

The Osteopathic Physician

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The Osteopathic Physician

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Number 4

The Treatment of Infantile Paralysis

By Grace Stratton, D. O., Salt Lake City, Utah

THE recent epidemics in various sections of the United States and European countries have afforded great opportunities for the study of this hitherto comparatively little known disease.

From the localities in which it has been epidemic it appears to have been introduced into this country from northern Europe, particularly from Scandinavia. Epidemics appeared there in 1905 and 1906, followed by the epidemics of 1907 in New York and Boston, these being the ports of entry, and of 1909 in Minnesota, Nebraska, Iowa and other parts of the middle west which receive a large per cent of the Swedish and Norwegian immigration.

In spite of the fact that it is a disease most prevalent during the hot months, coming on as it does in the summer and early fall, the countries that have suffered the most have been those with a cold climate. Sporadic cases, however, are common, without reference to epidemic outbreaks.

The occurrence and spread of epidemic poliomyelitis is not proportional to the density of the population, rural communities usually showing a higher percentage of cases than cities and in the cities the more crowded portions do not seem to have any larger percentage than the less populated.

Recent investigations conducted by Doctors Flexner and Lewis of the Rockefeller Institute, as well as those carried on by Landsteiner and others in Vienna, have proven beyond question that it belongs to the list of infectious diseases, although the germ supposed to be present and responsible for the disease has not up to the present been discovered, possibly because it does not stain with any of the known stains or because it is ultra microscopic. Clinical facts also bear out this assertion; also that the disease has been known to have been carried by a third party.

The period of incubation varies from about a week to three weeks; children under the age of five years being the most susceptible, the two sexes being about equally affected. That it is not entirely a disease of childhood is shown by the numbers of cases of thirty years and over. It is a well-known fact that in infectious diseases individuals react very differently. The same is true of infantile paralysis. The disease may be so mild as to be overlooked or so severe as to cause death in a few days, and the exposure to a mild case may be followed by a most malignant attack, as is the case in scarlet fever. The degree of paralysis following, not showing any definite proportion to the apparent severity of the illness.

The disease has been experimentally produced in monkeys, most other animals proving immune. The virus in these cases passes from the meninges into the nasal mucosa, and infection can be readily brought about by bringing the virus into contact with the scarified mucus membrane. It becomes apparent,

then, that the nasal mucus membrane furnishes a port of entry of the virus into the human subject, its most direct tract being through the cribriform plate of ethmoid. One attack renders the patient immune from subsequent infection.

Equally prominent investigators are inclined to the belief that the disease is due to a very virulent poison generated in the intestinal canal and causing an auto-intoxication. This may be a predisposing cause. That only one or two of a large family will contract the disease puts it among the more mildly infectious. No special idiosyncrasy seems necessary to contract the disease, often the healthiest, strongest child in the family being the one attacked. Theoretically those already weakened from various causes should be more readily affected. Constipation may be one of the factors also, and trauma here seems to be a prominent cause. Many cases give a history of difficult labor or instrumental deliveries, emphasizing the suspicion that cervical lesions may be a predisposing etiological element. In fact, any condition producing a lowered state of vitality will afford receptive soil for this dread disease.

Anterior poliomyelitis may resemble and be mistaken for any of the infections, especially typhoid fever, influenza or intestinal toxemia. Lumbar puncture has been used to determine the diagnosis and is claimed by some investigators to have a therapeutic value in lessening the blood pressure within the cord. This method, however, presents extreme impractical features in general practice, as it would mean that every sick child be subjected to it.

Diagnosis should be easy, if it is epidemic, but where it is not, the disease may not be recognized until the paralysis appears. Until the last few years this was the general rule. Generally now there may be noticed premonitory signs a few days before the acute attack, which seem to be the result of meningeal irritation; these are (1) slight rigidity of the spinal muscles, (2) some retraction of the head, (3) weakness of some member so that the child falls easily, or is clumsy in movements.

The acute symptoms usually begin with a slight rise in temperature, 99 to 101 degrees, headache and pain along the spine and marked rigidity of the spinal tissues, especially of the cervical region. Kernig's sign is present and varies on the different sides according to the progress of the inflammation, and some cases present an initial chill. Temperature increases after the first day, ranging to 105 degrees. Pulse is rapid and there are tremor and clonic movements. Vomiting is common, constipation is the rule, the bladder is usually not involved. About the third day, as a rule, the paralysis occurs, of a flaccid type with loss of reflexes.

Of the many manifestations of the disease there seem to be three fairly well marked types, each, however, somewhat merging into the two others:

First, the ordinary spinal type, anterior poliomyelitic variety just described, which constitutes about three-fifths of the cases.

Second, the Bulbar type, involving the nuclear centers in the medulla, as the cranial nerves have their centers in the pons and medulla, involvement here, of course, show paralysis of the motor nerves to the eye, face or tongue, as well as the heart and respiratory organs. The danger here is due to an acute paralysis of the vagus leading to respiratory failure and death may follow in a few hours. The Bulbar type is very often fatal, the danger being the first week.

Third, the Meningeal type. This may so closely simulate cerebro spinal meningitis as to be mistaken for that disease, so that in the absence of an epidemic and until the paralysis develops about the only way positive diagnosis can be made would be by lumbar puncture.

In the treatment of the acute condition the pathology of the disease must be borne in mind and the anatomical and histological relations understood.

We shall have to dispute the long accepted theory that the disease is a toxemia affecting only the anterior horn cells of the spinal cord. It is instead an acute infectious disease with a meningo-myelitis as its most fundamental pathologic foundation. The virus of which causes also a profuse inflammation within the cord the most pronounced affects fall upon the gray matter and injure or destroy the motor and nutritive cells from pressure. This naturally results in a diminution or complete loss of motion in the muscles supplied by the affected portions of the cord.

The cervical and lumbar enlargements being most often affected, it naturally follows that the limbs being largely supplied from these areas show a corresponding loss of function. If there is actual and complete destruction of the cells in any particular area, those muscles supplied from that area, of course, are permanently paralyzed and treatment to that part would theoretically be useless. But we are not justified in taking for granted any destruction of cells until sufficient spinal treatment has been given to assure us that it is actual and not caused by the temporary retention of inflammatory products causing pressure and therefore loss of function.

The fever in acute paralysis presents so many variations as to be misleading, but its severity may be taken as a measure of the degree to which the spinal cord is invaded.

At the very beginning the knee jerk reflex may be increased and unequal in the two legs, but this soon gives way to decrease or loss, when paralysis is imminent. It may simulate meningitis with such symptoms as convulsions, retraction of the head, delirium and pain or hyperaesthesia in the back or limbs. That the meninges are really involved explains these symptoms. They are usually transient, however, as the toxic effects fall upon the gray matter of the cord. In the majority of the cases pain is absent.

During an epidemic children should be specially guarded against overexertion, overheating the blood, overeating or sitting on

the ground. These cause a lowering of vitality and lessen resistance, so that the virus finds more ready admittance to the body.

The first consideration in treatment should be the same as in all contagious, infectious or epidemic diseases. Isolation of the patient with or without quarantine. This does no harm to the patient and is a protection to others. Several states have recently passed laws making this a reportable and quarantine disease. The study of the treatment for anterior poliomyelitis naturally divides itself into two separate parts—first of the acute conditions, and second of the resultant paralysis. I believe if we osteopaths could get all our cases in the acute stage the second consideration would be very nearly, if not quite, overcome, but as it has been, only a small proportion are ever seen by us in the acute, so that overcoming the paralysis is the main thing we are called upon to do.

During the acute stage absolute rest in bed and quiet are imperative. A light nasal spray and gargle of 20 per cent listerine and water or peroxide of hydrogen several times a day will suffice to destroy the virus that may be lurking in these parts. All dishes, clothing, towels or bedding used about the sick child should be disinfected.

Of the osteopathic technique to be employed there should be first a thorough relaxing of all the spinal contracted tissues, careful, systematic, deep manipulation, then gentle, careful springing of the entire spine from the atlas down, to be certain that there is movement in every spinal joint, not neglecting to work for reduction of any bony lesions found that could in any way impair perfect drainage from the cord. The reason for general spinal treatment becomes apparent when we remember the anastomosis, up and down the cord of arterial, venous and lymph vessels and the knowledge that through these we can affect the nutrition to or drainage from the more inflamed portions of the cord from higher or lower levels.

Particular attention to the upper cervical region is important to prevent any bulbar symptoms from developing. The bulbar type being most often fatal, owing to respiratory failure. Shortness of breath, unwillingness to talk, pallor of the skin and cyanosis of the lips are danger signals of this type.

Plenty of fresh air is always necessary. The patient should be seen twice a day if possible, and gentle manipulation given at each visit to the entire spine. We should realize that it is a general infection involving the whole body as well as the spinal cord that we are called upon to treat, so that an important part of it must be elimination. This includes the usual attention to the bowels and kidneys. As constipation is nearly always present and it may be a result of paralysis rather than usual conditions, we must depend on the enema for results, and enough water must be drunk to keep up free elimination from the kidneys.

To stimulate the skin nothing equals the hot pack, but it must be properly given or it is worse than none. Always use flannel, an old blanket wrung out of hot water wrapped around the child, then covered with a dry one. When removed from the pack they should be rubbed dry and placed between blankets till perspiration has ceased. If the fever rises too high sponging will relieve the condition.

The diet during the acute stage should be very light and mostly liquid. Milk, plain or malted, broths, buttermilk, toast are all that is necessary, the less eaten the better.

At the first sign of paralysis special attention should be directed to the spinal innervation of the part involved, as it may mean only pressure paralysis, and care should be taken that it does not become permanent by too

long a pressure at that one point, causing death of the motor cells.

After the acute stage has passed, if paralysis persists, then we have the same problem that most often confronts us in our dealing with this disease, with this exception, if we have done careful work during the acute stage the paralysis, if at all curable, will not be so persistent.

If, as often happens, several months or years even, intervene before the osteopathic treatment is begun, it is still the same, but the prognosis must be more guarded. Destroyed nerve cells can never be made to live again and the few remaining cells must be trained to do the work of many. Just here is where electric treatment may do harm instead of the good that is claimed for it. By overstimulation of the muscles in relation they call upon the cells for an over amount of nutrition with the result that these remaining cells are overworked and lose rather than gain in power. Regular treatments two or three times a week, including beside the spinal treatment, thorough manipulation of the paralyzed limb or muscles, particularly plenty of flexion to overcome any tendency to contractures of the extensor muscles, as the flexors are too flaccid to counteract the stronger muscle pull of the extensors.

Muscle training has been found of service in many cases. Systematic efforts to use the paralyzed muscles will often result in good in two ways; it helps to prevent atrophy from non-use and will gently stimulate to action the remaining cells to do the work of the destroyed ones. This may be started as soon as the acute stage is over and is a gradual training from movements the patient can make easily to those that are more difficult, constantly attempting new movements. In this way the association paths in the central nervous system are educated and developed. After voluntary movement becomes established, movements against resistance are of great value in developing strength. These exercises should be given every day for a few minutes, varying with the strength of the patient and can be given by some member of the family or attendant taught by the osteopath.

Braces should not be used early in the treatment and not then unless necessary. After a considerable amount of voluntary movement is gained and it is desirable to have the patient walk, a brace may be fitted as indicated to supplement the power gained. A stiff supported ankle shoe may be all that is necessary and is better than a brace of steel if it furnishes enough support to prevent the ankle turning in. Braces should always be strong, but light as possible, and where they must reach above the knee motion should be allowed at the joints. They should often be left off and the patient encouraged to try walking without its support.

I believe that if we could get the cases in the beginning of the acute stage, diagnosis being made and careful work done, that less than half would show any paralysis whatever. And in those that show paralysis nearly every case could be overcome in a reasonable length of time.

Cases that have persisted for months and even years are often cured entirely or greatly benefited by regular routine osteopathic treatment. Even cases in adults of many years' standing may be so helped that only a slight limp remains.

As time goes on and osteopathy becomes better known, and we have repeatedly shown what can be done for the paralysis after other methods have failed, we can hope for a larger percentage of the acute cases. Then only we will be able to prove to the world that we have a specific treatment and a complete cure for this most dreaded disease.

The Duty of the Osteopathic Physician to Save His Own Back

By Frank H. Smith, D. O., Kokomo, Ind.

WE osteopathic physicians who are entrusted with other people's health, are apt to get so busy with the other people that we neglect our own spines. When, through the days and weeks, keep up our back-breaking work, with the stooping and lifting that it necessarily entails, we, many times, do not realize our own need for treatment until we find ourselves losing flesh, getting up tired in the mornings, taking care of our work with reluctance—often times hating the sight of a patient, new or old—finishing the day's work with a severe backache, and other signs of failing strength.

You will nearly always find a dorso-lumbar curve developed, which of course in our work simply means an occupation curve. The dorso-lumbar curve is especially liable to produce nephritis or diabetes. This is particularly likely to occur in those of us who are so situated that when we require treatment, we have to go out of town for it.

About five years ago I had a breakdown, caused from overwork, and found I had a case of diabetes. That brought me up with a full sense of what my work had been doing for me. After treatment, at first twice weekly, and later once weekly, the sugar in the urine disappeared, and I was on the road toward recovery. Since that time I have had many other osteopaths for treatment for similar conditions, brought on by overwork.

It is reasonable to suppose that with our strenuous work we will develop those same occupation curves that we find in so many of our patients, and if we do not take the necessary corrective treatment, we will go the way of our friends who have heeded the warning too late, and I know many of us have had friends in osteopathic practice who have either broken down completely, or have died, from sticking too close to the work.

So it has seemed to me that a word of warning might not be out of place.

If we can standardize our technic as Dr. Carl P. McConnell has so ably advocated in the *A. O. A. Journal*, and if we can develop a technic that will develop the operator equally on both sides, and then if we can impress on each other the necessity of taking frequent corrective treatments ourselves, we will not have our people dropping out of practice on account of failing health, and frequently dying from not recognizing the seriousness of their condition soon enough.

Let us all work together to standardize our technic, and especially to use the technic which utilizes our weight and that of our patients, rather than using our main strength to do the work.

The program committee has some very fine work planned for our next convention along these lines, and it will behoove all of us to be there and improve ourselves. The story of our men and women breaking down with diabetes, nephritis, and heart diseases, is only a story of neglected occupation curves, which, had they been taken in time, could have been corrected.

"What I Have Found Out"

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

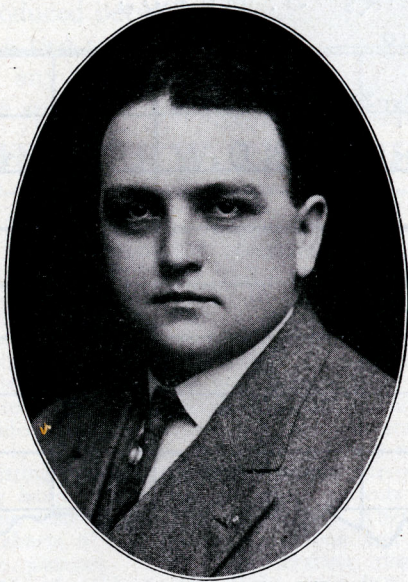
Don't keep all you know to yourself. If you have learned some good things pass them along. By means of these departments we want to make "The O. P." a means of practical information and service to the profession.

