HOLD FAST TO THE LANDMARKS OF CHARACTERISTIC OSTEOPATHY

By DR. CARL P. McCONNELL, Chicago, Ill.

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There is no doubt that relaxing muscles, inhibition, stretching, molding, overcoming rigidity, or any manipulation of the spinal tissues will influence collateral spinal cord circulation; so does any massage, as every doctor well knows; but this is not characteristic osteopathic treatment. Undoubtedly the general manipulation or pommeling will relax muscles and inadvertently adjust deeper structures, but is such work the acme of osteopathic art.

The practical as well as the scientific criterion, according to our conception of osteopathy, by which we should judge the importance of the bony lesion (and to us the bony lesion is of first importance because the bones of our clinical experience and observation we have through each year's work become more and more confident of the primary importance of the osseous lesion. Not but that good results are secured through other than so termed spinal treatments, but we believe, directly and specifically correcting the condition will give the best results. If this is not true, then, characterizes osteopathic therapy of the highest order.

No doubt any experiment that would set up an inflammation of the spinal cord tissues independently of disturbing relative positions of the vertebrae and ribs would cause further disorder, but that would not prove the non-importance of so-called osteopathic lesion, when of course the person has had Pott's disease and now is apparently healthy. Nature unquestionably adjusts immeasurable osteopathic lesions; all we can do at best is to aid nature. Before a lesion is of any consequence we have to consider other diagnostic features than mere abnormality.

Why Does Treating Lesions Cure? Another writer, Dr. Farwell, in the July O. P. has presented a different viewpoint relative to the importance of the osteopathic lesion. The gist of the doctor's conclusions is that the osteopathic lesion in a very large percentage of cases is simply an effect, not a cause, of some internal derangement or disobedience of nature's laws. No doubt atmospheric changes, dietetic errors, unhygienic surroundings, mental attitude, peculiar infection, alcoholic excesses are prolific sources of bodily disorder, and, I believe, every student is taught that these may be "first principles." But we do not believe that in ninety-five cases out of one hundred the "osteopathic" lesions are secondary and not primary. We believe, however, that in many cases the lesion is predisposing and not exciting.

The osteopathic lesion may not only be bony or muscular but ligamentous or visceral, involving a single tissue or structure, or tissue, en bloc or en masse, or several organs, in a word, "any structural defect which through pressure produces or maintains functional disturbance, whether it be curvature, a postural defect, a prolapsed organ. In a word, any structural defect which through pressure produces or maintains functional disturbance, whether it be curvature, a postural defect, a prolapsed organ.

Consequently if these osteopathic lesions were not frequently also "first principles," the regular school would cure a large percentage of their chronic cases and the osteopaths have very little to do; for this is just the present attitude of the regular school—drugs are of little importance and they are devoting their attention to environment, hygiene, sanitation, dietetics and surgery and thus giving nature a greater opportunity. At the same time there is no reason why we should not pay attention to Dr. Farwell's "first principles," and, I believe, most osteopaths do; but the signal success of osteopathy has been due to correction of the osteopathic lesion when other methods and means have failed. I believe in saying not depreciating the importance of common medical knowledge which is and always has been our heritage, but we do emphasize the importance of characteristic osteopathy which has given us our present importance and prestige. And we are still of the opinion the only the relative importance of the osteopathic lesion can be scientifically settled is through laboratory investigation, for most assuredly we are then
THE OSTEOPATHIC PHYSICIAN

By Dr. RILEY D. MOORE, Grand Junction, Colo.

I

DON'T FORGET THAT DISEASE
HAS MORE_THAN_ONE_CAUSE

Osteopathy Our Basis.

Apropos of this subject in general (and not having reference to the papers above referred to) we are of the opinion there is not an osteopath that has perfected his art as Dr. A. T. Still has. He will get results where every one else fails; and it will not be through any hocus-pocus method, but specific read-justment. The reason of it is Dr. Still has studied anatomy, anatomy, anatomy! Not a little of this or a little of that, but he has con-stantly kept down to anatomical fundamentals. He has breathed anatomy, lived anatomy, dreamed anatomy; not mere descriptive or surgical anatomy, but osteopathic anatomy. Every one of us requires a far greater pro-found working knowledge of osteopathic etio-logy, pathology and therapeutics.

Everyone of us requires a far greater pro-found working knowledge of osteopathic etio-logy, pathology and therapeutics.

By Dr. Riley D. Moore, Grand Junction, Colo.

HAVEN'T been much interested of late in the articles on the cause of disease, published in the Medical Press. It seems to me that "95 per cent. of all disease is due to our lesion"; by our lesion, I mean the definition of the word, as commonly understood by the osteopath, as any factor or cause. But, that is bad light in the "scientific world," but is the scientific world capable of judging? How many of the dwellers in that world could recognize a bony lesion if you bared a back and placed their hands right on that lesion? And won't our theories come much nearer holding that our lesion is a cause than they may be, than the ones advanced by those popularly-styled scientists?

One no desires to see osteopathy put on a scientific basis more than I, but first, I think it will be necessary that osteopaths broaden out a little. What do I mean by that? Vibrators, traction-convexes, drugs, etc.? No, not a bit of it. What then?

Here comes a D. O. who says, "95 per cent. of disease is due to the lesion." Along comes another who says that "most of this 95 per cent. are effects of infringement on nature's laws." The food expert is your next man. He says he can improve your health by having you eat at the same table are not affected by poor engineering of the machine, as by stage relaxing muscles won't correct the lesion, waist of the indigestable our reserves, or a number of units of energy in excess of that required to run his machine if it were in absolutely normal condition, ana-tomically, psychically, etc. Has your food-expert removed the cause of the patient's dis-case? No, but rather a cause.

The mental healer finds it "all in your mind," puts you in the proper mental attitude, and thereby often removes a cause of dis-case, that is, a cause of disease.

Another fits the eyes with lenses, stops the loss of nerve force due to eye strain and errors of refraction, and cures his patient. He may have removed the cause of disease, but his patient improves, which is the all essential. Another leak stopped, that's all. Patient now has a reserve fund.

So on down the line. The representatives of the several schools of healing, and individu-al who differ in opinion from those of the same school, continue to make cures. Are they wrong in their teachings? No, just a bit contracted, narrow. They don't recognize that each has part of the truth and none all of it.

I don't mean to say that all these or other factors may be acting in any particular case, but I do say that in nearly every case there is an assortment of conditions which will pre-dispose to, excite, or maintain a pathological process, and the removal of one or more of these unfavorable conditions, whatever they may be, may bring about a cure. In this particular case, the body being able to overcome the re-sults of the remaining defects or unhygienic surroundings. We osteopaths, make a larger per-cent. of cures through the correction of the lesion than users of other systems do through the removal of their causes of disease, because in the majority of pathological cases the cause is more active and potent than any of the other causes of disease, predisposing or exciting.

Diseases are combinations of causes. We can't be too sure that it is your first cause. It's a cause.

THE QUESTION OF CAUSE.

