true cause is found and corrected.

Cold hands and feet are almost always symptoms of diseased generative organs. Pharyngeal reflexes are also common.

In gynecological patients there are three seats of pain—back, head and stomach. The lumbosacral region is the seat of the most prevalent and persistent. It is the central station which interprets the pain of the pelvic sensory periphery. Another group of symptoms are referred to the head and many headaches can be relieved by a local pelvic treatment.

Mesenteric neuralgia is a functional disease with symptoms that are very misleading, they being referred from some diseased viscus, or in some cases the condition is a neurosis. The clinical picture is so manifold in its aspect that it requires the finest skill to unravel the complicated symptoms. It may be complicated by attacks of asthma, nausea, hysteria or other nervous affections. Extreme pain is the predominating symptom. This disease shows a large variety of reflex symptoms.

The gastric crisis of locomotor ataxia comes under this class, and the symptoms may be so misleading that grave errors in treatment may be

made without a careful diagnosis by exclusion of the different diseases. This is where a complete case history is very valuable. I treated a case of this kind that had been operated on for gastric ulcer. The operation was a success, but it didn't remove the cause. In the twenty years of his suffering he had never received treatment for tertiary syphilis, yet he had all the characteristic symptoms of *Tabes Dorsalis*.

The late Byron Robinson, M. D., deserves great credit and honor for his research work on the sympathetic nerve or, as he calls it, the abdominal brain. It seems too bad that such a great mind as his should get so close to the fundamental principle of osteopathy and not recognize it. No other doctor of the old school has done so much to prove the principles of our science and condemn his own than has Byron Robinson. I wish to here give his work, "The Abdominal Brain," credit for much of the thought suggested and expressed in this paper on reflex symptoms of disease.

Under psychic symptoms I have placed the common symptoms met with in practice, mental irritability, depression, emotional excitement, morbid fears, volitional weakness, and lack of self control, persistent or fixed ideas, vertigo, insomnia and headache.

Some of these may or may not belong here, according to their etiology. Headache or insomnia may be the result of disturbed function of the gastro-intestinal tract and would then be considered reflex, but we do have all these symptoms in cases where it is impossible to find any physical cause.

In hysteria symptoms may develop that are very alarming unless the true character of the disease is known. For instance, hysterical fevers or temperatures have been recorded, in which the thermometer registered as high as 115 degrees Fahrenheit. These so-called hysterical pyrexias may resemble in their course typhoid, or malarial fever, and one can reach the diagnosis only by excluding all other possible causes.

In hospital practice many cases develop exactly the same symptoms that other patients in the same ward have and the similarity to many actual diseases is so perfect that the physician is sometimes deceived unless he is familiar with the symptoms, and on the other hand a sad mistake would be made if a real disease were treated as a hysterical one.

In the same hysterical category must often be numbered coccydynia, coxalgia, irritable bladder, breast and uterus, vaginismus, dysmenorrhea and the feeling or sensation of lumbosacral symptoms. A knowledge of the foregoing facts is especially valuable to the doctor who is recommending a surgical operation, as the sweeping removal of organs for neurosis or hyperesthesia is criminal. Remember that morbid sensibility lies chiefly in the skin, and the patient will complain more of a skin pinch than a deep seated trauma.

There are many imaginary symptoms that are not hysterical. The reading of patent medicine advertisements and testimonials is a prolific source of the production of symptoms that are entirely in the mind and need only mind treatment, hence we have the wonderful cures by the different mental healers.

The detection of the cause in pathological physiology requires the finest analysis. The recognition of the damaging effects of an adherent prepus or hooded clitoris, the detection of a rectal ulcer or fissure as the cause of innumerable reflexes is a credit to the diagnostician.

The true diagnosis of a large percentage of functional diseases can only be accomplished by the correct interpretation of symptoms. Knowing whether symptoms are real, reflex or psychic determines the success in the treatment of disease.

Would Woodrow How?

Dr. Benjamin Smyth of Yankton, South Dakota, is the originator of the following political query and answer: "If all the presidential candidates were shipwrecked on the Atlantic, what would be the result?" It is impossible to decide in the cases of T. R. and Taft, but Wilson Woodrow.

American National Assurance Company Completes Organizations

THE organization meeting of the American National Assurance Company was held November 23, and organization proceeded as arranged. As soon as the necessary legal formalities can be completed, an increase of stock will be authorized.

At the stockholders' meeting of November 23, the following were selected as the board of directors to be formally elected at a meeting to be held December 14: E. C. Pickler, Minneapolis, Minn.; W. W. Vanderburgh, San Francisco, Cal.; G. E. Still, Kirksville, Mo.; George M. Laughlin, Kirksville, Mo.; Jenette H. Bolles, Denver, Colo.; A. G. Hildreth, St. Louis, Mo.; James C. Jones, St. Louis, Mo.; John H. Farish, St. Louis, Mo.; Henry Leschen, St. Louis, Mo.; C. E. Salisbury, St. Louis, Mo.; John A. Leschen, St. Louis, Mo.

Dr. Harry M. Still of Kirksville will be president, Dr. Dain L. Tasker of Los Angeles vice-president, Dr. George M. Laughlin of Kirksville, medical director, and a competent insurance man of ample experience will be selected as secretary. Mr. William Parsons will continue in charge of the organization department with the added duties incident to the selection of agents.

Certificates of stock are being prepared, and will be forwarded to stockholders in the near future.

Sajou's Internal Secretions and Principles of Medicines (Fifth Edition)

WE RECALL the announcement of the first edition of this work in the "Cyclopedia of Medicine," autumn of 1902, and our eagerness in reading the volumes when published.

Two points, relative to present day medicine, of Dr. Sajou's struck us very forcibly, viz: the lack of a "backbone" to medical knowledge, and the vast amount of uncorrelated data. It is needless to say the doctor has attempted to supply these deficiencies.

The adrenal system as he views it—pituitary body, thyroids and parathyroids, and adrenal organs with their nervous connections and inter-related chemical structures—is the great unifying system physiologically of the body. He certainly brings much data pertaining to biology, immunity and pathology to bear upon this point, and it is only just to say that many of his ideas are being sustained by recent experiments, e. g., the exceeding importance of the pituitary body as shown by Cushing. It may be well to add that Cushing says "there is every reason to believe that cases of clinically recognizable pituitary disease are at least as common as are cases of clinically recognized thyroid disease."

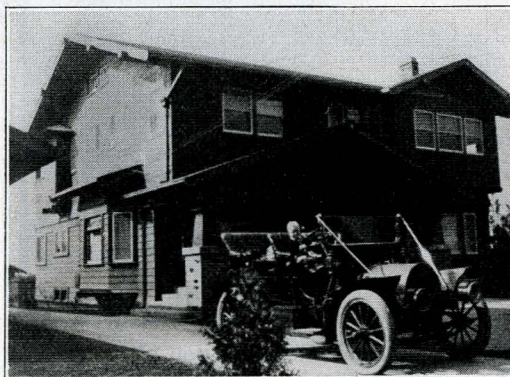
Every practitioner should be conversant with the functions and diseases of the adrenals, thyroids, parathyroids and pituitary body, as well as the functions of the thymus, spleen, pancreas, pineal gland, testes, ovaries, mammae, etc. This is a field that is being rapidly developed. And nowhere else can one get the data, theories and inspiration that is set forth in these volumes.

We would recommend this work then to the student and practitioner for the large amount of historical and contemporary data as well as many facts and suggestions deduced by the author. There is no osteopath who can afford to ignore the really tremendous and rapid strides being made today in this section of the newer physiology and its very practical bearing upon the clinical field.

Upon the other hand, we are not in sym-

pathy with much of his treatment (however, to us, this is not the vital part in so far as this work is concerned) for he does not sufficiently deal with pathogenesis but instead biology, physiology and pathology. His potent addition from an etiological standpoint is the role played by the ductless glands in producing, transmitting and modifying various pathological conditions encountered clinically. His revelations if thoroughly substantiated will aid in comprehending results attained by the adjustment of the osteopathic lesion. That the adrenal system, the vasomotors, metabolism, etc., are more thoroughly comprehended by a study of these volumes can not be questioned, but what about the unquestioned, in our opinion, osteopathic causes frequently back of their many disturbances? This precludes from our viewpoint the statement "there is now not the least ground for doubt as to the efficiency of our therapeutic (largely drugs) measures."

The key to present day medical thought is



New Residence of Dr. L. Ludlow Haight, of Los Angeles, Cal.

what Pawlow wrote some years ago, "the world of pathological phenomena is nothing but an endless series of the most different and unusual combination of physiological occurrences which never make their appearance in the normal course of life." Sajou's with this thought in view certainly helps to elucidate many complicating, obscure and unknown points as no other present work does.

For these reasons the osteopath can not afford to be unfamiliar with this work. Then if he keeps abreast of the times and is constantly saturated with the osteopathic principles he can not be other than a better osteopath.—Carl P. McConnell, D. O., Chicago.

Something New in Osteopathic Popular Literature! Give It a Chance to Prove Its Value! Put It to Practical Test

"OSTEOPATHY: What It Is—What It Does." The January number of *Osteopathic Health*, is so fresh in its style as to be entitled to special consideration. It has Dr. Bunting's characteristic entertaining and instructive method, but still is distinctly different from anything he has yet produced. It is splendid in its "boiled down" comprehensiveness and I believe it will enable any layman of average intelligence to quickly grasp a correct and intelligent conception of osteopathy.

We want you to read this number carefully and send in your comments, but more than that, we want you to use it; put it to the test of public opinion. Remember, it is not written for you. The opinion of the profession

concerning it is not nearly so important as *what impression it creates among the laity.*

Put the number on trial at the court of last resort—the tribunal of patients and public, and let's have an unprejudiced verdict.

See that this January number is well distributed and then ask your patients whether it gave an added and understanding of osteopathy; whether it suggested any new thoughts about the science. Carry it further: ask them to request some acquaintance who has never had osteopathic treatment—or even been causally interested—to read "Osteopathy: What It Is—What It Does," and see if it does not arouse a new genuine interest and inspire real confidence in the reasonableness and possibilities of osteopathy.

That's the kind of test we want for "Osteopathy: What It Is—What It Does," and we have a lot of assurance that it will win a most satisfactory report.

If you earnestly desire to see produced and to use osteopathic literature that is effective to the highest degree—join us in a real, practical test of the new brochure.

Dr. Alice N. Willard Closely Identified With Recognition and Growth of Osteopathy in Virginia

DR. ALICE N. WILLARD of Norfolk, Va., is one of the notable figures in osteopathy today, if her professional success be taken as the criterion of her achievements.

Dr. Willard, who graduated in one of the first osteopathic classes, was a personal friend of the founder of the profession. It was in the early days of the profession that she carried the standard of osteopathy into the south, and today she conducts one of the largest practices along the south Atlantic seaboard.

For a number of years, Dr. Alice Willard has held offices of prominence in the Virginia Osteopathic Association, being vice-president for the year 1913. Indeed her untiring work in behalf of the profession in Virginia has extended over a period of many years. Perhaps no other one person worked as hard to make the Norfolk meeting of the American Osteopathic Association a success as did Dr. Willard. For one year prior to that great event of 1907 she personally supervised all the details preparatory to the meeting, and throughout the entire convention her labors were constant and untiring in behalf of the visiting osteopaths.

For many reasons the history of osteopathy in Norfolk is of interest. In 1899 the Willard Institute of Osteopathy was moved from Wilmington, N. C., to Norfolk, Va., having been established at the former place in 1889. Dr. Alice N. Willard was with the institute at its beginning, as were also her husband, the late Dr. William Dawson Willard, and her son, Dr. Earle S. Willard, now of Philadelphia. At that early date, i. e., in 1899, little or nothing was known of osteopathy by the public at large. But despite the newness of osteopathy, the Willard Institute soon won friends for the new system of practice, and was thus favored with a large clientele from the outset. Even from the first it numbered among its friends and supporters, many of the foremost families of the south.

In 1906, the year before the Jamestown Exposition, osteopathy had won such a dignified standing in Norfolk that Mayor Riddick sent a written request by Dr. William Dawson Willard, to the National Association, which convened at Put-In-Bay, asking that the next annual meeting of the association be held in Norfolk. And it was largely through the efforts of Dr. William Dawson Willard and Dr. Earle S. Willard that the American Osteo-

FIRM BUT FLEXIBLE



Front View Appliance No. 1.



Back View Appliance No. 1.

Every Osteopath knows how important it is to keep the spinal column in perfect adjustment after each treatment.

The SHELDON APPLIANCE does this Perfectly.

Its use will add 50 per cent to his success with not only women and children, but with men.

The Sheldon Appliance is made to order only, and after the most careful measurements made by yourself. It is absolutely firm and offers a perfect support while, at the same time, it is flexible and gives perfectly to every normal movement of the body. Easy and pleasant to wear, causes no chafing or sweating, is 100 years in advance of the usual plaster, leather, and other jackets.

We will be very happy to send to you our full literature, knowing that it will

prove of unusual interest to you, also our Measurement Blanks. **Special Terms to Osteopaths.**

Dr. C. L. Nelson, Osteopathist, 19-21 City Bank Building, Logansport, Ind.

Philo-Burt Mfg. Co., Jamestown, N. Y.
Gentlemen:—I enclose my check for amount of your enclosed bill, which please receipt and return. Your appliance has given excellent satisfaction, being just what was needed in this case.

Respectfully yours,

C. L. NELSON, D. O.
Bellingham, Wash.

Philo-Burt Mfg. Co., Jamestown, N. Y.
Dear Sirs:—I am pleased to say that I have used your Appliance in both lateral and posterior spinal curvature and the results have been very satisfactory. Wishing you every success, I am,

Very truly yours,
GEO. E. FOSTER, D. O.
Portland, Oregon.

The Philo-Burt Mfg. Co., Jamestown, N. Y.
Gentlemen:—I have used several of your No. 1 Appliances with the best of success. They give a perfect support to the spine and back and in my experience I find they are a great aid to the work of the Osteopath practitioner in treatment of spinal deformities. I take pleasure in recommending these Appliances from my personal experience and knowledge of them, and also your company, for I have found you perfectly reliable and courteous in my dealings with you.

Very cordially yours,
C. W. CUTLER, Ph. D., D. O.

The Philo-Burt Manufacturing Co.,

141 24th STREET, JAMESTOWN, NEW YORK.

and treatment. The obvious thing is what people see last; that is why osteopathy—a perfectly reasonable and uncomplicated method—has been so long unknown to the world.

"Indeed, I believe many osteopaths fail because they listen to the siren call of methods that parade under the name of 'Science,' and such failure would not have occurred had the osteopaths in question followed the less complicated, safer, and surer methods advocated by Dr. Still. Too much credence is given to 'authoritative statements' of eminent men, and too little attention is paid to what actually takes place in the body of a sick man or woman. To me osteopathy has given the ability to recognize, and to remove, structural perversions invariably associated with disease. By following this system, discovered by Dr. Still, I am able to aid nature so as to successfully combat with a vast array of diseases and disabilities."

The foregoing statement from Dr. Willard is suggestive and we venture the opinion that in addition to the foregoing causes, to which she assigns her success, should be added a lofty ambition, and a capacity for work seldom found in any man or woman.