THE BUSINESS SIDE OF PRACTICE.

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

Dr. Murray Graves Locates in Denver

MR. MURRAY GRAVES, formerly of Monroe, La., and well and favorably known in the profession, has located in Denver. He goes into his new location with enthusiasm, and he is preparing to conduct an office and a practice that will be a credit to osteopathy. Dr. Graves has the requisite professional knowledge and skill and this he is supplementing by comprehensive arrange-



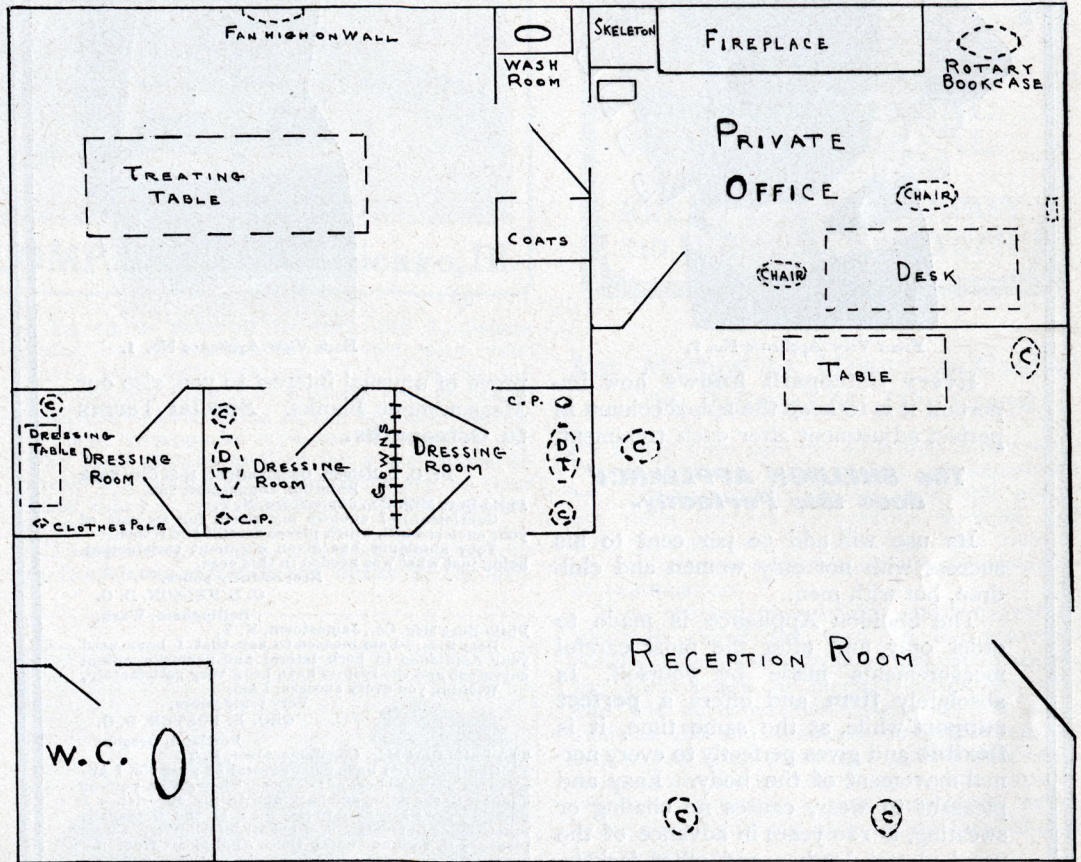
Dr. Murray Graves, of Denver, Colorado.

ments to attract and promote practice, and we predict for him a large measure of success in Denver, even though it is regarded as a rather difficult place in which to establish an osteopathic practice.

Dr. Graves has inaugurated a liberal campaign of education and promotion by means of *Osteopathic Health*, and he has taken pains to fit up his office in an attractive style that will favorably impress people of good taste and refinement.

He has a spacious reception room 9x18. The floor covering is a Wilton rug and the furniture is in mahogany, consisting of a divan, rocker and armchair done in Spanish leather, a library table, a bookcase and a skeleton case containing a French A1 skeleton. The operating room is 10x9 feet and in it is a mahogany desk and a mahogany treat-

ing table. The treating table is of the straight type made by the Sphinx Manufacturing Company of Iowa City, Iowa. It is 6 feet by 22 inches by 28 inches high, has two layers of Russian felt and is finished in Spanish leather. The same concern also furnished one of their new stools in mahogany. There is an office and a dressing room furnished in mahogany



Economical Use of Floor Space as Shown by Layout of Offices of Dr. Wm. W. Brock.

The above shows the layout of the offices of Dr. Wm. W. Brock, of Montpelier, Vermont. Dr. Brock claims for this arrangement that it makes a considerable saving of floor space and that three treating rooms are better than three operating rooms combined with dressing rooms, as patient's clothes are out of sight, also by always working at one table, many steps are saved. All dressing rooms and other doors have locks to insure privacy.

MRS. S. BROWN				
1910				
Ave	24-26-28	6		Pd DEC 16
SEPT	2-5-8	6		Pd DEC 16

"A" Side of Dr. Brock's Record Card.

and with Wilton rugs as floor coverings. The dressing room has a princess dresser and dressing chair, and a wall rack for kimonas. The offices are well lighted, having three outside windows.

As Dr. Graves admits, this is not a large suite of offices, but they are large enough to take care of a good practice and the main thing is that they are fitted up with nice quality furniture in good taste, which will favorably impress visitors and patients. This atmosphere of good taste and refinement is something that we should endeavor to create in all our osteopathic offices.

Office System of Dr. Brock,

WE illustrate herewith, office record system used by Dr. Wm. W. Brock, of Montpelier, Vermont, for a number of years, and which he says has proved very satis-

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. 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 22nd STREET, JAMESTOWN, NEW YORK.

factory. The only modification in plan which he says he would adopt is that the cards be made narrower. As used by him at present they are 9x3 3/4 inches. They were made by The Shaw Walker Company, of Muskegon, Michigan. Cards of three colors are used; a salmon card for transferring from old account book, yellow card for new patient, and white card after a patient has had enough treatment to use up a yellow card.

In charging up work, date of treatment is put on "A" side of the card, black ink being used for office and red ink for house cases. Night calls are made in red ink enclosed by a circle. If a patient is given more than one treatment on the same date, a small figure 2 or 3 is placed above the date. At the end of the month or at

OSTEOPATHY is the Safe, Sane and Scientific Adjustment of the Human Body, its Structures and all its Functions.

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Letter Inclosure Used by Dr. Robinson, of Erie, Pa.

any time when the bill is paid, the "A" record is compared with the calendar, and the amount of the bill readily ascertained. The reverse or "B" side of the card has a debit and credit column in which is entered the total amount of the bill, at the end of the month, or the total amount to date if discontinued at some time previous to the end of a month. When the account is paid, the credit is shown on the credit or "B" side of the card and a memorandum of date of payment is also made on the "A" side of the card.

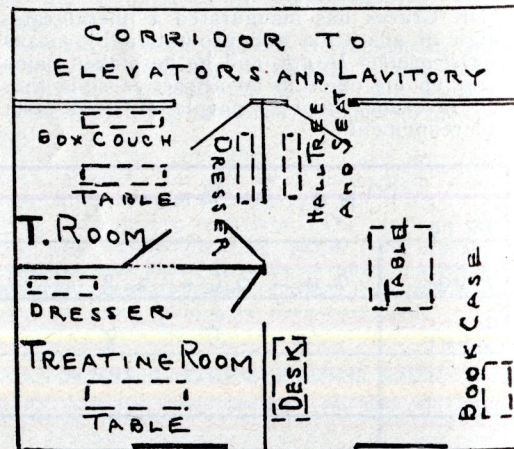
Office of Dr. T. C. Morris

Dr. Morris' offices are in the Paulsen building, one of the modern office structures of Spokane. Both rooms are outside rooms, The reception room is 13x7x21 feet. The floor covering is a large center rug and a 36x63 inch rug at the door. The reception room table is 26x44 and there are six upholstered chairs of

MRS. S. BROWN				
1910				
SEPT 21	8/24	9/9	12	
DEC 16	By P. O.			12

"B" Side of Dr. Brock's Record Card.

fumed oak. There is also a desk, book case, umbrella stand, hall tree and seat. Walls are decorated with pictures including one of the "Old



Plan of Offices of Dr. T. C. Morris, Spokane, Washington

Doctor," class pictures, and A. S. O. faculty of June, 1900, together with diploma and certificate from the State Board. The artificial lighting is by two chandeliers with two lights each, and four

LIMITED 60 DAY OFFER

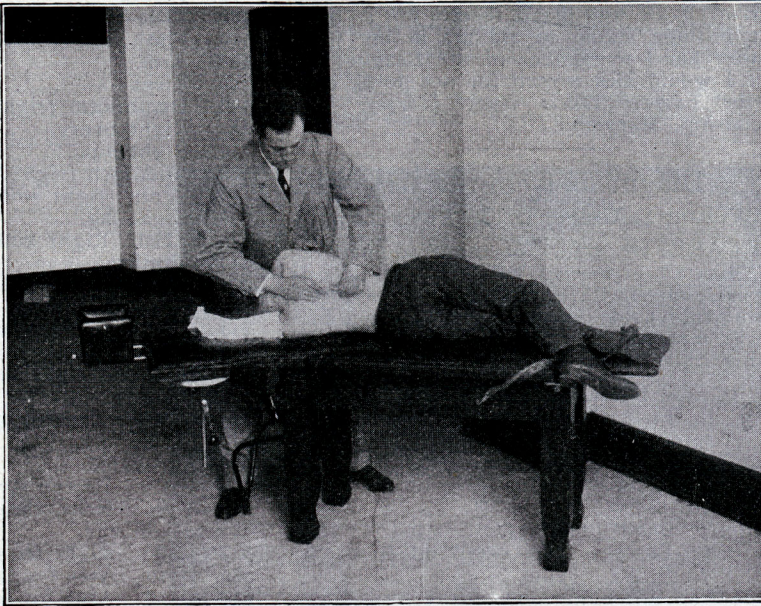
\$85.00

CASH

Installment Terms—
\$100.00; payable \$50
down and \$10 a month

After 60 days, price
\$100.00 CASH.

WITH the Two
Fixed points
"Albright's Idea"
movement may be
produced between
any two vertebrae
in any region of
the spine.



CHESTER W. ALBRIGHT COMPANY HEARST BUILDING Chicago, Ill.

wall lights. There are two treating rooms, each with a door from the reception room. One room is 10x13, furnished with a 6x9 rug, massive round cornered table, stool of special design, 16 inches high, 16x18 inches, covered with Spanish leather, with solid rounds for foot rests. Two upholstered chairs and basket to hold soiled towels and pillow slips and dresser with small rug in front. All necessary toilet articles are provided in the dresser. Opposite the treating table is a large bevel glass mirror, 24x60 inches. By sitting patients with back towards mirror and using hand mirror, one can show patients their lesions, also change after correcting. There are two charts of the vaso-motor system and some other pictures. The other treating room is 11x13½, furnished with a rug 9x12 feet, table and stool similar to the other room and a box couch and also a lavatory with hot and cold water and an osteopathic swing with safety tackle block. Each treating room is lighted by four electric lights. There is also a 400 candle power Leucodesent therapeutic lamp. The walls are decorated with pictures, charts and mirrors. Windows are draped with lace hangings of fine quality and made in special size. A novelty Dr. Morris has installed is an electric door mat which operates an electric buzzer when any person steps on it, and opens the office door. He is thus able to know when any person enters the office.

Important Notice to Those Desiring to Obtain a Louisiana License by Reciprocity or Otherwise

THE Louisiana State Board of Osteopaths desires to notify all applicants that before applying for a reciprocity license they should first write the secretary of their own state board and ask him if his board will reciprocate with Louisiana. If he answers, "yes," the applicant should attach the letter to his application. He will be then sent a blank affidavit form which he is to fill in and send to the Louisiana State Board together with a New Orleans exchange or money order for \$15.00, together with his own state board certificate and diplomas. These he should register. Send the board a stamped addressed envelope for reply.

To those desiring to take the Louisiana State Board examination: Send with your letter, your diplomas and a fee of \$15.00 and a temporary license to practice will be issued until the next meeting of the board in spring.

Those osteopaths who see this notice and who have already applied for a reciprocity license will please write the secretary of their state board as requested, and send information to the undersigned.

There are still open, a few choice locations in Louisiana, and it is the desire of the pro-



A Family Group.

The above picture shows Mrs. Edgar Quigley Thawley, of Peoria, Illinois, and Lucille (9 years), Myrtis (six years), and Seymour (two years), Thawley. Mrs. Thawley is a Kansas girl and was a student at the A. S. O. in the sophomore class when she married Dr. Thawley.

fession of the state to see a good osteopath in every town, city and hamlet.

There are several towns of over 5,000 population still not occupied. This is the best time of the year to locate. We welcome you.—Henry Tete, D. O., secretary, 1117 Maison Blanche building, New Orleans, La.

Glyco Thymoline



**CATARRHAL
CONDITIONS**

**NASAL, THROAT
INTESTINAL
STOMACH, RECTAL
AND UTERO-VAGINAL**

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

Any Method or Means to Control —the Political M. D.'s Creed

SOME time ago the Colorado board conceived the brilliant idea of examining all osteopaths in the state and granting them licenses to practice *medicine and surgery*, regardless of the fact that neither accomplishment accompanied the requirements of examination.

This worked beautifully until Governor Shafroth called the turn on the aforesaid *medical* board and appointed an osteopath on the state board of medical examiners who had not accepted the charity of the same (neither did she desire to do so), when, lo! and behold you, there was such a decline in temperature in the board's immediate vicinity whenever osteopathy was mentioned as to cause alarm least the crop (of doctors) should be frostbitten.

Since *The Critique* called attention to this trifling deviation from *medical* examination tactics in Colorado, there has not been that (what is it the French call it?) *entente cordiale* existing between the board and prospective charity grabbers; under a former interpretation of the law examination of osteopaths was merely a perfunctory performance, while recent recruits from this school, especially the last three, to look with longing eyes upon a beloved license, have discovered to their sorrow that leniency no longer lingers in the lap of the seducers of their more lucky and lively compatriots.

The Critique shall continue to contend for a state board of medical examiners composed of members of the homeopathic school, whose duty it shall be to inquire as to the qualifications of graduates of homeopathic colleges, to practice homeopathy in Colorado; and we insist that a further temporizing is merely playing with fire and that, eventually, the homeopathic profession will be extinct if present methods are permitted to prevail.—From *The Critique*, Denver, Colo.

Writing for the Press. The Friends of Medical Liberty Should Apply Themselves to It.

