The Osteopathic Physician

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Number 3

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

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

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

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

This in our judgment is a hopeful sign for osteopathy.

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

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

There are, of course, many perfectly estimable and nice people in our profession who are either afraid or disinclined to take a bold stand in this and in every other issue of life, who yet do not merit any harsh criticism or unjust kind words because their error is one of natural conventionalism. It cannot but hurt the feelings of these people to tell the plain truth and assure them that by their attitude they are not defending the cause of osteopathy appreciably in their community.

But, I would like to ask any who are in that class and I have heard from several of them, what they think their responsibility is to their generation for the errors and crimes that are being committed against human life and happiness every year through the wrong use of drugs, while they do nothing whatever to warn their fellow men and fellow women to show the fallacies of drug practice and to warn their fellow men and fellow women against the wrong committed by their medical writers, who have gone on record in medical literature as opposed to education and public health, who have stood in line with Dr. A. T. Still and his disciples to warn their fellow men and fellow women that it will either come or go, that medicine and public health will either be a thing of the past or of the future.

I do not see how an osteopath who believes in the large number of leading medical writers the world over, that drugs do not cure disease, I answer "true blue" osteopath of recognized high ability, president of the American Osteopathic Association, a sportsman of proven prowess, especially in the piscatorial line and a decided "corner" in the swimming marathon race to be held in Detroit next year.

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

What Some of the Voters Said.

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

"Tell the public about the uselessness of drugs? Why, certainly, and keep on telling them. I am glad you are doing your best to warn the people against the wrong committed in the name of drug therapy. Here is a lesson that we need to learn.—Dr. L. A. Molony, Pittsburgh, Pa., September 2.

"I am glad to see you stand so firm and strong in relation to the education of the public as to the uselessness of drugs. Until a man can be shown that what he has will not do what he wants—he will not change. To take osteopathic treatment, one must be dissatisfied with drugs. Your September Osteopathic Health is full of just such things. Please send me five hundred extra copies of Osteopathic Health each month. Some of our D. O.'s have told me they had all the practice they could handle and why they should spend money for magazines, etc. I don't say much to these poor doctors. I simply say what if Dr. Still had stopped when he had all he and his sons could do, what would you be doing now? Let us educate the people. It is more pleasant to work with them when they understand our science and when we get more than we can handle, we can get someone to come and help us.—Dr. J. I. Moriarty, Ottawa, Ill., August 30.

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

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

"In reply to your question 'Should Osteopaths continue to tell the people that drugs do not cure disease,' I answer most emphatically, yes. We are in the midst of a great re-
form in therapeutic methods, and undoubtedly the trend of the 'Medical Profession' is toward a Douglas Therapy. It is my opinion that osteopathy has been the greatest factor in bringing this about. It is proper, then, that we, as a profession, should make the facts known to the public and receive the credit due us. — Dr. Leslie D. Smith, Chicago, Ill., August 26.

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

"I have just read the September issue of Osteopathic Health and I am more than delighted with it. While we don't need to knock the M. D.'s personally, yet we certainly gain nothing by being 'weak-kneed' on the subject of drugs, but to set it out with the truth and the whole truth. It is a good idea to let the great M. D.'s tell it themselves. I believe we should issue one of this kind each year. Please send me one hundred and fifty extra copies of this September number."— Dr. D. J. Farrall, Superior, Wis., August 28.

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

"I endorse your article in the September issue of Osteopathic Health on the futility of drugs. Send me fifty extra copies of this edition. It is one of the best I have ever seen."— Dr. B. S. Johnson, Philadelphia, Pa., September 7.

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

### The Osteopathic Physician

**The Socialization of Osteopathy—A Problem with Some Suggestions for Its Solution**

By Dr. Jennette Hubbard Bolles, Denver Colo.

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

Creeping on from point to point."

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

With osteopathy history is only repeating itself. Eighteen years ago, Dr. A. T. Still gave to the world the greatest contribution that has ever been made to the healing art, and the knowledge of these important principles has been so well kept that it is almost possible to carry on a discussion of the question of osteopathy without mentioning the name of Dr. Still. But today the knowledge of these important principles is the property of a few.

How to bring it to the many, how best to accomplish the socialization of osteopathy, is the problem with which we have to deal.

