Dr. Wm. Smith Died of Pneumonia in Scotland
February 15th After Two Days Illness

Dr. Wm. Smith

"Bill" furnished the "front." He "looked good" to the people and inspired confidence in infant osteopathy. He put the seal of his approval upon it as scientific. That helped the rest of us to see that it was scientific, too. No doubt many of the early pioneers took the scientific aspects of osteopathy on faith merely because "Bill" Smith said so, for was not "Bill" himself a scientific man? His personality was fine. His plausibility extraordinary— even when he was wrong. His credentials were of the best. As a graduate physician and surgeon of the best schools in Scotland he brought to the infant science just that approval of respectability and classical training which is most needed by any new medical college and especially a pariah. "Bill" filled the bill. He made good by "putting up the front" without which I dare say not even our great Dr. Still could ever have accomplished all he did. It takes all kinds of people to make a world, and several kinds in combination to put over any profound and far-reaching revolution of human thought and change of conduct.

Dr. Smith saw the scientific aspects of Dr. Still's work. He could help Dr. Still's cause. He put his personal feelings aside and intelligently listened and gave pertinent suggestions which helped Dr. Still formulate a system out of his own inspirations, observations, reasonings and poetic vagaries. He saw the qualities of experience and intelligence which put man to the people. He helped the people to understand and trust the "Old Doctor" as they would not have been able to do without an intermediary. Was this not a great work? It was—fundamental and indispensable.

All honor to good old "Bill" for realizing it when he found himself unexpectedly on the flood tide of intellectual fortune; and for his pioneer work. The woman who married him was by nature fundamentally lacking in belief.

Dr. Smith was a skeptic as regards all faith and all fundamental beliefs, whether in therapy, religion or what not. He was in his heart a therapeutic nihilist. He did not know it. He believed in osteopathic principles and practices, could expound and defend them ably; and yet in common with so many men who are broadly educated in comparative therapeutics his faith was not a fraction of that of his average pupil, and his efficiency was correspondingly weak. He had voltage but not amperage. Sometimes amperage without voltage. Never both at one and the same time.

"Bill" Smith was lacking in that gift of strong personal force which enables men to write history without opportunity or assistance. He was stronger in intellect and heart both than in character. He never understood what it was to lay hold to a fundamental principle of truth as eternal and unchangeable and patiently weave its warp into the woof of daily experience until out of the loom of time came the gorgeous fabric of a new human institution. His way was hit or miss—off again and on again—following the path of easy resistance, rash experiment, unmeasured acts, revolutionary changes, hysteria, even boyish folly, disappointment, rue, pain, the gall of error, sleeplessness, good resolutions, bright hopes, new courage and a fresh start at daylight tomorrow for a new plunge into the sea of experience.

Poor old "Bill." We who loved him and admired him for his large stock of good and generous attributes were not yet blind to his immaturities and lack of balance—the things which would have made him so much more of the force of spirit at times—and not one of his thousands of friends but would have gladly given "Bill" a helping hand in guidance or counsel to avoid his personal pitfalls, had it been possible to do so. But it has been written that we...
THE OSTEOPATHIC PHYSICIAN

Dr. Smith experienced his own full share of troubles, disappointments and sorrows. No one ever heard him complain. I have seen him driven over the 42 north, self despairs of the profession, overtook him in midwinter—burn newspapers in his stove to create the impression upon his callers that his rooms were warm. The guests did not know of this, nor did I, for Dr. Smith was "down and out" for the time—and as the result of bad advisers and his own rash impulses—but he was taking his punishment like a man, nor was he blaming those who contributed to, if they did not directly cause, his dilemma. This forbearance seemed the greater because those who were authors of this rashness had deserted him and did not then lack for food and fuel, nor were they giving him of theirs. In a just estimate of the facts, however, the followingencies must all be taken account of as well as his eccentricities.

Best of all, "Bill" never claimed perfection. He was quick to see his own faults, when he could no longer argue his friend over to his own position, and he did the best he knew how to reverse his mistakes and retrieve his errors.

Dr. Smith's illness was very brief. He was confirmed by a diagnosis on the first day. He was attended by a local M. D. the first day—Tuesday—and by Dr. MacDonald (an M. D., D. O.) on Wednesday evening. His spirit passed beyond the grave the next morning.

The Dundee Advertiser of February 16 printed this obituary notice:

Death of a Noted Physician.

There are many in the city and district who will learn with genuine regret of the death of Dr. William Smith, whose home was in Dundee. He was the first osteopathic practitioner to settle in the United States. He was born in Edinburgh and graduated at the University of Edinburgh and in the City Medical College of Dundee, in 1860, and was the son of a civil engineer, who, among many important undertakings, constructed the first railway in Jamaica. Having a bent for medical science, he came to Scotland, and, graduating at Edinburgh and Glasgow Universities, became a licentiate of the Royal College of Physicians and of the Royal College of Surgeons, Edinburgh, and of the Faculty of Physicians and Surgeons, Glasgow. Soon after he graduated in Edinburgh he went to America, and for thirty years made his home at Kirksville, Mo., where he was always one of the most noted students of medicine. He was a man of enterprising and successful practice, and was always ready to do the best he could for his patients, and to give all he had. "Herm" Goetz and some of the other students and graduates of the present college, Dr. Smith conducted the first classes in osteopathy in this country.

The works of osteopathy—Dr. Smith is described as a popular teacher who ever lectured in an osteopathic institution.

The scheme was difficult to finance. It is too easy to say that all was due to the efforts of Dr. Smith and that he was the brains of the whole undertaking, but perhaps this is the truth. He put on the first osteopathic line of a book on any phase of osteopathy. He might have written a book on any phase of osteopathy. He might have produced a library that would live. He had the best preparation, the greatest opportunity and the longest experience did not write one single book to interpret osteopathy or osteopaths to the world. This is to be regretted, now that Dr. "Bill" has gone. I always hoped he would do something on this line. His name is not entirely explained by his peculiar methods of work. In my belief the chief reason why he never did anything along the line of a book on principles or practices of his was in his want in the central force that gets a conviction of truth and dies for it, if need be; the sort that sees a duty and performs it though the heavens fall.

Dr. Smith could inspire his students as a man who became great practitioners and who wrote textbooks, but he could not achieve either himself. Writing textbooks was evidently not his work. He was not called to it. Yet he was the best man who ever faced an audience to expound or defend osteopathy—historically, scientifically or popularly. Dr. Smith was the prism or reflector—he could collect light and focus, or dissect it and pass it on with new radiance to others; yet he could find it at any time that he did not do. And men ordinarily do what they can—not help doing all that they can.