Torticollis

By George W. Goode, D. O., Boston, Mass.

TORTICOLLIS, myalgia or stiff neck, is a distortion of the neck, constant or intermittent in character, in which the head is drawn awry. In other words, it is a form of muscular rheumatism seated in the neck which prevents the motion of the head and causes the patient to hold it inclined to the side affected.

Similar distortion may be present in Pott's disease, but in this instance the deformity is a symptom of a more important disease, while the term torticollis implies simple deformity.

The attacks are commonly of short duration, usually disappearing in a few days. There is also a permanent contraction of the neck—torticollis spastica—which causes the head to be held to one side. We have an irritation and resulting thickening and shortening of the muscles of the neck, which produce a gradual but continued limitation of motion. The ligamentum nuchae is often put on such a strain by subluxation as to produce a drawing of the head to one side. The sexes are about equally affected.

We have two forms of torticollis, congenital and acquired, or from a therapeutic standpoint, acute and chronic. The acquired form is more common and the number of muscles involved is greater than the congenital. Cases of wryneck are recorded in still-born infants and even unilateral atrophy of the head has been noted, but the majority of so-called congenital cases occur at birth and are caused by injury. Congenital is painless. Acquired is almost always accompanied by discomfort or pain.

In the well-marked cases of long standing, whether congenital or acquired, the face on the affected side is shorter and flatter, the nose and the corner of the mouth and the eyelids even are drawn downward and the skull shows evidence of atrophy and deformity.

Secondary distortions also appear in the trunk in chronic cases. There is rotation of the spine to compensate for the lateral distortion of the head and an increase in the dorsal kyphosis, "round shoulders." Among the minor secondary deformities there is an upward bowing of the clavicle caused by the tension of the contracted muscle.

In the true congenital variety the wryneck is caused by a malposition of the fetal head in the maternal pelvis, producing permanent shortening of the relaxed muscles. A lateral deficiency of the cervical vertebrae may cause it, though this is doubtless rarely met with.

pathic Association accepted this invitation and selected Norfolk as its place of meeting for 1907.

The holding of the National Osteopathic Convention in Norfolk was a signal triumph for osteopathy in the south. It showed, as nothing else could have done, the strength and determination of purpose of osteopathy. It placed osteopathy in its best light before not only the first families in Virginia, but also the representatives of the nation in attendance at the Jamestown Exposition. And, as a crowning tribute to this new profession, the officials of the Jamestown Exposition dedicated August 29 to osteopathy. That day, as may be seen in the official records of the Con-

gressional library, was known as "Osteopathy Day."

When asked to tell the secret of her success, Dr. Willard replied:

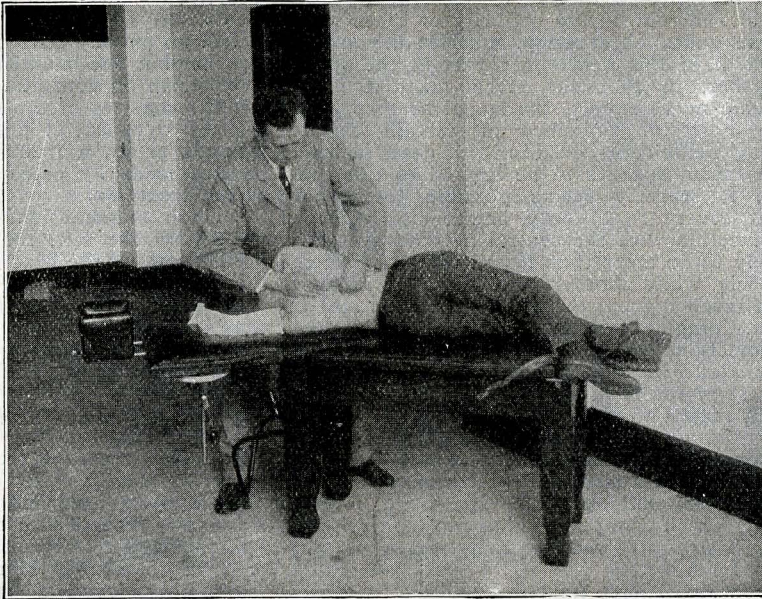
"I succeed because I apply the principles of osteopathy taught me by Dr. Still himself. Failure among osteopaths is not failure of osteopathy; it is merely an individual failure to grasp or to apply the fundamental truths of the science. Osteopathic diagnosis, as I learned it from the founder of our profession, is as simple as it is effective. In three minutes' time I have located and corrected lesions by Dr. Still's method, and have thereby cured diseases that have failed to yield to more elaborate systems of diagnosis

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When this form exists, usually it is on the right side, due to a left occiput anterior position of the foetus. The Sterno Mastoid is shortened and is hard and firm and in a condition of more or less atrophy. This must be distinguished from a local thickening of the muscle due to rupture which may occur at time of birth and produce an induration or muscle callus. In most instances the deformity is slight at birth, and it does not attract attention until the child is able to support the head, and in many cases not until a much later period. In exceptional instances, however, the deformity is well marked at birth and is accompanied by noticeable asymmetry of the head and skull. In cases of this character the contraction often involves all the lateral tissues of the neck.

In may be stated in this connection that it was at one time generally thought that so-called congenital torticollis was due to injury at birth, the sequence of events being somewhat as followed by hemorrhage into the substance of the muscle, which in turn set up inflammation; this was followed by scar contraction and by deformity. The theory has now few supporters for the following reasons: In the majority of cases of true congenital torticollis discovered in early infancy, there is no evidence of haematoma. Haematoma is in but few instances followed by torticollis, nor is rupture of muscle in later life or in other situations followed by such shortening. It is apparent, of course, that a congenitally short muscle might be injured at birth with a resulting haematoma, also that injury at birth might induce irritation or discomfort, and that deformity might follow the habitual attitude assumed by the patient for the relief of this discomfort.

The acquired form is of several varieties—grouped into rheumatic, traumatic, tetanoid, paralytic, compensatory, cicatricial and idiopathic.

The rheumatic variety is very common in persons of a rheumatic diathesis. Those of traumatic origin are caused by injuries, blows, twists of the neck, rupture of the sterno mastoid muscle, injury to a nerve center or a nerve and violence or pressure during delivery. A few cases of acute are caused by some of the deep muscle fibres becoming caught

around the process of a vertebra. The tetanoid or spastic form is caused by contraction of the muscles of the neck which results from a central lesion and inflammation of the bones, ligaments or muscles and spinal irritation. The paralytic variety may arise from unillateral muscular action, due to paralysis of the other side. The compensatory form is met with in lateral curvature, but in many instances the wryneck is primary. It is this form we find in eye trouble, a difference in the plane of vision of two eyes, e. g., astigmatism, called torticollis oculaire. The cicatricial wryneck results from extensive burns, scalds, abscesses or lupus of the neck and from suppurating glands.

Idiopathic is the name given where no definite lesion is discoverable, but where general nervous debility has developed a local spasm; e. g., in cases where grief, fright, hysteria has initiated the onset; or where holding the head in one position, carrying heavy burdens on one shoulder, etc., seems responsible for it. The traumatic cases occurring at birth have laceration of the sterno mastoid muscle from torsion of the neck.

The muscles most frequently involved in torticollis are the sterno mastoid, trapezius, scaleni, splenius, rarely the complexus and the platysma, although in severe cases all the neck muscles participate. The spinal accessory nerve is affected, which is the motor supply to the sterno mastoid and trapezius or it affects filaments of the cervical plexus, which sometimes also supplies these muscles.

The sterno-mastoid muscle originates on the manubrium and clavicle and is directed upward and backward to the mastoid process and adjacent portion of the occipital bone. It flexes laterally the head and neck and rotates the face to the opposite side and when acting conjointly with its fellow, raises the manubrium and clavicle or flexes the head or neck.

When the deformity is marked or of long standing the head and neck following the compensatory convexity of the cervical spine are displaced toward the opposite shoulder. This displacement relaxes in some degree the contracted tissues, consequently the lateral distortion of the head is lessened.

The compensatory deformities are slight in infancy, but they develop in later childhood,

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for in many instances the shortened muscle ceases to grow; thus, an original shortening of half an inch, as compared to its fellow, may be increased to two or more inches in later years. This fact emphasizes the importance of treatment as soon as may be possible after distortion is discovered.

Typical wryneck caused by shortening of the sterno-mastoid muscles is by far the most common form of congenital torticollis, but occasionally cases are seen in which the head is but slightly inclined to one side and in which the shortening appears to involve the lateral tissues in general rather than a particular muscle.

Lesions may be found from the first to the seventh cervical vertebrae, and first and second dorsal. A lesion of the first and second ribs may interfere by misplacement or pressure with the blood or nerve supply to the neck. The affected muscles undergo fibrous degeneration, becoming hard and unyielding. The sternal head of the sterno-mastoid muscle is more frequently affected symptomatically. There is pain on motion of the affected muscle and it becomes tense and stands out prominently from beneath the skin. The tenderness is marked.

In severe cases the face may look directly toward the shoulder of the unaffected side.

Supposing the right sterno-mastoid to be affected, the head is drawn forward and towards the right shoulder and also rotated, so that the chin points to the left. The right mastoid is prominent, the right side of the neck concave, and the left convex. In long-standing cases some lateral curvature of the dorsal spine is generally acquired. The congenital form may be distinguished from the spasmodic not only by its history but by the sterno-mastoid becoming tense in the former, and yielding in the latter, on attempting to straighten the head. The hysterical variety will be known by the presence of other signs of hysteria.

Examine every cervical vertebra carefully, also first and second ribs. The neck is not always dislocated when held tight by irritated muscles and ligaments, but the muscles have been thrown so far back that they cannot return to the normal position without assistance.

The Osteopathic Physician

Treatment: The treatment varies according to the cause and with the duration of the deformity. It is perhaps unnecessary to state that the general condition of the patient and the possible local and general causes of the spasm should receive consideration. As a rule, however, the patient will have exhausted both constitutional and local treatment before coming under observation.

In the mild and early cases predisposing causes must be avoided, combined with systematic muscle training.

Congenital torticollis, if of moderate degree, may be overcome in early infancy by methodical stretching of the contracted parts. Fix the arm and draw the head gently but firmly in the direction opposed to the contraction, over and over again, meanwhile treating the tissues of the neck. The procedure should be repeated several times a day; it causes light momentary discomfort if properly performed, but this ceases when the stretching is discontinued. Care should be taken also that the posture may, as far as possible, favor the reduction of the deformity; thus while the child is in the mother's arms the head should be supported, and when asleep the pillow may be arranged in a manner to prevent the improper position. In this way the torticollis may be entirely corrected or its progress may be checked until more effective treatment is indicated.

The insignificant form of torticollis called stiff neck may be treated by hot applications and stretching of the muscles; a firm, wide, thick collar of flexible cotton stiffened by several layers of adhesive plaster or a wire collar covered with leather is an agreeable support in the more painful cases.

The cramp-like contraction of the muscles is secondary to irritation elsewhere. This, if possible, should be removed, and, as has been stated, the general condition of the patient often requires treatment as well. But the important indication is to support the head in order to relieve the pain and to correct the distortion. In the early stage the support of the collar that has been described may be sufficient, but, as a rule, patients of this class are not seen until the distortion has persisted for weeks or months even, so that a more efficient form of support is required.

This appliance overcomes the spasm and relieves the discomfort and apprehension which have lowered the vitality of the patient. If the spasm is the result of the irritation of enlarged or suppurating cervical glands, as is often the case, the rest afforded by the brace is an effective treatment of the cause as well as of its effect, and if suppuration is present this support is most convenient for the dressing that may be required. When the acute symptoms and the deformity have been relieved, manipulation and exercises may be employed.

In cases of longer standing, particularly when the posterior muscles are involved, the deformity may be forcibly corrected under anaesthesia, and the head may then be fixed in a plaster dressing. This treatment may be employed at an earlier stage in certain cases.

If you find no bony lesion, leave those cases alone, for they are cases for the surgeon. Cases have been cured osteopathically after section of the muscle and resection of the nerve have failed. All cases can be benefited by osteopathic treatment. Where the lesion is the primary cause, correction of the same will accomplish a cure. If the case is muscular, readjust the muscles and permit the articulation to return to the normal.

Operations should not be performed until a thorough course of treatment has failed to relieve.

There is an abundance of evidence to show that in a large proportion of cases of spasmodic wryneck surgical measures, such as

divisions of muscles and stretching of the spinal accessory nerve, are useless, and that there must be few cases in which even excision of a portion of the spinal accessory nerve can be expected to lead to permanently good results in that, in the majority of cases which come under observation, muscles beyond the control of this nerve take part in the spasm. Further, in that the sterno-mastoid has a double nerve supply, the spinal accessory and the posterior branches of certain cervical spinal nerve roots, even in those cases in which the spasm appears to be limited to this muscle, it scarcely seems possible to suppose that severance of only one of its paths of connection with the central nervous system is likely to do more than lessen the spasm in the muscle, while another path by which impulses can reach it from the nerve centers is still intact. Complete section of both of these paths of connection with the central nervous system can alone be expected to result in complete arrest of spasm in the muscle. If this be true with regard to the cases in which the sterno-mastoid alone appears to be involved, how much more unlikely is it that any such surgical measures directed to the spinal accessory nerve can influence the spasm in muscles over which this nerve has no control, and which are involved in many cases of wry-neck?

Of cases I have treated, I will cite:

Case 1. Miss H., age 55, had a fall on a stairway. For seven years she had a twisting of the head. The left sterno-mastoid muscle was involved and the patient had a simple goitre. She was a very nervous woman, at times becoming exhausted. She was treated with tonics, bromides and other drugs by medical practitioners for a number of years without avail. Then she tried mustard pastes and electricity for a time with no effect. She had been treated osteopathically by me for fourteen months once and twice per week with intervals of rest and she has improved greatly.

The lesions found were, axis to the left, and the left sterno-mastoid very much contracted. Owing to the extremely nervous condition of the patient the progress of the case has been slow, but the goitre has disappeared and she can hold her neck in a nearly normal position.

Case 2. Miss R., age 40. Case of three years and three months' duration before trying osteopathic treatment. While working in a book-bindery a large book dropped from a shelf and struck her on the right side of the head while she was bending over her bench. The patient subsequently complained of pain in her neck, and consulted her family physician. He prescribed medicines, but to no use. She consulted other medical doctors without relief. She gave up her work and entered the Carney Hospital, and remained there several weeks. The surgeons and physicians pulled and jerked her neck, causing her to suffer intense pain. She appealed to the surgeon in chief and said to him she could not stand that kind of treatment any longer. Dr. Painter, orthopedic surgeon at the Harvard Medical School, and associated with Dr. Goldthwaite, informed her brother that her neck would be stiff for the rest of her life, and that she had better go home. This patient was out of work more than three years. I treated her twice per week for six months, once a week for three months, once in two weeks for two months. Subsequently she had four treatments in four months. After nine months of treatment the patient returned to her work and has worked steadily every day since, from 7 a. m. to 5:30 p. m. Her recovery is complete.