By Warren Taylor, D. O., Santa Barbara, Cal.

A search and investigate is an evidence of progress. All that has been done further the knowledge of the osteopath. He has had a chance to board the train and go on, and it is a pleasure to see so many osteopaths going on.

Osteopathy was always out of sight; we see only effective results of healing. We may not search for that which lies beyond the veil. It may not be possible to find and define cause, to set it within the metes and bounds of a definition, but we may get a yet more comprehensive knowledge, if we search and think.

Think, brethren think, and ever think; stop not where the earth and sky appear to meet, but think on to the brink of the universe and there find yourselves in the centre of a new universe.

For the greater part, we, as physicians, are raking over the ground with Galen and his three causes: Predisposing, exciting and con-taining, which tell us a "cold" is the cause

ly don't bother so long as there is a good re­serve supply of nerve force on hand.

Patient goes to a D. O. who finds a bony lesion, and then makes a diagnosis. He may fix it; patient gets well. Has he removed the cause of that patient's disease? He has removed a cause. He has stopped one leak and thereby the patient will get the possession of enough energy to run his machine.

The skeletal lesion may cause disease or it may not. The disease due to a general condition of lowered vitality brought about through infringing on nature's laws.

Suppose you had sent the same patient to the osteopath. The path foods which will supply more energy and better nourish the body cells, or foods which will require less expenditure of energy to digest. In either case the patient will not be given a reserve, or a number of units of energy in excess of that required to run his machine if it were in absolutely normal condition, ana-tomically, psychically, etc. Has your food-ex­pert removed the cause of the patient's dis-case? No, but rather a cause.
SEPTEMBER FIRST is the first day of the "fiscal year" of osteopathic practice, so to speak, and the campaign of education to increase public knowledge and strengthen public faith in osteopathic practice rightfully begins then if it has been dormant during summer. There is not a day to lose if you would make the most of your opportunity.

Six successive September experiments, throughout as many years, by some 2,000 successful osteopaths have demonstrated that there is no piece of campaign literature obtainable anything like as good as the

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Besides, most of the very people who ask these questions and who stand in greatest need of light do not as yet come to your office to get this information. "Osteopathic Health" will seek them out, one and all, in their own homes—where you yourself could not go unbidden to talk to them, and would be too modest to make a long explanation of osteopathy if you were a guest. It will spread knowledge, neutralize prejudice, remove doubt and inspire confidence in your system of practice.

It will make better patients out of your present patients and help them to continue patient and faithful under treatment. It will treble their efficiency in explaining osteopathy to friends and thereby bringing in new patients. It will help your present patients recruit your practice. Is this worth while to you?

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CHICAGO
of the fever, and fever the cause of the quickened pulse. This is arguing around a small circle and getting nowhere.

Cause is a force outside of the individual, and disease may be the result of not one but many causes; and cause itself acts under the majority of law; hence the misguided or distorted intelligence, as well as ignorance or selfishness, may furnish the cause of disease, but the law exacts the penalty; the vital resistance is lowered, and the result we call a "cold."

Let us suppose the vital resistance is strong enough to resist the cold; there are no resultant lesions, either muscular or bony; again suppose the "cold" overcomes the vital resistance until we name it influenza, and leaves in its wake contracted muscles and displaced bones, which interfere with blood supply and nerve force; and we have disordered physiological function. If it be the stomach, we find tender points along the spine and at once tell our patient we have discovered the cause, and will just replace a vertebra and end his trouble. We may do this but we have not done our duty until we try to inform him as to the actual cause, and teach him something as to the laws of life so that he may avoid falling into the error again.

The spirit of fair play is a strong factor in gaining us the recognition which we enjoy; and we certainly have grown and are growing rapidly. But have we a loyal and consistent following?

Inquire and note how few among those who have taken and are taking osteopathic treatment, there are who depend upon the osteopath at all times and under all circumstances. Many patients still carry their favorite prescription from their favorite M. D. and log on upon the osteopath as a manipulator and bone-setter, and to be employed as such. This idea is kept to the front by many of our best writers and that most diseases are the result of bony lesion—a statement which many intelligent people doubt, to say the least.

We are physicians—students of life; teachers, and as such must seek knowledge and apply it—must get a clear perception of the agreement, or disagreement of ideas; assimilate fact to fact until we have a scientific basis of explanation for all we do.

Perhaps to cause working through law, and any derivation is due to a violation of law; cause remaining the same always.

Let us leave the cats, the dogs, the guinea-pigs, the frogs, to live their lives, and let us cease the study of morbid and moribund conditions; but rather study and seek knowledge of life, that we may have it more abundantly.

THE TRUE OSTEOPATH
MUST BE A LESIONIST

By DR. LUCIUS A. BUMSTEAD, Delaware, Ohio.

In the June 18th issue of the Medical Record there is the report of a paper read before the American Medical Association by Dr. J. E. Goldthwait of Boston on "Subluxations of the Pelvic Articulations, especially the Sacro-Iliac Joint." He handles the subject in a true osteopathic manner without, of course, giving osteopathy credit. It is a discovery (7) of Dr. Goldthwait's. The same issue of the Record contains a review of an article published in the British Medical Journal calling attention to " unnoticed lateral curvatures." Dr. W. J. Summerville is the author and he has been surprised to find how seldom deformities of the back are recognized by the family physician. He calls attention to the dire results of these curvatures, and gives closer attention to the spines of patients, especially children. He recommends that such cases be given "suitable medical gymnastics under medical supervision."

The medical fraternity is being deeply, though unwillingly, influenced by osteopathic principles and teaching. A prominent physician at the head of a large hospital in Columbus, Ohio, recently told me off the record in confidence that he believed osteopathy, hydrotherapy and electrotherapy would, in ten years time, almost entirely displace drugs in the treatment of disease. What true A. T. Still osteopath doubts that prediction for a minute as far as osteopathy is concerned?

I note the discussion in The Osteopathic Physician between the so-called "lesion osteopaths" and the "broad" osteopaths. To my mind an osteopath must be a "lesion" osteopath, he can do nothing else and rightly claim the degree of D. O. I believe the difference arises in the conception of what a "lesion" is. I have observed that the most successful practitioners are those who hunt for and remove lesions. As Dr. Clark says, produce normal motion in every joint and you have a perfect machine. Let us all practise "pure osteopathy" and if we fail on some cases blame our own ignorance rather than the science for where one has failed another manipulator often succeeds.

Yours truly,
L. A. BUMSTEAD.

NOTES ABOUT JAMESTOWN FROM SECRETARY'S OFFICE

The profession, at least that part of it east of the Mississippi river, never had a better opportunity to attend an annual meeting than the coming one. The rail road rates are low, for the most part one fare or less for the round trip, and allow of much variety of route. For instance, tickets through Boston, New York, Baltimore, or Washington may be had either by rail or boat, and the location of the exposition on a point as distant. We have at our disposal at the Inside Inn of St. Louis, is manager of the Inn at the Exposition grounds, Norfolk. This will be good news to many osteopaths, who will recall the good treatment we got at his hands at the Inside Inn, St. Louis, in 1904.