It was Doctor Smith's ambition for several years to give a public expression of their pleasure at the return of a big rough man could be. When the cyclone swept Dublin, the students came to keep company with the child, to do battle with the Erl King for the boy or yield up his knowledge, wit and ready words.

Dr. Smith's makeup was his love for his boy. in the doing and cut out the rest.

In a Characteristic Attitude.
THE OSTEOPATHIC PHYSICIAN

Both Sides of the Referendum

Vote of the Profession is Fully Given Here on this Important Issue
By Henry Stanhope Bunting, A. B., D. O., M. D.

I AM taking the whole profession into my editorial confidence this month by printing both sides in full on this important question of militant osteopathic journalism.

As I have been accustomed to do off and on for many years when I felt that the gravity of a situation warranted taking counsel of our whole people, I have applied the referendum. For sixty days I have been polling the profession. The honest book is still to remain open until the last D. O. who desires my ear has been heard and received due consideration.

Primarily this vote was designed to help me form just and wise conclusions. There is wisdom in a multiplicity of counsel. When I want to know how right or wrong my views are I seek the counsel of those who disagree with me and beg of them to hammer away as hard as they are able. If my views get clearer and stronger as the forging of logic goes on to white heat, I know that my position is sound. If my combative proves to have better logic, I endeavor to get right. I shall convince him on he must convince me. There is always a right and it can be discovered.

Now that this referendum vote has become fairly representative of the profession, I recognize that it may have a further usefulness than toning up the editorial mind and warming the cockles of the editorial heart. It belongs to those who have done me the honor to answer in a multiplicity of counsel. When I want to know what every person in the profession thinks about this matter—and the right to exercise individual preference, taste, and even whim. Believe me, I am taking your views, and, if not, to see how far apart we are—who is right, and whether we can not harmonize our views, "get together." If wrong, I want to be right. I believe you do, too.

The profession has not been so stirred up on any issue in ten years as by this question of what constitutes right or wrong publicity. It is admitted to be of fundamental importance to the profession. Many think it the paramount issue, going hand in hand with the other issues for the sake of unity. It is, of course, the thing he thought he was reviewing fairly. Surely we must look after our political fences just as carefully as our scientific fences, since even in "politics" the stake is the stake of political alertness and cleverness under many circumstances.

We want to settle this professional policy as wisely as we may and to that end I want to hear from you, Doctor. You may write:

Send in your views by either formal ballot or letter.

Now for what those who have spoken say on this subject. It's a rare treat for you, all of instruction. It has helped me very much. It will help you. Please read every word of it.

I print these letters and wish to let them tell their own story. But where I have been misquoted by friends who criticise my writings, I feel bound in the interests of fairness and truth to correct wrong premises and prevent the thinking mind from becoming clouded by them. I do not mean to saddle the reader with notes referring to editorials. It is natural in the rush of practice for a doctor to glance at a thing hastily, throw it down and afterwards criticize the conclusions that he has formed. It is our own mind that is at fault, not the thing he thought he was reviewing fairly. This was done in several instances. It was especially difficult for one who has not the least intent to do violence to my article. But I did, just the same. I, therefore, correct these errors and know they will do me the justice to go back and read the "Death Watch" article and see for themselves where they misquoted it in their own minds.

One thing further. I respect fully every one's opinion on this subject—and the right to hold one's own opinion. I respect one's right to exercise individual preference, taste, even whim. Believe me, I am taking your views, and, if not, to see how far apart we are—who is right, and whether we can not harmonize our views, "get together." If wrong, I want to be right. I believe you do, too.

You will recall two things: I first said what I believed to be best for the profession straight from the shoulder. I then asked you what you believed.

In my dedication of the front page of The O. P. F. to this great issue last month, I was careful not to try to influence your mind to meet my own but to draw out of your mind just what you thought. After a dozen years devoted to this cause and feeling new strength rise within me I wanted, candidly and accurately, to see where I stood, to measure my support; to ascertain if I were in harmony with your views, and, if not, to see how far apart we are—who is right, and whether we can not harmonize our views, "get together." If wrong, I want to be right. I believe you do, too.

Dr. A. T. STILL SAYS

"Reformations are the results of an educated layity: therefore talk to them."
These Osteopaths Believe the “Death Watch” Article Was Wise and Beneficial

Who is Right?

E. C. Picker, Minneapolis, Minnesota.

Allow me to offer you congratulations on your article, “Is the Physician a Death Watch or a Life-Saver?” I have been reading it with great interest, especially after its appearance in the Osteopathic literature in the past ten years. I believe thoroughly in the “militant” osteopath. In fact, to my mind, there is no other kind of osteopathy. When we fight, we fight mean and hard, from their plight. They need and a

Dr. Charles W. Hills, Dover, New Hampshire.

Your article, “The Day Has Come When We Need a Militant Osteopath” has been seen by many of our colleagues, and that its practitioners are charterlars and not really physicians. How in heaven’s name will the people ever know the difference if we haven’t the balls to force character to rise and expound our system and defend our cause against misrepresentation, and that these medical misrepresentations we have got to tell the truth about them. If we cannot be compromise between truth and error and in fighting to advance the right. If we are right it is our duty to fight. If we are wrong, let us give the right to the hearts of our fellow citizens.

Dr. Herbert Bernard, Detroit, Michigan.

Yes, I am a “militant osteopath”—always have been and always will be. My earlier point of view was not purely an arbitrary one. If we quit fighting we quit breathing. Every advance we make is better. About one time in fifty this sort of knocking is received by drive by keeping mankind away from what we believe to be the truth. Men get truth and make them right. And have we sufficient of brains, light... 

Dr. John H. Sullivan, Chicago.

I am grateful to you and feel that we practitioners should be as cautious as you dare in your review of the literature, and that our work will do rather than knocking the other kind of osteopathy. When we quit fighting we quit breathing. Every advance we make is better. About one time in fifty this sort of knocking is received by drive by keeping mankind away from what we believe to be the truth. Men get truth and make them right. And have we sufficient of brains, light...

Dr. D. L win the last issue of Osteopathic Health, January, 1919. I will be mighty glad if you will send me at 500 copies of the February number of Osteopathic Health.

Dr. A. C. French, Syracuse, New York.