Case 3. Miss C., 34 years old, bookkeeper. When twelve years old a boy jerked her head back by pulling the braid of her hair quickly in school. Subsequent to that time she had catalepsy and was treated by her family physician. She was also treated for astigmatism, and glasses were prescribed. Not until she

was past 30 years of age did she complain of twisting of the head and neck. But for a number of years she had severe headaches and was treated medicinally for them. After torticollis developed she was treated by drugs, electricity, the violet ray and static current with no effect. Osteopathy was recommended to her but she laughed at it, so did her family physician on consultation. Her physician said if the muscles of the eye on the affected side (left) were cut it might help her. The patient's sister, a trained nurse, who had seen cures made by osteopathy, persuaded her to take treatment.

Upon examination I found the atlas forward on the left, the occiput rocked on the atlas making the head tremble in a pronounced manner. The second and third were somewhat luxated. The neck muscles generally were contracted and the trapezius was involved. The patient complained of violent headaches, sleeplessness, and was compelled to support her chin in her hand when walking or sitting, and at night was obliged to lie prone in bed. The treatment consisted in loosening the neck muscles before attempting readjustment. After a few treatments the headaches ceased and the patient slept better. She was treated two or three times per week for a number of months.

After loosening the neck muscles, the second and third cervical vertebrae were adjusted. I attempted to adjust the atlas but could not keep it in place. Bandages and adhesive strips were used without avail. I tried to find an apparatus in Boston, New York, and Chicago to hold the head in place between treatments. We tried several, but they were too harsh. I had a machine made under my direction consisting of brass and steel, covered with leather and an adjustable screw so arranged as to permit the head to rest easily. After using the apparatus I treated the patient for a time and finally the atlas stayed in place. The patient was discharged, cured, after taking treatments for one year and three months.

Case 4. Mr. H., 44 years old, civil engineer. On Christmas day, 1910, head dropped to the right and he consulted a physician, who recommended massage, without avail. Then he tried various ointments and linaments without benefit. Then he was advised to have an operation performed, which he did, at the Baptist Hospital in Boston, February 15, 1911, by Dr. Porter, a specialist. The left sterno-mastoid muscle was removed; only a few fibers being left. The operation gave him but little relief. He wore collars and other apparatus to the head but they were too harsh. He was then advised to be operated on again but decided to try osteopathic treatment. We began treatments in April last and at that time there was a constant turning of the head to the right. We found contractions in the trapezius and scaleni muscles and the second dorsal was to the left and there was an atlas lesion. By a correction of the lesions and a relaxation of the muscles after several weeks' treatment, three times per week, the patient subsequently returned to work. He worked seven hours a day for three weeks and the head remained perfectly straight. I did not see him for a few weeks and he returned to me with a spasmodic condition which I have relieved some by treating the muscles and nerves of the affected side. He is still under treatment.

Case 5. Miss G., 38 years old, clerk. Began treatment January 25, 1911. Prior to taking treatment from me the patient was treated by an osteopath who gave her general treatments and claimed that the twisting of her neck was due to nervousness and a bad spine. We found there was contraction of the left sterno-mastoid muscle. Treated patient several weeks once per week. Then stopped treatment. She showed improvement when she ceased. She had no treatment during the summer. She came back for treatment this

fall and is now without pain and is treated once per week. She bends over her work all day, which aggravates her condition. Treatment consists of relaxing the neck and chiefly the sterno-mastoid.

Case 6. Mrs. A., 65 years old. Began treatment March, 1911. Found lesion of the atlas on the right side, contraction of the cervical muscles and a generally neurotic tendency. The patient was operated on June, 1902, by Dr. Mixer of Boston. Both sterno-mastoids were partially removed. Patient complained of loss of sleep and was using bromide continually. The family physician was very much opposed to osteopathic treatments.

She took two treatments in Chicago, then came east. Have treated her once and twice per week since March until the middle of this month, when she returned west. She improved every way; the treatment consisted in correcting the atlas lesion, relaxing the trapezius on the right, and a general treatment of the neck as well as the upper dorsal. Prescribed a few exercises for relaxation. Made a correction in the mid-dorsal region for indigestion which has troubled her for several years. Since taking treatments she has been able to sleep seven to eight hours per night and her general health has been better than for years. The best that can be hoped for in this case is improvement. I have recommended her to continue osteopathic treatments.

I would say that in this case she had ptomaine poisoning in August, which medical treatment failed to relieve. The bowels were clogged. She used an enema of soap and water and olive oil.

The treatment consisted of rolling the liver and intestinal areas.

His Specialty.

The Doctor—Feeling better today?
The Patient—A little; but my heart still hurts me.
The Doctor—Oh, I can stop that, all right.—*Toledo Blade.*

Editor Says Albert Abrams Must Be a "Rip Van Winkle"

A Faux Pas.

Why are all the doctors gloomy and why do they seem distressed? What horrible occurrence has disturbed their peaceful rest? They are glooms of the first water and the reason for their grief, is because appendicitis no more needs the knife's relief; it was one bright day for doctors when in sixteen, forty-two, Saracenus did discover an appendix all askew; for it soon became the fashion to have that thing taken out, and unless you'd lost your veriform you were a social lout; so the medics carved and snipped along; the proceeds were immense; those who still had their appendix surely felt like 30 cents; now along comes Doctor Abrams and he surely is a yegg for he's trying to destroy the goose that lays the golden egg; he proclaims that all a man must do to cure the dread disease, is to single out a vertebra and give it one good squeeze; if this method of procedure proves to be a real success, this Abrams person sure will be an outcast—that's my guess.—*Missoula (Mont.) Missoulian, November 13th.*

Stolen Thunder.

Dr. Asa Willard says our jingle on appendicitis being cured through adjusting a vertebrae is original enough, but that Dr. Albert Abrams himself, who heralds through the Associated Press that he has discovered such a way of cure, is about 30 years late in his original discoveries.

The Doctor says: "There are scores of people in and about Missoula who have been cured of appendicitis without an operation, during the past fifteen years, and thousands of them over the country, and the fundamental part of the treatment they received was adjustment of vertebrae."

Over thirty years ago Dr. A. T. Still, the founder of osteopathy, discovered that appendicitis as well as disease of other organs of the body was oftentimes caused by slight misplacement of certain vertebrae or strains of the back at various points, which caused pressure to be brought upon nerves emanating from the spine and which supplied the organs. Adjusting these slight displacements and strains allowed the organs to recover. He worked along that line of thought for years and 20 years ago established a school at Kirksville, Mo., which has taught his principles since and there are now but three medical schools in the United States which have as many students and the course of instruction equals that in the best medical colleges. There are now eight osteopathic schools over the country, and the combined attendance of them considerably exceeds the combined attendance of all the homeopathic colleges in the country.

Over 6,000 osteopaths are practicing, some in every state in the Union, and the central principle of their therapy is that the adjustment of vertebrae and control

of nerve and blood supply of the organs through properly applied spinal pressure will allow the organs to become normal.

This all being true, one might be pardoned for wondering where Dr. Albert Abrams discovered (?) his marvelous discoveries, which he lists under "Spondylotherapy" and is traveling all over the country and giving with much eclat to medical societies and Associated Press reporters. Spondylotherapy translated to ordinary English simply means vertebral treatment or spinal treatment. If Dr. Abrams really recently discovered what he is giving out, he must be the original Rip Van Winkle.—*Missoula (Mont.) Missoulian, November 7th.*

Convention Dates

New York City, December 21st, regular meeting Osteopathic Society of the City of New York, at Murray Hill Hotel, Park avenue and 41st st.

Columbus, Ohio, December 27th and 28th, sixteenth annual convention of the Ohio Osteopathic Society. Headquarters, Southern Hotel.

Dayton, Ohio, January 2d, regular meeting Dayton District Osteopathic Society.

Boston, Massachusetts, January 4th, annual meeting Massachusetts Osteopathic Society.

Portland, Oregon, January 11th, mid-year meeting Oregon Osteopathic Association.

Denver, Colorado, January 21st and 22d, annual meeting of Colorado Osteopathic Association. Dr. C. B. Atzen, of Omaha, will give a technical address to the profession, and a public lecture for the laity.

Villisca, Iowa, February 21st, regular meeting of the Eighth District, Iowa, Osteopathic Association.

Boulder, Colorado, April, 1913, regular meeting of the Northern Colorado Osteopathic Association.

Providence, R. I., May 9th and 10th, annual convention New England Osteopathic Association.

Kirksville, Mo., August, 1913, annual convention American Osteopathic Association.

At the Annual Business Show, New York City
November 11-16, 1912

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(Signature of editor, publisher, business manager, or owner.)

H. S. Bunting, Pres. and Gen. Mgr.
Sworn to and subscribed before me this fourth day of October, 1912.

(Seal.) Aaron M. Sick,
Notary Public.
(My commission expires July 10th, 1913.)

Editorial

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

VOL. XXII. DECEMBER, 1912. No. 6.

WATCHFULNESS AND WORK NEEDED.

Never before was political activity so determined in the American Medical Association. Never before was so much misleading press work being done by the agents of the "medical trust" to keep allopathic practice in the foreground and forge its fetters still tighter upon the unsuspecting people.

Masquerading—as this great advertising campaign for drug practice and reckless surgery does—under the guise of protecting public health and furthering scientific research, the people are being "gulled" worse than ever before; there are but few people who do not, in some degree, "fall for" this insidious propaganda, with the result that the M. D.'s are steadily building up more political power and getting stronger intrenchment in governmental privilege. An M. D. cabinet officer in absolute control of public health is the fixed ambition and the logical outcome of this skillful and widespread medical campaigning.

We osteopaths are but a handful in comparison to the immense army of regulars, and this disparagement between us in numbers is now counting against us far more than it did formerly in our state legislative fights when our champions met their champions in about equal numbers before committees; and when the

merits of the two systems showed up in contrast. It's different now.

The time is at hand when new state legislature will be in session. We should be prepared for a strenuous campaign for independent boards in every state where we are as yet not so recognized. The opposition will be more bitter than ever, more insidious in methods, more secure in political influence, but we must fight, just the same and we must win. Composite boards means the strangulation of osteopathy by shutting out needed practitioners; by preventing our graduates from securing the legal right to practice.

And not only must we fight for new independent boards, but it is just as important to look after our interests in states where we have independent recognition. New medical measures are being suggested all the time. We must be watchful lest, when it is too late, an innocent appearing measure that has become a law be found to contain a "joker" unfair and inimical to osteopathy.

"Constant vigilance is the price of safety," now as never before, and never were we so prone to forget it and delude ourselves with the idea that "all is well."

Not less ominous than M. D. political activity is the M. D. popular campaign. Newspapers—magazines—individual pamphlets—are being used assiduously and with expert effectiveness. References to "discoveries" by M. D.'s along the line of physical adjustment are becoming more and more frequent. Our philosophy and principles are being appropriated bit by bit and more and more openly.

Osteopathic popular propaganda must receive more attention and more extensive individual support to cope successfully with the constantly increasing volume of "popular" medical literature.

We have the distinct advantage that our system is capable of an explanation that appeals to common sense and understanding. Let us not cease in any degree to take the public into our confidence, but rather redouble our efforts and so strengthen and increase the ranks of our friends and supporters among the laity.

AN IMPORTANT DEVELOPMENT IN SURGERY.

The use of tubes of glass, aluminum, or gold plated aluminum in treating defective arteries in such conditions as aneurism or dilatation is the latest conception of Dr. Alexis Carrel of the Rockefeller Institute for Medical Research and a winner of the Nobel prize.

The experimental operations were performed on the thoracic aorta, dogs being used. Previous to Dr. Carrel's work very little was known of surgery on the thoracic aorta. The following summary of the results of the experiments appears in the *Journal of the American Medical Association*:

"Straight tubes of glass, aluminum, or of gold plated aluminum were employed by Carrel. Their diameter was generally 9 or 10 mm., while the length was 45 mm. As the dogs were of various sizes, the tubes distended, exactly fitted the aorta, or were of relatively smaller caliber. Before being used the tubes were paraffined. As soon as the tube was introduced into the lumen of the vessel two silk threads which had been previously put around the aorta were tied.

"These ligatures should be tied tightly enough to prevent the tube from slipping, but not too tightly; there is danger of cutting the aortic wall, which has been found to be very friable. The clamps were removed and the circulation re-established through the intubated segment. There was generally no hemorrhage from the opening in the aortic wall.

"Eleven experiments were performed. Seven animals were intubated with a glass tube, three with an aluminum tube, and one with a gold plated aluminum tube. Two of the animals intubated with a glass tube died of hemorrhage eight and eleven days, respectively, after the operation.

"The permanent intubation of a large artery is a simple operation. It may become practical if the shape and the nature of the tubes be modified in such a manner as to prevent the laceration of the aortic wall. It is probable that the use of smooth edged gold tubes, or of tubes lined with a vein, will be followed by better results."

Some Letters and Their Replies

A FEW days ago I received a letter from the Encyclopaedia Britannica enclosing circulars to which I replied as follows:

Fulton, N. Y., Nov. 23, 1912.—Manager Encyclopaedia Britannica, New York. Dear Sir: I have your circular with outline of the article on Japan as it appears in the Encyclopaedia Britannica and suppose I am favored because I am a member of the Japan Society of New York.

There is another subject in which I am greatly interested and on which, I am informed, you could not do as you have done on Japan, *i. e.*, send an outline. I refer to the subject of Osteopathy, of which I am one of 5,000 practitioners in this country and Europe, with a following of many thousands, all of whom are interested, as well as thousands who are seeking information. Osteopathy has been regulated by law in 40 states; I practice in this state under the same law as other medical doctors do, and it has been defined by every dictionary of the last decade as well as being given space in encyclopedias such as the Americana, Dodd, Mead & Co., Nelson's; for the latter the writer contributed the article, so you see there is hardly an excuse for its absence in what you say is the "last word in encyclopedias."

Not finding it there leads one to wonder if other subjects of less importance are not, also, missing, and to be shy about buying. That, at least, is the attitude of our profession and its adherents.

I should be glad to hear from you on the subject. Yours truly, Charles C. Teall.

To this letter I, today, received the following not very convincing reply:

November 26, 1912. Dr. Charles C. Teall, Fulton, N. Y. Dear Sir: In reply to your letter of November 22nd, it is quite true that there is no article in the new (11th) edition of the Encyclopaedia Britannica devoted to Osteopathy. Without reference to the editorial archives of the new Britannica it would be impossible for us to give a reason for the omission. The general direction of the medical section of the book was in the hands of a committee of English doctors, and in England, up to this time, Osteopathy is not recognized, nor, we believe, has it received very much support from the public, and for this reason the omission may have been made.

We, in this country, are, of course, aware of the development of the science on this continent, and we are equally sure that the omission will be rectified as opportunity serves, seeing the importance of the subject to so large a section of the English speaking language. Yours faithfully, *The Encyclopaedia Britannica Co.*

There is nothing more to be said. The facts are that the British publisher has not gone through the ordeal his American cousin has in the matter of side-tracking osteopathy so he deliberately ignores us without fear of the consequences. Why cannot we bring enough pressure to bear on the New York office so that they will not dare omit in future?