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

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

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

We have learned that nothing can be done without organization. The old story of the dying Indian Chief who called his sons about him and bade them try to break a bundle of arrows, which, of course, they could not do, and then showed them how easily each arrow could be broken singly, is little short of inspired. We cannot expect wisdom, whatever may be its literary merits. At present the majority of our osteopaths are single arrows and they will be powerless until they can be united. Our own county in this respect is Boul­der county. Here one out of every small number of osteopaths has joined their county association and paid themselves ten dollars a month for twelve months. The fund thus raised is used to advance the interests of osteopathy. Space is reserved in the newspapers for matter relating to osteopathy, lectures are employed, and when conventions are held there, much is done to make them interesting as well as instructive.

We are beginning to realize too strongly the need for organization. Osteopathy is rapidly approaching the time when it must fight for its place.

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### The Osteopathic Caretism

**What It Contains:**

**A SERIES of questions that are asked daily by osteopathic patients, callers, and those considering treatment, with simple and judicious answers to give a correct knowledge of our science and practice.**

It includes simple and satisfactory explanations of such terms as disease, the cause of disease, "lesion," etc., with concise statements of the fundamental principles of osteopathy, its method of treatment, and its entire dissimilarity to massage. The questions asked and answered are:

- What is osteopathy?
- What does the word mean?
- Does osteopathy teach that bones are usually diseased?
- Is it a treatment only for bone diseases?
- Do you prescribe drugs at all?
- What is the fundamental conception of osteopathy?
- If drugs are not used, what agency does osteopathy employ to overcome diseases?
- How does the osteopathic physician use the vital forces so as to restore health?
- Then osteopathy must be some form of massage, is it not?
- Is osteopathic treatment indelicate in women's diseases?
- Do you have to believe in osteopathy to obtain its benefits?
- What is health?
- What is disease?
- What theory, essentially new to medical science, has osteopathy established to be the common cause of disease?
- What brings about such mechanical disturbances in the body— in other words, what causes sickness?
- Are mechanical disturbances the only first cause of disease?
- Has any other school of medicine recognized such mechanical disorders as causing disease?
- What does the average physician say about osteopathy— about this new mechanical theory of disease?
- What do other schools of medicine ascribe as the main primary predisposing cause of disease?
- What does osteopathy hold regarding microbes?
- So the body is endowed by Nature with its own adequate defenses against disease?
- What common-sense postulate does osteopathy affirm concerning the body?
- How is it that the body is so liable to "bad mechanics?"
- Then osteopathy has simplified pathology, the science of diseased structure and function?
- How about symptomology — the science of symptoms?
- Is not osteopathy merely a form of massage?
- What is a "lesion?"
- Why does osteopathy make the claim that it goes back to the first cause of disease more carefully than other systems?
- Is this mechanical origin of disease the only new principle in osteopathy?
- What is meant by "stimulation and inhibition?"
- Can osteopathy reduce the temperature of fever?
- Does osteopathy reduce temperature?
- Is every case treated alike?
- What disease do the osteopaths have most success in curing?
- Will osteopathy cure everything?
- Has it ever made the claim that it is a "cure-all?"
- Is osteopathy a rough, painful treatment—unsuited for weak persons and invalids?

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

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

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

There ought to be millions of copies of the Osteopathic Catechism circulated. — Dr. Ernest Sisson, San Francisco, Cal.

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

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

The Osteopathic Catechism tells a patient more in a single page than any doctor can explain in a week. — Dr. H. E. Bailey, St. Louis, Mo.

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How the Osteopath May Be Recognized as a Complete Physician

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

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

In this state I think we have one of the best laws as it favors freedom; in other words, there are no teeth in the law to snarl at us. You may think that simple for I do acquaint with the Hampton's.

The good true in the matter of surgery. Everyone me by reeling like a the dark. Ella Wheeler Wilcox has often have cases in which we offer in opposition to the medical corre something, that makes the a branch of medicine similar CHIT, IYIust e must use personal needed. We know are not perfect, but we are gaining can use any and all means if we think it neces

panoplied into the world like Minerva from the State law, so let him not limit himself. Osteopath can be resist the thought of the people, but we must equip himself fully, so that he may still devote time to the study of the physiolog and psychoactive action of drugs—not that we will ever need to use them, but that it will give us the vantage ground of knowing in every case just what the "medics" know or think they can do with drugs. The same is true in the matter of surgery. Every one should equip himself fully, so that he may answer any call in an emergency fully equipped to do the work, and let the people know it, and that will go a long way toward cutting out our limitations. For some of us feel that we are limited and the public, generally, hold that same idea. It is all an error if the people think that the osteopath is limited to ten-fingered osteopathy. Let us convey the thought that we are not so limited. Let us not resist and set in the office and say osteopathy pure and simple for me or I do nothing. The good sailor prevents mal de mer by feeling like a drunken man. He knows that he cannot re sail or prevent the motion of the vessel. Nor can we resist the thought of the people, but we can educate them. Let them know that we can use any and all means if we think it necessary. We must resist the idea of using other means for we may see that it is not necessary.