The February number of Osteopathic Health contains one article that I have not read in any other journal, and I will be mighty glad if you will send me at 500 copies of the February number of Osteopathic Health.

Dr. C. A. M. A. of Chicago very much. You did it in the old days when we were weak. You are doing it now.

Dr. Joseph E. Clark, Buffalo, New York.

I am more than pleased with the February issue of the Osteopathic Physician. It is something that is timely and contains much material for educational purposes. I have never read an article that I have not read in any other journal, and I will be mighty glad if you will send me at 500 copies of the February number of Osteopathic Health.

Dr. J. S. Baughman, Boulder, Iowa.

I have read the February issue of Osteopathic Health. It is something that is timely and contains much material for educational purposes. I have never read an article that I have not read in any other journal, and I will be mighty glad if you will send me at 500 copies of the February number of Osteopathic Health.

Dr. Geo. E. Perkins, Boston, Mass.

In response to a letter you wrote in the Osteopathic Journal, the very best authority to write about the use of the kind of literature containing the word “Death Watch” in Osteopathic Health, I will say that I can not say what there can be any doubt in the mind of an unbiased observer as to the kind of literature which is best placed in the hands of the layman. I am distinctly in favor of this kind of literature. It speaks the truth and being interesting I believe that is the proper way to get people to read our literature.

Dr. Susan Orpha Harris, San Francisco, Cal.

I find that my patients like the February issue of Osteopathic Health. It is very much easier to sell to them, and I feel that the more radical literature is very valuable when you are writing about the excellent articles which you have been publishing.

Dr. F. P. Lincoln, Buffalo, N. Y.

Your article, Militant Osteopathy, and “Is the Physician a Death Watch or a Life-Saver” is the kind of article that we need to publish. Let us have more of the same kind.
Dr. E. Wyckoﬀ, Los Angeles, California.

In reply to your editorial, the profession on the article, "Is the Physician a Death-Watch or a Life-Saver?" I am pleased when I read the circumstances. When, in my own thought is, a substantial later by some one in authority. I remarked to Dr. Grace Wyckoﬀ when I read the circumstances a few hours after the attack began, I said, "I would have given anything for a half hour off of that time!" And indeed we are doubly equipped with the knowledge of "osteopathy" and "journalling" to write it. I still remember vividly your article on "physiology" as inspired by the death of Theodore Thomas. I use the word inspiration in just such inspired writings. May be spare you to give the world many more "Militant Osteopathy" articles.

Dr. Warren G. Mitchell, Newark, N. J.

I treated a man last spring, case broken clavicle, put up an order for your "militant osteopathy". A family doctor administers anti-toxin; case runs three weeks; constant cough, loss of sleep and progressive weakness. I advised my patient to separate from his wife and the husband opposes. February Osteopathic Health comes to me and says, "I am a Life-Saver" is spoken of in that number. It got me that patient. Such literature sustains us. We have such an appliance. We ask you to see that our articles frequently shall be tempted to double my order.

Dr. W. Burt, Jamestown, N. Y.

In regard to the article in the February "O. H." "Is the Physician a Death-Watch or a Life-Saver?" I think it is a fine article and none too strong, and just what we need occasionally. The only thing I would say, is that with a copy like that, we should use a little more discretion perhaps as to whom we mail it. That is what I did. I have not a single complaint that any Doctor would be permitted to put out so many every so often. Such articles should be printed more often than you seem willing to write them. Such articles should be printed as often as possible.

Dr. J. W. Robinson, Erie, Pa.

Please send me 50 copies of the February issue of Osteopathic Health. I am hearing many comments on your silent work, and the demand for them keeps up. Please ship as soon as possible.

Dr. J. W. Robinson, Erie, Pa.

The profession voting on the article in the February number of Osteopathic Health is fine. The profession voting on the article in the February number of Osteopathic Health is truly one of the best that has ever been written, and I want again to congratulate you on the able work you have done. The profession voting on the article in the February number of Osteopathic Health is truly one of the best that has ever been written, and I want again to congratulate you on the able work you have done. The profession voting on the article in the February number of Osteopathic Health is truly one of the best that has ever been written, and I want again to congratulate you on theable work you have done.
We know what we can do. Let us tell the people about it—tell them the whole plain truth, as you say, and if it involves some hard facts, let it be so. They're making their last stand, anyhow, and the sooner that's understood the better.

Dr. Kent L. Seaman, Fort Wayne, Indiana.

I am certainly doing my best to get my profession to print the sort of articles which appeared in the February Osteopathic Health. My measure of appreciation is that it is the best osteopathic literature ever printed. We get all kinds of articles, and it is disappointing to me. More of this, I believe, is what we want, and you surely "did it well.

Dr. C. W. Ellis, Bedding, Cal.

I hasten to send you my endorsement of militant osteopathy. I notice that Dr. D. O. who doesn't endorse the February number of Osteopathic Health must be a "light-weight," or "a mixer," as you say, and I believe that what I am sending in is on the subject, and if the March issue is as good, double my units of the subscription. Marzuk.

Dr. D. B. Catlin, Mankato, Minn.

Your February number is a decidedly straight from the shoulder, non-compromising, out-and-out osteopathic piece of literature. I have read the M. D.'s, the osteopathic "salve" articles, and being professional "salve" artists, have in every instance "washed the shoulders" of the M. D.'s. In every case I can recall when the M. D.'s "turned" any patients to a D. O. were "dead beats" or what they supposed. I believe the articles in your February number are bribery to the D. O. for covering up medical failures and plagiarism. I will await your second issue of osteopathic literature when his bill comes due. It does not make friends fast for osteopathic standards within the community.

In reference to O. H. as a "practice and live-saver": I will send you a few old friends, and I hope they will be boarding—since, I believe, the last war. A thought comes to me to tell you that if you send me a direct result, I received three new patients. One of them has been the best "booster" for me that I ever had. Every man needs once in a while a little jolt to get him out of the rut. You give it to me.

Dr. James C. Snyder, Philadelphia, Pa.

You win. When you persist in putting out osteopathic literature, your February, March, and April, "O. H." (and the kind that April promises to be), you win—after all, until I alter that I will send this kind of literature out to the people that I win, too. Anyway, I am giving them the chance to know the truth. Then it is up to them.

Dr. Charles Haward, New York City.

I believe in aggressive editorial campaigning and think we could do more to the public mind for their own aggrandizement. We need militant osteopathic education and lots of it. Your writings are timely.