Answering an advertisement got me into more trouble as the following correspondence will show. It was an "ad" of the Inter-state Business Men's Accident Association of Des Moines that caught my eye and the reply was very satisfactory until I saw that osteopaths were on the proscribed list, which is not in keeping with the generally accepted "Des Moines idea." This called forth the following letters from me with their replies:

Oct. 6, 1912. Mr. Ernest W. Brown, Secretary: In response to my request I have your circular and specimen application blanks in which I was much interested until I found that by occupation I was not eligible, as I am an osteopath.

I should very much like to know the grounds on which you base the discrimination, whether from prejudice or because we are considered especially risky.

I have no difficulty in getting accident and health insurance among them—the Utica (N. Y.) Commercial Travelers, with whom I have been nearly twenty years and who have never paid me a dollar. About fifteen of those years have been under permission to practice my profession and it is as good a record as any on the list of supposed preferred occupations. I have carried health insurance, also, for years with only four days' indemnity, which shows we are able to look out for ourselves. We are too busy to be tempted to try to make money out of an insurance company.

This letter is written for information and not with any desire to break into your organization contrary to your rules. Yours truly, Charles C. Teall.

Des Moines, Iowa, October 11, 1912. Dr. Charles C. Teall, Fulton, New York. Dear Doctor: Replying to your favor of the 6th instant, beg to advise that we have changed our rules relating to Osteopaths, and are now accepting them as members in towns of a certain size.

We will be glad to receive your application for membership. Very truly yours, L. D. Edson, Manager Claim Department.

That looked so good that I was about to

send in my application when a letter in "The O-P" called attention to the action of the association concerning osteopaths, so I wrote them as follows:

Fulton, N. Y., November 3, 1912.

Ernest E. Brown, Secretary: I was about to send application for membership in your association, when I learned that you did not accept the certificate of an osteopath in claims for damage.

As I use that system of treatment exclusively I do not care to be bound to accept anything else in case of injury or sickness. I await your reply with interest. Yours truly, Charles C. Teall.

In due time this answer came:

Des Moines, Iowa, November 7, 1912.

Mr. Chas. C. Teall, Fulton, N. Y. My Dear Sir: In reply to your letter of November 2, please be advised that the Inter-State does accept report of osteopathic physician in investigation of claims, except in cases where they are of a complicated nature, which require a specialist or expert to acquire the information desired. Thanking you for your favor, I remain, Very truly yours, Chas. P. Waldron, Assistant Secretary.

This leaves a large-sized loop-hole so I am, as yet, uninsured in this association, which should reflect the broad-gauge ideas of that city so advertised as possessing in its fullness. The effete and hide-bound East, with all its traditions and fixedness, has more liberal ideas than the institution I am writing about.—Charles C. Teall, D. O.



[Notice to Publishers! If you have a book worth reviewing that you want praised or blamed on its merits in this column, send a copy to Dr. Ernest E. Tucker, at 35 Madison Avenue, New York City, and be sure he will give it the hooks if it deserves censure. The publisher expressly disclaims responsibility at law for Ye Book Reviewer's sins of omission, commission or permission. You've simply got to take chances with his dyspepsia.]

Suggestive Therapeutics, H. S. Munro, C. V. Moseby Co., St. Louis. \$4.00.

The third edition of a treatise on suggestion, applied hypnotism, psychic science, etc., practical in its nature.

As we go up in the scale of life, the various parts of life grow not farther away from each other through increased specialization, but towards each other, more dependent on each other, more centralized, more under the influence of the central governing faculties. And these central governing faculties grow stronger and more detailed and specific, more capable of study, and in equal degree more capable of disorders and abuses and of causing disorders and abuses in the body.

The higher we go in the scale of evolution of the body, the easier it becomes to injure it by injuring or disordering any of its parts. So the more thoroughly the mind is evolved the more possible it is for its machinery to be disordered and its functions abused, the more need for psychotherapy develops.

Looking at the subject with the osteopathic philosophy in mind it is necessary to assert the principle that cure must follow through removing of causes. The first thing to know is that mental disorders can and do cause mental and physical diseases. The second thing to know is the anatomy and physiology of thought, and how its disorders cause these diseases. The fact that the science is only in its beginnings is no reason why our patients should not be made the beneficiaries of whatever is so far known.

This present volume approaches the subject in the exceedingly practical way of trying to see what can be done with the methods at hand. And the purview on reading the case reports presented is immense.

The late Professor William James is quoted as saying that in every one of us there are latent powers which, when aroused under extraordinary stimulus enable us to do what

would have been thought beyond all possibility.

Hammond is quoted as saying of neurasthenics that they form 75 per cent of patients; that the great army of tuberculosis victims is recruited from them; that they furnish the great majority of cases in our surgical wards; from them pneumonia, stomach diseases, gynecology and even general practice get their greatest numbers.

Numerous other authorities are quoted as supporting the author's views as to the importance of psychological therapeutics.

The author himself brings forward such a mass of evidence as to show that the matter is of primary importance whether we will it or not, or believe in it or not. It is not a thing that can be ignored by anyone who professes to a reasonable thoroughness of scientific education.

In actual practice this element is supplied to some slight degree by the personality of the physician. But, however excellent this may be it is susceptible of improvement by scientific study.

Book on the Physician Himself, By Cathell. F. A. Davis & Co. \$2.50.

This is an admirable discussion on how to make a professional success. It takes scientific education for granted, and discusses the reputation that must be made after the schooling has been obtained. Why do some men with little scientific ability make huge successes while others who had special ability in the class rooms and are perhaps recognized throughout their profession as authorities, yet have small practices? Because the former know human nature. Once the matter is mentioned it is seen immediately that that is easily the half of success.

The book wins sympathy from the very first page. It is like a friendly hand of some older and more experienced person who is interested in your success, and having been through the fight knows just what you are in need of, and tells you so. Probably if every osteopathic physician would read and heed this book there would be less discussion of the need to advertise and more interest in the problem of education of our clientele. Many who do not know why they have not a greater success for all their earnestness and devotion will find the reason and the remedy here. And there are probably none who would not find help or at least interest in this book. Especially recommended to beginning practitioners.

Food in Health and Disease, N. S. Davis. P. Blakiston's Son & Co. \$3.50.

A standard of food values and reference book in dietary treatment of disease. Originally a part of "A System of Physiologic Therapeutics" planned by Solis Cohen as a non-medical system.

This fact and the increasing attention being paid to diet throughout the osteopathic profession will make this book an interesting one to osteopathic physicians.

Looking at the subject through the osteopathic philosophy, it might be stated that faulty diet is much more a cause of disease than careful diet is a cure. If it be a cause, no standard of correct diet can be given, except with reference to the abuses that have brought on the illness. Diet should have reference not to the disease, but to the feeding that has been customary and to the tolerance of the patient. It is thus a most highly individual problem.

However, as a protection to diseased organs that need physiological rest it is still a grave problem in the sick room. As bearing on efficiency also, it has great importance.

These two aspects of the matter are ably treated in this volume. There is scarcely a disease in which the subject need not or should not be considered as important.

Himself. Talks with men concerning themselves. Lowry and Lambert. Forbes & Co., Chicago. \$1.00.

Dark places and hidden subjects are the great breeding ground for abuses and tyrannies. This volume is another one of the series from the pen of Dr. Lowry and his co-workers whose effort is to let the light into the dark places and to promote that free discussion of sexual problems that alone will make it possible to apply remedies to the only too great evils that lurk there. The motive is sincere and the effort is earnest and the book bears the stamp of those qualities.

The Care of the Skin and Hair—By William Allen Pusey, A. M., M. D.—D. Appleton & Co.

Do you shave? Do you brush your hair? Do you bathe?

Supposing that you do all of these things, do you know anything about them? Do you know anything about the care of your skin, of your hair, and about the kind and quantity of soap you should use on the skin or the hair? This volume by Dr. Pusey, an authority on the skin, from the University of Illinois, discusses these matters in 175 short pages, a book that can be digested in an hour. It is written for the layman. It is one that I shall keep on my desk for the purpose of loaning to those individuals among my patients who may be interested, and who I think may profit by it. One could wish that other topics concerning health were as well treated in volumes as brief and as handy.

Surgeon's "Impudence" Raises Ire of Harper's Weekly.

The following "solar plexus" jolt in *Harper's Weekly* ought to give Mr. "Eminent Surgeon" something to think about, if it comes to his attention. He assuredly got what he deserved:

Hot Air.

Now for the other side. I am a surgeon, and have no sliding scale. Every operation of a certain kind justifies a fee of \$50,000. If a man cannot pay it, I make him a present of the difference between that amount and what he may comfortably pay.—*Eminent Surgeon in the New York Times.*

Nonsense! Also impudence. Come off your high horse, leave off one cipher, and bring your statement down to the plane of discussion.

And here are some thoughts for you to consider. If you are really an eminent surgeon, how did you become so?

Did you invent surgery, or did you come along and learn what your predecessors had discovered and apply your own skill to the practice of what they gave you?

And your education—how did you get it?

Mostly from charity. The schools in which you learned were maintained by funds provided by the benevolent or supplied by taxpayers; the hospitals in which you got your skill were built and maintained by the same means. The doctors who taught you what you know taught you not so much for fees as out of a sense of duty; because they felt they owed it to humanity to hand down surgical skill into fit hands for the public service. You are a charity scholar; most of us are, but you especially, and you especially are dedicated to the promotion of health and the relief of suffering. You are not an independent individual speculating in surgery for dollars. You are part of the apparatus of the twentieth century, in debt to your time, as all men are, and bound by its obligations.

Your suggestion that every patient for whom you do a difficult capital operation owes you fifty thousand dollars is enough to drive every self-respecting person from your doors. Who would wish to become the debtor of the author of an assumption so arrogant and so absurd!

Doctoring a Doctor

"I say, doctor, did you ever doctor another doctor?"

"Oh, yes."

"Well, tell me this. Does a doctor doctor a doctor the way the doctored doctor wants to be doctored, or does the doctor doing the doctoring doctor the other doctor in his own way?"—*Exchange.*

What I Have Found Out

Appearances Are Important.

I believe you conduct a department in "The O. P." in which you are willing to print "things found out" that would seem to be of value to the profession. I wish briefly to make clear a few things that I have found out, or rather a few criticisms I have heard, which I think the profession in general should be advised of in order that they may profit thereby.

A patient recently said to me: "My daughter and I would take treatment in our home city were it not for the following reasons: Dr. So-and-So, who, so far as we know, is the only competent osteopath there, only has one treating room from which a dressing room is curtailed off. He is obliged to hurry his patients so fast that one hasn't any opportunity to rest after treatment, neither do we like the lack of privacy."

Another lady recently said to me, referring to an osteopathic physician in another city: "It is too bad Dr. So-and-So's rooms are so unsanitary. He is such a fine man personally and seems to be so well thought of in the profession, but, really, his rooms were positively dirty and the treating gowns were so soiled I just hated to put one on."

The moral will be easily discerned by all who read the above without further elaboration on my part. I submit it in the hope that it may prove helpful in eradicating the faults or shortcomings brought to light.—Ernest C. Bond, D. O., Milwaukee, Wis.

Names and Addresses of Secretaries of State Boards Desired

We should be very glad to have information from secretaries of the various osteopathic state boards for this department. We should like also to have the name and address of each secretary, so that it can be furnished in directory form in "The O. P."

Flashes From The Funny Fellow

A Rough Guess

"What did the doctor write on the slip he handed you?"
"I don't know," replied Mr. Growcher, "but I rather suspect it was Latin for 'please remit.'"—Washington Star.

The Verdict

"What was the doctor's verdict in your father's case?"
"He fined us \$150."—Detroit Free Press.

Opportunities for Osteopaths

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

A Chance in South Dakota

We are in receipt of a letter of date of December 10, from Mr. Charles L. Hyde, president of the American Exchange Bank, of Pierre, South Dakota, which reads as follows: "There is an opening here for a good osteopath. Dr. Dymond is leaving, and would sell his fixtures at a sacrifice. Possibly you can put some of your inquirers in touch with this opening." Dr. E. C. Dymond, as explained elsewhere in this number, is leaving Pierre to accept a position on the faculty of the Des Moines Still College of Osteopathy.

Arkansas Offers Good Opportunities.

Dr. C. A. Dodson, of Little Rock, Arkansas, gives us the following information about his state, and a list of towns that are as yet without osteopaths: Arkansas has a population of 1,574,499 people in 75 counties. There are only 26 osteopaths practicing in the state. These 26 D. O.'s are located in 16 cities of Arkansas. There are 60 counties in Arkansas that have no osteopath located in the county. Below is a list of 24 cities in Arkansas with a population of over 2,000 and have no osteopath. Most of these cities have no osteopath located in the county.

Population	Population
Argenta 11,138	Arkadelphia 2,745
DeQueen 2,018	Conway 2,794
Camden 3,995	Cargile 4,202
Eldorado 4,202	Forrest City 2,484
Fordyce 2,794	Malvern 2,788
Magnolia 2,045	Marked Tree 2,026
Monticello 2,374	Morrilton 2,424
Nashville 2,374	Newport 3,557
Prescott 2,705	Stamps 2,316
Van Buren 3,878	Wynne 2,353
Warren 2,057	Batesville 3,399
Clarendon 2,037	Eureka Springs 3,228

Towns in Minnesota Without Osteopathic Practitioners

Population.	Population.
Adrian 1,150	Sauk Center 2,463
Brainerd 5,000	Slayton 1,100
Caledonia 1,825	St. James 2,320
Detroit 2,500	St. Peter 4,514
Glencoe 2,250	Windom 1,184
Lakefield 1,200	Worthington 2,300
Litchfield 2,415	Zumbrota 1,600
Ortonville 1,675	

What Is the Matter With Wisconsin?

It seems to us that there are a number of good towns in Wisconsin that ought to be occupied by live, wide-awake osteopathic physicians. Wisconsin is a mighty fine state with a fine, progressive, intelligent citizenship. It is a state worth living in and there ought to be more osteopaths. Here are a few towns that we have picked out that should have osteopathic practitioners.

Antigo	Medford
Burlington	Menasha
Beaver Dam	Mineral Point
Black River Falls	Neenah
Chippewa Falls	Oconto
De Pere	Rhineland
Dodgeville	Sauk City
Kaukauna	Watertown
Manitowoc	West Bend

Here are a few towns that have osteopaths as indicated by the figure following the name, but they ought to be able to support more.

Appleton (2)	Eau Claire (1)	Baraboo (1)
Ashland (1)	Grand Rapids (1)	Beloit (1)

There is an opening for a good osteopath at Allerton, Iowa, a field just vacated by Dr. A. W. Clow, 1912 graduate of Des Moines Still College of Osteopathy, who gave up his practice at Allerton to accept a position of track coach and assistant physical director at Purdue University, La Fayette, Indiana.

We print herewith a list of Illinois towns, together with population, which, as far as we know, are as yet unsupplied with an osteopathic physician. Most of these

towns are not large in population, but they can easily support one or possibly two osteopathic practitioners. A great many of our young graduates and some of our older practitioners make the mistake of trying to find a large city without an osteopath so that they will have an easy office practice, but the time is now past when such opportunities are presented, and the way to bring osteopathy strongly to the front is for our young practitioners to go into the smaller towns and take up a regular general practice, handling both chronic and acute cases at their offices and at the homes of their patients.