I am free to say that I had been very dubious about conditions at the Inn and Norfolk, but I am now convinced that everything, not only at the Inn, but at the Exposition in general, will be very satisfactory. I shall be entirely frank and say that the matter of changing the place of meeting to some other city was seriously considered, but after a fuller investigation and more time allowed them to go into the matter, we are convinced that there is no reason for a change of place for holding the meeting. I mention this because we, as many others, have seen in the newspapers many notices giving an unfavorable report of conditions in connection with the Exposition. Now all the buildings are completed and over shooting about is likewise except the immense pier of the United States government is not quite completed, but will be before we arrive there. We have made every effort to get the truth of conditions there and now feel justified in saying that everything will be all right. The United States Inspector says that everything is sanitary and healthful and that there has been at no time any disease about the exposition

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The spine and spinal cord are often the real, though unsuspected, cause of most of the common nervous diseases of women. Certain it is that many of the worst of these cases have evidently been due to intervertebral nerve pressure. But not for some time after the part was perfectly supported and the pressure removed these most annoying symptoms disappear.

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or city. Our attendance should be first class, especially from the East, as we have never had a meeting further east than Cleveland or Chattanooga, and it will be a number of years before a meeting is held so far east again.

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To us and those who attend the meeting on our account prices will be:

European plan, which includes breakfast and admission to the grounds after registering at the hotel, two to room, $2.50 each per day, and up, according to location of room, etc.

American plan, including admission to the camp at the headquarters at the Inn.

For those who, unlike the officers and trustees, of the association, who will of necessity have to be at the headquarters on account of frequent meetings, wish to be quartered in the city, it may be done at prices somewhat less than these. Private homes and many hotels in the city have rooms for a dollar per day and up. The city has a number of first-class new hotels, and accommodations, whether at the Inn or in the city, will be convenient and reasonable in price. In addition to the quarters already mentioned, the Hotel Commodore has rooms for from $1.50 to $2.50 per day. The tents are roomy and airy, and very cool in the heat of the day, and the camping grounds are free from all disturbing influences. The grounds are of considerable area, well shaded, and the system of water and sewage arrangements is perfect. One can do this. This does not need to be explained. This much to place the profession where it should be, and only co-operation and unity can do this.

Regarding Insurance Discriminations Against Osteopaths.

Editor of "The O. P."

The July issue of the Journal of Osteopathy contains an editorial to the effect that osteopaths have not been rated by insurance companies "until the new book of the Continental Casualty Co." and in that, our rating is unsatisfactory.

To me the question of rating is of minor importance compared to one that has just been brought to my attention. That is the question of the recognition of osteopathy by the companies, so as to make it financially as well as medically recognized. We have a number of strong advocates of osteopathy who have been standing on our claim banks. This is a case with the Continental.

Referring to the application of Dr. Charles Hills, would say that we would not be willing to accept his application of Class A, the best rating that we would be willing to give him being Class B, and even at that we would not be especially anxious to issue a policy on this risk, although we do so upon receipt of a Class B application from you. Understand me, this is a rule not only with the Continental but with any other reliable company writing accident and health, that while we are not prepared nor do we intend to pass upon the merits or demerits of osteopathy which do not have the benefit of our knowledge of the profession, yet in this profession our experience shows us that the history of fraud, for whatever reason, on account of the fact that they are not legally qualified physicians, we cannot give them any standing on our claim banks.

According to the application of Dr. Charles Hills, would say that we would not be willing to accept his application of Class A, the best rating that we would be willing to give him being Class B, and even at that we would not be especially anxious to issue a policy on this risk, although we do so upon receipt of a Class B application from you. Understand me, this is a rule not only with the Continental but with any other reliable company writing accident and health, that while we are not prepared nor do we intend to pass upon the merits or demerits of osteopathy which do not have the benefit of our knowledge of the profession, yet in this profession our experience shows us that the history of fraud, for whatever reason, on account of the fact that they are not legally qualified physicians, we cannot give them any standing on our claim banks.

Arranging now to be in again August 26-30.

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Auburn, N. Y., August 1st.

H. L. CHILES, Secretary.

Gerald Bunker, Manager Eastern Dept.

At the time of making this application I was solicited by the Peersless Casualty Company of this state and raised the same point. They at once sent a written waiver signed by the secretary of the "legally qualified" condition, to the effect that "attending physician may be an osteopathic physician," which act of this profession being carried into the claim is supported by the evidence of our experience. What has stated in my letter we find a number of osteopaths whom we do not feel are as reliable as we might desire, yet we have no doubt that any of the osteopaths who are entirely reliable, and I am ready to believe that this is the case with the Continental.

Upon your recommendation we would be willing to accept Dr. Hills’ certificate on any claim that might arise in your field, with the understanding that you will keep personal track of them.

Yours truly,

Gerald Bunker,
Manager Eastern Dept.
Dr. Byron Robinson's Great Book

One Month of History and Wit

Texas Osteopaths Blush for Collins.

Texas osteopaths have had a deep mortification settle down upon them during the month of August. Gov. Campbell, on August 6th, appointed to the Board of Medical Examiners, in the state of Texas, one Dr. Ira W. Collins, of El Paso, as the osteopathic member. Since the secretary of the State Osteopathic Association was instructed to refuse further membership dues from Dr. Collins for membership in the osteopathic society of the state, the impropriety of the governor's act will be manifest.

At long range we scarcely feel disposed to criticise Governor Campbell, for we believe from all we can learn that permitting the governor to make a mistake of this kind was due entirely to the apathy of our own people. It professes to any "popularity" or "strength" of Dr. Collins in the premises. It seems that after getting the new law passed, each of our stalwarts who had worked for the common good, settled down to attend to his own practice, and there was not a representative osteopath in the field as an avowed candidate for the place. Each osteopath seemed satisfied to let the other fellow get the honor if he wanted it, and all seemed to believe that Governor Campbell would do the right thing in making the appointment.

It was very different up El Paso way. Dr. Collins, who has spent large sums of money advertising with the El Paso News, got the nominations of that paper and various other papers in the state requesting them to write the governor urging the appointment of Dr. Collins as "the newspaper candidate for the entire state." The argument used—which we published some weeks ago to warn our Texas brethren of this El Paso peril—was that "Collins believed in newspaper advertising," and that "his elevation to the State Board would have a great tendency to popularize department store advertising with the osteopathic profession and that his success in this ambition meant the ultimate winning of many shekels from the osteopaths for newspaper advertisers." With that interest at stake, no wonder the country editors of Texas jumped into the race with a vengeance and used their influence to have Collins "elevated" to office!

Such was the story that we received from Texas a full month before the appointment. We published it, believing that it would put our Texas brethren on their guard and cause them to unite on a representative osteopath who would be the association's candidate, enjoying the full sanction of the profession. Had this been done there is not a doubt but that Collins would have been defeated, and it is lamentable that he was left in an open field.