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

tion. While we hold to the thought that purity of therapeutic demands that osteopathic treatments should be administered solely with the ten fingers, yet if we have a case of retention of urine, we must not limit ourselves so as not to use the catheter when that is the only agency that would save the patient. For surely the itch in would cause cutting and eventually result in cystitis and uraemic poisonings. If we are satisfied with what we have done, we will progress no farther. The evolutionary instinct is the instinct which impels the organic world onward in the path of progressiveness. As Dr. Hudson says, "Any failure to go forward will result in stagnation and our patients must either be whole doctors or none. We do not want osteopathy to be simply a specialty only good in a few cases, as our medical friends say. No! It is a complete successful system of medicine. Let us be family physicians and treat all cases, either acute or chronic. Take fever and beside cases, as has been the role of physicians for years, for we can do the work. We are far better equipped with our wonderful insight into the new anatomy and the principles of osteopathy as now promulgated, than the average medical man is with his pills, powders, and dopes. He realizes, he has got to depend upon mental, psychical, and other adjuncts, and does do so. So let us be broad and not refuse cases or turn them over to the hospitals or M. D.'s, because we cannot do for them what is needed with our ten-fingered osteopathy. We must also study the mental attitude of our patients, for I find that many need medical as well as physical treatment. We often have cases in which we fail to find any pronounced lesion, and sometimes treatment in these cases will be nil, unless we get control of them mentally, and while treating give them proper suggestions. I hold that every cell in the body is amenable to suggestion as well as every organ, and if we get the patient in the right mental attitude and energize them, the result will be success. By becoming real family physicians we supplant the medical man and are then in a position to be called upon in every case of need. Often the family physician discovers that some domestic infelicity is the cause of more real trouble in the household than all the diseases put together. No one is in a better position to help than the family physician. Better than the preacher, neighbor, or friend. Often domestic troubles are of a nebulous character, and a little common sense will clear them up. You may think that such is not a doctor's business, but I know from personal experience that it is. We should also be able to formulate suitable sex hygiene teachings when called upon. The years of darkness have proven a failure; we should now turn on the light.

I hold that osteopathy is not just the manipulative treatment that removes the lesion. To be sure, it treats the lesion, but the results in the patient's getting better, but it is the fundamental law of nature to recuperate after the lesion is removed. The method employed is only an incident. I may do it one way and yet another. But the true osteopathic principle involved is, that nature gets around the obstruction, and the method is the help. So that Dr. Still discovered a law of nature (as Newton did) when he discovered a method that would let that principle of nature work. We must admit that a great fundamental principle, a law of nature, is the great foundation of osteopathy, and that it is what we offer in opposition to the medical, which falls, fails. We should equip ourselves by reeling like a drunken man. He knows that he cannot re sail or prevent the motion of the vessel. Nor can we resist the idea of using other means for we may see that it is not necessary.

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

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

I hold that an osteopath should not be limited by our Washington State law, so let him not limit himself. Osteopathy, like other sciences, did not spring full panoplied into the world like Minerva from the hand of Jupiter. It is still must continue to be the product of growth, development, evolution.
I hold that thoughts are things. Enfolded with being, breath, and wings. We send them forth to fill the world with good results or ill.