To the Editor: I want to call the attention of all the friends of medical freedom to a very important duty from now on. It is that of addressing letters to papers in localities where there are fights in progress regarding the compulsory vaccination of school children, the medical inspection of school children, and any other matters pertaining to growing medical usurpation. I have recently addressed letters on the subject to all the state branches of the National League for Medical Freedom, and have received favorable replies from some of them.

For myself, I have for some years been doing duty on this line. I just recently applied myself to the papers of Olean, N. Y., where a fight was in progress, but failing to get a hearing in them, sent the letters to other papers, among them the lively American Anti-Vaccinator Bulletin, of Mansfield, Ohio, which took up the Olean fight with a vengeance grateful to the heart of the medical freedom lover.

No sooner was the Olean fight over than one springs up at Passaic, New Jersey, over Health Commissioner George Michaels, who refused to have his daughter vaccinated. Among the papers that gave me grateful hearing on Mr. Michaels were the Passaic News and the Paterson Call. At the same time I had letters at far distant points relating to the same.

Now, so sooner than the Passaic matter cools off, one that promises to be very desperate, and to be carried through the courts, springs up at Flushing, Queens County, Long Island, N. Y. To all the papers in the county, and to some elsewhere, I am now applying myself. If a letter is returned, I send it to another paper at once, making use of Ayer's Newspaper Directory for that purpose. It is published at 300 Chestnut Street, Philadelphia.

There are now over 300,000 persons belonging to the National League for Medical Freedom. There ought to be at least 100 members in each state who should apply themselves just as I am doing, and 100 more who could do merely half—then the medical tyrants would find a popular opinion rising so formid-

ably against them that they would with difficulty stand up for a single proposal.

That none may excuse themselves on the point of means, I want to say that I am a poor man, living within the means of an ordinary mechanic, and that I receive not so much as a postage stamp to aid me in my work. Neither am I a member of the League; if I were I would kick myself for not doing more in the cause.—Francis Buck Livesey, West Friendship, Maryland.

Diagnosis from the Iris

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

A CAREFUL study of the accompanying diagram of the iris, together with a study of your own iris and those of your patients will enable you in a short time, four or five months, to prove the trustworthiness of this superior method of diagnosis:

DIAGRAM NO. 1. Right Iris.

1. Pupil.
- 2 to 3. Back of stomach.
- 4 to 5. Front of stomach.
- A. Pylorus.
- 6 to 7. Small intestines.
- 7 to 8. Passage from small intestines, including the caecum.
- 8 to 9. Ascending colon.
- 9 to 6. Right half of transverse colon.
- B. Appendix vermiformis.
10. Pancreas.
11. Gall bladder.
12. Liver.
13. Right nipple.
14. Right ear.
15. Forehead (right half).
16. Right nostril.
17. Tongue (right half).
18. Oesophagus.
19. Vagina.
20. Uterus.
21. Right foot.
- 0 to 10. Cerebrum.
- 10 to 20. Organ for imagination, hysteria, sexual life, etc.
- 20 to 30. Cerebellum.
40. Ear (14).
50. Neck.
60. Right shoulder, right collar bone, right arm pit.

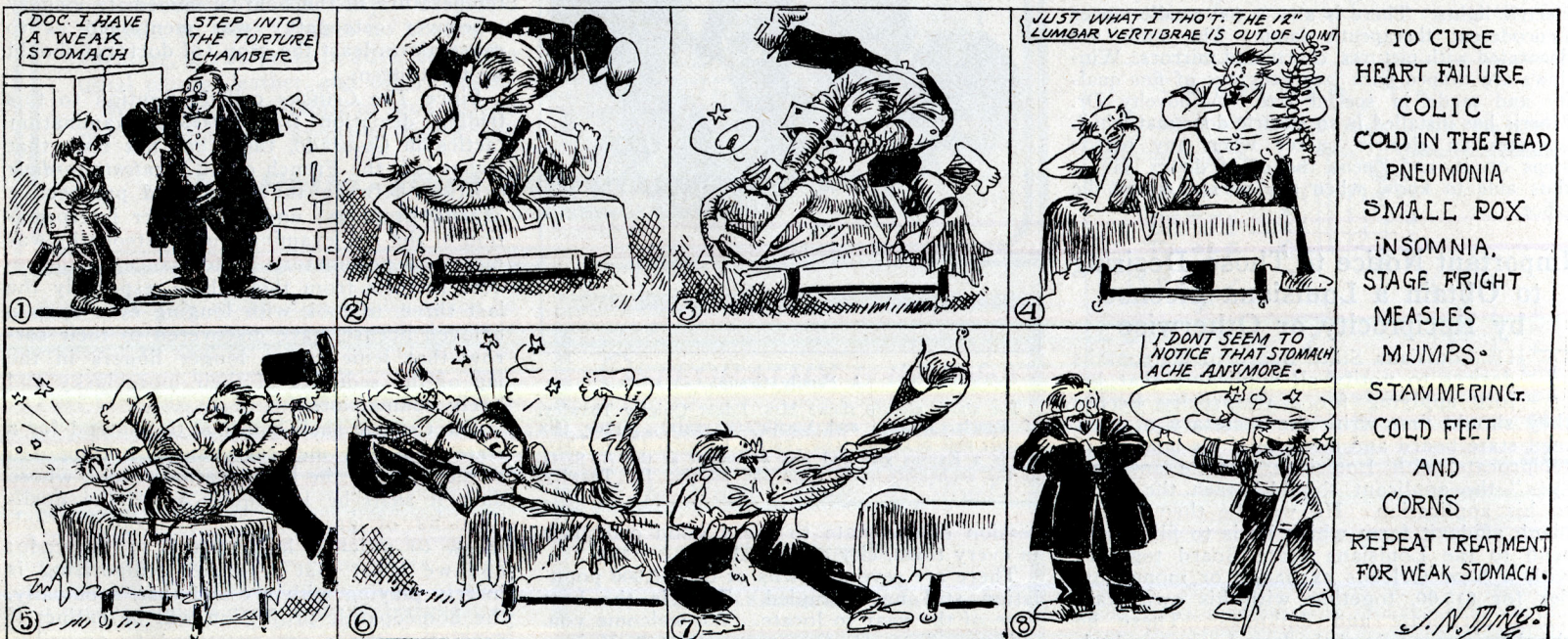
- 60 to 90. Right lung.
- 60 to 70. Upper lobe of right lung.
- 70 to 80. Middle lobe of right lung.
- 80 to 90. Lower lobe of right lung.
95. Pleura.
100. True ribs (chest).
110. Flase ribs (chest).
120. Arm.
130. Liver
140. Diaphragm (right half).
145. Right ovary.
150. Right hip.
160. Abdomen (right half).
170. Groin (right side).
180. Right leg.
- 190 to 200. Right kidney.
210. Urethra.
220. Bladder.
230. Coccyx.
240. Lumbar (right side).
250. Dorsal (right side).
260. Scapula (right side).
270. Larynx.
- 270 to 290. Trachea, thyroid gland.
- 290 to 300. Pharynx.
- C. Bronchi.
- 300 to 310. Lower jaw and mouth (right).
- 310 to 320. Nose, cheek.
320. Right eye.
- 320 to 330. Right temple and forehead.
- 330 to 340. Area for the will.
- 340 to 350. Area for left side paralysis.
- 350 to 0. Cerebrum.

Outer margin of iris area for skin and voluntary muscles.
Broken circle represents sympathetic nervous system.

Left Iris.

1. Pupil.
- 2 to 3. Back of stomach.
- 4 to 5. Front of stomach.
- A. Cardia.
- 6 to 7. Descending colon.
- 7 to 8. Sigmoid flexure.
- 8 to 9. Duodenum (small intestines).
- 9 to 6. Transverse colon (left half).
- B. Anus.
10. Neck of femur.
11. Left hip joint.
12. Spleen.
13. Left nipple.
14. Atlas.
15. Forehead (left side).
16. Nose (left nostril).

Be a Professional Man—HOW TO BE AN OSTEOPATH— Professor Specknoodle's Short Correspondence Course Will Teach You.



A Newspaper Cartoonist's Impression of Osteopathic Treatment, Which Unfortunately Has Too Much Foundation in Fact.

- 17. Tongue (left half).
- 18. Oesophagus.
- 19. Temple (left side).
- 20. Area for dizziness, fainting.
- 21. Heart.
- 22. Apex left lung.
- 23. Left hand.
- 24. Scrotum.
- 25. Bladder.
- X. Sternum.
- 0 to 10. Cerebrum.
- 10 to 35. Area for epilepsy.
- 40. Left ear.
- 40 to 50. Neck (left side).
- 50 to 60. Left shoulder and collar bone.
- 60 to 90. Left lung.
- 60 to 75. Upper lobe left lung.
- 75 to 90. Lower lobe left lung.
- 100. True ribs (chest).
- 110. False ribs (chest).
- 120. Left arm.
- 130. Spleen.
- 140. Diaphragm (left side).
- 145. Left ovary.
- 150. Left hip.
- 160. Abdomen (left half).
- 170. Groin (left side).
- 180. Left leg.
- 190 to 200. Left kidney.
- 210. Rectum.
- B. Anus.
- 230. Coccyx.
- 240. Lumbar (left side).
- 250. Dorsal (left side).
- 260. Scapula (left side).
- 270 to 280. Larynx.
- 280 to 290. Trachea and thyroid gland.
- 290 to 300. Pharynx.
- C. Bronchi.
- 300 to 310. Left lower jaw and mouth.
- 310 to 320. Nose and cheek.
- 320. Left eye.
- 320 to 330. Temple and forehead.
- 330 to 340. Area for intellect.
- 340 to 350. Area for right side paralysis.
- 350 to 0. Cerebrum.
- Outer margin of iris, area for skin

and skeleton muscles.
Broken circle represents sympathetic nervous system.

DIAGRAM NO. 2.

Diagram showing the various kinds of marks on the iris produced by diseases, poisons, etc. (After a sketch by Pastor Liljequist of Sweden.)

In row No. 1, a, b, c and d, are the signs of acute disease. Signs e and f are the results

indicate a greater or less destruction of an organ or tissue where found. When the condition has been healed the organ will appear like d, e and f.

In row No. 4, a, b, and c show the marks of tuberculosis of the lungs. These marks are jet black and deep and are open at one end.

No. 5, a, b, c, d, e and f are the signs of the complete loss of a limb, portion of a lung, etc.

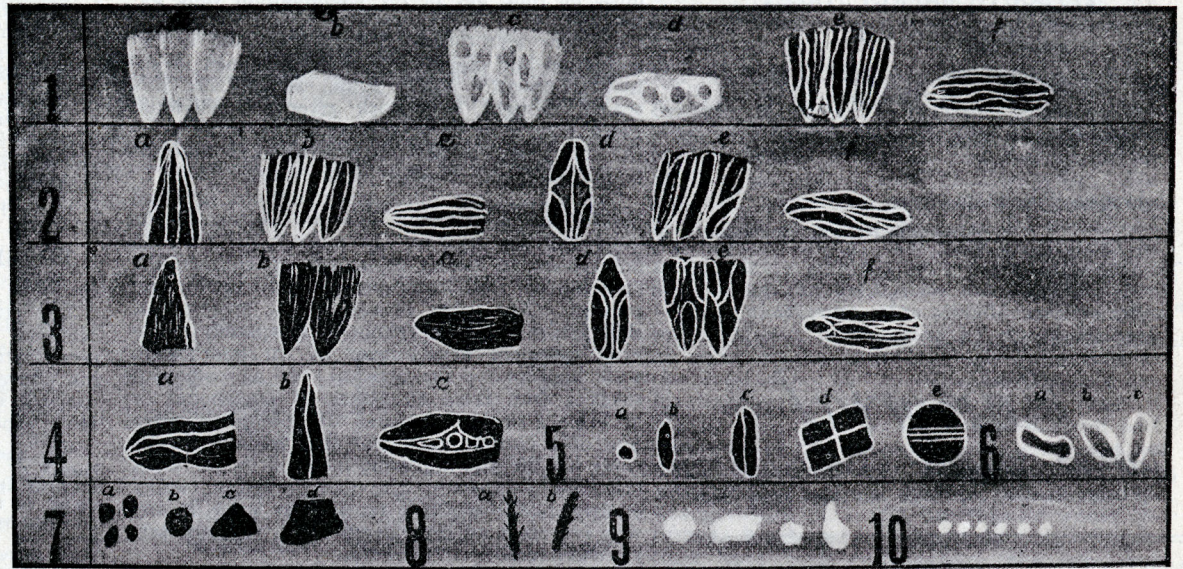


Diagram Two.

of acute disease being treated with poisonous drugs. Such signs also indicate a tendency to relapse.

In row No. 2, a, b and c are signs of a catarrhal condition that is more or less active or a tendency to relapse. The signs d, e and f indicate a closed or healed condition where natural treatment has been used.

In row No. 3, a, b and c are dark shadings which appear to be sinking into the iris. They

No. 6, a, b and c are the marks of cured cancer and the firm thick lines which surround the marks show that cancer is much easier to cure than tuberculosis, which never can give such a light ground and such distinct lines.

No. 7, a, b, c and d are signs of scabies (itch), which have been improperly treated with drugs. The poison which the skin is trying to eliminate in this way is forced back

into the system by this kind of treatment.

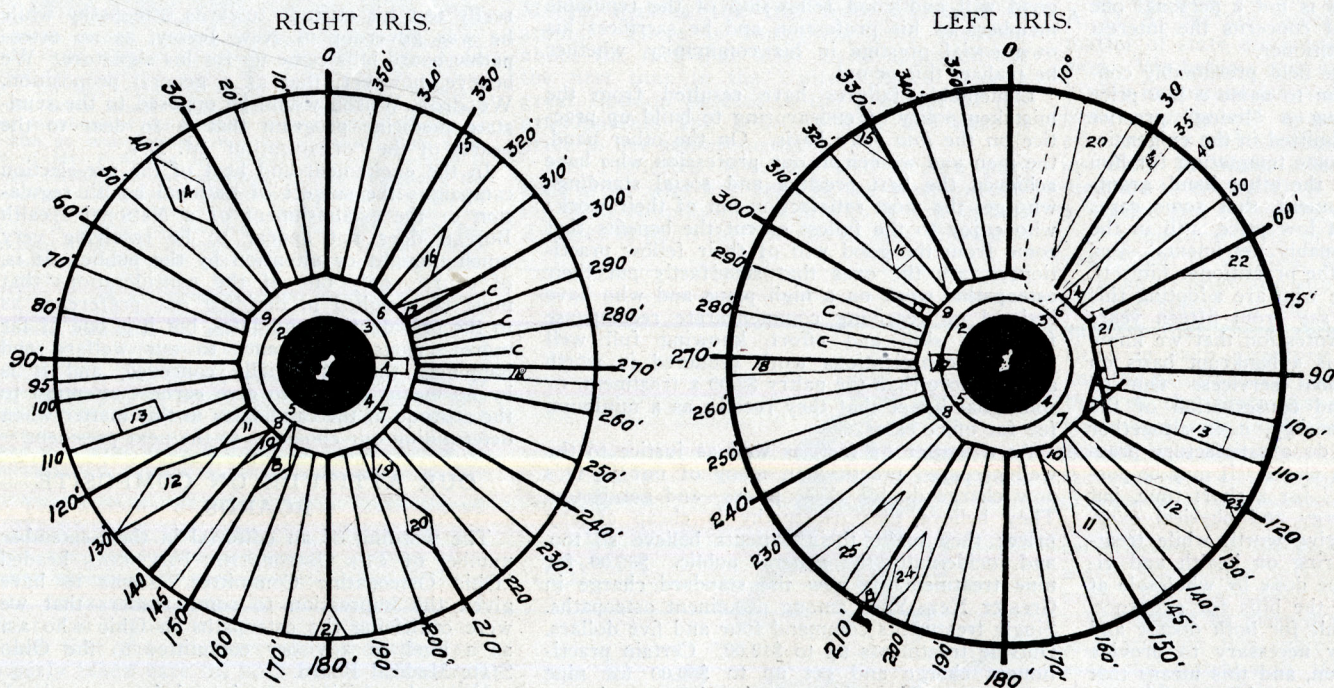
No. 8, a and b are the beginnings of brain disturbances.