"I do not think that Collins will stand much in our way, or that we as a profession will be hurt much by his presence in the State Board," wrote a representative state osteopath August 18th, "as I am told that two members of the 'regulars' whom the Governor saw fit to appoint are not even graduates from any medical school. However, it is a shame that the one member appointed for our profession was not one fitted to look after osteopathic interests."

This misfortune in Texas should be a warning to other state osteopathic associations, and whenever a law has been passed, it should be remembered that the work is not completed until a proper board has been appointed. We can only hope for Collins that his association with the State Medical Board will have softening and refining influence upon his colossal nerve and that his contact with official life may lead him to repent and reform his quack methods, which constitute such a stench
Chiropractic Trial at LaCrosse.

LaCrosse, Wis., witnessed a very hard-fought contest between the State Board of Health, aided and abetted by osteopathy on one side, and a Japanese chiropractor, backed by the Palmer crowd of Davenport, on the other, in which the chiropractors won their case. A Japanese, S. Morikubo, was charged by Dr. W. T. Sarles, president of the State Medical Board, of practicing osteopathy without a license. The Wisconsin State Board, of course, compels the licensing of osteopaths, physicians and surgeons who are in practice. The State Board and Dr. Jorris, the osteopathic member, contended that the practice practiced was a crude and rough form of osteopathy. Dr. Franklin Flase of the American School of Osteopathy, and Dr. Edythe F. Ashmore of Detroit were witnesses for the prosecution. Dr. B. J. Palmer of Davenport and Dr. Chas. W. Lineker, Cal., a graduate of the California College of Osteopathy, as well as of the chiropractic school, were witnesses for the defense.

It was set up by the defense that chiropractic "differs from osteopathy in that it is a metaphysical science, and in that respect is not like osteopathy." They substituted the new term "insulation" for "subluxation." It was claimed that Dr. Palmer had discovered a brand new set of nerves not known to any branch of medical science, and that in this particular also his system was distinct!

Careful notes made at the trial, which endeavored to define what chiropractic is and to differentiate it in any way possible from osteopathy, failed to give the editor any slight understanding of wherein and how chiropractic differs from osteopathy in the least. After the trial Dr. Lineker called upon the editor when passing through the city, and was invited also to state one fact or principle wherein chiropractic was in any way original or different from osteopathy, except as to being coarser work and having less regard for deft manipulations. The doctor was unable to suggest anything wherein his new cult was original, but promised to send it in writing if he ever found anything that put chiropratics on record in a rational manner.

Dr. Sarles, of the State Board, said that in spite of this defeat he would continue the prosecution of chiropractors in Wisconsin until it has been definitely determined by the Supreme Court who are physicians in the meaning of the law, and as such require to be licensed. He had already prepared another complaint against Mr. Morikubo, charging him with practicing and receiving money as a physician, and the document was all ready to be signed by the court when attorneys for the defense interjected a bit of peanut politics in aid of their client, charging the state board "with persecution of the Japanese!" This buncombe was given enough weight by Mr. Sarles at the moment to cause him to say he would select some other member of the cult to make a further attest case if one could be found in the state. If a Caucasian chiropractor is not found in the state, however, it is announced that the case will be continued against Mr. Morikubo.

Get Out of the Rut.

"The difference between a rut and the grave, is the length and breadth of it."

Willing to Judge.

Daisy—"Do you think, dear, you would love me any better if my hair were some other color?"

Tom—"I don't know. What other colors have you?"
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Post-Graduate Medical School Recognizes O. C. O.

Dr. Lillian M. Wright, Professor of Obstetrics in the Pacific College of Osteopathy, was admitted to the New York Post-Graduate School and Hospital in July. This is a very significant fact respecting the status of education at the Pacific College of Osteopathy.

First New York License.

Dr. Mae V. D. Hart of Albany, N. Y., enjoys the distinction of receiving the first New York State Osteopathic license issued under the new law which came to her on August 9th. This distinction is a fitting recognition of the stalwart work which Dr. Hart's lamented husband, the late Dr. Sylvester W. Hart, did to put osteopathy on a stalwart basis in the Empire State.

Medical Advice.

"Is it true, doctor," asked the summer girl, "that eating cucumbers will remove freckles?"

"Of course," replied Dr. Kidder, "under certain circumstances."

"Really! What circumstances?"

"Well, provided the freckles are on the cucumbers."—Philadelphia Press.

Dr. and Mrs. F. E. Moore Visit East.

Dr. and Mrs. Frederick E. Moore, of La Grande, Ore., started on their vacation July 31st, visiting Seattle until August 8th, when they left for the East to visit Dr. and Mrs. S. E. Ellis, of Boston, before going to Jamestown. Dr. and Mrs. Moore called upon the editor while in Chicago. It is certainly loyalty worth special mention which brings practitioners like Dr. and Mrs. Moore on practically a week's journey to professional gatherings year after year, and there are no more faithful workers in the osteopathic vineyard than this estimable couple.

From a Glad Father.

On July 18th, at 5:45 a.m., little "Dorothy Helen" arrived and all doing well—father doing exceptionally well. You may mention this in your news items if you care to, as we always enjoy letting others know of our good fortune, and we can say she was osteopathically ushered into this world and is an osteopathic baby pure and simple. Hope to be at the A. O. A. convention, but fear I may be disappointed. Osteopathic Health is keeping my office well filled with patients, so that may help to account for my absence at the convention.—Dr. H. W. Malby, Monkato, Minn.

Dr. Sawyer Looked Sour.

"Even with flattery," said Mark Twain at a dinner, "you can't please some men. I remember when I was a reporter in Virginia City there was a doctor I liked—I had camped once on Lake Tahoe with him—and in an obituary I decided to give him a little card. I wrote:

"Dr. Sawyer was called in, and under his prompt and skillful treatment the patient died on Monday."

"But Dr. Sawyer, somehow, wasn't pleased."

Dr. York Visits Chicago.

Dr. Effie E. York of San Francisco called upon the editor the past month and reported osteopathy prosperous and happy on the Coast. The California College of Osteopathy has suspended work for another session, although it is not expected that it will remain closed indefinitely. Conditions in San Francisco following the big fire are still unfavorable to college activity. There were students enough in line to continue the work, but it was believed that the best interests of all would be served by giving at least another term of school work and encouraging school applicants to enroll with the other colleges.

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CHARLES H. SPENCER, D. D., Vice-Pre.
A. B. SHAW, B. S., Sec'y and Treas.

WM. R. LAUGHLIN, M. S. D., D. O., Dean
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Faculty of fifteen earnest professors, including those of greatest successful experience in osteopathic college work, who have given instruction to two-thirds of all the regular graduate osteopathic physicians in the world; who make a business of it, not a side line or diversion; who make their living thereby, and whose life-work it is; who love their work, and believe in getting the enjoyment of it as they go along; who, therefore, selected the ideal home-town, ideal for the institution, site, and treatment of disease conditions, and ideal for the pleasure of living, meanwhile—Where the mountains meet the sea, and the southern sun kisses the valleys into blushes of flowers and fruit; Here, in the densest population, our new five-story, brick, fireproof college building has just raised its roof-garden summit to overlook it all, covering laboratories, lecture rooms, treating rooms, operating rooms and every modern device and convenience for osteopathic education.