Albion 1,281	Effingham 3,898
Altamont 1,398	Eldorado 3,366
Amboy 1,749	Equality 1,180
Arcola 2,100	Fairfield 2,479
Arthur 1,080	Farmington 2,421
Ashland 1,096	Forest Park 6,594
Assumption 1,918	Freeburg 1,397
Astoria 1,357	Fulton 2,174
Athens 1,340	Geneva 2,451
Atlanta 1,367	Genoa 1,257
Auburn 1,814	Georgetown 2,307
Augusta 1,146	Gillespie 2,241
Barrington 1,444	Gilman 1,305
Barry 1,647	Girard 1,891
Bement 1,530	Glenn Carbon 1,220
Benton 2,675	Golconda 1,088
Blue Island 8,043	Grafton 1,110
Bradley 1,942	Granville 1,391
Braidwood 1,958	Grayville 1,940
Breese 2,128	Greenfield 1,161
Bridgeport 2,703	Greenup 1,224
Brookfield 2,186	Hamilton 1,627
Brooklyn 1,569	Herrin 6,861
Brookport 1,443	Highland 2,675
Bunker Hill 1,046	Highwood 1,219
Cambridge 1,272	Johnston 3,248
Camp Point 1,148	Jonesboro 1,169
Cardiff 1,031	Keithsburg 1,515
Carlyle 1,982	Knoxville 1,818
Carpentersville 1,128	Lanark 1,175
Carrier Mills 1,558	Lansing 1,060
Cartersville 2,971	Lebanon 1,907
Casey 2,157	Lena 1,168
Central City 1,179	Leroy 1,702
Chatsworth 1,112	Lewistown 2,312
Chenoa 1,314	Lexington 1,318
Cherry 1,048	Libertyville 1,724
Chester 2,747	Lockport 2,555
Chillicothe 1,851	Lovington 1,011
Chrisman 1,193	Lyons 1,483
Christopher 1,825	McHenry 1,031
Coal City 2,667	McLeansboro 1,796
Colchester 1,445	Madison 5,046
Collinsville 7,478	Manteno 1,229
Columbia 2,076	Marengo 1,936
Crotty 1,005	Marissa 2,004
Crystal Lake 1,242	Maroa 1,060
Dallas 1,238	Martinsville 1,500
Divernon 1,519	Mascoutah 2,081
Dolton 1,869	Milford 1,316
Dorrisville 1,184	Millstadt 1,140
Du Quoin 5,454	Minonk 2,070
Dwight 2,156	Momence 2,201
Edwardsville 5,014	Morrisonville 1,126
Morton 1,094	Rossville 1,422
Mound City 2,837	St. Ann 1,065
Mounds 1,686	St. Elmo 1,227
Mt. Morris 1,132	St. Francisville 1,391
Mt. Olive 3,501	Sandoval 1,563
Mt. Pulaski 1,511	Savanna 3,691
Murphysboro 7,485	Sesser 1,292
Naperville 3,449	Shawneetown 1,863
Nashville 2,135	Sheffield 1,009
Nauvoo 1,020	Sheldon 1,143
New Athens 1,181	Silvis 1,163
New Baden 1,372	Sorento 1,018
Newman 1,264	S. Holland 1,065
Newton 2,108	S. Wilmington 2,403
Nacomis 1,872	Steger 2,161
Normal 4,024	Stonington 1,118
Norris City 1,055	Summer 1,413
North Chicago 3,806	Thayer 1,012
Oblong 1,482	Thornton 1,030
Odell 1,085	Trenton Hill 1,040
Odin 1,400	Trenton 1,694
O'Fallon 2,018	Troy 1,447
Onarga 1,273	Upper Alton 2,918
Palatine 1,144	Vandalia 2,974
Palestine 1,399	Venice 3,718
Park Ridge 2,009	Vermont 1,118
Pawnee 1,399	Vienna 1,184
Pecatonia 1,022	Villa Grove 1,823
Peotone 1,207	Virden 4,000
Percy 1,083	Warren 1,330
Peru 7,984	Warsaw 2,254
Pickneyville 2,722	Washington 1,530
Plainfield 1,019	Waterloo 2,091
Plano 1,637	Weatherfield 1,593
Polo 1,828	Wenona 1,442
Portland 2,194	West Dundee 1,380
Red Bud 1,240	WestFrankfort 2,111
Ridgway 1,054	WestHammond 4,948
River Forest 2,456	Westville 2,607
Riverside 1,702	Willisville 1,082
Riverton 1,911	Wilmington 1,450
Roanoke 1,311	Winchester 1,639
Rochelle 2,732	Witt 2,170
Rock Fa's 2,657	Worden 1,082
Rockdal 1,101	Wyoming 1,506
Roodhouse 2,171	

THE OSTEOPATHIC PUBLISHING CO.
215 South Market

A list of thirty-three Colorado towns of 900 or over, in which live 65,000 people. There are no osteopathic physicians practicing in these towns.

Town.	Population.	Remarks.
Aspen	1,834	County seat of Pitkin County. Silver mining camp.

Central City... 1,782	County seat of Gilpin County. Gold mines produce three million annually.
Colorado City.. 4,333	Location of immense reduction works for treating gold ores from Cripple Creek. Coal mining.
Crested Butte... 904	
Delequa 958	
Eaton 1,157	Agriculture and flour mills.
Endle 900	
Englewood 2,983	Five miles south of Denver.
Florence 2,712	Coal mines, oil and gas, smelters, ore mills.
Fowler 925	In the Arkansas Valley, irrigated district.
Georgetown ... 950	County seat of Clear Creek County. Metal mining.
Golden 2,477	County seat of Jefferson County, located. School of Mines.
Goldfield 1,121	Mining camp in Cripple Creek district.
Gunnison 2,000	County seat of Gunnison County. Mining and agriculture.
Idaho Springs.. 2,154	Pioneer gold mining camp. Location of medicinal springs.
Independence .. 1,000	
Lafayette 1,892	Coal mining.
La Junta 4,154	County seat of Otero County. Agriculture, flour mills, canning factories.
Littleton 1,373	County seat of Arapahoe County, 11 miles from Denver.
Louisville 1,706	Coal camp.
Manitou 1,357	Health resort, at foot of Pike's Peak.
Minnequa 3,500	
New Windsor.. 1,200	
Ouray 1,644	County seat of Ouray County. Gold mining.
Pryor 2,000	
Rockdale 1,413	
Salida 4,425	Large railroad shops, smelters.
Silverton 2,153	County seat of San Juan County. Banner gold mining camp of San Juan district.
Sopris 1,000	Coal mining.
Starkville 2,000	Coal mining.
Victor 3,162	Location of the largest and best-known gold mines in the Cripple Creek District.
Walsenburg ... 2,423	County seat of Huerfano County. Coal mining and stock raising.
Windsor 935	Agriculture, location of sugar beet factory.—The Colorado Osteopathic Association, by Geo. W. Perrin, D. O., President.

This is a splendid list of towns, and is just the kind of information that should prove valuable to young osteopaths just leaving college, or to those in practice who desire to change their locations. We shall be glad to have similar lists from the presidents or secretaries of our various state or district associations.

Dr. Carey T. Mitchell, secretary of the Tennessee State Board of Examiners calls attention to the splendid opportunities for osteopathic practice in the state of Tennessee. The state has a population of nearly two and one-half million, and there are less than 100 practitioners in the state. Dr. Mitchell invites correspondence relative to the opportunities existing in Tennessee.

We have been asked to secure information concerning the opportunities for osteopathic practice in Cuba, Mexico, or South America. Anyone of our readers knowing anything about conditions in any of the sections mentioned, will please write us concerning the situation.

Dr. F. W. Miller, who is now located at Oneida, N. Y., tells us that there is a fine opportunity for the right kind of an osteopath at Wellsville, N. Y., where he was located for the past eight years. His practice there won about \$2,800 a year and so far no one has taken hold of the practice. Dr. Miller says that he will be glad to assist anyone who desires to locate at Wellsville.

Some New Jersey Towns Need Osteopaths

Bloomfield 15,000	Guttenburg 5,500
Boonton 5,000	Hamonton 5,000
Butler 2,000	Hawthorne 3,500
Caldwell 2,000	Irvington 12,000
Cape May 2,500	Kearney 18,500
Carlstadt 4,000	Keyport 3,500
Cliffside 3,500	Little Ferry 2,500
Collingswood 5,000	Millville 12,500
East Rutherford ... 4,000	Newton 4,500
Edgewater 2,500	Nutley 6,000
Fairview 2,500	Paulsboro 2,000
Flemington 2,500	Pennsgrove 2,000
Fort Lee 5,000	Phillipsburg 14,000
Freehold 3,000	Rahway 9,500
Garfield 10,000	Raritan 3,500
Glen Ridge 3,000	Roosevelt 5,500
Gloucester City ... 9,500	Salem 4,500
Secaucus 4,500	West Hoboken... 35,500
Somerville 5,000	West New York... 18,500
South River 4,500	Wharton 3,000
Union 21,000	Woodbine 2,500
Wallington 3,500	Woodbury 4,500
Washington 3,500	

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☞ This offer may be withdrawn at any time, so *come quick* if you want to be "in" on this deal.

The Osteopathic Publishing Company
215 South Market Street, Chicago

Information Wanted

WE have temporarily lost track of the addresses of the following osteopaths. We should be very pleased to receive information as to their present location, and whether they are in active practice or retired. If requested, a three months' subscription to THE OSTEOPATHIC PHYSICIAN will be allowed for each address furnished.

- Dr. Mary L. Abbott.
- Dr. Earl I. Agnew; last known address, Osceola, Iowa.
- Dr. Alice C. Ackley; last known address, Mt. Vernon, Iowa.
- Dr. Forrest Clare Allen.

- Dr. Cecil Robbins Alexander.
- Dr. J. Bert Albright; last known address, 101 Second street, Kewanee, Ill.
- Dr. Joseph S. Amussen; last known address, Chicago, Ill.
- Dr. Antonia Apel; last known address, 3767 Albatraz street, San Diego, Cal.
- Drs. Anderson & Anderson.
- Dr. Arthur Arbaker; last known address, Springfield, Vt.
- Dr. Mary A. Arthur.
- Dr. Edith Ashby.
- Dr. E. Marvin Bailey; last known address, Shawnee, Okla.
- Dr. W. H. Ballew.
- Dr. P. P. Balcom; last known address, 17 St. James avenue, Boston, Mass.
- Dr. Helen M. Barber; last known address, 407 Hall block, Kansas City, Mo.
- Dr. Arch L. Barber.
- Dr. George A. Barrett; last known address, 313 Columbia street, Salem, Ore.
- Dr. Lillian G. Barker; last known address, 617 Monterey street, Alhambra, Cal.
- Dr. Kenneth P. Barber.
- Dr. M. B. Bartley; last known address, Enid, Okla.
- Dr. S. Mehetabel Barnes; last known address, 318 Clay street, Los Angeles, Cal.
- Dr. Arthur Shirley Baret.
- Dr. Clara L. Bashaw; last known address, Grants Pass, Ore.
- Dr. Nora H. Bates; last known address, Tropic, Cal.
- Dr. Mary D. Beckley; last known address, 33 Masonic Temple, Denver, Colo.
- Dr. Esther Bebout.
- Dr. Alvina Beauchamp; last known address, Salmon City, Idaho.
- Dr. Arthur V. Benedict.
- Dr. Marietta Bennett; last known address, Auditorium Bldg., Los Angeles, Cal.
- Dr. Chas. P. Berger; last known address, 273 S. Washington street, Wilkesbarre, Pa.
- Dr. F. A. Bereman.
- Dr. Josephine J. Bernard.
- Dr. Jeanette Beyers; last known address, Waycross, Ga.
- Dr. Geo. Bishop.
- Dr. Walter L. Bingham.
- Dr. Nellie I. Blair.
- Dr. James Bledsoe; last known address, Denver, Colo.
- Dr. Mary Blaney; last known address, 910 Am. Bank Bldg., Seattle, Wash.
- Dr. Arthur Blanchard; last known address, Manhattan, Kans.
- Dr. D. M. Bodwell; last known address, 320 Colorado avenue, Holly, Colo.
- Dr. Florence A. Boles; last known address, New Castle, Wyo.
- Dr. Marion B. Bonney; last known address, Boston, Mass.
- Dr. Chas. A. Boyd; last known address, 825 S. Hope street, Los Angeles, Cal.
- Dr. W. H. Bowden; last known address, Americus, Ga.
- Dr. D. C. Bouve; last known address, Boston, Mass.
- Dr. Arthur Boucher.
- Dr. Lewis G. Boyles; last known address, 514 American Bank Bldg., Seattle, Wash.
- Dr. Chas. C. Bradbury; last known address, Century Bldg., Brookings, S. D.

Dr. Louise Branner.
 Dr. Mary Brewer; last known address, 911 Second street, Louisville, Ky.
 Dr. J. P. Briggs; last known address, 610 Carleton Bldg., St. Louis, Mo.
 Dr. F. G. Brown; last known address, 3624 Lancaster avenue, Philadelphia, Pa.
 Dr. Amelia E. Brotherhood; last known address, Los Angeles, Cal.
 Dr. Roy F. Buchman.
 Dr. Margaret M. Burns.
 Dr. Lynn E. Buren.
 Dr. F. A. Butell.
 Dr. L. B. Burnett.
 Drs. Burt & Parker; last known address, McCormick Bldg., Trinidad, Colo.
 Dr. O. M. Caland; last known address, 532 New Ridge Bldg., Kansas City, Mo.
 Dr. E. G. Calfish; last known address, Springboro, Pa.
 Dr. W. I. Cain; last known address, Main and Sixth streets, Benton Harbor, Mich.
 Dr. Ernest Cannon.
 Dr. E. E. Campbell; last known address, 150 North street, Pittsfield, Mass.
 Dr. Jessie W. Carnett; last known address, Denver, Colo.
 Dr. W. E. Campbell.
 Dr. Arthur E. Campbell; last known address, Topeka, Kans.
 Dr. Una Waggoner Cary.
 Dr. Edna J. Carver; last known address, Denver, Colo.
 Dr. Clara Lovina Case.
 Dr. Helen Chandler; last known address, Kansas City, Mo.
 Dr. Nora A. Chapman; last known address, Mobile, Ala.
 Dr. J. S. Chase; last known address, 96 Cabot street, Beverly, Mass.
 Dr. Jennie M. Chase.
 Dr. Anna E. Clark; last known address, 203 Richards Bldg., Lincoln, Nebr.
 Dr. Grant F. Clayton; last known address, Los Angeles, Cal.
 Dr. R. V. E. T. Clements; last known address, 602 E. Twelfth street, Los Angeles, Cal.
 Dr. Gerhardes Clasen.
 Dr. L. F. Conrad; last known address, Olney, Colo.
 Dr. J. S. Conner; last known address, Mt. Vernon, Mo.

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Illustrating the use of the UNIVERSAL JOINT. The section swings in a complete circle and requires very little effort on part of operator. Weight being supported by a central spring.

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 The spring adjustment. (One-half inch spiral spring.)
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 The leg hooks.
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 Durability.
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 The procuring of forced relaxation by approximation of vertebrae, aiding the effectiveness of treatments given.
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 Dr. Harriet M. Cline.
 Dr. William Cooper.
 Dr. Geo. Cleary; last known address, Burns, Ore.