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

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

The osteopathic principle, which I call the osteopathic law, is not just the method of adjustment. The fundamental thing is, remove the cause or adjust the results. But I have always held that there is also the palliative treatment, that is, morphine, etc. We all know that morphine is not curative, whether it is calomel, but they are both good adjuncts, and in order to be complete physicians we must meet all cases. Usually the public considers that in operative cases where the patient is near death's door they must call the M. D., at least, if death takes place, to sign the death certificate. Not so in my cases, for I am sure that stepped in and pushed death back that surely was entering by the side of the M. D. Many of you have seen this, and we are complete physicians. But as a medical man, I found more limitations in the practice of medicine than I find in the practice of osteopathy. It was because I had limitations, which Dr. S. S. Still told the patient he could cure her with his two hands, when as a medical man I saw no help but a surgical operation. But as she had told me Dr. Still could help her, I had to admit that he as an osteopath knew more than I did, and I decided that what he knew I could learn also. And I did, and I am sure that if there is absolutely no medicinal treatment for asthma, pneumonia, whooping cough, smallpox, etc., etc., that in 60 or 70 years medical men attend these cases, though they often die, yet the public are satisfied and sometimes the friends freely thank them for what they have done, and I have been willingly paid for services when before my God, I had not done the real thing to ward off death. If we will only call off our limitations, and claim we are the whole thing, the people will soon claim the same. Then we will be where the M. D.s are today. It is not hard to correct some errors of the people. A man at Mahlon was mashed today. It is not hard to correct some errors that many of our brethren are making. We have the material upon which the mortality statistics of this bureau are based. It was prepared under the direction of Dr. Cressy L. Wilbur, chief statistician for vital statistics of this bureau.

In the introduction of the manual it is stated that the progress of what is known as the International Classification of Diseases and Causes of Death has been so far cut out of all bigness. It can be explained only by the fact that there was a widely recognized need for national and international uniformity in statistics. It is important that statistics be based.
Many countries, among them the United States, have obtained their official approval of the international list and have adopted it for practical use so far as material is available for the statistical compilation of causes of death. By this we enforced the complete registration of deaths throughout their entire territory. This is not the case, however, in the British Empire where there is no uniform rule for registration of vital statistics wherever the British flag flies.

The addition of the British Empire is thus a most important matter.

All the English-speaking and Spanish-speaking countries of the world are now united in the adoption of the international list. The entire Western Hemisphere, including Latin America, Central, and South America; Australia and New Zealand; China, Japan, and British India in Asia; Egypt, Algeria, and the countries in Africa; and many countries of Europe are now, or soon will be, represented among those thus seeking international uniformity.

Progress during the recent decade should be even more gratifying, and by the time of the Third Decennial Revision, which is to be made in 1918, it may be hoped that all countries will join in the movement.

The manual states that the International List of Causes of Death makes no pretension of being a proper nomenclature of diseases or of including all possible classifications of diseases. It is only a practical working list whereby statistical compilers can assign medical terminology to the causes of death in order to make the causes of death to certain or more definite titles representing individual diseases or groups of diseases of similar character. Statistics of causes of death is not a business, it is a science, and sometimes to a very large extent, by the fact that many deaths are reported under wrong or misleading causes.

It is the method of comparing and classifying causes of death that is of importance rather than the accuracy of the data as such. It is thus possible to compare the results obtained by different countries, and in this way to study the efficiency of the methods of medical care, and the extent, and sometimes to a very large extent, of the improvement in mortality rates in different countries.

The International List of Causes of Death is a valuable aid to the medical profession in the study of the causes of death and the prevention of disease. It is a useful tool for the study of the effects of public health measures, and it is a valuable aid to the study of the causes of death in different parts of the world.

Convention Publicity Stirs Things Up in Indiana

D R. J. E. SPAUNHURST, of Indianapolis, osteopathic members of the Indiana State Board of Medical Registration and Examination is feeling highly elated over the splendid newspaper coverage given him by the Indianapolis papers. Commenting on the situation, he says: "The invitations to the Medics gave our cause such publicity as nothing else has done. It was a good stunt that should be pulled off in some fashion each year. It stirred up the 'animals' and spread the gospel of faith that lies within us: you are those among you who will 'knock' and regard it detrimentally—such are fossils—believe me."

We believe with Dr. Spaulhurst that the publicity is worth the world. It is a valuable tool for the osteopathic profession to make itself known and to be heard.

Some Impressions of the Chicago Convention

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

The Chicago convention impressed me as being the largest ever held. It was done at this convention than was done at any of the eight previous conventions which I have had the pleasure of attending. The thrust of the profession for more knowledge is remarkably true. The sessions were long, but the great majority of those in attendance stayed to the end of each session.

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

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

I think it is safe to say that the profession has much cause to be proud of the papers which were presented at this convention. Much of a man's consideration of the number of papers presented, this is somewhat remarkable.

A certain noted man goes so far as to say that he has never heard of adjunction of osteopathy, suggesting good or evil to this sub-conscious mind during early youth. He claims this can be done by suggesting good or bad thoughts to the subconscious mind while he is engaged in quiet or in sleep. He claims that the mind that in dreams is not the one that is active while we are awake. It is also very evident that the sub-conscious mind is suggestible, that has been proven by hypnotism, the subject doing whatever he is told to do.