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Some folks don't like "broad" osteopathic physicians. We are glad we don't educate the "narrow" variety. The inspector might have said, also, we are inclined to be ICONOCLASTIC. We are not particular how many ideals are shattered, so long as we know of the true principles of health and restoration from disease.

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Write for particulars, stating how much they are using and how long.

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PONTIAC, ILLINOIS

THE OSTEOPATHIC PHYSICIAN

Off on a Surgical Junket.

Dr. William Smith and Dr. George Still, of the A. S. O., are making an extended journey this month through the big eastern surgical centers, including Philadelphia, Baltimore and New York, where they go to get in touch with the latest ideas and operations of surgery.

About a month is being devoted to the trip. The program will not wind up at Jamestown, either, as Dr. Smith, after the big meeting, will go to Toronto, where he addresses a big meeting, in addition to holding a clinic in the afternoon, then returning to Chicago and on to visit the surgical factory of Drs. Mayo at Rochester, Minn.

Drs. Tasker Seek the Hills.

Dr. and Mrs. Dain L. Tasker write that they will not be able to attend the national meeting this year since the doctor's arduous work in behalf of the State Association and securing osteopathic legislation, as well as hard practice, have made it necessary for him to take more of a rest than would be possible in crossing the continent twice and attending sessions of the convention crowded into the brief time at his disposal for a vacation. They will go into the hills. I understand that the demands on Dr. Tasker's time have been so burdensome that he will resign his position on the State Board, and that Dr. Allison is slated to succeed him.

Driven to It.

Nervous Old Lady (for the seventh time)—"Oh, captain, do tell me, is there any danger—shall I be drowned?"

Exasperated Captain—"I'm afraid not, ma'am!"

Los Angeles Wants the Next A. O. A. Meeting.

We are going to have a record-breaking class in September, as students have announced their determination to be with us from states scattered all over the Union. This is not a campaign lie, for publication, but a conservative statement. The additions of Drs. Bowling and Ruddy to our faculty are widely appreciated.

Dr. Forbes and probably Drs. Spencer and Bowling will greet you at Norfolk. I will be too busy matriculating new students for L. A. C. O. to get away this year, but will hope you will have the pleasure of participating in the entertainment of the A. O. A. in Los Angeles next year.

You have doubtless been advised by Dr. Ef­fe York, secretary of the California Association, of the resolutions recently passed extending an invitation to the A. O. A. for the next meeting. In doing so, the State Association does not wish to become opponents of the other excellent cities that are extending similar invitations, but rather, we, like them, have desired to extend a courteous invitation, indicating that they will have the parlor carpet swept and the front stairs dusted and a colored boy at the front door, ready to extend the "true Southern hospitality" in the event that our friends of the profession would enjoy a California house party. Indeed, it will not be limited to our homes, although they are included, but the ranches and the beaches, the yachts and the launches will all be open to their entertainment. Even the little fishes will have their months wide open to receive the osteopathic bait.

Dr. Warren Hamilton, who has just visited us, can tell you something of the attractions of our fishing smacks; of the hundred pound Jew fish he caught and the three-hundred-pound one that got away. Then there is the ocean bathing and the mermaids and the mountain trips up Mt. Washington and to Mt. Lowe; all of these furnishing interesting anatomical studies from the backbone of the mermaids to the backbone of the mountains.—Cordially yours, A. B. Shaw, Secy. and Treas.
THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the Profession.

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EDITORIAL

"How to live, let others fall where they will!"

THE FUN AT JIMTOWN!

Program of the Eleventh Annual Meeting of the American Osteopathic Association at Norfolk, Virginia, August 28-30, 1907.

Monday, August 26.

9:30 a. m.

Call to Order.

Invocation.

Response—G. W. Proctor.

Address of Welcome.

President's Address.

11:00 a. m.—12:00 p. m.

Section in Practice—Kendall L. Achorn, Chairman.

(1) Sectional Anatomy. A. Still Craig.

(2) Experimental Pathology. H. W. Glasoe.

(3) Pelvic Tumors Requiring Surgical Interference. George A. Still.

Demonstrations of Technic—

(1) Cervical Region. F. A. Turler and Virgil A. Cook.

(2) Thoracic Region. George Helmer.


Section in Practice—

Edythe F. Ashmore, Chairman.

(1) The Manopause and Its Treatment. Marie Neely Adsit.

(2) Chronic Prostratitis. F. P. Milward.

(3) Chronic Valvular Disease. E. C. White.

(4) Sacrum, Innominate and COCCYX. W. W. Steele and F. E. Moore.


12:00 p. m.—1:00 p. m.

Open Parliament—


2:30 p. m.

Open Parliament—


The Denver Osteopathic Association meeting for July, instead of being held in town, was made the occasion for a picnic at Eldorado Springs, Colo., and was a most unqualified success. This was in part due to the visiting osteopaths and their friends from Boulder, Fort Collins, etc., whose presence added something still more pleasant. All, for the time, laid aside their professional dignity and went in bathing.

Afterwards the Mrs. Drs. and Drs. Mrs. spread all kinds of eatable things on the tables in the pavilion. These above mentioned good things received the same careful attention that an osteopath is bound to give to every serious phase of life. After lunch our Dr. Stauffer took us all up to a rocky spot in front of the dancing pavilion and shot us camera-wise. We give you the shot herewith. When our faces had recovered from their unwanted good looks we took advantage of a tug-of-war rope which Dr. N. A. Bolles had thoughtfully supplied. The gentlemen of the party were chosen up and after a most violent contest the—we are not going to say which side won, but it was ascertained the winning side had unanimously decided to consider the rope as a purse string, of course, accounted for their victory. Following this the doctors separated, some dancing in the nearby pavilion, others climbing up the five-hundred steps of the crazy stairway to the most delightful of views, which, by the way, was "spiced" by a snow storm, while still others mounted the festve Burro to ride to the beautiful Harmon Falls.

Then we went home in our own private car. The consensus of opinion seems to be that there have been few pleasanter times spent by any of us, not only on account of the outing but even more because of the degree of brotherly friendliness engendered.

MEDITATION AS A BUSINESS PROPOSITION

By G. Frank Dykstom, M. D., Chicago.

A general proposition it is safe to assert that the practice of medicine from a business standpoint is a failure. The successful exceptions merely prove the rule. It is also safe to assume that the elements of financial non-success are cumulative in their action—a fact that is easily proved by hospital and dispensary statistics. The average income of the physician is less than that of the high-class artisan, the telegraph operator in an im-

THE OSTEOPATHIC PHYSICIAN

Treatment. Julia Foster.

Section in Practice—Clinical Demonstrations (continued from July):


(2) Epilepsy. E. W. Curry.

(3) Locomotor Ataxia. Jerome Knowles.

11:00 a. m.—1:00 p. m.