Dr. Gilman A. Wheeler, Boston, Massachusetts.

The February Osteopathic Health is certainly a fine number, and I am glad to see that Dr. D. O. have taken a stand, and that is just what we want to do. Yours for more numbers like it.

Dr. J. A. Kerron, Minneapolis, Minn.

I consider it my duty to tell my patients the truth. I want you to continue doing it for me in O. H.

Dr. J. Marshall Phillips, Kastings, Missisippit.

I do, most assuredly, think Osteopathic Health should publish such subject matter as appears in the February number. It contains the most interesting article I have ever read, prepared for the laity. It shows what D. O. can do, and will appeal to people more than just dry scientific facts. The "Death-Watch" is a valuable instrument of osteopathic propaganda.

The laity need such articles to shock their gray matter. It is well known how much faith the people still put in drug treatment. It is heart-breaking to read of the public's misconception of modern osteopathic practice. Your article on the "Death-Watch" is not too early.

Pneumonia and typhoid have caused many "death-watches" here in this community.

"Life-Savers" from the osteopathic point of view are practically unknown by the public. They have not enough confidence in osteopathy to try it when an emergency occurs. I am sure that Dr. D. O. and all others place for its first arrival, is misunderstood, misunderstood, and at first is rejected. The public places osteopathy as rubbing, massage, and—many to many—wrong.

The life of the pioneer osteopath is rough. He has many men who will give to miss. People will not read dry stuff, and even an osteopath himself will not read in time. Give us some more of that real live osteopathic talk such as your February's.

Dr. Ethel Maubom, Lake City, Utah.

I want you to endorse every word of your "militant osteopathy" number and you have never put out a better one. It is the style I delight in reading. You have what a strong influence has been brought to bear to make this kind of literature out to the people that have both announced that they are done for osteopathy. The closer and harder they investigate osteopathy, the better for us. Why hide our light under a bushel at the expense of our own light shine.

Dr. Frank A. Keyes, Castalia, California.

Send me 100 extra copies of the February number of Osteopathic Health.

Dr. L. O. Howes, Minneapolis, Kansas.

The February number of Osteopathic Health is O. K., and I believe that your suggestions are just right. I have been thinking of that for a long time, and the journals are getting more to my line as the months go by. I do not see why we, as D. O.'s, should not be a whole lot more for our patients, if we are not more than just talk. The M. D.'s do it and they are not afraid to hit us for a long time. They should not be afraid to present our side. If so, pray, tell me, what are we afraid of?

Dr. Arfwoyne Orr, St. Louis, Mo.

I have read some articles published in the Osteopathic Health and believe that it is the best edited work on osteopathy that you can get them. I am with you at all times.

Dr. W. C. Andrews, St. Louis, Mo.

I have read your February number of Osteopathic Health and believe that is the best edited work on osteopathy that you can get them. I am with you at all times.

Dr. D. O. Thompson, Sycamore, Ill.

Your campaign presents a subject that is not to miss. People will not read dry stuff, and even an osteopath himself will not read in time. Give us some more of that real live osteopathic talk such as your February's.

Dr. W. Orria Flory, Minneapolis, Minnesota.

I want you to endorse every word of your "militant osteopathy" number and you have never put out a better one. I am sure of little assistance to stave off the grocer and the malign influences. The "Death-Watch" is a valuable instrument of osteopathic propaganda. Your February number of Osteopathic Health is the best piece of literature that has been written in osteopathy. The closer and harder they investigate osteopathy, the better for us. The only thing that they investigate for osteopathy is the style I delight in reading. You have what a strong influence has been brought to bear to make this kind of literature out to the people that have both announced that they are done for osteopathy. The closer and harder they investigate osteopathy, the better for us. Why hide our light under a bushel at the expense of our own light shine.

Dr. J. G. Morrison, Terre Haute, Indiana.

I just imagine I am handling you my hand, for that is what I would do if I were close enough to you to do so. January, February and March Healths are all so very fine. If it hurts the M. D.'s to speak the truth about osteopathy, its principles, and what it can do in disease especially those diseases in which the M. D.'s cannot do anything, we must hurt them a little. It is due the good people. The exigency of the people, the need for osteopathy, is due the good people. The exigency of the people, the need for osteopathy, is due the good people.

Dr. Leo B. Channell, Leavenworth, Kansas.

This militant number is, to my notion, the February number of Osteopathic Health the public that has been published.

Dr. M. C. Burris, New Franklin, Mo.

About the time the February issue of Osteopathic Health arrived I was preparing to move to town and did not read it until I received The Osteopathic Physician, so looked it up and read it through and, commenting on many of the points in your February number, I am sure that your "Death-Watch" or a Life-Saver" is a very timely and excellent article and has my fullest endorsement.

Dr. W. W. Stewart, Detroit, Michigan.

I have just read your splendid article in the February issue of Osteopathic Health and I am convinced that is the best osteopathic literature ever printed. We are gaining on the M. D.'s. It is a direct result, I received three new patients. One of them has been the best "booster" for me that I ever had. Every man needs once in a while a little jolt to get him out of the rut. You give it to me.

Dr. Alice N. Willard, Norvil, Virginia.

In reply to your "Do you approve or disapprove," I will say that as the years go by each issue of "O. H." seems better than the last. I like you to wake us up to do what you have done so well with. This surprises you "springing" is just what is needed to "correct lesions"—the lesions of apathy and ignorance. Had I not unbounded faith in your ability to give us just the facts in osteopathic literature, I would not have made my standing offer. You seem to have us all realize that we are right; even though you do sometimes seem to make strong statements. I believe in whatever you give us.

Dr. W. C. Dawes, Boston, Mass.

 Didn't get to read all of the "Death-Watch" article as a patient asked for a copy of O. H. before I finished reading it. I was the last copy I had, but if it continued as it started, it was O. K. I think we need some more of that kind of praise and the fact that you do not get mor...
THE OSTEOPATHIC PHYSICIAN

If we wait for the M. D.'s to inform themselves regarding osteopathy or inform their patients, we'll always be "waiting for the cure"—while we are all "waiting on the head." It is time that the truth be told. I have been working with osteopathic patients for the past 40 years, and I don't think we should hide the light of truth just because some M. D.'s might be offended. It is time we osteopaths make a stand everywhere to wake up and proclaim the truth vigorously.

Dr. W. J. Seaman, Huntington, West Virginia.

I believe in "militant osteopathy." Please send me 400 extra copies of the February number of Osteopathic Health. Enough said.