Here is food for thought then. If the subconscious mind can be made suggestible, what benefit can be derived from this fact?

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Psychical Influences

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

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

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

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

The psychic side of therapeutics is looked upon by some as a crinoline. But it is far from it. I believe much good has been accomplished by christi­n science. I do not think their system should be used to make a subject objective. The one most active while we are awake, the other most active while we are asleep.

They, of course, are not separate and distinct, contrary to what is asserted. It is very evident that the mind that in dreams is not the one that is active while we are awake. It is also very evident that the sub-conscious mind is suggestible, that has been proven by hypnotism, the subject doing whatever he is told to do.

Here is food for thought then. If the subconscious mind can be made suggestible, what benefit can be derived from this fact?

A certain noted man goes so far as to say that he has never heard of adjunction of osteopathy, suggesting good or evil to this sub-conscious mind during early youth. He claims this can be done by suggesting good or bad thoughts to the subconscious mind while he is engaged in quiet or in sleep. He claims that the mind that in dreams is not the one that is active while we are awake. It is also very evident that the sub-conscious mind is suggestible, that has been proven by hypnotism, the subject doing whatever he is told to do.

Psychical Influences

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

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

Fear is an agent that perhaps produces more physical ailment than any other psychological influence. Marden says "Fear is the greatest enemy of the human race. It has robbed man of more happiness and comforts of existence than any other single cause."

P. H. Fitcher says "Fear is an acid which is pumped into one's atmosphere; it causes mental, moral and spiritual asphyxiation and sometimes death, death to energy and all growth."

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

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

That the mind has a great influence on the flow of gastric juice has been positively known by that great Russian, Pawlow, by his experiments on dogs. He took a healthy dog and secured part of the stomach wall, making a fistulous opening to the outside. He was thus enabled to plainly watch the flow of gastric juice. He observed that as soon as a dog acquired a certain fear, he was going to be fed the gastric juice immediately began to flow. The rattling of dishes in an adjoining room at about meal time would start it. It is true that he observed that the secretion of gastric juice was much greater when food was taken into the stomach, showing that the mechanical stimulation of food to the walls of the stomach also is a great factor in bringing about the necessary secretion of gastric juice, but I am trying to show that the condition of the mental state plays no small part in the process of digestion.

I believe we should all pay more attention to our meals before eating because that starts the gastric juice, as proven by Pawlow's dog. So many business men never give a thought to their meals, they hurry to the table, hurry down their food and then off again. Why is it a wonder then we have so many dyspepsies?

And last, but not least, I want to speak of the two sympathetic friends we meet in the physical arena of our neuritic patients. We no doubt have had neuritic patients and have seen the effects of a visit from one of these well-meaning friends. The first thing they say when entering the home of the patient is to tell her how bad she looks and how sorry they feel for her, how they have known many people to be in a worse state who have not been as sick as she.

This is followed by recommending about a half dozen different remedies, ranging from Peruna to Rocky Mountain locust. The patient's confidence is suddenly lost in you, for these friends usually do not fail to say that they can not see how "rubbing" is going to cure them. This brings up the question, what have we to contend with as a result of over sympathetic friends, namely: The patient believing she has some serious illness and losing faith in her physician. In my very limited experience I have had several such cases.

Now I know some will say: It is up to the physician to gain the patient's confidence and keep it, but I have found it mighty hard to get some of my patients to disbelieve their friends whom they have known very intimately for a long time and say, "No, I know you for cases of this kind are excluding all visitors or sending the patient away to some sanatorium, but I realize it is very hard to do that sometimes, so it is still a rather mooted question with me.

Faculty and Student Body of Still College Show Splendid Spirit

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

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

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

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

Dr. Riley D. Moore Starts Campaign Against Prejudiced Publishers

Dr. Riley D. Moore, of Grand Junction, Colo., has taken earnestly to heart suggestions recently made that pressure should be brought to bear on the medical publishers to make medical journals publications, ranging in style of articles for such a number. Give us orders for the Christmas Number must reach us before December 1st, as this number will be confined, for the present, to a few places in which its effects can be carefully observed and controlled before it is offered for more general use.

Mr. Simon Flexner on Cerebro-Spinal Meningitis

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

"Influenzal meningitis is more frequent among infants and children than among adults. It sometimes follows on undoubted influenza bacilli, but their identity is hard to establish, and sometimes develops independently of obvious disease of that tract.