Clinical Demonstrations (Continued).

Section I.

Osteopathic Orthopedics:


(12) Flat Foot.

Section II.

(13) Constatia. F. V. W. Young.


(15) Biliousness. E. E. Smith.

2:30 p. m.

Election of Officers, and other Business.

3:00 p. m.

Alumni and Class Meetings.

4:00-11:00 a.m.

Section in Obstetrics (concluded).


(5) Bowel: Constipation, Diarrhea, Hemorrhoids. H. C. Maxwell.


Section in Research (concluded).


11:00 a. m.—12:30 p. m.

Section 3, Open Parliament.


2:00 p. m.

Unfinished Business.

Adjournment.

THAT GREAT DENVER OUTING.

The Denver Osteopathic Association meeting for July, instead of being held in town, was made the occasion for a picnic at Eldorado Springs, Colo., and was a most unqualified success. This was in part due to the visiting osteopaths and their friends from Boulder, Fort Collins, etc., whose presence added something still more pleasant. All, for the time, laid aside their professional dignity and went in bathing.

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Then we went home in our own private car. The consensus of opinion seems to be that there have been few pleasanter times spent by any of us, not only on account of the outing but even more because of the degree of brotherly friendliness engendered. —Vere Stiles Richards, D. O., Denver, Colo.
Mawkish Sentiment vs. Business Sense.

The assertion has been made that the general poverty of the medical profession is due to a lack of appreciation and a contempt for the rights of the medical man on the part of the public at large. This, however, is a secondary matter which, being self-evident, overshadows the primary cause—the asinine stupidity of the profession itself. As a broad, general proposition the reputable profession as a whole has about as much sense as the dodo, and, unless signs fail, will, sooner or later, meet the fate of that remarkable bird. How the profession can expect the respect and appreciation of the public when it has no respect or appreciation for itself is difficult to conjecture. The public cannot be expected to keep clean the nest of the medical dodo. Furthermore, the public quite rationally values the stupid thing according to its self-appraise-ment.

Primarily, the practice of medicine is supposed to be founded on a mawkish, blanket-like sentiment of philanthropy, which is expected to love both God's and the devil's patients—the pauper and the dead-beat—the honest man and the rascal—the rich and poor alike. The doctor is expected to swallow eye-deep in the milk of human kindness, scattering it broadcast for the benefit of humanity, but he is in no wise expected to even absorb a little of it, much less to swallow a gulp or two occasionally for his own benefit.

The Doctor Has Good Object Lessons.

By way of piling Pelion upon Ossa, the public, having discovered that the doctor sets little value on his own services, proceeds to eye him with suspicion; the tradesman is very careful how he trusts doctors. Of course, the tradesman has his own family physician "hanging up" for a goodly sum, but—knowing doctors to be poor business men—the tradesman often cheats them in both the quality and price of goods. It is a great and godly game that plays from both ends and catches the victim in the middle. The tradesman has one redeeming feature, however; he does his best to teach his doctor patrons a lesson. He either sends his goods C. O. D., or, if the doctor be one of the favored ones, he finds the bill in his mail bright and early on the first of the month. I often think my tradesmen must sit up all night in order to get their bills in bright and early on the first. If not paid by the 15th, a collector is usually at the doctor's office to see about it. Yet the professional dodo—my apologies to the shade of the "sure enough" dodo—will not learn. He goes on and on, neglecting his accounts, mainly because he is afraid of offending his patrons and driving them off to some other doctor who isn't so particular; and the worst of it is, there are plenty of contemptible fellows who draw their own salaries promptly when due, or present their bills for goods with frantic haste, who consider a doctor's bill a flagrant insult. Will nothing ever inspire the doctor with courage enough to despise and ignore such contemptible trash? Does he prefer the role of a lickspittle to that of an independent and self-reliant man?

Total Charity Work Appalling.

As illustrations of the value the profession sets upon its skill and learning, the amount of gratuitous work done is striking. Our pauper—or pauperized—patrons are divided into several classes, viz.: 1. The free hospital, clinic and dispensary class. This is on the increase. According to Dr. Frederick Holme Wiggins, 51 per cent of all cases of sickness in New York City are now class medically as paupers, as against 1.5 per cent twenty years ago! This is appalling. Of these alleged paupers it is safe to say that 75 per cent are able to pay either at least a fraction of their fees. Why should pauperism be shown so prominently in the matter of medical bills, as compared with other necessities of life? And why should the profession carry a burden that belongs to the public? 2. Free patients of the private class: (a) those who can pay but will not, i. e., dead-beats and swindlers; (b) persons whose circumstances are such that the doctor feels in duty bound to render no bills; (c) persons who presume upon social acquaintance with the doctor to "hold him up" for friendly, perhaps informal, consultations.

How the Profession is Sandbagged.

It requires no great mental effort to see the terrible load the profession is carrying—self-inflicted, and often for fallaciously selfish motives, it is true, but none the less heavy. The college and free hospital may be the professional "old man of the sea," but so much the worse for the medical Sindbad. Whatever the explanation, private practice is on a par with gratuitous practice with regard to the impositions practiced on the doctor. It is safe to say that, of the sum total of surgical and medical patients of all kinds and social conditions under treatment in Chicago at the present time, over one-half are paupers—honest or dishonest. Pay the doctor for the work involved in this wasted and misapplied charity, and the medical profession would plunge into a sea of prosperity that might swamp it. And it is not only the rank and file of the profession that suffers. We celebrated professor reaching out for glory, yes, into infinite space, clutching frantically at everything in sight, no matter how profitless—providing the other fellow doesn't...
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get the case—often defeats his own ends. And the great man dies, and is buried, and we take up a collection for his widow, to meet his funeral expenses and sell his library—six feet of earth make all men of a size. Sic transit gloria mundi.

And when, like dog, he's had his day,
And his poor soul hath passed away,
Some friendly scribe in tearful mood
Will tell the world how very good
The dear departed was—
And thus win for himself applause.
(To be continued.)

"Your Office is Closed!" He Learns by Wireless.

Dr. Charles F. Bandel, the noted osteopath, and president of the New York State Osteopathic Society, sailed for Europe yesterday on the Hamburg-American Kaiserin Auguste Victoria. A short distance outside Sandy Hook he passed his friend, Dr. George W. Riley, on the Adriatic, in bound. Dr. Bandel had taken Dr. Riley's practice in New York while the latter was in Europe, and now the compliment will be returned.

The outgoing physician sent a wireless message to Dr. Riley, on the Adriatic, that the latter would have difficulty in getting to his apartment in the Pierrepont, on West Thirty-second street. The building is closed by reason of possess proceedings started against its manager, and R. R. Riley's apartments, as well as all the others, are in charge of the courts.—New York American, Aug. 9th.

To Oppose Autocracy in Medicine.