Dr. James L. Cooter; last known address, Williamstown, Mo.
 Dr. Mary Cookley; last known address, Laddonia, Mo.
 Dr. E. C. Cookson; last known address, 312 Commercial Bldg., Alton, Ill.

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A WELL-KNOWN physician writes: "I prescribe grape fruit for all my patients and tell them to be sure and get ATWOOD GRAPE FRUIT, as *other grape fruit to the Atwood is AS CIDER APPLES TO PIPPINS.*"

The Journal "American Medicine" says: "Realizing the great value of grape fruit, the medical profession have long advocated its daily use, but it has only been within the past few years that the extraordinary curative virtues of this "king of fruits" have been appreciated. This dates from the introduction of the ATWOOD GRAPE FRUIT, a *kind that so far surpasses the ordinary grape fruit that no comparison can be made.*"

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If you desire your grocer or fruit dealer will furnish the ATWOOD Brand in either bright or bronze. It may be procured at first-class hotels, restaurants and clubs. Ask for ATWOOD Brand. For home use buy it by the box; it will keep for weeks and improve.

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THE ATWOOD GRAPE FRUIT COMPANY, 80 Maiden Lane, New York



In D.O. Land

Greenfield, Ind., Case Appealed

Dr. H. E. Wright of Greenfield, Indiana, was found guilty November 29th of practicing medicine without a license and fined \$50. The case has been appealed to the Circuit Court.

Indiana Osteopath Acquitted

Dr. Paul B. Wright of Noblesville, Indiana, practicing as assistant to Dr. John F. Spaunhurst of Indianapolis, has been acquitted of the charge of practicing medicine without a license.

Massachusetts Annual Meeting, January 4th.

The annual meeting of the Massachusetts Osteopathic Society will be held on Saturday, January 4th. There will be day and evening sessions with a banquet. Matters of vital interest to the profession will be considered.

Northeastern Pennsylvania Meeting.

The regular monthly meeting of the Northeastern Pennsylvania Osteopathic Association was held November 9th at Wilkes-Barre. Dr. E. M. Downing, of York, addressed the meeting on the subject of the Abbott Method of correcting spinal curvatures. The meeting was well attended.

Woman D. O. Bags Big Deer

Dr. Mayme K. Tuttle of Portland, Maine, is a huntress and an expert markswoman. She enjoyed some deer shooting in the Maine woods this fall, and brought home a handsome 250-pound buck, which she dropped dead in his tracks with a shot through the heart early one morning just a short distance from camp.

Dayton District Meeting

The Dayton District Osteopathic Society met with Dr. W. A. Gravett at Dayton, Ohio, December 5th. Dr. E. W. Sackett of Springfield read a very interesting paper on "Anterior Poliomyelitis." A general discussion followed. The attendance was large. The next meeting will be held January 2nd.—*W. A. Gravett, D. O., Secretary.*

Colorado Annual Meeting

The Colorado Osteopathic Association will hold its annual meeting January 21st and 22nd, at Denver. Dr. C. B. Atzen, president of the American Osteopathic Association, will be present, and will address the meeting on Tuesday afternoon on the subject of "Technique" and in the evening will give a public address to the laity.—*J. A. Stewart, D. O., Secretary.*

Northern Colorado Meeting

The Northern Colorado Osteopathic Association held its annual meeting at Longmont, November 9th. Dietetics and prevailing diseases were discussed. Seventeen persons were present at a dinner given at the Imperial Hotel. Officers elected were: President, Dr. W. R. Benson; secretary, Dr. U. S. G. Bowersox, both of Longmont. The next meeting will be at Boulder, in April.

Los Angeles College Fall Field Day

Faculty and students of the Los Angeles College of Osteopathy held their Fall Field Day at Redondo Beach, November 29th. There was a picnic luncheon, and a program of sports. The "tug of war" between the freshmen and juniors went to the juniors after two tussles, and the freshmen refused to continue the contest. Baseball game between the faculty and seniors was won by the faculty by a score of 10 to 6.

Osteopath Elected County Coroner

Dr. Benjamin Smyth of Yankton, South Dakota, has received official notice of his election to the office of County Coroner for Yankton county. In the spring primaries he received nearly double the votes of his closest competitor, and had a good majority over all opponents at the November election. We do not recall that there are other osteopaths holding the office of county coroner. If there are, we should be glad to hear from them.

Chicago Newspaper Men Make a Discovery.

The following from the Chicago *Tribune* shows how much the newspaper men were able to comprehend what "Spondylotherapy" was all about. It shows also the president knew how to "play up" an item to get a news mention. The "drug" doctors are taking hold of "Spondylotherapy" with a rush and they will see to it that it is kept before the public in a prominent manner. **Spondylotherapeutists Here; Who Are They? Well, It's a Science Based on Clinical Physiology in Contradistinction to Physiology of Laboratory Vivisectionists.**

The men who can pronounce "spondylotherapy" without the quiver of an eyelash will meet today at the Hotel Sherman. The American Association for the Study of Spondylotherapy will open its annual convention at 10 o'clock with an address by the president, Dr. Charles F. Anderson of Lexington, Ky. "Spondylotherapy," Dr. Albert Abrams, the discoverer, said, "is based on the clinical physiology of the human in contradistinction to the study of physiology by the laboratory vivisectionist and concerns itself with functional centers of the spinal cord."

New Tri-State Organization

A number of osteopaths from Oklahoma, Texas and Southern Kansas held a meeting at Wichita, Kansas, December 3rd, and organized a tri-state organization to be known as the Southwest Osteopathic Association. Officers elected were: President, Dr. P. W. Gibson, Winfield; vice-president, Dr. H. C. Wallace, Blackwell, Okla.; secretary and treasurer, Dr. Florence McCoy, Wichita.

Denver Meeting.

The Denver Osteopathic Association held its annual meeting in the Temple Court building, November 2nd. Officers elected were: President, Dr. R. B. Powell; first vice-president, Dr. Julia Frey; second vice-president, Dr. Carrie Bennett; secretary, Dr. F. A. Luedicke; treasurer, Dr. Cara Richards. The campaign for an Independent State Board of Osteopathic Examiners was heartily endorsed.

Mid-Year Meeting Oregon Osteopathic Association.

The mid-year meeting of the Oregon Osteopathic Association will be held in Portland, Saturday, January 11th. An excellent osteopathic program will be given, Doctor Wm. Keller being chairman of this committee and Doctor Luther H. Howland presiding. In addition to the members and those practicing in the state an invitation is extended to all osteopathic physicians in near and adjoining states to attend.

Historic Data on Chiropractics Desired

Dr. J. B. Palmer, of chiropractic prominence, has offered, or it is alleged to have offered, five thousand dollars to anyone who will prove that he was ever inside an osteopathic college or ever taken a course of instruction in an osteopathic college. Dr. O. W. La Plount of Albert Lea, Minnesota, is collecting information concerning the origin and growth of chiropractic as well as the curriculum of the so-called colleges. Any assistance along these lines will be welcomed by Dr. La Plount.

Dr. Otis F. Akin Attends Clinics in the East.

Doctor Otis F. Akin of Portland, Oregon, has returned from a month in the east. Doctor Akin spent two weeks attending the "Clinical Congress of Surgeons of North America," held in New York City, and a week in Portland, Maine, with Doctor Abbott. Doctor Akin has successfully applied Abbott's method for the past year, being the first to do this work on the Pacific coast. Enroute west Doctor Akin spent a few days in Detroit, Chicago, and Rochester, Minn., with the Doctors Mayos.

Twenty Thousand Dollar Yacht for Lease

Dr. F. M. Turner of Savannah, Georgia, writes to know if we can put him in touch with anyone who would

like to lease a \$20,000 yacht for the winter season of three months for \$3,000, plus insurance for the season. Personally, we had to pass this up, not having opportunity to take a winter vacation or the necessary \$3,000 to spare. We pass the opportunity along to any of our affluent practitioners or their friends who would like to spend three months in Florida this winter.

King County, Washington, Meeting

The King County (Washington) Osteopathic Association held its November meeting in the Leary Building with a large and enthusiastic attendance. Dr. Henrietta Crofton presented a paper, "Intestinal Auto-Intoxication," discussed by Dr. A. B. Cunningham. Dr. J. T. Slaughter conducted a clinic and Dr. A. B. Ford reviewed Cabot's differential diagnosis. Dr. Arthur B. Cunningham was elected secretary and Dr. Roberta Wimer-Ford corresponding secretary for the coming year.

Little Rock Wants Arkansas Osteopathic Meeting

As soon as the Secretary of the Little Rock Board of Trade read the account of the Arkansas Osteopathic Association, which was held in Hot Springs, Nov. 15th, he immediately wrote to the President, Dr. Dodson, to know what inducements Little Rock would have to offer to get the next state osteopathic meeting. He promised them reduced railroad rates, free convention badges, and the free use of the finest convention hall in the city, and asked what else the osteopaths would want? Sounds good, doesn't it!

Railroad Company Pays Compliment to Dr. Dodson.

A representative of the St. Louis & Southwestern Railroad recently called upon Dr. C. A. Dodson of Little Rock, Ark., to furnish the company with a statement of the diagnosis and prognosis in a case of spinal injury received by one of the engineers in the employ of the company. Although the damages claimed by the engineer amounted to several thousand dollars, based upon Dr. Dodson's opinion of the case, the company paid the claim promptly without controversy.

This Is What Dr. Hollingsworth Prints in His Local Papers—Shame on Him!

I want you to know what my treatment will do for you after other doctors have failed.

I have practiced in this location for 11 years, during which time I have treated a great many hundred people.

In order to show you what I can do, I will give you one week's treatment FREE during the course. This offer limited to thirty days.

Consultation and examination are always free.—Dr. F. Hollingsworth, 16-18 Monroe avenue, Grand Rapids, Mich. Both 'phones.

Dr. J. E. Anderson First Osteopathic Physician of Oregon to be Elected to the Legislature.

Doctor J. E. Anderson of The Dalles, Oregon, has the distinction of being the first osteopathic physician of Oregon to be elected to the legislature. Doctor Anderson is the representative-elect of the Republican party from Hood River and Wasco counties and has been in active osteopathic practice at The Dalles for the past ten years. He was graduated from the American School of Osteopathy, Kirksville, Missouri, in 1899 and has confined his practice to osteopathy and is widely known throughout his section from the excellent work he has done.

Two Promising Young Osteopaths of Oregon

The above portrait shows Oliver Ridgeway Nichols and Otis Akin Nichols, twin sons of Dr. S. L. Nichols of Enterprise, Oregon. Dr. Nichols says that, while not yet licensed to practice, they are in active business just the same. They have witnessed treatments on several occasions, and practice on each other or on anyone whom they can prevail upon to submit to their professional creed. Otis shows the greatest professional instinct, which, it is suggested, may be attributed to the subjective influence of his illustrious namesake.

Iowa, Eighth District Meeting

The Eighth District Iowa Osteopathic Association held a regular meeting at Red Oak, November 22nd. Papers on the program were: "Sciatica in Uterine Cases," Dr. Carrie B. Collier, Clarinda; "A Legislative Review," Dr. C. E. Crow, Villisca; "Neuralgia," Dr. W. L. Gardiner, Corning; "Rheumatism and Gout," Dr. L. O. Thompson, Red Oak. Officers elected were: President, Dr. W. L. Gardiner, Corning; vice-president, Dr. R. V. Jamison, Creston; secretary and treasurer, Dr. L. E. Wagoner, Creston; trustees, Dr. George Wagoner, Creston; Dr. Carrie B. Collier, Clarinda; Dr. C. E. Crow, Villisca. The next meeting will be at Villisca, February 21st.

New York State Meeting.

The annual convention of the New York State Osteopathic Society was held at Syracuse, November 1st and 2nd. Papers were read by Dr. E. W. Tiffany, Syracuse; Dr. J. R. Miller, Rome; Dr. Herbert Bernard, Detroit, Michigan; Dr. Alice H. Proctor, Buffalo; Dr. George V. Webster, Carthage; Dr. A. P. Firth, Newark, New Jersey, and Dr. Frank C. Farmer, Chicago, Illinois. The meeting went on record as favoring the establishment of free osteopathic clinics in the larger cities of the state. Officers elected were: President, Dr. Grant E. Phillips, Schenectady; vice-president, Dr. E. W. Tiffany, Syracuse; treasurer, Dr. Ralph C. Wallace, Brockport; secretary, Dr. R. H. Graham, Batavia.

The Pacific College of Osteopathy

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Established 1896.

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This college has long stood for thorough and practical professional training. It asks the favorable consideration of such men and women as wish to base their practice of Osteopathy upon a thoroughly scientific foundation.

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Well Equipped Chemical, Physiological, Histological, Bacteriological and Anatomical Laboratories.

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Work throughout based upon Laboratory Methods.

Faculty composed of Specialists in their several lines who have had Wide Experience in Teaching.

Excellent Opportunities are offered for Post Graduate Work.

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C. A. Whiting, Sc. D., D. O.

Chairman of the Faculty

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Ohio Annual Meeting

The sixteenth annual convention of the Ohio Osteopathic Society will be held Friday and Saturday, December 27 and 28, at Columbus, headquarters, Southern hotel. The details of the program are to be mailed later, but Dr. L. C. Sorenson, president, says it will be as good as any two days' program of a national convention, with the added feature of "Hi Jenks and his Crew," at the banquet. D. O.'s of Ohio should give the quotations with which the preliminary announcement closes particular attention, to-wit: "But when it gets to be all business and no pleasure with a man, it's time for him to change his business." "A man who can't leave his business for a day or two—well, his business is leaving him."

Public Lecture on Osteopathy in New Orleans

A public lecture on osteopathy under the auspices of the New Orleans Forum Institute was given at New Orleans, November 21st, by Dr. Henry Tete. The lecture was illustrated by stereopticon views, a complete skeleton being shown first, and various bones explained, and then, beginning with the skull, the separate bones were shown individually. The lecture was divided into four parts: 1. The Evolution of Osteopathy—a historical sketch; 2. The Anatomical and Physiological Basis; 3. Principles and Practice of Osteopathy; 4. Practical Illustrations. Dr. Tete stated that osteopathy is based on four cardinal principles: The proper adjustment of the human skeleton; free supply of blood; a free co-ordination of the nerve forces, and a proper glandular activity.

Arkansas Meeting

The regular meeting of the Arkansas Osteopathic Association was held November 15th at Hot Springs. Officers elected were: President, Dr. C. A. Dodson, Little Rock; first vice-president, Dr. Chas. Champlin, Hope; second vice-president, Dr. John Falkner, Texarkana; secretary and treasurer, Dr. M. W. Higginbotham, Bentonville; assistant secretary, Dr. J. A. Barnett, Rogers; trustees, Dr. A. W. Berrow, Hot Springs; Dr. Lillian Mohler, Pine Bluff, and Dr. A. E. Freeman, Russellville. The program was as follows: "Typhoid," Dr. J. A. Barnett; "Osteopathic Lesion and Technique," Dr. J. A. Berrow; "General Observations on Prostatic and Cystitic Treatment," Dr. B. F. McAllister; "Constipation," Dr. C. E. Ross; "Malaria," Dr. L. Cummings; "Osteopathic Pathology and Treatment of Tuberculosis," Dr. C. A. Dodson.