Dr. A. G. Willits, Minneapolis, Minnesota.

Osteopathic Health for February is fine. It is exactly what I consider the article a gem, and with your permission "up" cases with names, circumstances, etc., as you have done in the cases of melioid and Admiral Evans it really puts the breath of life into the magazine.

Dr. F. M. Merton, Boston, Massachusetts.

The February number I sent in last year is the most inspiring number of this delightful little magazine. Two or three issues of this kind during the year will do a world of good in advancing our plea for the advancement of osteopathic literature. Kindly send me 100 extra February copies.

Dr. William L. Grubb, Pittsburg, Pa.

I consider the subject matter of the February number of Osteopathic Health as being along right lines. I have wondered why you have not given us something of this kind in the past. I am a great believer in "militant osteopathy," and your number ought to make the most skeptical "sit up and take notice." If only one osteopath would stand and take a stand they had to recognize my professional, social, financial and standing.

Dr. B. R. Sprague, Homel, California.

The February number of Osteopathic Health is fine—just what we need. I have long thought that we should encourage in a substantial way, the man who keeps me half the time proving an alibi—so it will be.

Dr. Earl A. Nelson, Phoenixville, Pa.

The February number of Osteopathic Health is one—just what we need. I have long thought that we should appeal to our position in the therapeutic field that I call to mind. Together with an explanation of various diseases belonging to osteopathy, as you have been doing, and carry on a vigorous campaign into the entire medical field, the osteopathic issue—does—it would be impossible, it seems to me, to improve upon it for well-written stuff keeps me half the time proving an alibi—so it will make us all get our fighting duds on to make good. Please double my order for February, and I hope its "militant spirit" reappears very often.

Dr. Burton J. Jones, Monroe, Michigan.

Have just read the February issue of Osteopathic Health. It certainly will hold the attention of the lay reader, and will surely cause some thinking. Kindly send me 200 copies.

Dr. Frank Munter Smith, Kokomo, Indiana.

It's me for some "militant osteopathy"—not too oftendum to one patient, but the other fellow he sit up and take notice. You serve it up in the right way, and we'll cry "hallelujah.""...

Dr. C. B. Atzen, Omaha, Nebraska.

I have written you before in connection with the February O. H. article, "Is the Physician a Death-Watch or a Life-Saver?" I am not in favor of attempting to win advantages at the expense of some other practitioner's failures, for I believe that every patient has the right to know how his disease is progressing, I know in each particular case. But in the sense that the other fellow he sit up and take a stand and in the sense that the other fellow he sit up and take a stand and in the sense that the other fellow he sit up and take a stand.

Dr. E. S. Barlow, Hot Springs, Arkansas.

I have carefully read your article, "Is the Physician a Death-Watch or a Life-Saver?" and while the article is rather strong relative to the two deaths, yet I cannot find any fault with it as a whole, and can only say that it is well written and forthright in any attempt at acrimonious flights—but one that is bound to give the reader the impress of truth. I believe the time has come for us to be more on the defensive. I believe we just have to make our stand and if we do not put ourselves on record to this effect, we lose the ground that we should encourage in a substantial way, the man who keeps me half the time proving an alibi—so it will be. Let the other fellow he sit up and take notice. You serve it up in the right way, and we'll cry "hallelujah.""...

Dr. A. C. Polleyer, Lousiville, Ky.

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Dr. A. C. Polleyer, Lousiville, Ky.
These Osteopaths Believe the "Death Watch" Article Was Unwise and Harmful Who is Right?

Dr. Arthur Taylor, Stillwater, Minn.

You wish an expression, as from many of the practitioners in the field, of the feeling of the field about the character of field literature to be sent out among people. I am one who has kept some distance from my M. D. neighbors and not gave them the advantage of getting away unscratched. Our friends and their special friends feel toward us and any literature which runs the M. D. down. Can you imagine any more effective ways of losing anti-drug enemies than to have drugs made enemies of ours, instead of friends, under the lead of false and misleading statements? This can be done by the force of the lay people. Who can help build up, by tearing down other people’s edifices.

There are so many beautiful truths to be told about osteopathy and how we are trained and the benefits we are able to do, but we are also full of speculations about the failings of the drug medication; we have not the time nor money to waste in telling them all. These truths about osteopathy will not "throw stones" at any one and will have the essential educational features which the lay people need.

If drugs and their use are such a curse to the human beings, then it will be found out in due time.

Is it not disgusting to go to church and hear the preacher pick out the faults of the other churches and go on as if being in the only right pulpit there is? Is it not disgusting to go to the laypeople, and tell them about the failings of the drug medication; we have not the time nor money to waste in telling them all. These truths about osteopathy will not "throw stones" at any one and will have the essential educational features which the lay people need.

Dr. W. A. Settela, Martin, Wis.

Speaking of this February number, I hate to see my ideas against such eminent authorities as Dr. Bunting, who has certainly given us some of the most clever promotion literature ever gotten out, nor any of the other prominent D. O.'s who sanction this number, but I do think it is a decided tactical error.

It may be barely possible, to put a thing like that against the drug system and get them twice and get away with it, but I feel very much our public would not stand for a regular diet of such articles.

I find that they have a very definite idea of just what are the consequences of using drugs and that they especially wish to know, is what we can do.

You have asked for an opinion, upon the February number of the O. P. You have published articles like on the other side of the fence, now give the other side a chance to speak to the profession.

Dr. P. S. Dr. Bunting, I hope that you will give the other side of this question to the profession, and let them do the opposing and we will reap the benefits.

Later Letter from Dr. Caypless.

I give me great pleasure to write you that I have completely changed my opinion of the February number of Osteopathic Health. When I wrote you before saying I did not believe in the literature, I did so without trying them. Since then I have given your number out, which has proven better results by far than expected. I am now in position to give you an opinion of the February number, which is the only one in need of, and every osteopath should use "militant osteopathy" and make the osteopath and their philosophy. *

Dr. H. W. Hatchinson, Detroit, Mich.

As you asked for an expression of views on the subject of osteopathy and drug medication, I am happy to one of the one issue previous to the one appearing last month.
I am an osteopath first, last, and all the time, but I do like this class of articles, and I am sure they will want some of them. But we have absolutely no way of knowing that Admiral Evans or Mr. Dickens could say what he was talking about, or that it was so much better than what our colleagues have been saying. I do not want my patients to get the exaggerated idea of the osteopathy that they have been hearing, and I do not want to help them get such an idea about the profession in general. You may call ridicule down on our profession by making a diagnosis from newspaper reports, but no one who has not heard the profession would respect the diagnosis from newspaper reports. I grant it is a good policy, and I believe it is the best policy. I shall promise to burn my hundred copies of the February number as soon as they arrive, and ask you to please cancel my contract forthwith.