No. 9 is the mark for arsenic and No. 10 for antifebrin.

In order to bring out the signs, marks and points on the iris more plainly a small pocket magnifying glass which magnifies from three to ten diameters is practicable.

This method of diagnosis in the hands of the intelligent physician, together with the strictly osteopathic method, makes a combination that is almost if not quite invincible. Other methods have their legitimate sphere of use, but they are limited to a few specific cases in most instances.

DIAGRAM SHOWING PARTS OF THE IRIS CORRESPONDING THE VARIOUS PARTS OF THE BODY.



[COPYRIGHT] DR. H. W. ANDERSCHOU

Diagram One.

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

VOL. XXII. OCTOBER, 1912. No. 4.

CHEAP TREATMENTS MAKE A CHEAP PROFESSION.

A number of instances have come to our attention where young graduates (and old graduates who ought to know better) are offering their services at \$1.00 a treatment, and sometimes announcing it in newspaper advertisements.

These practitioners doubtless consider that what they charge for treatment is their own affair, and nobody else's business. However, from a larger and broader point of view, and from a consideration of the welfare of osteopathy as a whole, this matter of fees is not a personal one at all, but something that concerns the interest of every osteopathic practitioner.

The young doctor in the field presumably considers it legitimate for him to name a low price with a view to attracting a "living" practice quickly, and it must be admitted in the exigencies of his own case there is some temptation for him to take this position. On the other hand, granting for the sake of argument, that some cases are obtained by making a low price, still in the long run, it is unquestionably detrimental—yea, professionally suicidal to the practitioner himself.

For the benefit of those who are adopting this mistaken policy, we can say from fifteen years of close touch with the profession that we know that \$1.00 per treatment is a bankrupt basis on which to offer professional services. Out of regard to the reward and conservation of the practitioner's own vital energy, it is altogether wrong and impossible to do a satisfactory practice on any such starvation wages. It may be possible to stand the "racket" for a short time, but the combined mental energy and physical exertion that is required to give worth while treatment, is exceedingly wearing on health and vitality, and when it must be done by wholesale at \$1.00 per in order to pay the bills for existence, there can be but one result for both doctor and patients. It is absolutely necessary to provide means for rest and vacation, and this means that enough money must be made while working to sustain one during the vacation, and it cannot be done on a basis of \$1.00 a treatment, if the right

kind of attention is given to cases. A doctor's family also ought to be sustained on a basis befitting people of refinement and culture.

This suggests a point often overlooked by young practitioners and some old practitioners, who are not charging for their services what they ought to get.

To get the right results in a case there must be much more work than just the actual physical effort expended. A doctor must not be regarded as doing piece-work like a day laborer. There must be time put in for examination, time devoted to study and thought on diagnosis. Much more time and thought is often devoted in examination and diagnosis than is consumed in actual treatment. Then, again, aside from this, special thought, and work given to individual cases, time must be devoted to study if the practitioner is to keep pace with progress in his profession and keep abreast of the times.

There are many other considerations involved besides the physical and financial welfare of the individual practitioner. To make a *cut price* an inducement to attract patients is to cheapen the man himself and lower professional dignity and prestige. The value of osteopathic professional skill, effort and time cannot be adequately measured by mere price—never by an hour wage scale appropriate for artisans. If an osteopath saves a man from an attack of pneumonia or la grippe, or by a course of treatment, cures him of a chronic complaint that is daily threatening his life and impairing his capacity for work and the enjoyment of life, does the ten or twenty or fifty dollars which is received as a fee, in any way represent an equivalent of full value of services rendered? It does not.

Intelligent people endeavoring to preserve or regain health, do not make their choice of a physician on the factor of whether he charges a dollar or whether he charges two dollars for treatment. But they do value the skill of the doctor very largely by the price he himself sets on his services. The public should not estimate the services of a physician on a mere dollar and cents basis, and the best people are not inclined so to do, so the man who makes his appeal for practice on the basis of price, prostitutes his profession, degrades himself, and cheats himself out of the profit he is entitled to enjoy.

The man who puts his practice on a commercial basis sacrifices some of the best things in professional life. He estranges himself from the good will and good fellowship of the reputable members of his profession and he sacrifices his own social prestige in his community, whether he realizes this or not.

Lamentable failures have resulted from the mistaken policy of endeavoring to build up practice on the *low price* basis. On the other hand, the men and women in our profession who have achieved the best prestige and social standing; who get the most satisfaction out of their work; who enjoy to the fullest extent the benefits that come from the good will of their fellow practitioners, are the ones that steadfastly put their osteopathic work on a high plane and who have insisted on receiving commensurate recompense for their skill and effort, knowing full well that the conscientious work rendered is worth all and more than the paltry \$2.00 a treatment, or somewhat better that they receive as a minimum fee for office cases.

As a matter of fact, as well as justice to the well prepared practitioner, many of our D. O.'s now charge double these prices—and get it too. They believe that osteopathy is cheap at any price; they make their patients believe so too, and incidentally the general public. \$35.00 for nine treatments is now the standard charge in Greater New York among prominent osteopaths. Single treatments command four and five dollars. Outside treatments up to \$12.00. Certain practitioners charge and get up to \$60.00 for nine treatments. The middle grade of osteopaths, as regards success and prominence, charge \$2.50 to \$3.00 per treatment. Some Chicago osteopaths

charge \$5.00 a treatment. The interesting thing is that those osteopaths who raise their prices get more practice at high prices than they had when charging low prices.

If you have a charity list—as you ought to have—treat them for nothing or else what charity cases can afford to pay. But when you treat people who can afford all the best things in life including osteopathy make them pay what it is worth.

If your treatments are *only worth \$1.00* frankly, Doctor, you ought to quit the profession. If you know your skill is worth a minimum of \$2.00 then get it! Your community will think one hundred per cent more of you if you do.

"The laborer is worthy of his hire." Let us make sure that we are well prepared to do good work, then with confidence, let us render the most conscientious service of which we are capable; and finally let us demand a recompense that will enable us to maintain the position in society which is properly ours and to which we are entitled.

PRESIDENTIAL CANDIDATES AND THE HEALTH BUREAU.

The attitude of President Taft as regards a National Bureau of Health does not give us much satisfaction, judging from his remarks in his address of welcome to the fifteenth International Congress of Hygiene and Demography. He is reported as saying:

"We need to develop under governmental auspices a bureau or a department in which the funds of the government shall be expended for research of every kind useful in the practice and enforcement of hygiene and preventative medicine. That something of this sort may grow out of the present United States health service there is reason to believe, but it will need far greater appropriations and a widening of its scope of duties before it shall have filled the place that the medical profession of this country has a right to expect the general government to create in the progress of hygiene and demography."

We are inclined to think that the attitude of Theodore Roosevelt in this matter is not much more encouraging. The report has been spread that a number of medics are giving their support to his campaign. Notably Dr. W. A. Evans, of Chicago, with some sort of a tacit understanding that should he become president, the National Health Bureau idea would have his earnest support, and an effort would be made to have an M. D. as an official member of his cabinet.

Just how Woodrow Wilson would stand, we do not know. There was no opportunity to really test his attitude towards osteopathy while he was governor of New Jersey, as no osteopathic board bills came up for his signature. We believe, however, that as a general proposition, Woodrow Wilson would be opposed to the semi-state medicine program that is so dear to the hearts of the "organization" M. D.'s.

In the excitement and heat of the pre-election campaigns the subject of national health regulation or the establishment of a National Health Bureau does not appear to be receiving very much thought or attention by the public. It is, of course, only one of the considerations that must be weighed in deciding our preference as to the presidential candidates, but it is one of far more serious consequence to our welfare and happiness than is usually conceded, and it is by no means unwise to give earnest attention to the attitude of the candidates in this matter when determining our choice as to the next president.

OUR ATTITUDE ON COMPOSITE BOARDS.

The wording of an editorial in the September number of THE OSTEOPATHIC PHYSICIAN headed "Ohio Osteopathic Committee," seems to have given the impression to some readers that we were criticizing the osteopaths in Ohio who act as a kind of advisory committee to the Ohio State Medical Board.

No such criticism was intended.

Our complaint is against the exasperating delays and annoyances that apparently are always

bound to occur with composite boards, or with boards with osteopathic appendages. If an osteopath is properly qualified to practice his profession, he has a right to do so where he wills. In every state, the proceedings for proving fitness should be simple and clear, and having demonstrated his qualification, a man should be automatically granted his license. It should not be possible for an applicant who has proved his fitness and qualifications to be subject to the whim, prejudice, procrastination or dilatoriness of a board or any member of a board.

For an examining board to have opportunity to exercise this kind of attitude against an applicant of its own system is bad enough, and a fruitful source of injustice and complaint, but the situation is far worse when a board composed of one school sits in judgment over the applicants of another school or system. The common weaknesses of human nature, combined with professional jealousy and prejudice, are bound to make strict impartiality almost impossible.

BEAR THIS IN MIND.

The following is the record of Senator Frank H. Funk in forty-sixth general assembly: Senate Bill 214 (Osteopathic Bill) introduced by Senator Downing. Page 429, Senate Journal. On passage of bill voted no. Result of vote—21 ayes, 12 nos. Page 459, Senate Journal. Senator Dellenback moved that Senate Bill 214 be reconsidered. Funk voted aye on reconsideration, the result being 32 ayes to 2 nays. The bill then was taken up for passage. It passed, 27 to 9. Funk voted no, being one of the nine who opposed it.

POLITICAL BEE BUZZING AMONG ILLINOIS MEDICS.

The M. D.'s throughout the country have been and are very active in re-election political campaigns. It behooves the osteopathic physicians everywhere to be alert and to do what they can to see that the interests of osteopathy are not placed in danger through the election of prejudiced men to office this fall.

The following quotation from the *Illinois Medical Journal* for October is being distributed widely:

"THE BOARD OF HEALTH IN REAL POLITICS."
 "At last the conditions in the State Board of Health have reached a stage where they can be no longer ignored. This fact was brought out in the open letter addressed to Mr. Deneen by State Senator Frank H. Funk, dated Chicago, September 20, 1912. Prominent among the questions asked Mr. Deneen is the following: Do you intend to retain Dr. Egan as secretary of the State Board of Health, or have you promised some members of the Illinois State Medical Society to let him go immediately after the election? This question of Mr. Funk we are pleased to notice because it brings forcibly to the attention of the profession the unusual and disgraceful method of treating this subject, which has been pursued by Mr. Deneen in the past four years. A course of conduct we may add which has estranged from Mr. Deneen many of his former friends and admirers who have lost all patience with his political methods. We have been urged by many of our members to ask the members of the medical profession, the dentists and the pharmacists to write letters to the respective candidates for governor asking what action in cleaning up the department of health he will adopt should he be elected to office. Of course, it is not part of the *Journal* to take up any political discussion, but no harm can be done by addressing letters such as we have indicated. It is certain that the disgraceful state of affairs in connection with the Department of Health has passed to a stage where it cannot be longer ignored by intelligent and thoughtful members of the three professions."

The attitude of the Illinois State Board of Health and the way the affairs of the office are conducted are by no means altogether satisfactory to osteopaths, but if there is to be a change in the present status of affairs it is important that precaution be taken to see that the interests of osteopathy are properly taken care of, both in the "clean-up" and the reorganization, otherwise we are liable to find a condition forced upon us that will be more unsatisfactory than the present.

Felice Lyne Writes About Her Trials and Triumphs

THE leading article in *McCall's Magazine* for October is by Felice Lyne, and is entitled "My Trials and Triumphs in the Grand Opera." It is an entertainingly written article in itself, and the phenomena of this little Kansas school girl transforming herself in about four or five years into an operatic star of world-wide reputation is full of human interest of wide appeal.

But the story and career of Felice Lyne will interest osteopaths in a peculiar and forcible manner for the reason that she can most assuredly be claimed as an osteopathic product. Her father is Dr. S. T. Lyne, now practicing at Allentown, Pa.; her grandmother is Dr. Theodosia E. Purdom, of Kansas City. She has two osteopathic aunts, Dr. H. C. P. Moore,

Boynton Harbert, writer and clubwoman of Pasadena, will, when his work is finished in California, proceed to Paris to commence work on a portrait of Miss Lyne.

A Mysterious Disappearance; Help to Locate This Man

DR. R. L. CLAGETT of Dawson, Ga., and Leitchfield, Kentucky, left his home March 20th of this year, and has not since returned. He was seen in Louisville on March 22d, and that is the last that has been seen or heard of him.

Dr. Clagett graduated in osteopathy in Franklin, Kentucky, in 1906, and practiced two years at Dawson, Georgia. He then removed to Leitchfield, Kentucky, and started to attend a medical school at Louisville. He attended three years, meanwhile practicing osteopathy at Leitchfield. He did not attend the medical college last year on account of some trouble with his eyes, but continued his practice of osteopathy.

He left his home at Leitchfield on the morning of March 20th, saying he would be back at night or the next day. He registered at the Preston hotel, Louisville, and checked out his baggage on the evening of the 22nd of March. He was seen in Louisville about half past nine of the same evening, going out on Third street towards Broadway. He told some students of the medical college that he was going to St. Louis, but that he would return to his home in Leitchfield first. Detectives have been employed on the case, but nothing has been heard as to the whereabouts of Dr. Clagett or as to whether he is dead or alive.

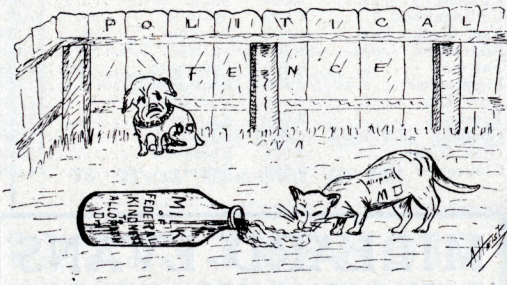
The mother and father of Dr. Clagett at Leitchfield, Kentucky, are much distressed over the disappearance of their son, and failure to hear from him. We hope that this notice may be the means of his being located.