New York Society Annual Meeting.

Following a very successful year, under Dr. Berry's administration, in which the membership of the society was greatly increased and interest strengthened, the fourteenth annual meeting of the Osteopathic Society was held at the Onondaga Hotel, Syracuse, N. Y., November 2d, at which the following officers were elected for the coming year: Dr. G. E. Phillips, Schenectady, President; Dr. E. W. Tiffany, Syracuse, Vice-president; Dr. R. H. Graham, Batavia, Secretary; Dr. R. C. Wallace, Brooklyn, Treasurer; Dr. Berry, Dr. Lincoln, and Dr. Hazzard, directors. The society was favored by addresses from Dr. Farmer, of Chicago, and Dr. Bernard, of Detroit. Dr. Webster, of Carthage, and Dr. Firth, of Newark, New Jersey, read papers. Free clinics were recommended for associations in cities and the Research Institute work heartily commended.—R. H. Graham, D. O., Secretary.

Chicago Meeting

The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel La Salle, December 5.

A request was received from Dr. D. L. Clark, requesting that clippings regarding the activities of medical practitioners be collected and forwarded to a committee in Colorado for classification and file. Dr. Cain extended an invitation to all present to attend a meeting at Littlejohn College December 6 under the auspices of the Ladies' Sorority and hear a lecture by Dr. Van Houten on Obstetrics.

A very interesting talk was given by Dr. Andrew A. Gour on medical gymnastics. The able presentation of this subject awakened an interest in all those present. The instructions of given medical exercises for the purpose of overcoming deviations and maintaining corrections were very helpful.

Dr. Gage's report as our delegate to the International Congress of Hygiene and Demography held at Washington, D. C., was most instructive and interesting.
F. E. DAYTON, D. O., Secy.

Iowa Third District Meeting

The Third District Iowa Osteopathic Association met at Mt. Pleasant. Prayer, Rev. Dr. Ingham; Address of Welcome, Mayor Fred Waiter; Response, C. J. Christenson, Keokuk; "Osteopathy in Acute Diseases," Dr. H. H. Smith, Mt. Pleasant; "Practical Gynecology," Dr. Lola Taylor, Des Moines Still College of Osteopathy; "Open Parliament, Acute and Chronic Gastritis," Dr. Elizabeth Thompson, Ottumwa; "Osteopathic Technique," Dr. Myron W. Bigsby, Aledo, Ill. (author of *Osteopathic Technique*); "Clinics," Dr. O. W. Pool, Fairfield; "Open Parliament," (a) Our Relation to Osteopathic Physicians in the Same Town"; (b) "To Other Physicians of Other Schools," Dr. F. G. Card, Ft. Madison. Only about one-third of the members of the district were present, yet the enthusiasm ran high. Special appreciation was voted to Dr. Lola Taylor for her constant interest in this association and to Dr. Westfall and Dr. Smith for their gracious entertainment. Officers for coming year: President, Dr. C. J. Christenson, Keokuk; vice-president, Dr. H. H. Smith, Mt. Pleasant; secretary and treasurer, Dr.

F. C. Card, 629 Third Ave., Ft. Madison.—F. C. Card, D. O., Secretary.

Preparing for New England Convention

A meeting of officers and prominent members of the New England Osteopathic Association and members of the Rhode Island Osteopathic Society was held in Providence, November 23d, and arrangements were made for holding the ninth annual convention of the New England Osteopathic Association in that city, May 9th and 10th. The Narragansett Hotel was voted as headquarters for the association. The convention will open Friday, May 9th, at 2 o'clock, and a scientific program will be carried out. In the afternoon there will be a public lecture by a prominent osteopath, setting forth the merits of osteopathy and followed by a ball, to which friends of the profession will be invited. On Saturday there will be sessions morning and afternoon, with a round-table dinner at noon. A business meeting will be held Saturday afternoon after the scientific part of the program is carried out. The program committee is at work and some strong features will be offered. Technique will form an important part of the programme. After the Providence meeting the Rhode Island doctors entertained Dr. Ward C. Bryant of Greenfield, Dr. John J. Howard of Franklin, Dr. George W. Goode of Boston and others at dinner at the Narragansett.

Boston Meetings for October and November.

"Publicity" was the subject at the October meeting of the Boston Osteopathic Society and proved a very interesting subject. Much food for thought was gleaned from a talk by Dr. Henry S. Bunting, of Chicago. Dr. Bunting's lecture was brimful of bright suggestions and much benefit was derived from them. Dr. Ward C. Bryant, of Greenfield, president of the New England Osteopathic Association, spoke on "Osteopathic Publicity from a Practitioner's Point of View." Dr. Bryant made a decided hit, his paper was a very strong one and contained many good points. Several applications for membership were received.

The November meeting of the Boston Osteopathic Society was held Saturday evening, November 16th, at 30 Huntington avenue. Dr. Mark Shrum, of Lynn, talked on "Some Interesting Cases." Dr. John J. Howard gave a talk and demonstration on "Sciatica."

A "Symposium on Practice" was conducted by Dr. Clinton E. Achorn, pioneer osteopath in Boston. This brought out various practical problems, other than actual technic, that we meet in seeing patients. For example: Do you talk to your patients? How do you explain osteopathy to them? How do you explain the lesions to them? How do you answer various questions that are asked? How about question of encouragement and the patient's confidence in you? A business meeting followed.

A Clever Invitation.

The following notice was issued by the Osteopathic Society of the city of New York. It should have "fetched" a crowd:

"It is better to die eating than di-et."
You are hereby invited to a dinner *informal*.
Where the Menu is grand—but the *dress* will be *normal*.
There'll be music for dinner and *dancing*, that's great;
The assessment for all is Two Dollars per plate
At Mouquin's, 27th Street, West—Forty-nine—
Is the number and place we will meet you to dine.
Just a good *social* time—we'll our friendship renew,
In the excellent way that all Osteopaths do.
Come along, bring your friends, the eats are at seven—
December Thirteenth, and we'll eat till eleven.
R. S. V. P early—your presence we seek—
Send checks: Dr. Merkle, Hotel Martinique.

Committee:

GEO. H. MERKLEY, Chairman
WILLI L. BUSTER
RICHARD WANLESS
HORTON FAY UNDERWOOD

P. S.—The Reception Room will be reached through the Hotel Earlington, 49 West 27th Street.

RECEPTION - - - 6:30 SHARP
DINNER - - - 7:00 SHARP

A few short, snappy and witty speeches.

Iowa Seventh District Meeting

The Seventh District Osteopathic Association of Iowa held its semi-annual meeting in Des Moines, October 26. The following program was found very profitable: "The Question of Force in Treatment," Dr. U. M. Hibbets; symposium, "Lesions as Found, Whether Corrected or Improved—Methods and Results;" "Cervical Region," Dr. C. F. Spring; "Dorsal Region," Dr. C. W. Johnson; "Lumbar and Innominates," Dr. A. E. Dewey; "Perils of the Osteopath," Dr. H. M. Ireland; "Impressions from the A. O. A. Convention." The evening session was turned over to Dr. C. B. Atzen of Omaha, who gave his very interesting and instructive lecture, "The Human Organism as an Adjustive Mechanism." Among other things, Dr. Spring in his paper said:

"I consider this region of special importance to the osteopath for three reasons: First, the position, lying close to the brain; second, the nature of the articulations, allowing slips to easily occur; third, the difficulty with which a definite diagnosis can be made. I am going to confine myself to one form of lesions, viz., subluxations. We find there are three kinds of lesions, the first being false lesions, or only apparent lesions, because of crooked or enlarged processes. The second are those known as "adjusted lesions," in which the tissues have adjusted themselves to the new position and are no longer causing trouble, and, third, the true lesions, which may be either primary or secondary. There are six points used in diagnosing true lesions: First, the ap-

pearance as shown by the spinous process; second, contracted musculature; third, tenderness; fourth, impaired function; fifth, limited motion, and sixth, by putting the ligamentum nuchae on a stretch, when pain will be felt at the lesion. A few of the landmarks used in locating the vertebrae may be pointed out as follows: The first, by locating the transverse process, which should stand half way between the mastoid process and the angle of the jaw. The second cervical vertebra, by its spinous process (being the first vertebra having a prominent spinous process), and its transverse process standing a little behind and a little below the transverse process of the first. The remainder are located by their spinous processes, and then the position is verified by running the fingers over the anterior surfaces of the transverse processes.

"The method I use is what I call the edging method, or by a gradual edging of the vertebrae back into place with the finger, while the ligamentum nuchae is on a stretch, tending to draw it in line, moving it only a little at a time so the tissues may adjust themselves as it goes, unless it is a recent lesion, when it may be done quickly."

Dr. Dewey, in his paper on "Lumbar and Innominate Lesions," cited a number of cases of lesions in this region, with symptoms produced, and results attained on correction of same.



Fresh New Brochure Explaining Osteopathy--Cradled on the Bosom of the Atlantic

JANUARY issue of *Osteopathic Health* is a new brochure written by Dr. Bunting at the request of several of our practitioners who wanted a particular explanation of our science for special purposes. It is entitled, "Osteopathy: What It Is, What It Does." This explanation of osteopathy is based upon the simple fact: "Man is a Machine." It is a simple presentation of osteopathic principles applied to both chronic and acute cases.

The order for this issue really came from Dr. J. R. McDougall of Chicago, who is a member of the Committee on Publication of the A. O. A. Dr. McDougall had a definite need which he communicated to the editor. Said he: "I want a particular brochure written to explain osteopathy, and I believe that you are the one to write it. I want something that is mild in tone, altogether without acrimony or spirit of rivalry toward the M. D.'s; which in no sense is written as a bid for business on the part of the osteopaths, and does not advise anyone to take osteopathic treatment; and which has this rare virtue in addition—it must be so simple in tone that all can understand it, and yet at the same time must present the scientific aspects of osteopathy."

"The particular purpose," continued Dr. McDougall, "for which I want this book, is this: I am a member of a social club in which I meet an M. D. on terms of friendly intimacy. My friends are his friends. They boast both of us. Frequently they ask me for something that will explain osteopathy; he has done the same thing. I want an article I can give the people on the one hand, and if occasion presents to the M. D.'s on the other, who may be interested in knowing what osteopathy is. I want something that will explain osteopathy simply enough for the people, and yet comprehensive enough for an M. D., and so as to compel his understanding and admiration without giving offense."

"I well realize that if such an article were possible to be construed as a slap at the M. D.'s—even though the things said might be perfectly true—these joint friends of the M. D. and the D. O. in this society would resent it and think that the M. D. was being depreciated and not getting a square deal; it would react against me; so in particular I want a brochure that will not be polemical or make any arraignment of the M. D.'s for their

shortcomings. At the same time, I want it to show what osteopathy is and does; and I suppose to do this it will be necessary to make some comparisons, and to measure it up in some way with medical history and progress. "Now, Dr. Bunting, if you can produce this article for me, I will be very grateful and will use a good quantity of them."

This was the order to the editor received last spring.

Here is the article as written. It was submitted to Dr. McDougall and is pronounced by him to meet his own exacting requirements admirably; therefore, it *ought to meet yours*.

This article was written under exceptionally favorable circumstances, and it ought to be a fresh and helpful contribution to the cause of osteopathic field literature. It was written on the Atlantic Ocean, after the author had enjoyed a four months' vacation cruising through the Spanish Main and loitering through the art galleries of the capitals of Europe. Immediately after bringing to a close this excellent and refreshing rest, experiencing the stimulation to be afforded by intimate study of the masters of painting of mediæval times, the editor started home from Venice to attend the A. O. A. meeting at Detroit.

This brochure was written on the good ship "Coronia" on the bosom of the Atlantic on the journey home.

If there is any inspiration, therefore, in propitious circumstances, this brochure ought to reflect it. There should be a freshness of the ocean air about it if nothing more.

There is but one thing that the author claims for it, and that is that it presents the basic principles of osteopathy in quite a different way from any previous article he has ever attempted. It does not use the language or the mental images that comprise the brochure, "Most Diseases Are of Spinal Origin," for instance, nor does it use any of the hackneyed examples to prove osteopathic principles with which the profession, if not the public, are now so thoroughly familiar.

This is a brand new presentation of osteopathy.

You are invited to read it and see if it is entitled to universal approval and usage.

Will you circulate a generous quantity of this brochure in your community?

Fraternally yours,

THE OSTEOPATHIC PUBLISHING CO.,
Ralph Arnold,
Assistant Manager.

An Appreciation.

"I have intended writing you ever since my return of that study you made of 'Bill' Smith in 'The O. P.' Without exaggeration, Harry, it was the finest piece character analysis I have ever read, and it should go down as a classic. While I am late about it, I am none the less sincere, and want you to know it."—Charles C. Teall, D. O., Fulton, N. Y., December 5th.

Osteopathy Wins When People Know About It.

MY DEAR DOCTOR BUNTING: Persistency being one of my dominant traits, I greatly appreciate the same in you, which we have evidence of in frequent reminders having to do with publicity work.

Do not want to be crowded, but am always reasonably busy, due to my being especially in love with my work, together with the fact that I am a close student of human nature, thereby handling people tactfully, who look for my offices.

One man has brought, not sent, \$2,000 worth of work, and is still working.

But I am fully aware that I am introducing our science, comparatively speaking, to only a few people.

And now, having quite a run among business men, and upon inquiry find that they had not head of Osteopathy until recently.

Were Osteopathy placed in its proper light, the practitioners of any city could not handle all the work.

Having been a teacher and superintendent of schools, have no trouble whatever explaining in an interesting manner the fundamentals of the science.

And I never give up from January to January, having in mind all the time, *results, results*.

This being the first time I have ever written you, other than sending in yearly remittances, would be pleased to meet you, believing you are a business man after my own heart.—J. Lovell Lawrence, D. O., San Francisco, Cal.

PROFESSIONAL CARDS

R. Kendrick Smith, D. O. Osteopath and orthopedic surgeon. Hospital accommodations for out of town cases. 19 Arlington Street, Boston.

Dr. W. F. Traugher. Physician, Surgeon and Osteopath. 317-19 Consolidated Realty Building, Los Angeles.

Dr. W. W. Vanderburgh. Dr. Rose Vanderburgh
608 Elkan Gunst Building
San Francisco, California

Dr. Murray Graves. Osteopathic Physician. 209 Symes Building, Denver, Colorado. Special attention given to referred cases.

Dr. J. Pierce Bashaw. Osteopathic Physician
308 Evernia Street
West Palm Beach, Florida

Dr. George Milton Smith. Mt. Clemens, Mich.
12 Years Practice at Present Location. Specialty,
Rheumatism and Nervous Diseases.

Dr. J. David Glover Osteopathic Physician
615 American National Bank Building
San Diego, California

MAILING LISTS

FOR

Christmas Number

reaching us before December 20th can be taken care of and magazines distributed on or before December 23d.



The Osteopathic Publishing Company
215 South Market Street
Chicago

The O. P. "Simply Fine."

"The O. P." is simply fine, and I would not want to miss a single number.—Dr. A. E. Freeman, Russellville, Arkansas, December 9th.