*Please read editorial note No. II.*

**Dr. H. E. Leonard, Philadelphia, Pa.**

Personally, I like this article in question in the February Osteopathic Health, and I am wholly opposed to an article having any semblance of "knocking the other fellow." It is bad, bad policy, and I believe it is the cause of bad feeling between the osteopaths and the M.D.'s. I do think the laity should know more about osteopathy as applied to acute diseases, but give it to them in a dignified, unbiased, unprejudiced, clear style without involving criticism, assassinating, or reflecting upon the other fellow. By their words ye shall know them.**

*Please read editorial note I.*

*Your memory is short, Brother Leonard. The bad feeling of the M.D. is not applied to acute diseases. I believe that the osteopath who writes with regard as to the treatment of acute diseases is merely from newspaper reports. I grant it is a good policy, and I believe it is the best policy. I shall promise to burn my hundred copies of the February number as soon as they arrive, and ask you to please cancel my contract forthwith.*

**Dr. H. E. Reed, Fort Worth, Texas.**

You ask for a candid opinion about February Osteopathic Health, and we want a candid opinion about osteopathy. It seems strange in these days when so much is said about universal peace for the osteopaths to be preparing to carry the fight into the enemy's camp. I believe that the osteopath who writes with regard as to the treatment of acute diseases is merely from newspaper reports. I grant it is a good policy, and I believe it is the best policy. I shall promise to burn my hundred copies of the February number as soon as they arrive, and ask you to please cancel my contract forthwith.

*Please read editorial notes III, II and I.*

**Dr. Sarah C. Wardell, Asbury Park, New Jersey.**

I cannot circulate among my patients such views as you set forth. I do not believe in such a method.

**Dr. R. V. Kennedy, Charleston, S. C.**

The "military" number has arrived—it almost took my breath away. Say, how about the note in our own eye—are we perfect? Isn't it a safe bet that if we deliver the "good" we will get the business. My home is Rochester, Minn., the home of the world-famed Mayo Brothers—they have hung in their office this quotation from Emerson: "If a man can write a better book, preach a better sermon or make a better mouse-trap than his neighbor, the world will make a better path to his door." Do you count the idea.

*Please read editorial notes III, II and I.*

**Dr. Geo. H. Tuttle, Portland, Maine.**

I do not approve of the article in the February Osteopathic Health and I am sure that a large distribution of this booklet in this territory would absolutely kill the osteopathic business. I think it poor business. Any time that you have an issue that talks osteopathy from cover to cover, I do not want to build up the osteopathic name. But when you take a case, as you have in this issue, after an operation, and try to tell the people that if we had been able to treat the case we would not have died, this sounds too much like a case, or at least an assertion without any possibility of proof; if the men are alive, why do we try to make the patient say that he was the matter with them, and in the case of at least one of the men mentioned, he was an old cripple and worn-out man, all ready for the first malady that hit him, and everyone knows that a death certificate very rarely tells the truth. And the people that osteopathy is hard to talk about, and the patient is just like the surgeons; if the child that the osteopath has been treating for appendicitis had been operated on he would not have died, just as though none of them died after an operation. Many a time you hear the remark that every knock is a boost: the reason the osteopaths have grown so fast as they have is because of the open knockings of the M.D. and now they are hurting us worse than they ever did because they are not saying a word; just smile when asked about osteopathy. Now if for one, do not want to build up the M.D.'s by knocking the other fellow. Let the M.D. do that. I believe that the osteopath should never believe what you say, it would be all right, but I have to make you see the facts, and the patient does not believe anything you say if said in this way. And the patient does not believe the osteopath's old family doctor; this does no good. My idea is to talk osteopathy first, last, and all the time. It is an old saying that you find the most clubs under the best asprie tree. I do not want to help the people think that is the medical tree.
THE OSTEOPATHIC PHYSICIAN

We feel that talks on osteopathy's application to the various diseases is what we need, that we should receive more substantial and rapid progress can be made. Please do not send us any similar numbers, but rather an assortment of your old editions. This is the only solution to the material differences as long as osteopathy's application to the various diseases is well covered.

What is "Knocking"?

[EDITORIAL NOTE 1.]

ONLY criticisms that are unjust and untrue are "knocking." It is not "knocking" to speak the truth about anything. It is not "knocking" when you tell a truth always, and an honest opinion, advanced with moderation, making an appeal to facts and using logic and reason to prove that that opinion is right. "Knocking" is "rack" bitterly at the "knock" a thing must be slanderous. A "knock" is a willful perversion of truth, having its origin in envy and malice.

This definition of what a "knock" is and is not answers fairly and fully—seems to me—each of the allusions to the subject in the several letters to the editor. If you will respond to "knocking" with a broad question of morals and expediency both, Let us decide these questions on their merits. I vote "yea" on both grounds. I may be wrong, but that is my view. But let us cease this talk "knocking" when we discuss these basic principles of right and expediency, for it has no foundation. When an honest "knock" "knocks" he is as contemptible as every other "knocker." But when an osteopath is a reformer and a teacher of new truth he is not a "knocker." The answer to "knocking" is "knock" bitterly at the "knock" of his age. Would you call that "knocking"? Answer the question: Was Jesus of Nazareth a "knocker"? There's a world of difference between batting for the right, or what one chose to call the "knock," the "knock," the "knock," etc. The "knock" is true and right, whether one understands and believes it to be true and right or not. A slander is a knock and, whether uttered maliciously or thriftily, does not matter. The matter in the "knock" hurts the knocker. It reacts. It often boosts the person who is maligned and misrepresented— "knocks" to see both sides. "Knock" who stands for error; and it helps the victory of right and whatever and whoever stand for right.

Now, then, to say that it hurts osteopathy and osteopaths to tell the truth about drugging is wrong. It is not so. And to say that it boosts the M. D.'s to show wherein they are in error is equally untrue. The reverse is true in both instances. It is demanded, however, that osteopathic crusading be wisely, moderately, opportunely done or it may defeat its own ends, although it represent truth. In other words, we must use expediency, as well as being on the right side, to advance the case we represent.