State Directories

IN connection with the meeting of the National Association of State Secretaries held at the time of the Detroit meeting of the A. O. A., we are interested to note that the matter of state directories came in for discussion. We believe it is decidedly beneficial and highly important for each state to have a complete, accurate and up-to-date directory. Properly kept up and arranged, these state directories could be made, eventually, of greatest assistance to the A. O. A. in compiling a representative and satisfactory national directory.

If a uniform style of size, make-up and arrangement is adopted, we believe that we can arrange to print and supply directories for the various states on an economical basis. We suggest that there should be but two divisions in each directory, an alphabetical list and the geographical list. The names of members of the State Association should be in black face type, and the names of non-members in light face type. Members of the A. O. A. could have a star affixed to their name. The osteopathic school connection should appear after each name in both the alphabetical and geographical divisions. In the geographical division, it is useful information to put the population of the town. For size, a book 3½ by 6¼ is convenient.

We should be pleased to hear from the state secretaries on this subject, and we hope to see even the states with the smallest number of osteopathic practitioners make arrangements to have a directory, even if it consists of only one page as a beginning.



WHAT HAPPENS BEHIND THE FENCE

Pictorial Comments on Current Events by Dr. Albert D. Heist, of Geneva, N. Y.

of Portland, Oregon, and Dr. Zudie Purdom, of Kansas City.

A grand ovation concert by Miss Felice Lyne was held in Convention Hall, October 7th in Kansas City. This was the only concert in the United States that she will give before her return to Europe in the near future. Visitors from all parts of the country were present at the concert, Dr. H. C. P. Moore, making the trip from Portland to attend. There is something very pleasing about the fact that Miss Lyne appeared for the first time in the United States after a great London success in the presence of her grandparents and relatives who feel such a pride in her achievements.

Mr. Frederick Webster, well known portrait artist who has been in the west executing some commissions, and who is now in Los Angeles to paint the portrait of Mrs. Elizabeth



THERE'S GUNN TO BE A FIGHT

Pictorial Comments on Current Events by Dr. Albert D. Heist, of Geneva, N. Y.

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.

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.

There is an opportunity for a good woman osteopath in a live town in Kansas. The practice is already established and the right person can be assured of an income of from \$150 to \$200 a month. Information will be given to those interested by addressing A. K. Opportunities for Osteopaths, care The Osteopathic Publishing Co., 215 S. Market street, Chicago.

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 op-

portunities 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.

There are some fine openings for live, well-qualified osteopaths in New Jersey. A dozen aggressive men added to the New Jersey Osteopathic Society could help a whole lot in getting a good osteopathic law passed. At present the state is regarded as "wide-open," having no law whatsoever, and the osteopaths located there are practicing under the protection of a court decision rendered about seven years ago, to the effect that osteopathy is not the practice of medicine within the meaning of the present New Jersey medical act. The southern part of the state has a number of good locations unoccupied. Many of them are of suburban character, but they offer good prospects. We give herewith a list furnished by Dr. F. Myrell Plummer, Secretary of the New Jersey Osteopathic Society, of good towns of over 2,000 population. These towns should be occupied, as there is no reason why a good osteopath should not establish a satisfactory practice in any one of them.

Bloomfield	15,000	Guttenburg	5,500
Boonton	5,000	Hammonton	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	Penngrove	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

Secausus	4,500	West Hoboken	35,500
Somerville	5,000	West New York	13,500
South River	4,500	Wharton	3,000
Union	21,000	Woodbine	2,500
Wallington	3,500	Woodbury	4,500
Washington	8,500		

Here is another chance to show your fraternal spirit. Don't be selfish! If you know of a good location tell us about it. There are a lot of young graduates anxious to find a favorable place to get started. Give them a helping hand.

Convention Dates

Providence, Rhode Island, October 12th, annual meeting of the Rhode Island Osteopathic Society.

Indianapolis, November 6th, annual meeting, Indiana Osteopathic Association; headquarters, Hotel Denison. Good program by well known men.

Dayton, Ohio, November 7th, regular meeting Dayton District Osteopathic Society.

Galesburg, Illinois, November 12th, regular meeting, Third District Osteopathic Association, addressed by Dr. George A. Still of Kirksville.

Charles City, Iowa, December 10th, regular meeting of the Iowa First District Osteopathic Association; subject, Urinalysis.

In D.O. Land

Osteopaths Meet at Grand Junction.

Osteopaths of Grand Junction, Colorado, and vicinity held a meeting in that city September 27. There was a good attendance. The principal discussions were on "Legislation."

Idaho Examiners Have Meeting.

The Idaho State Board of Osteopathic Examiners met in semi-annual session at Boise, October 10 and 11, in response to the call of Dr. Earle D. Jones of Pocatello, president of the board.

Washington State Examination.

The next meeting of the Washington board of medical examiners for the purpose of examining those desiring license will begin January 7, 1913, at Spokane. Regular blanks and information can be obtained from Dr. W. T. Thomas, Fidelity building, Tacoma, Washington.

Irregular in Trouble.

Theodore M. Sickorra, who claims to be a registered "osteopath," and who has been practicing at 200 River street, Hoboken, New Jersey, has been held in \$1,500 bail to await the action of the jury. It is alleged that he caused the loss of sight of an eye of Mrs. Stella Sadviska.

Central College Opening Banquet.

The faculty of the Central College of Osteopathy, Kansas City, Missouri, held their annual banquet September 14. Twenty-two were present, Dr. George J. Conley, dean of the college, presiding. The new term of the college opened September 16 with sixty students in attendance.

Salt Lake City Osteopathic Sanitarium

Dr. G. A. Gamble of Salt Lake City, Utah, has announced the opening of an osteopathic sanitarium at 747 North Second avenue, West, that city. It is to provide for out-of-town patients who require restricted diet or the care of a nurse, but who prefer not to go to a regular hospital.

Des Moines Still College Prospering.

Des Moines Still College of Osteopathy has opened another term with every prospect for continued success. President S. L. Taylor predicts that the attendance will reach 150 within a short time. The faculty has been augmented by the addition of Dr. H. M. Ireland, formerly of Kearney, Nebraska, who occupies the chair of histology.

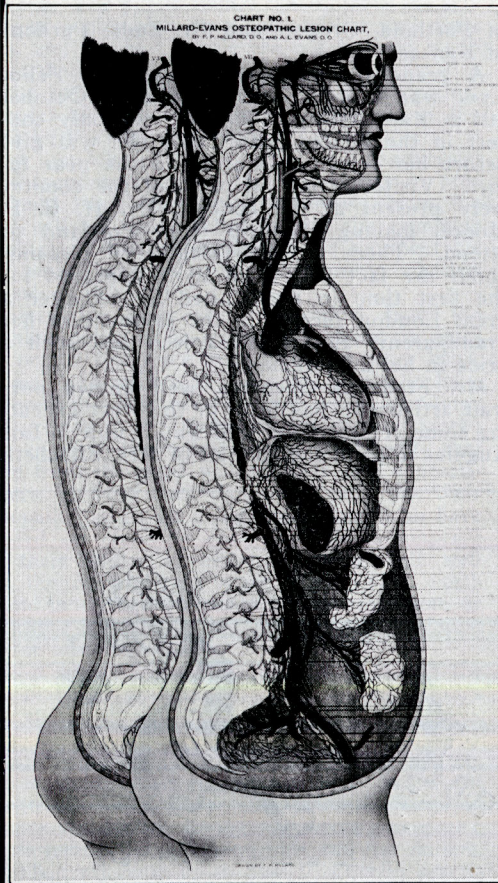
Osteopathic Infirmary at Ottawa, Canada.

Owing to the remarkable growth in his practice in Ottawa, Canada, Dr. M. H. Pettypiece, 1911 graduate of Los Angeles College of Osteopathy, has removed from the Canada Life Building to 123 Nepean street, where he has purchased a fifteen-room building, which he is fitting up as a most modern osteopathic infirmary. All the appliances and laboratory facilities necessary for the diagnosis and treatment of acute and chronic diseases are being installed, the doctor's ambition being to have the most complete and up-to-date osteopathic office and infirmary in Canada. He has associated with him in practice Dr. C. R. Clemens, also a 1911 graduate of the Los Angeles Col-

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lege. Dr. Clemens has been practicing for the past year in Boston, where he held the chair of technique in the Massachusetts College. He has also been doing post-graduate work in Harvard Medical School and Boston City Hospital.

Osteopaths Will Be Admitted.

At the annual meeting of the Batavia, New York, Women's Hospital Association, held October 10, the constitution of the association was amended so as to permit all physicians recognized by the state law to send patients to the institution. This puts osteopaths on the same standing as the "regulars."

Second District Iowa Meeting

The second district Iowa Osteopathic Association held a regular meeting October 17th at Clinton. Papers on the program were: "The Anatomy and Physiology of the Heart," Dr. Elmer Beavens; "Etiology and Pathology of Diseases of the Heart," Dr. W. M. Furnish; "Treatment and Care of Patients in Diseases of the Heart," Dr. C. C. Hitchcock.

Northwest Missouri Meeting.

The regular quarterly meeting of the Northwest Missouri Osteopathic Association was held October 10 at Kansas City. The chief subject for discussion on the program was the osteopathic treatment of contagious and infectious diseases. Officers were elected as follows: President, Dr. L. R. Livingston; vice-president, Dr. Hannah Leinbach; secretary, Dr. Zudje Purdom.

Manitoba Association.

At a meeting last March the Manitoba Osteopathic Association was organized and a constitution and by-laws adopted. Five members were enrolled, and three others now in the province are expected to become members soon. The officers are: President, Dr. Mary Cornelius; vice-president, Dr. J. Harley Deeks; secretary, Dr. E. Delbert Jones, 714-16 Somerset building; acting treasurer, Dr. G. Glenn Murphy, all of Winnipeg.

Chiropractor Quits Virginia.

B. A. Dresser of Lynchburg, Virginia, who was fined \$50 for practicing as a chiropractor without a state medical certificate, and who announced that the case would be appealed, has paid his fine and left the city and will not appeal, as at first intimated. Volney Howard, counsel for the Virginia Osteopathic Association, will continue to take legal action against chiropractors in any part of the state who have not secured a state license.

Third District Illinois Meeting

The third district Illinois Osteopathic Association held a regular meeting October 9th at Monmouth. The chief feature of the meeting was an address by Dr. Harrison H. Fryette, of Chicago, on "The Diagnosis and Treatment of Subluxations of the Bones of the Pelvis." Dr. K. C. Ventress, of Monmouth, contributed a paper on "Exercise and General Care," and Dr. E. J. Mosier, of Kewanee, spoke on "Infantile Paralysis."

Idaho Meeting.

The Idaho Osteopathic Association held a two-day meeting at Boise, September 11th and 12th. Dr. Otis Akin, of Portland, addressed the meeting and demonstrated the Abbott Method of treating curvature of the spine. Officers elected were: President, Dr. Earle D. Jones, Pocatello; vice-president, Dr. Frank P. Smith, Caldwell; secretary, Dr. Walter S. Kingsbury, 404 Idaho building, Boise; treasurer, Dr. H. D. Morris, Boise.

Toronto Meeting

The Toronto Osteopathic Association held a regular monthly meeting September 28. The feature of the meeting was the reading by Dr. Jaquith of Dr. O. J. Snyder's paper on "Legislation," as read before the Detroit convention. It was much appreciated. Three new members were received: Dr. Margaret Pocock, Dr. H. E. Iling and Dr. E. W. Cleveland. There was a good attendance and much interest manifested.—*Frederic Schilling, D. O., Secretary.*

St. Louis Meeting.

The first dinner for the season of the St. Louis Osteopathic Association was held October 4 at the Marquette Hotel. Dr. J. H. Crenshaw gave his inaugural address as president, and Dr. W. D. Dooson contributed a paper on "Examination of Public School Children; Its Benefits and Possibilities." Others who participated in the program were: Dr. Homer Baylor, Dr. A. G. Hildredth, Dr. O. S. Miller, Dr. F. G. Meyer, Dr. C. M. Case, Dr. H. L. Conner and Dr. W. F. Englehart.

Philadelphia College in New Quarters.

The fourteenth annual opening of the Philadelphia College of Osteopathy, Philadelphia, occurred September 24. The college is now in a new building at 832 Pine street, and is better equipped than ever before. An extensive biological laboratory has been added, and there are increased facilities and specimens in the pathological and bacteriological laboratories. The chemical laboratory has also been enlarged. Some changes have been made in the faculty. Dr. Arthur M. Flack remains as dean, and Dr. J. Ivan Dufur as registrar. Dr. Earle S. Willard returns to college as professor of principles and practice of osteopathy; Dr. W. S. Nicholl will have the chair of physiology; Dr. Cecelia G. Curran has been secured to take charge of the gynecological department, assisted by Dr. S. Agnes Medlar; Dr. Edward G. Drew will be in-

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A Typical Incident

While Dr. F. D. Parker and Mrs. Parker were out West a little over a year ago, Mrs. Parker picked up an acquaintance with a lady passenger, a refined and cultured lady, apparently of means. Her face was terribly disfigured with eruptions, and Mrs. Parker suggested that she speak to her about the lotion, and the result was that Dr. Parker had a bottle sent to her at Boulder, her destination for the time being.

The following letters explains the sequel:

On the 16th of last June my wife, en route to Boulder, Colorado, met you on the train near Denver and had a talk with you concerning the eczema upon her face. You kindly forwarded to her a bottle of your preparation, together with a cake of Sulphur, Camphor and Balsom Peru soap, which she used and am exceedingly pleased to say that her face became smooth in about three week's time. She returned home September 22nd, and resumed her regular duties of house-keeping and being over the stove, etc., there has been some slight indications of roughness, but not at all severe, and we have hopes that in time these may pass away.

We are exceedingly grateful for the removal of the eczema and if a permanent cure can be effected, you will have our thanks for life. The marked change in Mrs. M.'s face has caused many persons to ask about the "remedy" or "treatment" which she has taken and the cost. She is now in need of more lotion and would be pleased to have you forward some. If your preparation is not handled by regular druggists, we shall probably want to place an order for a quantity at one time.

—Respectfully yours, Frank
Lincoln, Nebraska, September 20th.

I have given your address to eight people since my return to Colorado. I have had just two eruptions on my face since it has healed. I used the lotion and the eruption was gone in three days. I certainly do not know how to thank you and Mrs. Parker enough for speaking to me in the train. All my friends say that it was a lucky trip that I took to Colorado.—Respectfully yours, Josephine M., October 20th.

This is the kind of endorsement that is being received right along. A preparation that can obtain such results is worth investigating.

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structor in histology; Dr. P. H. Brearley, instructor in physiology; Dr. C. D. B. Balbirnie, bacteriology; Dr. A. J. McNellis, surgery; Dr. Ira W. Drew, anatomy; Dr. Miles S. Read, Sr., mental diseases and pediatrics, and Dr. J. C. Merriman, chemistry.

Iowa First District Meeting.