The fact of the frequency and severity of influenzal meningitis was impressed on us at the Rockefeller Institute, and we undertook the experimental investigation of this highly fatal disease.

Dr. Wollstein was able to show, first, that the cerebro-spinal meningitis cultures of bacillus influenza into the subdural space of several species of monkeys by lumbar puncture would set up a severe and usually fatal form of acute cerebro-spinal meningitis that reproduced the clinical and pathological effects observed in the spontaneous disease occurring in human beings.

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

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

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

In view of the severe conditions surrounding influenzal meningitis in human beings, it would seem desirable to apply the serum to the human being. If this could be done, then every effort should be directed to the making of the bacteriologic diagnosis at the earliest possible moment and the application of the immune serum early in the case should be the ideal procedure.

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

CHRISTMAS IS COMING

The December issue of Osteopathic Health will be a special Christmas Number. We should be pleased to receive suggestions concerning the content of this number, and the style of articles for such a number. Give us your ideas about its arrangement, "make up," and cover design. We want this coming number to be our best Christmas issue and by that we mean a number that will give the best satisfaction and service to our patrons; a number that will make the highest possible the characteristics of a good popular osteopathic educator and an attractive seasonable souvenir of good will and good wishes. All orders for the Christmas Number must reach us on or before November first to make sure of being included in the Christmas issue.

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The Osteopathic Physician

Hard Nuts Cracked for Puzzled Practitioners

BEGINNING with this issue we will carry a regular department, full of practical common sense for the practitioner, and replete with the experience and opinions of a number of the most successful and experienced doctors in our field. This department is called "Hard Nuts Cracked for Puzzled Practitioners." You are invited to ask any practical question relating to medical science or osteopathic practice in this column. These questions will be answered by a number of our most representative physicians. If you are wrestling with any problem of diagnosis or technique, Doctor, speak your mind through this department in THE OSTEOPATHIC PHYSICIAN and profit by taking counsel with some of the alert and seasoned minds of the profession.

The inspiration for this department came from a talk had with Dr. Herbert Bernard of Detroit at the last convention of the A. O. A. When Dr. Bernard answered a question put to him in these words: "It is my belief that every problem of diagnosis and treatment can be answered osteopathically in terms which do not violate one well established fact or principle of science." In other words, the doctor himself meant to say that he had not encountered any stumbling blocks in fifteen years of hard active practice that could not find a rational interpretation by osteopathic philosophy. He felt so sure of this that he said he was ready at all costs and would undertake to answer any question put up to him by members of the profession.

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

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

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

What question is bothering you, Doctor? Have you got a problem you would like to propose? Then, send it in to this department over your own signature.

Three Important Questions Answered by Dr. Bernard.

These questions were asked me at the Chicago convention:

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

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

I have found that a patient says he feels better is the time to carefully reexamine the area of my diagnosed lesion, and if the tissues feel normal, or relaxed, not to treat that patient for awhile. Let him go for a week or two and see how he comes out. Many times he will be entirely cured. Treatment immediately following a correction would do no good and only cause a recurrence in many cases by irritation.

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

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

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

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

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

"What Have I Found Out?"

This is another new department we hope will prove of permanent interest. In the course 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 Have I Found Out?" for the benefit of others. We shall be pleased to receive short contributions for this department.

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

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

A Valuable Man

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

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

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

A Student of Humanity

Mrs. Carter and her cook were discussing the murder which had just taken place in the downtown district.

"Why hang him fer killin' of his wife, Miss Cyarter?"

"We can't tell yet," Aunt Jimmy, the cook will decide. Of course if they prove he did it on purpose—"

"There is a purpose, Law, Miss Cyarter, in course he kilt his wife a purpose, Honey, ain't I done been told."

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The action of the splenic centers is covered by the longer, are less and sim­
This is a 20th, 1911.

It is just the kind of a publication that
"The sample copy of the September issue of Osteopathic Health just received. This September issue is one of the best I have ever seen. It contains some knowledge not only for patients but information for our profession, especially those not rooted and grounded in the practice. Send me at least 500 copies as it is just the kind of stuff we need."—Dr. George J. Helmer, New York, N. Y.

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

I am delighted with the September issue of Osteopathic Health. It is a fine number.—Dr. Alice Whipple, Gaithersburg, Ill., August 20th.