"Quality Counts" in Osteopathic Field Literature

Here is an incident showing the "pull" of *Osteopathic Health*. Some weeks ago we received the following letter:

Gentlemen: Will you kindly let me know the subscription price to your little publication, "*Osteopathic Health*"? I have picked it up several times from Dr. _____'s table and have been much interested in it. It seems to be written in a plain and simple style, suitable to the layman's or woman's mind. I am enclosing stamp for reply.—Mrs. R. Sims, Brown's Station, N. Y., September 29th.

On receipt of information about subscription price she sent in a subscription for herself and for a friend. The doctor referred to has not used *Osteopathic Health* for many months, and only on "single order." He prints his own literature, saying he gets it out cheaper than we are willing to supply *Osteopathic Health*. Notwithstanding that, Mrs. Sims could doubtless get all his literature that she desired, gratuitously; she was interested in *Osteopathic Health* and willing to pay for it, which, we take it, shows that "quality counts" in osteopathic literature as well as anything else.

The Christmas number of *Osteopathic Health* is the best I have ever seen.—Dr. W. J. Conner, Kansas City, Mo., December 2nd.

The Christmas number of *Osteopathic Health* is a dandy.—Dr. Ira S. Frame, Philadelphia, Pa., November 27th.

Please send me by U. S. Express, as soon as convenient, 500 of the Christmas number of *Osteopathic Health*.

I believe it will make a delightful and instructful remembrance to old friends and patients, as well as to new ones. This number seems to me should prove very beneficial to the profession.—Dr. W. N. Coons, Medina, Ohio, November 27th.

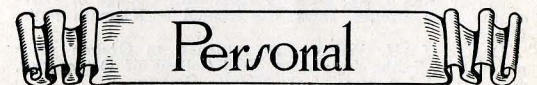
I am pleased to say that the distributions of 100 *Osteopathic Health* each month since I opened offices here has been of unexplainable value. They have cost but a trifle, and have added hundreds of dollars to my bank account, also spread the news, and have been instrumental in the relief of the sufferer.—Dr. M. H. Petty-piece, Ottawa, Ont., November 25th.

The Christmas, 1912, number of *Osteopathic Health* is the best I have seen in a long time, and I hope it will educate the people who receive it.—Dr. Fred W. Gage, Chicago, Ill., December 2nd.

I consider the Christmas number of *Osteopathic Health* a fine number, both artistically and as to contents.—Dr. R. J. Dunbar, Pittsburgh, Pa., November 30th.

Just recently received copy of the December number of *Osteopathic Health* and think it very fine. Think it is the best publication I ever saw to send to the laity to impress upon them the merits of osteopathic treatment and the superiority of our methods over all other methods of treatment. I think copies of this issue judiciously mailed to patients and prospective patients, would be a valuable asset to any osteopath. Please send me 200 of the December number, and be sure and send them as soon as convenient as I wish to mail them so they will reach those to whom they are sent before Christmas.—Dr. R. M. Wolf, Big Timber, Montana, December 3rd.

Kindly send me 100 extra December number of *Osteopathic Health*. I want to send them out as "Christmas Greetings." *Osteopathic Health* is always very good, and I find people wait for the monthly issues and read them with interest even though they have never taken treatment.—Dr. Lydia Holmes, Pekin, Illinois, December 11th.



Dr. William Cooper, graduate of Los Angeles College of Osteopathy, June 1912, is now associated with Dr. Harvey R. Foote, at Dublin, Ireland.

Dr. Alice N. Willard of Norfolk, Virginia, has now associated with her in practice Dr. Martyn L. Richardson, Philadelphia, 1911, and Dr. L. C. McCoy, A. S. O., 1911.

Dr. James Decker of Larned, Kansas, has purchased a two-story brick building and will use it as an osteopathic institute.

Dr. G. W. Plymell of Albany, Missouri, has changed his location to New Hampton, Missouri.

Dr. J. Clinton Howell of Orlando, Florida, was the principal speaker at a meeting of the Sorosis Club of that city, held November 22nd. The subject of the meeting was "Commission Government."

Dr. Carl Struble of Hastings, Nebraska has been visiting friends in Seattle, Washington, and is enjoying a tour of the Pacific coast.

Dr. Charles L. Richards of Huntingdon, Pa., sends word that twins arrived at his home November 22nd. One is a girl and the other a boy, and they have been named Dorothea and Charles. Dr. Richards says they are genuine osteopaths, hence ideal babies.

The illustrated section of the Toronto, Canada, *Sunday World* for December 1st contains an illustration of the splendid residence of Dr. F. P. Millard, on Indian road, which is known as "Seven Oaks."

Dr. and Mrs. Harvey R. Foote of Dublin, Ireland, are recuperating from a serious motor accident which occurred in September. While on a trial run, the driver of the car lost control of the machine on an extremely steep and winding mountain descent. Dr. and Mrs. Foote were thrown from the rear seat against a stone wall. Dr. Foote suffered a concussion to the chest and a fractured sprain of the right ankle, while Mrs. Foote was badly shaken and her back injured. We are glad to report that they are progressing nicely, and it is expected that in time both will make a complete recovery.

Dr. W. S. Elliott has purchased the practice of Dr. C. E. Hodge of Crookston, Minnesota. Dr. Hodge will confine his practice to Grand Forks.

Dr. Margaret H. Farnham, of San Francisco, California, has been appointed chairman of the department of Child Hygiene of the Parent Teachers' Association or Mother's Congress for the State of California. This is an important work, and Dr. Farnham is very much interested in it.

Dr. F. E. Barnes, of Charleston, Illinois, was a visitor at the office of The Osteopathic Publishing Company, November 25th.

Dr. J. M. Dyer, formerly of Pella, Iowa, is located in Northwest Canada, and has just opened up commodious offices at 134 Second avenue, North, Saskatoon, Saskatchewan. The building is known as the Great Dominion Land Building.

Dr. K. F. Kinney, of Lapeer, Michigan, now has his office and residence at 101 Fox street, one block from the business section of the town.

Dr. Riley D. Moore, formerly of Grand Junction, Colorado, but who is now connected with the Smithsonian Institute and United States Museum at Washington, D. C., was a recent caller at the office of THE OSTEOPATHIC PHYSICIAN. He has been spending some months in Alaska on special work, and was on his way back to Washington.

Edwin M. Spates, M. D., D. O., who, after eight years of very successful practice in Chicago, discontinued practice July, 1911, to remove to sunny California, but to save an investment, he temporarily engaged in business there, but has again entered active practice, and established offices at 300-302 Chamber of Commerce building, Pasadena, near where he owns Rancho Hiuata (Sunshine Ranch) and where he will always be glad to entertain any of his friends and patients.

Dr. E. C. Dymond, who has been located at Pierre, South Dakota, has given up his practice there, and will rejoin the faculty of the Des Moines Still College of Osteopathy of Des Moines, Iowa.

We received an announcement informing us of the marriage of Dr. Alfred Jackson Snapp, of Roanoke, Virginia, to Miss Mary Lillian Rhodes. The happy couple will be at home after January 1, at 1006 Campbell avenue, Roanoke, Virginia.

Dr. E. M. Downing, of York, Pa., was one of several osteopaths to attend the Clinical Congress of Surgeons of North America, in New York City last month.

Dr. S. H. Stover, formerly of Winona, Minnesota, has located at Northfield, Minnesota.

Dr. E. F. Pellette, of Liberal, Kansas, is very happy over the arrival of a baby at his home December 5th, a little girl, Miss Ruth Dorothy.

Dr. P. B. Aaronson, of Fresno, California, has been laid up for some time with a broken right arm, which he sustained while cranking an automobile. We are glad to be able to report that Dr. Aaronson is making a good recovery, and he says he expects to be at work in about a week and running his forty-horsepower Columbus as easily as ever.

Dr. J. T. Gilbert, of Paducah, Kentucky, has changed his office address from 642 Broadway to 710-711 City National Bank Building. He has also recently changed his residence, having finished a splendid ten thousand dollar residence on Jefferson street, one of the best sections of the city.

Doctor Warren W. Howard, a graduate of the June, 1912, class of the American School of Osteopathy and fourth highest average of all applicants at the July examination, has located for practice at Medford, Oregon.

Doctor Max Long, recently from Still College of Osteopathy, Des Moines, Iowa, has located at Klamath Falls, Oregon.

Doctor F. H. Wilson has returned to Oregon after graduating in the June class, Still College of Osteopathy, and located for practice at Astoria, Oregon.

Doctor David D. Young has located at McMinnville, Oregon, after a year's post graduate work at his alma mater, Los Angeles College of Osteopathy.

Doctor W. W. Rhodes has returned to Woodburn, Oregon, where he was formerly in practice, and will make this his permanent location.

Doctor Lillibelle Patterson has moved from the Fenton Building to 415 Columbia Building, Portland, Oregon.

Doctor Mabel Akin has returned to Portland, Oregon, after a two months' sojourn in Southern California.

While in the process of remodeling, one wing of the Marquam Building, Portland, Ore., collapsed recently. Fearing the building might not prove safe the owners decided to raze same and replace with a twelve story concrete building. This caused the following osteopathic physicians to vacate: Dr. W. O. Flack has taken a suite at 306 Abington Building; Dr. F. A. Graffis, Dr. R. S. Graffis and Doctor T. J. Graffis have moved to 406 Northwest Building. Doctor W. A. Rogers has moved to 718 Selling Building. Doctor Rogers came to Portland fourteen years ago and located in the Marquam Building and has retained the same offices until this time, when he was forced to move. This is the only move Doctor Rogers has made since his graduation and original location.

Man is a Machine"—A. T. STILL, M. D.
FOUNDER OF OSTEOPATHY.

OSTEOPATHY

—What It Is
—What It Does

The Body Gets Out of Order as a Machine. Mechanical, Vital and Mental Disturbances. Body Chemistry Has Had First Attention. Disease Often Caused by Faulty Mechanical Alignment. Asthma Cured by Setting a Rib. Impeded Nerve Action Disturbs Physiology. A Withered Arm Cured by Adjusting a Bone. Soft Tissues Especially Liable to Lesions. Lesions Often Caused by Functional Abuse. How Lesions May Develop in Cholera Morbus. When Acute Lesions are Removed the Case is Cured. Osteopathic Therapy Has No "Back Action." Lesions acute or Chronic May Act as Predisposing or Exciting Causes. Osteopathy Treats by Restoring Normal Vital Processes. How Osteopathy Treats Germ Diseases.

The
Osteopathic Publishing Co.
215 South Market Street
CHICAGO

For Sale—A practically new McIntosh Diagnostic set consisting of:

- 1 Diagnostic Case.....cost \$10.00
- 1 Style "A" Auriscope... " 6.00
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Features and Facial Blemishes Corrected.

The well-known Dr. Pratt methods of facial surgery alter and correct deformed and unsightly features, both congenital and acquired; remove blemishes of the skin, such as moles, birthmarks, warts and wrinkles; and help unfortunates—tortured by over-sensitiveness about such facial handicaps—to gain peace of mind and happiness.

Your referred patients will be cared for, Osteopaths.

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W. AUGUSTUS PRATT, B. S., M. D.

Money refunded in any case of drug, drink, or tobacco habit the Antidotal Treatment fails on. And no one has asked the money back.

Address ANTIDOTAL TREATMENT
904 North 22nd Street, - - - ST. LOUIS, MO.

Location and Removal

Dr. Earle S. Willard, from Weightman Building to 920 Real Estate Trust Building, Philadelphia, Pa.

Dr. Maude Goodwin, from 178 to 30 Huntington avenue, Boston, Mass.

Dr. Sarah E. McRoberts, from 5460 to 5437 Penn avenue, Pittsburgh, Pa.

Dr. Caroline V. Comstock, from 326 Mint Arcade Building, Philadelphia, Pa., to 561 Central avenue, St. Petersburg, Fla.

Dr. F. L. Ecker, from 1616 W. Adams street, Chicago, Ill., to South Haven, Mich.

Dr. L. B. Allabach, at 36 High street, New Haven, Conn.

Dr. Henry W. Clement, from Amherst, New Hampshire, to 7 Brownell street, Providence, R. I.

Dr. Herbert L. Bucknam, from Hamilton, Montana, to Hitchcock Building, Nashville, Tenn.

Dr. Lucius M. Bush, from 118 Lincoln avenue, Ruthersford, N. J., to 15 Exchange place, Jersey City, N. J.

Dr. David E. Burton, from 632 South Fifty-second street to 2037 North Twelfth street, Philadelphia, Pa.

Dr. Lillian L. Mohler, from 1003 West Thirteenth street to 202 West Fifth avenue, Pine Bluff, Ark.

Dr. A. P. Firth, from 250 Bellevue avenue to 28 Clinton street, Newark, N. J.

Dr. Thomas E. Wildsmith, from 300 O. F. Temple to Parkway Building, Philadelphia, Pa.

Dr. C. W. Rothfuss, from 71 Webb avenue to 222 Broadway Market Building, Detroit, Mich.

Dr. Ellen Bird Nott, from 164 Huntington avenue, Boston, to 3 Euston street, Brookline, Mass.

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

Dr. F. L. Poland, from Freeland to New Concord, Ohio.

Dr. Frederick Dunton Baker, at 1610 Summer street, Philadelphia, Pa.

Dr. O. O. Howd, at 615 South Sixth street, Kirksville, Mo.

Dr. E. Charleson, at Pella, Iowa.

Dr. M. Christensen, at Story City, Iowa.

Dr. R. W. Risely, at 440 Washington building, Madison, Dr. Bertha Gobel, at 215 West Pierce street, Kirksville, Dr. Walter M. Conger, at 701 Empire Building, Philadelphia, Pa.

Married

Dr. Mabel Vance of Santa Ana, California, and Mr. Lyman Tremain of Auburn, New York, at Santa Ana, October 10th.

Dr. Alfred Jackson Snapp, of Roanoke, Virginia, and Miss Mary Lillian Rhodes, December 11.

Born

To Dr. and Mrs. Charles L. Richards of Huntingdon, Pa., November 22nd, twins, Dorothea and Charles.
To Dr. and Mrs. E. F. Pellette, of Liberal, Kansas, December 5th, a daughter, Ruth Dorothy.

Want Ads

FOR SALE—Practice established 12 years, fine city of 6,000, Eastern Nebraska, average over \$5,000.00 cash income for years. Office and residence combined, nine large rooms thoroughly equipped, second story in business block. Rent very reasonable. Will sell for price of equipment, \$2,500.00. Place best for married man. Man and wife both osteopaths could enlarge business very much. This is a splendid opportunity for some one to get a good location. Address 332, care The O. P. Co., 215 S. Market St., Chicago.

WANT TO SELL—A \$9,000 a year practice in largest Canadian city. Splendid opportunity for a man and a woman osteopath. Do not apply unless you want to buy and mean business. Wish to retire, as we are old people. Address S. & S., care of The O. P. Co., 215 South Market street, Chicago.

FOR SALE—My osteopathic practice and office fixtures for invoice price of furniture; price, \$350. Retiring from practice. Will introduce buyer and guarantee a good living from start. Address W. J. Harter, M. D., D. O., Keokuk, Iowa.

Any competent osteopath not located or wishing to make a change should write "Penn," care The O. P. Co., 215 S. Market St., Chicago.