I am fully at accord with the comment of Dr. Herbert Bernard on this subject in the "Aye Vote Column" this issue.

The Difference Between Stating Facts and Opinions

[EDITORIAL NOTE 1.]

I It is due to me to add that I said only that if competent osteopathic physicians had been called in on these cases the like problem would not have occurred. It is a Cord —report of, of course, not from "old age"
THE OSTEOPATHIC PHYSICIAN

THE OSTEOPATHIC PHYSICIAN

vast amount of good for the science and pro-

fession.

I have a lot more faith in demonstration than

mystery. I prefer the evidence of the advice of

a man who says, "I tried it out fully and

therefore I know" than the one who says

"I didn't try it because I'm perfectly sure I

know in advance." It's the difference between

theory and practice.

I recommend that you re-read the letters

of Dr. Robert B. Humphries, Dr. L. A. Burmead,

Dr. Franklin Fiske, Dr. Joseph H. Sullivan and

Dr. Geo. F. Wagoner on this phase of the subject.

Complications Make Opium Giving

Even More Dangerous

R EASONING from cause to effect, and effect

back to cause I cannot see where giving

opium—the confessed treatment in these cases—and withholding attention from the con-
gested spinal centers is anything but manslaughter and I would to God I could stand before

the American Medical Association and hurl this indictment at the head of 50,000 M.'s who

trust life to such treatment!

Manifestly, the weaker and more diseased the

old Admiral's heart and kidneys were, the more

imperative the necessity of relieving the spinal

driving that heart from a diseased heart, the more the necessity of

correcting the indigestion. This was not

thought of by those who treated Mr. Dickens.

The physicians in both cases spoke for them-

selves. They told their own stories. The Asso-
ciated Press reporters did not diagnose


cases for the physicians, nor fake the treatments

given. The physicians were immediately inter-

ested in and of the serious illnesses or deaths of ingenious men, gave out their own statements, which were duly published.

Later—after death—were changes of diagnosis to

cover the inadequate treatment as given. As they diagnosed their patients by symptoms, rather than by tissue conditions and treated them by drugs and "expectantly" rather than by af-

ford ing anatomical relief, you and I probably knew as much as they knew of real con-
tions, after we find that they confess they were

puzzled and didn't really know themselves, but suspected this and that thing was the matter,
e.

From osteopathic inference we may be fairly sure that osteopathy is by far the correct in-

stance, which the attendant physician wholly disregarded.

After Mr. Dickens was dead his doctor said his

trouble was probably angina pectoris. Read his

vivid account of this condition in "the New York Sun." Do you believe opium and atropia and a

hot bath met the demands for sane relief? Are

you familiar with angina pectoris pains in the

hypogastrium? You see the man's stomach is out of

comission and I would to God I could stand before

the American Medical Association and hurl this

indictment at the head of 50,000 M.'s who trust

life to such treatment!

I submit for your judgment the signed state-

ment of Dr. Stephen Smith Burt, who treated

Mr. Dickens. He wrote this out over his own

signature for the New York Sun:

When Dickens Died His Doctor Grieved

(LETTER TO THE NEW YORK SUN.)

To the Editor of the Sun: Inasmuch as I was one

of the last persons to converse with the late Alfred

Tennyson Dickens, a short account of that interview

does not seem to be of interest to you and the readers

of your journal. Summoned to his room at the Hotel

Humphries, Dr. L. A. Burmead, Dr. Geo. F. Wagoner and

Dr. Ernest R. Humphries, Dr. L. A. Bumstead,

Dr. Geo. F. Wagoner on this phase of the subject.

complications make opium giving

even more dangerous

I believe that if I do not believe in "militant osteopathy" and I would not welcome such
editorials for the laity oftener.

Signed Dr."
endeavor to go to Kingston, much against my better judgment. He dreaded to disappoint his expectant audience and his manager.

About noon he came downstairs, having given up his room, intending to take the train to Kingston. In the lobby of the hotel he always made a final attempt to drive away an irritation and faintness and breathlessness. I was immediately called. My conversation with him was the most severe, was again very soon alleviated. Several times in the afternoon he either refused to come on or was uncom­fortable. I told him that I had an engagement for the evening, but that I should not be all at our reach.

In the enterprise that bespoke the kind of man he was, he said: "I certainly shall not disturb you unless the things are imperative." Later in the afternoon, shortly after breakfast, when he walked to the lunch counter and then raised up on his heels, placed his hand over his heart and turned back dead, and I felt that I had just gained a friend and then lost a friend.

The peculiar, distinctive and unusual trait about Emerson is that whatever he wrote was as true, and this "mussetrap absurdity" not.

A man who lives in the woods, though he makes a better article than anyone else is making a mistake, is out of the woods, or "bone." My kind of osteopathy is the study of mechanical adjustment to a bone.

I've always been a bone maker, and the man who does not get as much relaxation of tissue as possible, is not a good article. My experience has been that it is very necessary to give a light over the sciatic nerve in the gluteal region than to study this nerve's irritation and treatment. Relaxation is necessary for both examination and treatment. Although I will consider examination first.

The third rule is where there is more than one lesion discovered—which is usually the case—to determine, if possible, which is the primary lesion. It is hardly possible, however, to decide which is the primary lesion at the first examination. My experience has been that it takes a long time to get as much relaxation of tissue as possible. This can be done by so placing the patient upon the operating table in a position that will tend toward relaxing the area upon which one wishes to work. Relaxation is necessary for both examination and treatment. Although I will consider examination first.

The second rule is to locate and determine the primary lesion, which may be one of two possibilities: tissue contractions, or tissue relaxation. The history of the case will usually determine as to whether the lesion was caused by trauma, abuse of function, emotional attitudes, infection or exposure to cold.

The third rule is where there is more than one lesion discovered—which is usually the case—to determine, if possible, which is the primary lesion.
defeating the very purpose for which the treatment was given.

In osteopathecies, and in cases where relief is wanted before the tissues are in such condition that a lesion can be fixed, it is a good and safe procedure to treat the nerves by \textit{manipulative irritation}. In treating nerves in this way, however, it really takes a very intimate knowledge of anatomy and a very intelligent handling of the subject to do any good. It is so much easier to break the blood in the body and it should not be drawn all over the spinal area, when it is only wanted in one place.