Publicity About Uselessness of Drugs Wins High Praise
Just received my September Osteopathic Health. It is certainly a winner for the cause. Send me an extra 200 copies. Osteopathic Health is certainly a first class publi­cation for the promotion of osteopathy.—Dr. Lydia H. Holmes, Pelham, Ill., August 22, 1911.

The September issue of Osteopathic Health is fine. I have ordered some hundred copies this month.—Dr. Henry Carson, Ridgefield, Conn., August 23rd.

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

The September number of Osteopathic Health is a "hummer." Send me 100 copies post haste. It certainly contains the right kind of material to get results.—Dr. Clara H. Cherry, Ohio City, Ind., August 23rd.

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

I want one hundred and fifty copies of the September issue of Osteopathic Health. I certainly look like a "Patient-getter" and is one of the best I have seen for a long time.—Dr. F. A. Parker, Champaign, Ill., Symp­tae of the Month, August 24th.

I want to tell you how much I like the September issue of Osteopathic Health. It is very fine.—Dr. Ella Cheshire, New York, N. Y., September 2nd.

"The September number of Osteopathic Health just received and I must say it is a winner. It strikes me as the best issue I have ever seen and I think we ought to have more of them. I would like to distribute a thousand of them myself and there certainly ought to be many others interested in the lazy."—Dr. D. D. Young, Dallas, Ore., September 24th, 1911.

Please send me three hundred copies of the September issue of Osteopathic Health. It is a fine number.—Dr. George F. Lang, Brooklyn, N. Y., August 23rd.

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

Keep an accurate record of your cases and accounts. It will save time, work, worry, money, and mental friction. Address, Business Side of Practice, care The Osteopathic Publishing Co., 215 South Market Street, Chicago.

the centers for various organs are presented.

The subject is presented very systematically and simply:

Page 106—"The Spinal Splenic Center. The centers controlling the splenic muscles and blood vessels lie within the lateral area of the seventh and eighth thoracic segments of the cord, and perhaps the fifth and ninth thoracic. The action of the splenic muscle is of considerable interest, since it appears to exert a certain degree of influence on the abdominal blood pressure and supply. Stimulation of the splenic nerves causes contraction of the muscle of its capsule, and when the capsule is cut, so that the influence of its contractions may not greatly affect the caliber of its vessels, stimulation of the splenic nerves is followed by contraction and slight augmentation.

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

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

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

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

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

The nerve overflow, reflected out from the irritated organ or lesion, will widen its path as it spreads. As Dr. McConnell shows, it affects muscles' organs in lesser degree. As it spreads outward from a lesion it involves probably one organ in particular, but a widening circle of other organs in lesser degree. As it spreads inwardly from a lesion it involves probably one organ in particular, but a widening circle of other organs in lesser degree. It is easily palpable, so it is impossible to discover first and most specifically one segment and the segment in which the muscle is gov­erned, in part at least, by descend­ing impulses from the higher centers, and by visceral afferent impulses, but nothing is certainly known of this relationship.

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

It is the first step in demonstration of osteo­pathic centers and research technique, this work is excellent. There is no confusion as to what is desired, and no uncertainty as to method. The location of centers is tentatively defined, and if slightly indefinite, it yet points very definitely to a central spot which may be regarded as the specific center.

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

Sciences are not born of earthquakes. A few islands of the sea may be raised by such means. The great majority of them are the result of slow building up of an idea. It takes one bit of coral after another by thousands of minute marine animals. So are sciences made.

The quality of imagination that can take in the perspective of generations of work and simply:

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The Dr. Glasscock Folding Table

IT'S A BACK SAVER, and obviates all awkwardness, en­truncates and weariness connected with treating on low beds fold flat to sit or stand; oak turned legs, pantasote roller, perfectly strong and solid, won't slip or turn over; weight 35 lbs. Just the thing for treating in hospitals or office use. Patients often buy them. Tell them about it. Price $7.50 and $9.50.

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The Osteopathic Physician

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(New Invention)

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

DR. A. S. HEGGEN,
Washington Building. Madison, Wis.

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

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

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

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

In D.O. LAND

Wisconsin Association News Column

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

I would like to call attention to the Wisconsin Association members, that the above suggested policy is one which has been advocated by your State Press Committee for the past four or five years. The association in convention assembled has practically turned the proposition down as many times. It has apparently seemed either too trivial a matter to seriously consider, or, the ultra conservative publicity influence delay in action along these lines. Now here comes the American Osteopathic Association, of which we are practically a subsidiary organization, recommending decidedly in favor of active work in this direction.