To the Editor: On Labor Day, September 2d, in Chicago, there will be a national meeting of physicians, who are opposed to the autocratic methods of the American Medical Association, for the purpose of organizing a national society. There will be an "official journal," but its office will not be to monopolize subscriptions or advertising; it will be to keep the membership informed of current events, professional and otherwise, and it will quote freely, with proper credits, from all other medical publications. The society will not attempt paternalism, but will encourage fraternism, and endeavor to promote professional as well as lay education in a rational, liberal direction. The meeting will be either at the Sherman House, Clark and Randolph streets, or at the Auditorium, Congress street. Hoping you will find it convenient to be present or at least send some suggestions and invite your readers to do the same, I am, yours sincerely, Charles McCormick, M. D., Temporary Secretary.

Massachusetts College Has New Home.

"We desire your congratulation upon our acquisition of beautiful and commodious buildings," says the Massachusetts College of Osteopathy. "Please notice our change of address to 15 Craigie street, Cambridge. We have long looked forward to this event. We desire a large freshman class for a send-off in our initial year in our new home. We shall, however, be more than ever particular in regard to the qualifications of our applicants and graduates. We want only the right sort—mentally, morally, physically and educationally. It is our intention to keep our standards high, and moving higher. We appreciate the good will and cooperation of our friends in the field of practice. We will be glad to send our catalog to all who request it. If you can use more than one of our rubrics we shall be pleased to send them—as many as you need."

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Dr. Bandel Seeks Rest in Europe.

When the Kaiserin Augusta Victoria, of the Hamburg-American Line, sailed from this port last Tuesday daylight this morning, she took aboard her cabin passengers Dr. and Mrs. Charles F. Bandel of the Ardsley, who are going to spend a month abroad. Dr. Bandel, who is one of the best known osteopathic practitioners in the East, has worked hard all winter in the fight for legal recognition of osteopathy by the legislature. At Albany he was won over. Dr. Bandel was almost exhausted. In addition to making nearly thirty trips to the state capitol between January 1 and May 1, he has made a number of public speeches and will take much needed rest with Mrs. Bandel in Europe. While Dr. Bandel and Mrs. Bandel are gone the mansion that the doctor erected in New York will be left in charge of a caretaker—Brooklyn (N. Y.) Eagle, August 8th.

Is Another Trust About Due?

Dr. Warren Hamilton, of Kirksville, found time during the vacation season to steal out to the Pacific Slope and fill his lungs with Rocky Mountain ozone en route as well as bathing in the pelucid waters of the Pacific ocean in the vicinity of Los Angeles. We have not heard that Dr. Hamilton purchased any osteopathic colleges on the month's trip, but doubtless school visits and school visits always come in several packages on the mere mention of his coming. About the time that Dr. Hamilton was in Los Angeles the editor received a significant motto post card from that town bearing the advice: 'If you can fool half the people all the time, that is enough. Don't be a hog.' Suspicion points about equally strong to Warren, Col. Shaw and Prof. Whiting as the perpetrators of the joke, but as the handwriting was very scrawly the editor is not sure just whom to thank for the little token.

Osteopath Drowned in the Sea.

Dr. James M. Smith, who is an A. S. O. '97 graduate, located at Portland, Ore., for the practice of osteopathy, was drowned in the surf at Long Beach, Wash., August 7th. Dr. Smith and his son, a boy of 13 years of age, were in bathing when the boy got beyond his depth in a crab-hole that is about 100 feet in width between the beach and a sand bar. Dr. Smith went to the assistance of his son and grabbed him by the arm, but the strong undertow tore them apart. The lad managed to reach the sand bar, but his father was left struggling in the water. Dr. Smith's body had not been recovered at our last report and the boy is in a precarious condition.

Maine's Quarterly Meeting.

The Maine Osteopathic Association held its quarterly meeting at the Somerset, Portland, Me., July 13th. The meeting was well attended. The afternoon meeting was devoted to business at which session they elected Dr. Lillian P. Wentworth of Augusta, Me., as delegate to the national osteopathic convention to be held at Norfolk, Va., beginning on August 26th and closing on August 30th. At 6 o'clock the members of the association and invited guests had dinner at the Columbia. Dr. Ralph H. Williams of Rochester, N. Y., member of the examining board of the state of New York, conducted a clinic at the evening session. A discussion of the clinic cases occupied the remainder of the session.—Portland Argus.

Dr. Moellering Locate in Germany.

Mrs. Moellering and myself are now located in Dresden, Germany, for the practice of osteopathy. We are very much encouraged by the situation here and are in love with the city and its beauties. We had a very pleasant trip and saw some of Holland and the Rhine before coming here and sent our Osteopathic Physician to our new address, Munchenstrasse 8, Dresden, where we are located for business.—Fraternaly, H. H. Moellering.

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Tainted.

The big touring car had just whizzed by with a family like a gingham blanket, and Pat and Mike turned to which it disappear in a cloud of dust.

"Them chug wagons must cost a heap av cash," said Mike. "The rich is fairly bumin' money.

"An' be the smell av it," sniffed Pat, "it must be that tainted money we do be hearin' so much about."
Dr. Wm. R. Laughlin Develops a Splendid Distinguish

SUCCESS in one profession is so comparatively rare that few persons indeed make the unique record of scoring marked success in two or three different fields. Such has been the achievement of Dr. Wm. R. Laughlin, one of our pioneers, dwelling at Los Angeles, California. It is getting to be a hard thing to say for which this osteopathy is most distinguished—whether as a teacher, author or practitioner. Dr. Laughlin has been and is equally distinguished in each field. It is scarcely necessary to make such a statement as regards his successful record in the fields of teaching and text book work, for that is well known personally to the great majority of our profession. His friends of the old days and new, however, will be much gratified to learn that Dr. "Billie" Laughlin has scored as great a success in practicing as he did in college work, and that he has now built up in Los Angeles one of the largest and most remunerative osteopathic practices on the Pacific coast. Indeed, it was the growth of Dr. Laughlin's private practice that necessitated his divorce a few months back from college work, at which time he resigned his faculty position at the Los Angeles College of Osteopathy. His practice has grown so bulky and the demands upon his hours and strength had grown so great that it was absolutely impossible to do justice to either work while trying to carry both burdens.

Since cutting out one of his responsibilities and devoting himself exclusively to practice, Dr. Laughlin's reputation has continued to grow in his new field of labor until it is said that his present practice is already as big as he can well take care of. In this newer field of his labor Dr. Laughlin is fortunate in the assistance of his estimable wife, Dr. Belle Cash Laughlin, who is associated with him in practice. Their office is at Suite 506, Fay building, Los Angeles.

There is a reason for Dr. Laughlin's success as a practitioner apart from his native ability, and that is his splendid anatomical knowledge. It puts him in a position to achieve results that are not to be won by osteopaths whose knowledge of anatomy is more superficial. Dr. Carl P. McConnell in this issue of The O. P. makes reference to this fact in hearing testimony to the skill of our revered founder as a practitioner, stating that the reason why none of Dr. A. T. Still's pupils were able to arrive at as good results as he himself in some cases is due to the fact of Dr. Still having more intricate and profound knowledge of anatomy than any other one of his successful practitioners of the new science. It would be hard to figure out how a sincere osteopath with such a thorough knowledge of the structure of the body, should not be able to figure out many lesions and a proper means for their correction, which the less fortunate practitioners must have missed.