A regular meeting of the Iowa, First District, Osteopathic Association was held at Waterloo, September 10. Dr. S. M. Andrews of Oelwein read a paper on "The Liver." Dr. M. R. Kitson of Osage gave a paper, "Echoes of the Detroit Convention." Dr. Norman D. Wilson described Dr. Akin's demonstration of the Abbott method of correction of scoliosis. Officers elected were: President, Dr. Norman D. Wilson, Manchester; vice-president, Dr. Isadora McKnight, Oelwein; secretary and treasurer, Dr. S. M. Andrews. The next meeting will be at Charles City, December 10.

Boston Meeting.

The fall meeting of the Boston Osteopathic Society was held September 21 and was brimful of osteopathic enthusiasm. Dr. George W. Goode gave a talk, relating his experiences in European hospitals. Dr. R. K. Smith gave a very interesting report on the Detroit meeting and the lessons to be learned from it. A symposium followed on "The Causes of Osteopathic Lesions," Dr. John A. McDonald leading the discussion. The president, Dr. A. F. McWilliams, Dr. Kendall L. Achorn, Dr. Alfred W. Rogers, Dr. R. K. Smith, Dr. George W. Goode and others joined in the discussion and many osteopathic points were brought out.

Third District Illinois Meeting.

The Third District Illinois Osteopathic Association held its special session in Monmouth, October 9. There was a large and enthusiastic attendance and a fine program, the special feature being an address on "Innominate Lesions," by Dr. H. H. Fryette of Chicago. It was a very able address, and much appreciated. The next meeting will be in Galesburg, November 13, at which time Dr. George A. Still of Kirksville will address the association. A cordial invitation is extended to all osteopaths outside the district to attend if possible.—*M. B. Browning, D. O., Secretary.*

Medical Egotry Rebuked in England.

Dr. Robert Bell of London was recently awarded two thousand pounds damages for libel against Dr. E. F. Bashford of the British Medical Association. Dr. Bell, an honorable practitioner of forty years' standing, who makes a specialty of cancer, in 1894 abandoned the use of the knife, which never cures, but causes the disease to return with increased virulence. Dr. Bell shows—as I have endeavored to show for many years—that cancer is preventable by hygienic living, especially by a fruitarian dietary.

At the trial Dr. Bashford, who is in charge of the Imperial Cancer Research Fund Institute, admitted that he had never treated a case of cancer except in animals. Think of that! And then remember that an eminent English physician, who has had years of experience in the treatment of cancer, recently declared that all experiments on animals are not only useless but misleading, because animals react to poisons quite differently from human beings. Well may the British Herald of the Golden Age, referring to this case, suggest that the large amount of money given to the Cancer Research Fund is

wasted and that this is one reason why the physicians have to admit "they had not been able to find out what was the cause of cancer." And this after horribly torturing hundreds of thousands of innocent animals!

Dr. Bell proved on the stand than 10 per cent of his 325 patients treated in three years had been cured. Medical authorities admit that only one-half of 1 per cent of cases operated on for cancer recover permanently.—*Brain and Brown.*

Dayton "District" Meeting

The Miami Valley Osteopathic Society of Dayton, Ohio, held its regular meeting Thursday, Oct. 3, at the Beckel Hotel, Dayton. Dr. J. F. Minear of Springfield discussed "Minor Surgery-Anesthesia, using as a clinic a subacromian dislocation. The attendance was large. It was decided at this meeting to change the name of the society to "The Dayton District Osteopathic Society." The next meeting will be held the first Thursday in November.—*W. A. Gravett, D. O., Secretary.*

Gives Preference to Osteopaths.

The Guardian Accident Insurance Company is an established company, is not dependent upon subscriptions from the osteopathic profession, yet the undersigned will give preference to the appointment of osteopaths as examiners when they are available. To that end, the company will be pleased to have as many osteopaths identify themselves with the company as may be inclined, and as may have opportunity, since the stock is subscribed by business men, and only a very small amount can be apportioned to the osteopathic profession.—*John F. Spauhurst, D. O., Indianapolis, Indiana, Medical Director.*

Iowa Fifth District Meeting.

The Iowa Fifth District Osteopathic Association held a regular meeting at Sioux City, October 4. Dr. S. L. Taylor of Des Moines Still College of Osteopathy spoke on "The Borderline Cases Between Surgery and Osteopathy." Dr. U. S. Parish of Storm Lake discussed diseases of the digestive organs, and Dr. Ella Gilmour of Sioux City spoke on skin diseases. Dr. Marcus Brown spoke on "Postmortems and Expert Testimony." Officers elected were: President, Dr. George F. Ingledue of Sioux City; vice-president, Dr. A. G. Aupperle of Sutherland; secretary and treasurer, Dr. Bruce E. Fisher of Ida Grove; director, Dr. Loren Green, Sac City; state trustee, Dr. Chas. D. Ray of Le Mars.

Test Case in Indiana.

Dr. A. M. Farnsworth of Shelbyville, Indiana, a student practicing under the direction of Dr. John F. Spauhurst of Indianapolis, has been arrested at the instance of Dr. W. T. Gott of Crawfordsville, secretary of the Indiana State Board of Medical Examination. The charge made against Dr. Farnsworth is that of practicing medicine without a license. Dr. Farnsworth has been in Shelbyville about a year and, according to the account in the local papers, he has made a good impression there, and this attempt to compel him to give up his osteopathic practice is not favorably regarded in the community. We publish below an explanation of the Indiana situation as submitted to us by Dr. Spauhurst:

Philadelphia County Meeting.

The regular monthly meeting of the Philadelphia County Osteopathic Society was held September 19, with the newly elected officers serving for the first time: President, Dr. Wm. S. Nicholl; vice-president, Dr. Simons P. Ross; secretary, Dr. W. Armstrong Graves; treasurer, Dr. Idalla Grimes, and sergeant-at-arms, Dr. H. V. Durkee. Executive board: Dr. Elizabeth Frame, Dr. S. F. Warren and Dr. Robert J. Storey. Dr. Franklin Fiske of New York City, was the chief speaker of the evening. His talk on diagnosis and technique was well received, and was interesting from start to finish. Many novel points were brought out, especially in that portion devoted to technique.—*W. Armstrong Graves, D. O., Secretary.*

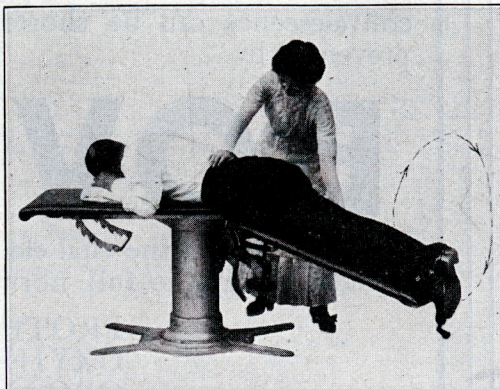
Indiana Annual Meeting November 6th.

The fourteenth annual meeting of the Indiana Osteopathic Association will be held at the Denison Hotel, Indianapolis, November 6. The program will be as follows: Business, unfinished and new; president's address, Dr. W. S. Thomasson, Terre Haute; "Melancholia and Insanity," Dr. M. E. Clark, Indianapolis; "Osteopathic vs. Medical Examination of School Children," Dr. Jos. B. Kinsinger, Rushville; "Reactions and Their Significance, Resulting from Osteopathic Treatment," Dr. S. E. Warner, Indianapolis; "Gall Stones and the Influence of the Liver Upon Body Metabolism," Dr. J. E. Derch, Ft. Wayne; "Osteopathic Hygiene," Dr. Emma G. Gardner, Winchester; "Dermatoses," Dr. F. H. Smith, Kokomo; "The Human Spine," Dr. H. H. Fryette, Chicago, Ill.

Tennessee State Board Meeting.

The Tennessee State Board of Examiners recently held its semi-annual meeting in Nashville. Several applications for registration on reciprocity were received and the secretary asked to issue same. Officers were elected as follows: President, Dr. P. K. Norman, Memphis; Secretary, Dr. Carey T. Mitchell, Nashville; treasurer, Dr. J. W. Skidmore, Jackson. The retiring secretary, Dr. J. Erle Collier, also the retiring treasurer, Dr. W. Miles Williams, have served the board as such since its organization. A vote of thanks was tendered both for their efficient services in the cause of osteopathy in the state. Tennessee ranks seventeenth in population in the United States, with a population of nearly two and one-half millions. For this population we have less than 100 practitioners within the borders of the State. Consequently, we have almost an open field for osteopathy. We have an independent State Board of Examiners, and reciprocity with many of the States, so that the qualified osteopath need have no fear of receiving fair play when he comes to

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LAST CALL

To the Stockholders, Friends and Well Wishers of the American National Assurance Co.

I take great pleasure in being able to announce that the present outlook is that our organization will take place early in November. After that time no more subscriptions will be taken at the present price of \$100.00 per share, the advance taking place immediately on organization. Everything points to a splendid success in this great undertaking.

If you are interested, "Get busy."

Yours truly,

H. M. STILL

Tennessee. The secretary of the board will be more than pleased to receive communications from any osteopathic physician concerning locations here in the "Sunny South," and will be pleased to advise any one who wishes to know of Tennessee's opportunities for osteopathy. Please address all mail concerning the board to Dr. Carey T. Mitchell, secretary, Hitchcock building, Nashville, Tenn.

Louisiana State Board Meeting.

The Louisiana State Board of Osteopaths met in New Orleans October 12. Certificates to practice were issued to three applicants—Dr. Edgar B. Otts, Los Angeles College, 1912, making a grade of 94 7/12 on twelve branches. Officers elected were: President, Dr. Paul W. Geddes; treasurer, Dr. J. B. Roussel; secretary, Dr. Henry Tete, 1117 Maison Blanche building, New Orleans. There were 35 applications for license by reciprocity, but action was deferred on these pending the investigation required by the respective states. The board will meet again during the spring.—*Henry Tete, D. O., Secretary.*

American National Assurance Company Makes Rapid Progress

Friend Bunting: I wish you would call attention to the splendid results we have gotten with the American National Assurance Company. Considering we have only had one man in the field, and no special stock salesmen I think it would be remarkable to organize in November. It generally takes from a year to eighteen months to organize any company. I think we will have no difficulty in straightening up everything. You must remember that a tree was never so tall and beautiful but what a few dead limbs could be picked out on it. I hope you will forget your little grievance and line up with us. Assuring you I am going to do all in my power to weed out any difficulties that may arise, I am, very respectfully, H. M. Still, October 4.

An Insurance Company That Does Not Deserve Our Support.

Editor "The O. P.": For some time I have noticed reports on the various insurance companies and associations in "The O. P." There is an accident association in Iowa that has been doing a good business in this State, and I think a majority of the osteopaths are holding their policy. This company does not recognize osteopaths as physicians and in their by-laws state that the person must be under the care of a licensed physician and surgeon, who has received the degree of Doctor of Medicine from a recognized school. They also issue a health certificate which contains the same section, and further says the physician must prescribe and treat the patient during the course of the confinement. In view of these statements, I think it would be a good time for the osteopaths holding policies in this association to write the association and tell them unless they would recognize the osteopaths they should not expect them to continue in the association.

The association is known as the Inter-State Business Men's Accident Association, Des Moines, Iowa.

These companies are willing to take our money, but they are not willing to take our statement of a case of sickness or accident. It is time the osteopathic profession stood for their rights and insisted that if a company was to have their business they must be willing to recognize their professional training. For one, I do not intend to help in any way any business or association that will not give osteopathy proper recognition.

It seems to me our Iowa D. O.'s could do a good

work in this case, as we have a school located in Des Moines. This is only a suggestion, and I trust they may investigate this matter and see if the statements made are not true. If you hold a policy, look up the section in the by-laws and read it carefully and see if you wish to continue in such an association.—*John W. Pay, D. O., Milbank, S. Dak.*

Dr. Pay is right. We should give our support to those insurance companies, both accident and life, which are willing to give the osteopathic profession the recognition it deserves. Transfer your policies to the American National Assurance Company of St. Louis, or to the Guardian Accident Assurance Company of Indianapolis.

About Physicians' Theories

As the only accredited osteopathic delegate from any part of the world to the International Congress of Hygiene and Demography recently held at Washington, D. C., it may interest the many who are reading Mr. Frederick J. Haskin's articles published in the *Daily News* to learn that from my viewpoint of the interesting proceedings of the congress, that the members of the medical profession as a whole in this, as well as in every country, are far from being in accord with regard to the proper means and methods of preventing and combating disease.

They seem to grasp at a theory as to the cause of disease and then try to fit every known phase of that disease to that theory.

None of the papers read at the congress even hinted at the discoveries made in the science of osteopathy, which science is making such great strides in the prevention and cure of disease.—*Fred W. Gage, D. O.*

From Chicago *Daily News* of October 7.

Osteopathic Society of New York Meeting

The Osteopathic Society of the city of New York held a regular meeting September 28th at Astor House. Some of the subjects discussed were: "Are You Satisfied with the Meeting Place?" "The Clinic and Hospital Proposition," "The Publicity Question," "The Social Side of Our Society."

A special meeting was held October 11th at Murray Hill Hotel, at which Dr. Von H. Gerdine of Kirksville gave an address on "The Heart," and told some of his ideas gleaned from his work abroad recently.

At the regular meeting October 17th, Dr. George W. Riley addressed the society on the subject "The Sanitary Work of Our Government in the Building of the Isthmian Canal," and also on the subject "Growth and Development of the Mosquito," illustrated by moving pictures. Dr. H. S. Bunting of Chicago gave an address on "Publicity." The new officers of the society are: President, Dr. Chas. H. Whitcomb; vice-president, Dr. Mary M. White; treasurer, Dr. C. R. Rogers; secretary, Dr. E. Florence Gair, 120 New York avenue, Brooklyn.—*E. Florence Gair, D. O., Secretary.*

Montana Meeting.

The twelfth annual convention of the Montana Osteopathic Association was held September 24 and 25 at Helena. The program in part was: "Diagnosis," by Dr. C. B. Spohr, of White Sulphur Springs; "Arteriosclerosis," by Dr. Maria C. Crafft of Deer Lodge; "Thyroid Diseases," by Dr. W. C. Dawes of Bozeman; "Some Spines I have Treated," by Dr. Daisy Rieger of Billings; "Cholelithiasis," by Dr. R. M. Wolf of Big Timber; "Discussion on Public Health," by Dr. Asa Willard of Missoula; "Correction of Spinal Lesions," by Dr. Asa Willard of Missoula. Officers elected were: President, Dr. Daisy Rieger, Billings; vice-president, Dr. E. M. Corbin, Great Falls; secretary-treasurer, Dr. W. C. Dawes, Bozeman. Representatives to the legislative council of the American Osteopathic Association were chosen: Dr. Asa Willard of Missoula, Dr. C. B. Spohr of White Sulphur Springs, for three years, and Dr. C. E. Dove of Glendive, for two years.

In connection with the association convention, the State Board of Osteopathic Examiners held a meeting. Ten candidates registered for examination.

Explanatory of Indiana Law.

To clear up misconceptions relative to the Indiana law a brief explanation is timely.