Why and why continually contended to take a back seat and then follow where others lead instead of endeavoring to be the leaders ourselves. See what the Michigan Association intend to do with these lines! According to the Association, they spend $2,500.00 to further osteopathic publicity! Do we realize that, the result of this expenditure will react on many practitioners who have not been directly contested with any part of this expenditure? Is any one of us willing to reap the harvest of another's effort without feeling that he or she individually ought to compensate for that which is received? Publicity is practically a give and take proposition all the way through and each of us ought to realize this to the extent that we are being selfish and do not contribute our share toward our own reward.

Not long ago, I received a patient through the medium of a small article. Dr. E. H. O. O. D. O. had issued. To be sure the circular itself, while it hardly met my personal approval so far as the general make-up was concerned, it did succeed in making the subject of osteopathic publicity. And I firmly believe that the publicity fund would be spent more wisely if each of us had issued a similar article. And every member of the association favors any one which has been advocated for the benefit of osteopathic publicity. And I firmly believe that the publicity fund would be spent more wisely if each of us had issued a similar article. And every member of the association favors any one which has been advocated for the benefit of osteopathic publicity.

The formation of District Societies is progressing. Dr. Olds will call a meeting early in the fall for the organization of another district association in the state. It is proposed to start the Fox River Valley District Association, which will include in its membership all the practitioners from the Fox River Valley and all activities for public health, as must be the case under the proposed legislation, which provides for a member of the cabinet and does not specify that incumbent shall be a layman. This association favors any and all activities for public health, provided there be no utilization of the machinery of government by any one school of practice.
The Osteopathic Physician

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The spring adjustment. (One-half inch spiral spring.)
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Stability.

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

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HEADACHES! No Drugs!

O-Hi Headache Relieves headaches, sick headache, pains in and about the eyes, almost every affliction.

$1.50 Post Paid
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Prices $1.50 and $2.00 after January 1, 1912.

Dr. Clyde Gray, Horton, Kansas

TREATING TABLES

QUALITY, DURABILITY, NEATNESS

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of Mini Arcade Bldg., PHILADELPHIA, PA.

The Osteopathic Assistant

Don't be without Dr. Galbraith's Passive Pressure
Apparatus. It will act as your assistant between treatments as well as help you in your office practice.

Dr. Galbraith's Passive Pressure Appliance

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

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

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

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

Dr. Connel Gaddis, A. S. O., June, 1911, graduate, and his mother are the guests of Mr. Thomas Meade of Seattle, Wash.

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

After attending the Chicago convention Dr. Roberta Winne Ford went to her old home in southern Iowa and called on the practitioners in Kirksville, St. Louis, Kansas City and Billings, Mont.

Dr. Galbraith's Passive Pressure Appliance Co.

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President

Dr. W. A. Cole, of Oklahoma City, Okla., has perfected a device which he calls the "Perfect Sight Re- senter." It is a magnifying lens and is especially designed for patients suffering from nearsightedness and myopia.

We are informed that there is a good opening for a competent osteopath in one of the interior towns of Brit­

the best

there for a few weeks.

Dr. George J. Helmer and Charles S. Green, operating the George J. Helmer Infirmary of Osteopathy in New York City, have so extended or changed their offices at 126 Madison avenue that they will open 3 new offices, 3 blocks up the avenue, 185 Madison avenue. Ten doctors and 1000 tables, all with outside light. They will have the best material available and the furnishings and conveniences will be strictly up-to-date.

Dr. W. B. Van de Sand, of Montrose, Pa., has been spending his vacation with a camping party in Canada. They made their camp on the shore of Doe Bay, near Kootenay, Ont., and spent their time fishing. Dr. Van de Sand, of Montrose, Pa., has been spending his vacation with a camping party in Canada. They made their camp on the shore of Doe Bay, near Kootenay, Ont., and spent their time fishing. These are said to have been the best catches that they were roughing it and were having great sport.

In the August issue of THE OSTEOPATHIC PHYSICIAN appeared the marriage announcement of Dr. Ernest Wal­

he has been practicing at Broken Bow, Neb., purchased the "Bonnie Scotland." Dr. Meredith

from Gallatin, to his old offices.

Dr. Frank P. Pratt, formerly of the faculty of the St. Louis University School of Medicine, has recently located in the building at 136 St. Louis Avenue, where he has every prospect of building up a very fine practice.

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BIRMINGHAM, ALA.

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