Dr. Laughlin's teaching record has certainly been unique in the annals of osteopathy. He has personally instructed a probable majority of the osteopaths who are now in the field, and it is certain that he has lectured and demonstrated anatomy to more osteopathic students than any other teacher connected with our science.

Dr. Laughlin's text-book on anatomy, which appeared two years ago, was a philosophic anatomical work which filled a long-felt want, and it will doubtless continue a classic osteopathic text-book for a long time. This book is unique in its arrangement, and it treats each subject systematically, dividing the whole in lessons which makes it easy for students to study. It contains 290 plates, all original, and is not arranged like many of the existing anatomies, nor does it present its case in anything like the same way.

Dr. Laughlin was born August 25, 1865. His father was a school man before him and a gentleman of rare culture and attainments, having been at the head of the State Normal School at Kirksville for years. Dr. "Billie" spent his boyhood on a farm, dividing time between hard work and going to school. He got up muscle during summer vacation working in a brickyard that he might attend school and the winter until he had achieved a good education. At the age of twenty he began to teach. He held a teaching position in the public schools of Kansas for four years, the high school of Kirksville two years and for one year was a member of the faculty of the College of Pennsylvania. He was in the faculty of the American School for eight years and was one of the founders of the Los Angeles College of Osteopathy, with which institution he was connected until a few months ago.

Dr. Laughlin also graduated from the normal college at Kirksville and from Hiram College, Ohio, later pursuing work at Garfield University, Kansas, and at the Christian University at Canton, Mo., receiving his degrees, B. S. and M. D., in 1884. He also took a special course in the University of Missouri, and under Dr. Eckley, of Chicago. He was a graduate from the American School of Osteopathy in 1888.

Dr. Laughlin married Miss Belle Cash, of St. Louis, in 1901. Mrs. Laughlin is a graduate of the A. S. O., June class, 1904.

Dr. Laughlin possesses a keen and analytical mind, trained by careful study, and he is an apostle of the gospel of hard work. In what works his crosses and labors are his whole heart. This will be illustrated by the fact that in all the time that he was a teacher in the A. S. O., it is stated on good authority, he was always in the front and never failed to meet an appointment with one of his classes during the period. Such a record is really phenomenal.

The profession of the west was quick to open its arms to Dr. and Mrs. Laughlin, and has made them feel as much at home on the coast as they could possibly have done remaining in the state of their nativity.

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Dr. Frances A. E. McKey from Chicago, to Princeton, Ill.
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Dr. C. W. Kettler from The Rochester, to 215-19 Metropolitan Bank building, Washington, D. C.
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Dr. Ralph M. Cane from 220 W. 59th street, to 33 West 55th street, New York, N. Y.
Dr. A. P. Kottler from San Francisco, Calif., to 502 South boulevard, Chicago.
Dr. E. M. Gray, from 42 N. Brady street, St. Louis, Pa., to 890 N. 4th street, Steubenville, Ohio.
Dr. C. K. Hale from Modesto, Calif., to 109 Pacific avenue, Santa Cruz, Calif.
Dr. Minnie W. True from Kirksville, Mo., to Scotia, Neb.
Dr. R. H. Armond from Vaughn block, Great Falls, Mont., to 8 Conrad block, Great Falls, Mont.
Dr. J. J. Oyer from Missouri, Calif., to 10-12 First Nat’l Bank building, Ventura, Calif.
Dr. H. H. Dalrymple from Waukegan, Ill., to 466 Woodlawn avenue, Chicago.
Dr. W. F. Chappell from 119 South main street, Hannibal, Mo., to 310 Missouri Trust building, St. Louis, Mo.
Dr. F. C. Harper from Piqua to Circleville, Ohio.
Dr. Mary E. Gordon from Wahoo to 325 N. 16th street, Lincoln, Neb.
Dr. C. A. Harper from Topeka, Kansas, to Greesby, Colo.
Dr. W. F. Hillard from Kirksville, Mo., to care of O. Ross, Esq., Edgewater, N. Y.
Dr. C. T. Mitchell from Albany, Ga., to the Assembly Inn, Montgomery, Tenn.
Dr. Emma Crossland from 239 Wells building, to 1117 Main street, Quincy, Ill.
Dr. R. H. Armond from Whitestock building, to 124 N. Main street, Hutchinson, Kansas.
Dr. H. E. Bell from Baraboo, Wis., to Fort Atkinson, Wis.
Dr. Cha. W. Lineker, from Wood & Sons building, Modesto, Calif., to 216 Grove street, Oakland, Calif.
Dr. J. Lester Adams from the Revere building, to the Geo. A. Russell building, Los Angeles, Calif.

Personal.

Dr. J. G. Leslie of Illinois, Wash., is enjoying a few weeks’ vacation at Knox City, Mo.
Dr. W. Young of Vaughn spent a few weeks’ vacation in the California mountains early in July.
Dr. Ella X. Quin of Baltimore, has made a brief visit to Wyoming calling upon the osteopaths, visiting the large hospitals, sanatoriums, etc.
Dr. and Mrs. J. Albert Boyles of Baltimore, Md., closed their apartments July 29th, leaving for the Blue Ridge Mountains, where they will spend the month of August, returning Sept. 9th.
Dr. Frank Hoyt, formerly of Alpena, Mich., has purchased the practice of Dr. Chester W. Gray, 43 N. Brady street, Dubuque, Iowa.
Dr. Louise Lewis, who has not been practicing for some time, is now associated with Dr. E. C. Engelhart, 211 Missouri Trust building, St. Louis, Mo., where she will again take up active practice.
Dr. George H. Carpenter, of Chicago, has returned from his summer outing and has now resumed the practice. Dr. F. D. Eberhart, 211 Missouri Trust building, St. Louis, Mo., who will again take up active practice.
Dr. Harry W. Radnor, who has been traveling abroad, will return from his summer tour and has now resumed the practice. Dr. F. W. C. Engelhart, 211 Missouri Trust building, St. Louis, Mo., who will again take up active practice.

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THE OSTEOPATHIC PHYSICIAN

Aug. 23, 1906.

DR. H. S. BUNTING:

I received your September number—Osteopathic Health, containing your article, "The Osteopathic Catechism." I think it is one of, if not, the best articles I have ever received. It is pure Osteopathy, except a little bosh on page 85, paragraph 3, answering the question, "how does the osteopathic physician control vital forces so as to restore health,"—which adjuncts I think are not very dangerous, but a great way from the spot.

As I had just finished my "incubator" article when I got yours yesterday, I thought I would send mine to you. Put those little eggs—dietetics, hydrotherapy, massage, etc., in the incubator and see what they will hatch. All the rest of that "Catechism" of yours is not only good, but very good. Amen. Let us hear from you often. I am in better health. Wish I could see you and have a good visit. Do as you like with this.

Your admiring friend,

A. J. B.