Examinations are conducted by the board, State House, Indianapolis, on the second Tuesday of July and January of each year.

Requirements for examination: The academic requirements were four years accredited high school diploma up to January, 1910; one year collegiate work was added then, and two years' college work in addition to the four years high school went into effect January, 1911. Hence the academic requisites apply respectively to those matriculating prior to each of the above dates. These are the preliminary credentials required for entrance to medical or osteopathic college.

The medical or osteopathic course required is four years of eight months each. Osteopaths having completed the regular three-year course and supplement same with five to seven months in post-graduate work in osteopathic college, and who have the required academic work, are eligible to the examination in Indiana.

The aforesaid requirements, being such that very few osteopaths have met, practically closes Indiana to regular osteopathic graduates, and for this reason the undersigned voted against the two years' preliminary collegiate requirements and won bitter antipathy of the "medics" for same.

Enclosed find a marked copy of the Indiana medical law. You will observe in Section 7 of said act a students' exemption clause which reads thus: "This act shall not be construed to prevent medical students from practicing medicine and surgery under the immediate and direct supervision of a licensed physician for a period of two years"—as amended March, 1899.

It is under this provision, which was made for the bene-

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fit of the medical profession, that the undersigned employs senior osteopathic students, and thus brings more osteopaths into Indiana and gives communities the benefit of skilled osteopathic treatment that could not otherwise have this most beneficial service.

To further encroach and curtail our fragment of recognition in Indiana, the Medical Board has deemed it expedient and proper to lodge suit against my assistants. We have never shown the enemy our heels and expect to fight for our rights. The outcome of the cases will decide for the "medics" whether they will attempt to change the law during the next legislation. Should they seek additional legislation, the Indiana osteopaths should grasp the opportunity to secure an independent board. Fraternally yours, *John F. Spauhurst, D. O., member of Indiana State Board of Medical Registration and Examination.*

Maine Association Meeting.

The first meeting of the Maine Osteopathic Association since incorporation was held at the office of Dr. A. E. Chittenden, Portland, September 28. Nearly all the osteopathic practitioners in the State were present, and seven applications for membership were received. The legislation committee was instructed to work for an independent board this year, and the prospects of success look brighter than ever before. Instead of the usual banquet, free tickets were issued for a lecture at Pythian Hall by Dr. Ralph Kendrick Smith of Boston, on "The Ultimate Osteopath." It proved a very instructive and dignified lecture, and was well applauded. Dr. Smith gave the audience an opportunity to ask questions, which was appreciated. A number of clinics were held after the lecture.

The osteopathic profession in the State of Maine will be glad to welcome more practitioners, and their co-operation will be very useful in the coming legislative campaign.—*Nora R. Brown, D. O., Secretary.*

Chicago Osteopathic Association Meeting.

The regular monthly meeting of the Chicago Osteopathic Association was held October 3 at the Hotel La Salle. The society meeting was preceded by a dinner. Twenty covers were laid. The guest of the evening was Dr. Frank Smith of Kokomo, Ind. A discussion was made as to the ways and means of increasing activity on the research proposition. After dinner came a paper on diabetes and demonstration of technique by Dr. Smith. This was followed by a brief report from Dr. Fred Gage, who was a joint delegate to the International Congress of Hygiene and Demography held at Washington, D. C., from the Illinois Osteopathic Association and Chicago Osteopathic Association. Both organizations shared the expenses. In Dr. Gage's opinion, the two principal subjects of particular interest were the clinic cases presented and "Hook Worm Diseases and Isolation of the Germ," by Dr. Paderson. The warm reception tendered Dr. Gage by those with whom he became acquainted seemed to augur well for the wider field of acceptance of osteopathy. Dr. Gage will be glad to answer any questions asked concerning that meeting.—*F. E. Dayton, D. O., Secretary and Treasurer.*

Minnesota, Fourteenth Annual Meeting

The fourteenth annual convention of the Minnesota Osteopathic Association was held at St. Paul, October 5. An address of welcome was given by Governor Eberhart. Very nice attention was given to the meeting by local papers. An enjoyable banquet concluded the session. Among the resolutions adopted were the following:

We endorse and approve all legitimate means for the maintenance and improvement of the public health of the state and nation. We unqualifiedly condemn any measure which seeks to establish a national medical bureau, or to take the question of public health into the realm of politics, and to give to any school of medicine a monopoly in the dominion of matters pertaining to the health and welfare of our people.

We endorse the efforts looking to laws regulating the granting of marriage licenses, to the end that those not physically fit for marriage shall not be permitted to marry. This we believe to be a great and high ideal. Its tendency would be to decrease insanity and feeble-mindedness, and to be a potent factor in the upbuilding and welfare of a clean and sturdy race. Only in this way can we meet the growing demands for institutions for state charges and the enormous expense which it entails.

We respectfully represent that the osteopathic profession should be recognized and have representation in the examination of the children of our public schools. We feel we are peculiarly fitted to conduct such physical examinations and to detect irregularities, particularly of the spinal column with resulting ill health, which are not always recognized by practitioners of other schools.

As licensed physicians of the state of Minnesota, we feel we should be given representation on the state board of health, feeling certain that such representation would be of value to the people of the state.

A certain measure for the prevention and relief of tuberculosis which is to be presented to the state legislature was also endorsed. Officers elected were: President, Dr. L. E. Ijams, Marshall; first vice-president, Dr. Martha A. Covell, Minneapolis; second vice-president, Dr. I. F. Craig, St. Paul; secretary, Dr. F. E. Jorris, Minneapolis; legal advisor, Dr. C. W. Young, St. Paul; librarian, Dr. Ellen Magner, Minneapolis. Papers on the programs were: "Length and Force of Treatment," Dr. Arthur Taylor, Stillwater; "Diagnosis and Technique," Dr. Frank C. Farmer, Chicago, Ill.; reports from National Convention, Dr. C. W. Young of St. Paul, Dr. K. Janie Manuel of Minneapolis and Dr. C. A. Upton of St. Paul; "Gynecology and Obstetrics," Dr. Arthur D. Becker, Preston; "Diagnosis and Technique Concluded"—Question Box, Dr. Frank C. Farmer, Chicago, Ill.—*F. E. Jorris, D. O., Secretary.*



Osteopathic Health for November Full of Interesting Topics and Well Illustrated

WE take a good deal of pride in the November issue of *Osteopathic Health*, now ready for delivery. It is an illustrated number, the drawings being of a particular character made for us by Dr. F. P. Millard, of Toronto, Canada, under special instructions. They are different from anything heretofore used in our popular literature in that they eliminate a great deal of detail that is ordinarily confusing and repulsive to the laity.

"The Helping Hand in Pneumonia" is a very timely and valuable article and one that should inspire a lot of confidence in osteopathic treatment for this much dreaded complaint.

"New Light Through Osteopathy on Infantile Paralysis" is another exceedingly timely article in view of epidemics of this disease that have occurred and the newspaper prominence that has been given to the disease on account of special research pertaining to it during the last few years. Doubtless, there are thousands of people who will find it interesting to learn something of the osteopathic point of view concerning the origin, cause and cure of Infantile Paralysis.

People who have diabetes usually know that their chance for life insurance is practically "nil." "How Some Diabetic Patients Regain Health and Secure Life Insurance" shows that osteopathy has had wonderful success in many cases, and has been the means of enabling people to secure life insurance whose chances previously were absolutely hopeless.

The importance of giving attention to spinal troubles in their first beginnings is something that cannot be too strongly emphasized and reiterated. "Spinal Curvature and the Importance of Periodic Examination" by a pertinent account of an incident in practice shows what may be the serious consequence of dilatoriness and procrastination in this matter.

There is an important article on Bright's disease and an illustrated article on appendicitis entitled "Preventing Appendicitis," which explains the cause of the trouble in a very rational way and shows why the osteopathic physician is so eminently fitted to handle this complaint successfully.

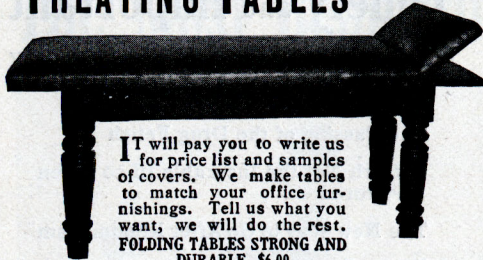
The number closes with a little personal experience of the editor of *Osteopathic Health* with osteopathic treatment for insomnia.

The magazine is bound in an attractive cover with a new design and is a most valuable piece of osteopathic literature. It presents the kind of articles that the public will read; the kind of articles that will both interest and convince and bring a realization that *Osteopathy*, which has been thought about or comprehended only in a dim or hazy sort of fashion, is something of real and vital personal interest and importance; that it is a system that claims to have a better and surer way to overcome sickness and backs up its claims with tangible proof, living witnesses and scientific reasoning.

There is enough human interest about this November number to make anyone read it, sick or well. Use it liberally, now.

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"The O. P." Worth Many Times Price.

Enclosed find my renewal for THE OSTEOPATHIC PHYSICIAN. It is worth many times the price of subscription.—*Dr. Lydia H. Holmes*, Pekin, Illinois, October 9th.

I want 1,000 copies of the September issue of *Osteopathic Health*, as I believe it will prove a good business getter. It hits the point very clearly, and is easily understood. I like its conservative tone.—*Dr. C. Roy Clemens*, Ottawa, Canada., October 10th.

* * *

Please send me 100 October *Osteopathic Health*. I thought the September number was a crackerjack.—*Dr. Alfred W. Young*, Chicago, Ill., October 7th.

* * *

Let me compliment you on the September number of *Osteopathic Health*. It is the kind of literature that counts. The day following the distribution of this issue, I had one new patient as a result. I trace many of my patients directly to the use of *Osteopathic Health*. I find that it is important to have a good mailing list. Formerly, I mailed magazines only to my patients, but experience has proven that it pays to go outside of one's practice with this kind of publicity.—*Dr. Bernard Strange McMahan*, Sault Ste. Marie, Ont., Can., October 8.

"Osteopathic Health" Wins.

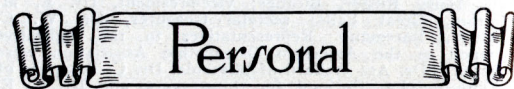
The latter part of last month we received the following letter:

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 (N. Y.), 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. Sincerely yours, *Mrs. R. Sims*, Brown Station, N. Y., September 29th.

We gave the lady the desired information and she sent in a subscription for herself and a friend. The doctor referred to in her letter not distributing *Osteopathic Health*, and this incident goes to show that even without any effort to bring it to their notice *Osteopathic Health* attracts the attention of the laity, and they are pleased with its contents.

If people are interested enough to write directly to us for information about *Osteopathic Health*, and pay the individual subscription price to get it, isn't it pretty good evidence that others will be pleased to have it called to their attention, and will appreciate receiving copies gratuitously.

Osteopathic Health is winning friends for osteopathy every day. You are neglecting opportunities, if you do not use it.



Dr. Irving Colby, of New London, Connecticut, has changed his address in that town from Mohican Hotel to Marsh building, 232 State street.

Dr. Bessie A. Duffield, of Nashville, Tennessee, was the guest of honor at a banquet September 24th, tendered to her by the Nashville Osteopathic Society in celebration of Dr. Duffield's election as vice-president of the American Osteopathic Association at the Detroit convention. The banquet was given at the Commercial Club, and consisted of seven courses. There were a number of out-of-town guests.

Dr. T. J. Phelps, of Chillicothe, Missouri, will have the sympathy of the profession in the loss of his 19-year-old daughter, Maud May Phelps, who was drowned September 7th, while wading with a number of friends in Grand River. Miss Phelps and a Mr. Herbert Humphres stepped suddenly into a deep hole and were drowned before any assistance, although nearby, could reach them.

Dr. Haney H. Bell has announced that he has entered into partnership with Dr. Charles R. Shumate, of Lynchburg, Virginia, succeeding Dr. J. Meek Wolfe, who was previously associated with Dr. Shumate, under the firm name of Drs. Shumate and Wolfe.

Dr. C. K. Garrett and Dr. Roberta Smith, A. S. O., January, 1912, graduates, have located at Lynchburg, Virginia, with offices in the Medical building.

Dr. Minerva Baird has returned to Montgomery, Alabama, after spending several weeks in Boston, doing special osteopathic and surgical work. She has resumed practice at 105 Sayre street, Montgomery.

Dr. Lloyd D. Gass, of Joplin, Missouri, is at Los Angeles, taking up post-graduate work in osteopathy and surgery. He expects to return to Joplin and resume his practice there about the middle of next year. In the meantime, Dr. Roleke, A. S. O., 1912, is looking after the practice.

Dr. P. H. Woodall, of Birmingham, Alabama, will give a public lecture at Memphis, Tennessee, October 26th, under the auspices of the Tennessee Osteopathic Association.

Dr. Irene Edwards, of Marshall, Missouri, had the misfortune to recently slip and fall on a flight of stairs. She suffered a badly fractured ankle, which will incapacitate her from practice for some time.

Dr. J. W. Robinson, of Erie, Pennsylvania, tells us that the old town is beginning to grow, and that the Erie Beautiful people are after some of the old landmarks, consequently he has changed his address from 920 Peach street, to 147 West Eleventh street, where he has secured more suitable quarters.

Dr. Ella X. Quinn, of St. Augustine, Fla., has removed from the Aleazar Annes, 103-105 Cordove street, to suite 25, Jefferson Theater building.

Dr. W. C. Miller, A. S. O. graduate, has located at Clarinda, Iowa. He has offices situated over Orth & Beckner's store.

Dr. Wade H. Marshall, of Trinidad, Colorado, was married September 18th, at Denver, to Miss Ona B. Pittenger. After a honeymoon in Washington, D. C., Dr. Marshall returned to Trinidad with his bride.

Dr. Mary S. Howells, formerly of Coldwater, Michigan, is now associated in practice with Dr. Isabel Barber, of Allegan, Mich.

Dr. A. F. Steffin, of Worthington, Minnesota, has purchased the practice of Dr. C. F. Chrestensen at Waseca, Minnesota. Dr. Chrestensen goes to Minneapolis to be associated with an osteopathic physician of that city.

Dr. P. V. Aaronson, of Fresno, California, has now associated with him Dr. Iva Still Wallace, a niece of Dr. Andrew Taylor Still.

Dr. C. D. Thore, of Everett, is a candidate for the House of Representatives on "The Bull Moose" ticket.

Dr. Myron H. Bigsby, until recently connected with the faculty of the Philadelphia College of Osteopathy, has located for active practice at Aledo, Illinois. Dr. Bigsby is well known in Aledo, having practiced there some years ago.

Dr. Clara Hardy and Dr. T. C. Hardy, her brother, of San Bernardino, California, sailed September 19th from San Francisco bound for New Zealand. They will make an eight-month tour of the world, taking in New Zealand, Australia, Egypt, Italy, France and England, returning to their own city by way of New York, New Orleans and San Francisco.

Dr. J. R. Shike, formerly of Greenfield, Iowa, has located at Auburn, Nebraska.

Dr. Edward W. Myrick, A. S. O. 1912 graduate, has located for practice at Kinsley, Kansas.

Dr. Edward W. Myrick, A. S. O. 1912 graduate, has located for practice at Kinsley, Kansas.

Dr. J. H. Hastings, of Gallatin, Missouri, has moved to a commodious suite of new offices, located on the second floor of the Farmers' Exchange building.

Dr. R. S. Pickler, A. S. O. graduate, has located at Waupaca, Wisconsin, with offices in the Roberts block.

Dr. W. E. Dressel has located at Jerseyville, Illinois, for active practice. His offices are in the Carlin building.

Dr. C. R. Clemens, formerly of Boston, Mass., has located at Ottawa, Canada, and will be associated in practice with Dr. M. H. Pettypiece, at 123 Nepean street.

Dr. Emma Chapman of Anderson, Ind., is suffering from a severe illness.

Dr. H. A. Whitfield of Rochester, N. Y., has been suffering from a severe attack of pneumonia, and has only recently been able to return to active practice.

Dr. Edward W. Cleveland, Philadelphia 1912 graduate, has located in Toronto, Ontario, Canada, with office in the Nova Scotia Bank building, corner Bloor and Spadina streets.

After an absence of nine months, part of which was spent in the South, Dr. Harriet A. Whitehead has repurchased her old practice at Wausau, Wis., from Dr. Nellie M. Fisher, who goes to Youngstown, Ohio.

Dr. Ernest R. Humphries of Holyoke, Mass., has removed his offices from the Smith building to 293 Maple street, corner of Appleton.

Dr. N. F. Hawk of New Hampton, Iowa, has secured new offices located over Gildners Bros.' store, opposite the First National Bank building.

Dr. Nettie M. Hurd of Chicago has removed her offices from 1819 Masonic Temple to 207 Willoughby building, 81 East Madison street, where she has fitted up attractive offices.

Dr. Helen D. Valens of Tecumseh, Mich., is taking a pleasure trip through Western Canada, and expects to return to her practice in about two months. She will visit Winnipeg, Calgary, Edmonton and other points of interest in Western Canada.

Dr. W. W. Rhodes, Los Angeles College of Osteopathy graduate, has located at Sheridan, Ore.

Dr. Paschall Morris has removed his offices from 317 Weightman building to 407-408 Flanders building, Philadelphia.

Dr. C. A. Detmering, formerly of Sewickley, Pa., has located at Canton, Ohio, having offices at 417 South Cleveland avenue.

Dr. Katherine S. Meyers and Dr. Ethel J. Martin have announced the opening of their office at suite 807 Journal building, Portland, Ore.

Dr. W. Delahan, formerly of East Cleveland, Ohio, has located at Geneva, Ohio, with offices at 11 Pine street.

Dr. L. Ludlow Haight of Los Angeles, Cal., has just completed a fine new home at 5606 Hollywood boulevard, one of the best residence portions of Los Angeles. He extends an invitation to all osteopaths to call in and visit when in the city. He says he has a large garage and only one machine, so there is room for one or two more at any time.

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CONFIDENCES—Talks With a Young Girl Concerning Herself.

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The Osteopathic Pub. Co. 215 So. Market St., CHICAGO

Dr. Lynette Barton of Bartlesville, Okla., has changed her local address from 110½ East Third street to 314½ Dewey avenue.

Dr. Stewart J. Fitch and Dr. G. Edward Maxwell will be associated in the practice of osteopathy at 600 Kesner building, Chicago. Dr. Fitch formerly had his offices in the Trude building, and Dr. Maxwell was located in the Wendell Bank building.

Dr. Harry Waldo Broadbridge, who has been associated with Dr. Harry Norman Broadbridge at Allston, Mass., has removed to Simonds & Adams building, Merrimac street, Haverhill, Mass.

Dr. Helena S. Halvorsen of Spokane, Washington, is spending an extended vacation at Waupan, Wis.

Dr. Ermina Flattery, A. S. O., is assisting Dr. Lillian Friend at Wray, Colo., during her indisposition.

Dr. Lizzie E. Osgood of Pittsfield, Mass., is taking a post-graduate course at the Los Angeles College of Osteopathy this winter.

Dr. J. A. Stiles of Morganfield, Ky., has announced the removal of his office to Suite 6, Cottingham building.

Dr. Elizabeth H. Jermane of Los Angeles expects to spend the fall and winter doing post-graduate work.

Dr. Walter S. Grow has located at Danville, Ind.

Dr. W. H. Bruce of Houston, Texas, got back to practice the middle of last month from a month's vacation at a Colorado health resort. He thinks the health resorts are a pretty good place for himself once in a while, as well as for his patients.

Dr. Earle D. Jones, of Pocatello, Idaho, has been re-elected president of the Idaho State Osteopathic Association. While in Boise he purchased a fine new motor car.

Dr. Edgar B. Otts, Los Angeles, 1912, who is located in Louisiana, successfully passed the Louisiana State Board examination, making a grade of 94 7/12 on twelve branches.

Dr. H. H. Somers, formerly of Cottage Grove, Ore., has now located at North Battleford, Saskatchewan, Canada. It is a growing town of 4,000 people, and Dr. Somers says that he considers he has splendid prospects for a good osteopathic practice. Dr. Somers says that he will gladly correspond with any osteopathic physician who is contemplating a change of location and who desires information about northwest Canada.

Location and Removal

Dr. Harriet A. Whitehead, at 606½ Third street, Wausau, Wis.

Dr. Nellie M. Fisher, from 606½ Third street, Wausau, Wis., to Youngstown, Ohio.

Dr. J. R. Moseley, from Petosky, Mich., to St. Augustine, Fla.

Dr. C. R. Clemens, from 149 Tremont street, Boston, Mass., to 123 Nepean street, Ottawa, Ont., Can.

Dr. Chas. Carter, from Dudley block to Arcade building, Danville, Va.

Dr. C. Paul Snyder, from 10 W. Spruce street, to 64 N. Washington street, Titusville, Pa.

Dr. J. A. Van Brakle, from 15½ E. Main street, Ashland, to Masonic building, Oregon City, Ore.

Dr. Paschall Morris, from 317 Weightman building to 407-408 Flanders building, Philadelphia, Pa.

Dr. C. R. Mitchell, from 228 2nd street, Saskatoon, Sask., Can., to Angola, Ind.

Dr. J. J. Otey, from Dorris to Pomona, Cal.

Dr. Ida Ellis Bush, from 707 Atlantic Bank building to 117 Ocean street, Jacksonville, Fla.

Dr. Minerva Baird, from 518 S. Lawrence street to 105 Sayre street, Montgomery, Ala.

Dr. M. E. Backman, from 3714 6th avenue to 1169 11th street, Des Moines, Ia.

Dr. W. E. Dwiggin, from Bakersfield, Cal., to Waynes-town, Ind.

Dr. John A. Dawson, from Mountfort street, Boston, to 35 Congress street, Milford, Mass.

Dr. W. F. Englehart, from 212 Missouri Trust building to Central National Bank building, St. Louis, Mo.

Dr. Harriet M. Doolittle, from 535 N. Main street, Pomona, to 230 N. Geary street, Pomona, Cal.

Dr. W. B. Farris, from Faught to Williams building, Snyder, Texas.

Dr. Victor C. Hoefner, from 225 N. Central avenue, Paris, to 215 Madison street, Waukegan, Ill.

Dr. W. Delahan, from 37 Elsinore street, E. Cleveland, to 11 Pine street, Geneva, Ohio.

Dr. W. Frank Bates, from Estes Park to Glendevey, Colo.

Dr. A. K. S. Calvert, from Ponca City, Okla., to Mo-nett, Mo.

Dr. Edward Wadsworth Cleveland, from Bridgeton, N. J., to Nova Scotia Bank building, Toronto, Ont., Can.

Dr. Minnie A. Shaw, from 801 E. Main street, Enid, Okla., to Walther Wymore building, Jefferson City, Mo.

Dr. J. Stewart Fitch, from 132 Wabash avenue to 600 Kesner building, Chicago, Ill.

Dr. Helen Love, from 522 W. 112th street to the Wash-ington, 2040 7th avenue, New York City.

Dr. Laura T. Shugrue, from 54 Park street, Buffalo, N. Y., to 1801 Calvert street, Washington, D. C.

Dr. G. W. Moore, from Moores, Pa., to 36 E. Main street, Moorestown, N. J.

Dr. Ernest R. Humphries, from 407 Smith building to 293 Maple street, Holyoke, Mass.

Dr. R. M. Thomas, from 16 to 14½ S. Main street, Ft. Scott, Kan.
 Dr. Lynette Barton, from 110½ E. 3rd street to 314½ Dewey avenue, Bartlesville, Okla.
 Dr. L. J. Gillett, at 208½ W. Randolph avenue, Enid, Okla.
 Dr. Fred Kincaid, at Skowhegan, Me.
 Dr. J. P. Bashaw, at 308 Evernia street, West Palm Beach, Fla.
 Dr. W. W. Rhodes, at Sheridan, Ore., P. O. box 147.
 Dr. W. C. Fennessy, at 50 Wenham street, Forest Hills, Mass.
 Dr. O. Buffalo, at Clarksville, Tenn., box 64.
 Dr. C. F. Sanford, at Peru, Ill., Lox 63.
 Dr. J. B. Gidley, at 6 Stebbins block, Hastings, Mich.
 Dr. H. W. Blankinship, at Ottawa, Ill.
 Dr. S. L. Gants, at 19 Franklin street, Providence, R. I.
 Dr. Harry Waldo Broadbridge, at Simonds & Adams building, Haverhill, Mass.
 Dr. D. E. Pearl, at Beaudry block, Anaconda, Mont.
 Dr. F. C. Hickson, at Gaffney, S. C., P. O. box 195.
 Dr. E. L. Schumacher, at 4th and Main street, Longmont, Colo.
 Dr. Margaret Penfold, at Ridgesay, Mo.
 Dr. Harry J. Moore, at 1 South street, Morristown, N. J.
 Dr. J. A. McCarthy, at 469 Luray place, N. W., Washington, D. C.
 Dr. Thos. L. McBeath, at 35 Limerock street, Rockland, Me.
 Dr. O. C. Keller, at Big Sandy, Mont.
 Dr. H. E. Illing, at 603 Kent building, Toronto, Ont., Can.
 Dr. John H. Harrison, at 409 Central Bank building, Memphis, Tex.
 Dr. S. J. Gilmore, at Sandersville, Ga.
 Dr. A. Maude Atherton Cerie, from 314 Main street to 6 Mason street, Worcester, Mass.
 Dr. W. O. Flory, from 425 to 421-423 Medical block, Minneapolis, Minn.
 Dr. Leslie Keyes, from 417 Medical block, to 340 Andrus building, Minneapolis, Minn.
 Dr. W. H. Eckert, from 810 Olive street to 603 Century building, St. Louis, Mo.
 Dr. Clayton N. Clark, from 170 Huntington avenue, Buffalo, N. Y., to 346 Bloomfield avenue, Caldwell, N. J.
 Dr. Edith J. Lewis, from 37 Wellington street to 104 Clyde block, Hamilton, Ont., Can.
 Dr. W. W. Hutchinson, from 240 S. Figueroa street to 1282 W. 23rd street, Los Angeles, Cal.
 Dr. Nettie M. Hurd, from 1319 Masonic Temple to 207 Willoughby building, Chicago, Ill.
 Dr. Jas. E. Biby, from 11-15 Murphy block to Ballard Station, Seattle, Wash.
 Dr. F. A. DeWolf, from 563 S. Fremont street, Los Angeles, Cal., to Mitchell, So. Dak.
 Dr. Helen Roleke, from Bethany, Mo., to 628 Main street, Joplin, Mo.
 Dr. E. H. Calvert, from Realty building, Cadillac, Mich., to Harrison building, Columbus, Ohio.
 Dr. Frances G. Stewart, from Ames, Iowa, to Coeur d'Alene, Ida.
 Dr. L. S. Adams, from 3632 Woodland avenue, McPherson, Kan., to Coeur d'Alene, Ida.
 Dr. C. C. Wright, from 515 McKean avenue to 514 Tallowfield avenue, Charleroi, Pa.
 Dr. L. Phelps, from 114 Davis street, Santa Paula, to Oakland, Cal.
 Dr. Helena Halvorsen, from Madelia, Minn., to Wau-pun, Wis.
 Dr. W. J. Tetz, from 411 to 215 E. North avenue, Baltimore, Md.
 Dr. M. H. Pettypiece, from Canada Life building to 123 Nepean street, Ottawa, Ont., Can.
 Dr. Earl A. Nelson, from 242 Morgan street, Phoenixville, to 822 Chestnut street, Reading, Pa.
 Dr. Frederick H. Martin, from 383 W. Second street to 481 N. Park avenue, Pomona, Cal.
 Dr. Ira W. Drew, from 222 to 624 Land Title building, Philadelphia, Pa.
 Dr. L. K. Hallock, from Caney, Kansas, to 205 Pierik building, Springfield, Ill.
 Dr. George Herbert Tinges, from 22 S. 43rd street to 5817 Willows avenue, Philadelphia, Pa.
 Dr. M. F. Smith, from Paw Paw to Murphy block, Marshall, Mich.
 Dr. V. W. Brinkerhoff, from Upper Sandusky to 1040 Ohio building, Toledo, Ohio.
 Dr. Z. A. Nevius, from 670 Ohio street to 1310 Rose Dispensary building, Terre Haute, Ind.
 Dr. J. W. Banning, from 415 Washington avenue to 516 Nostrand avenue, Brooklyn, N. Y.
 Dr. S. R. Love, at 8 Pine street, De Land, Fla.
 Dr. David Mills, at Old City Hall building, Holland, Mich.
 Dr. R. A. Northway, at Mt. Pleasant, Mich.
 Dr. R. A. McWilliams, at 27 Brunswick street, Newark, N. J.
 Dr. St. George Fechtig, at 37 Madison avenue, New York, N. Y.
 Dr. B. O. Burton, at Boulder, Colo.
 Dr. Ferne Eckert, at Monroe, La., box 641.
 Dr. Francis H. Hodgman, at 1122 Selling building, Portland, Ore.
 Dr. Walter S. Grow, at Danville, Ind.
 Dr. Rose Hudson, over F. & M. Bank, New Rockford, N. D.
 Dr. H. F. Leonard, at 319 Mohawk building, Portland, Ore.
 Dr. Kathryn E. Seeburger, at 346 W. 47th street, Los Angeles, Cal.
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 To Dr. and Mrs. C. A. Kaiser, of Lockport, New York, October 4th, a daughter, Jean Margaret.

Died
 Maud May Phelps, daughter of Dr. T. C. Phelps, of Chillicothe, Missouri, September 7th, aged 19, drowned.
 Dr. W. N. White of Batavia, New York, October 6, of heart failure.
 Dr. William Henry Jones, of Adrian, Mich., at his home, October 14th. He was taken suddenly ill October 12th, and an operation performed at a local hospital.

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