In osteopathy, the spinal area by a case of typhoid fever and want to stimulate the blood supply of the intestinal wall. The small intestine is supplied by the mesenteric arteries which get their vascular supply that way. If you press or irritate the posterior spinal nerves in the spinal region more blood is brought to the spinal nerves which transmit their stimuli through the spinal nerves to the vasomotor system of the mesenteric arteries.

We must develop this form of osteopathic practice more carefully than we have done in the past.

Dr. Earle S. Willard Urges Academic Revision of the Principles of Osteopathy

B y academic revision of the principles of osteopathy, I mean not only restatement of the anatomical facts and physiological principles fundamentally direct related to osteopathic practice, but also elimination from accredited expositions of osteopathy of all abstract, irrelevant, foreign and non-essential matters—that is to say, all matters that do not tend to confuse the reader rather than to convince him of the rationality and soundness of the osteopathic therapeutic position. Let me state at the outset that these views herein set forth were not arrived at only recently. On the contrary, they are firm beliefs that I have held and acted in accordance with for many years. To show that they are older than this occasion, I ask you to read the editorial on Principles of Osteopathy, which appeared in the \textit{Philadelphia Journal of Osteopathy}, August, 1899.

In attempting revision, I have acted in accordance with these beliefs concerning osteopathic fundamentals for many years. As my students in osteopathic practice will attest, I have for over six years, taught, in direct opposition to generally accepted or established teachings, that pressure upon a spinal nerve—a condition that obviously will be followed by serious consequences—is seldom found in practice. In other words, that the perennial effect of spinal perditions or "lesions"—conditions that every osteopath finds many times each day in practice—is not brought about and maintained in the vast majority of clinical cases, as taught from the beginning in our profession, by "pressure on nerves"; that is to say, pressure resulting from vertebral displacement. Likewise, I have taught in elaborating this contention, that the baneful circulatory disturbances associated with pathologic conditions of the spine is not, as generally believed, due to direct arterial or venous obstructions of the muscles and ligaments adjacent to the immobilized vertebral joint, and, thereby, retards or impedes the circulation or flow of lymph in all nearby structures, including the synovial or serous membranes, and the nerves emanating therefrom. In the practical application of this theory, I have laid great stress upon articular immobility as the most constant and conspicuous physical sign of spinal lesion. In the following articles I have specially stated my views and findings regarding the diagnostic significance and importance of spinal joint mobility as well as immobility. \textit{"Lectures on the Practice of Osteopathy,"} copyrighted 1899; and \textit{"What Osteopathy Proposes For the Prolongation of Life,"} a paper read before the Maryland Osteopathic Association, October 10, 1908.

These theories, which I have taught in the class room for the past six years, were elaborated in a series of four articles which appeared in the \textit{Journal of the American Osteopathic Association; the first of the series beginning in the December, 1909, issue. For a succinct statement of these views I refer you to this series, March, 1910, beginning on page 291, col. 2, 10th line from the top.

I have cited here several passages in former writings of mine because the conclusions expressed in them have been established as basic principles by findings made in the laboratory of the A.T. Still Research Institute, so that I can conscientiously regret that they are not set forth today in accredited or authentic expositions of osteopathy. Nor am I alone in this. The following sentence was published in the \textit{American Journal of Medical Science} for November, 1898: "The discovery that there are to be found vulnerable points in the tissues of the muscles and ligaments ad
dacent to the spinal area for the production of an osteopathic lesion is presented only to the scientific body in our profession. And let me emphasize further, that two years have lapsed since the announcement was first made by the Research Institute of these findings that should have revolutionized didactic handling as well as popular explanations of osteopathic principles.

As we all remember, Dr. Carl P. McConnell, at an impressive and representative gathering of osteopaths in New York, March 26th, 1910, announced the result of six years research conducted by him and Dr. Frank C. Farmer, under the auspices of The Research Institute. His conclusions, given at that time, appear as follows: "Thus far I have pointed out that there are to be found vulnerable points in the same breath the editor confesses that, with the exception of Dr. Still's books, "few of them have gone over one or two editions of 3000 copies, others, more, but they have been put out of print." In other words, the great majority of osteopathic books are failures; and this despite the fact that osteopathic books are read by osteopaths themselves, the cause of this failure does not lie with the osteopaths themselves; they are, he says, "lib­eral buyers of medical books." On the other hand, the profession as a whole lacks confidence today in the books, meritorious though they may be, written by individual practition­ers, which are not incorporated into the publications, in question, for as we all know, many of our osteopathic books are mere compilations of the conclusions drawn by one man from one man's point of view.

In the December, 1911, issue of the \textit{A.O. Journal} there is an editorial appeal for the publication of more books treating of osteopathic views and principles, although in the same breath the editor confesses that, with the exception of Dr. Still's books, "few of them have gone over one or two editions of 3000 copies, others, more, but they have been put out of print." In other words, the great majority of osteopathic books are failures; and this despite the fact that osteopathic books are read by osteopaths themselves, the cause of this failure does not lie with the osteopaths themselves; they are, he says, "lib­eral buyers of medical books." On the other hand, the profession as a whole lacks confidence today in the books, meritorious though they may be, written by individual practition­ers, which are not incorporated into the publications, in question, for as we all know, many of our osteopathic books are mere compilations of the conclusions drawn by one man from one man's point of view.

In the last few years I have questioned hundreds of osteopaths concerning our textbooks, and a striking thing in almost every case was the even more amazing, or microscopically, and lesions, in the tissues of the cases, passing through the spine, but the fact that the result of osteopathic pressure per se in this region.

These words of Dr. McConnell (the italics are mine) need no comment as they are them­selves a bold and honest expression of the truth, that we have all along held regarding the clinical physiology of spinal lesion. To illustrate that those of high authority in our profession appreciate the revolutionary nature of these views, I quote from an editorial that appeared in the same magazine with the foregoing conclusions: "The McConnell has come and gone and his visit has left an impression as if he had told us a story like no other event in our history. He gave in outline his six years work. As a result we are told to keep our ideas first under a change, for our old explanations will not stand."

To summarize: Thus far I have pointed out that there are to be found vulnerable points in our arguments generally advanced in support of osteopathic practice. I have quoted from an editorial that appeared in the \textit{A.O. Journal} nearly two years ago, which stated that the official organ of our profession has long recognized that revision of our principles generally is necessary. And yet, nowhere can we find evidence of a grand recognition of this fact. We are forced to conclude that our profession at large not only needs a firmer, clearer, and more comprehensive understanding of osteopathic principles, but that we, it seems, utterly to rise to a sense of the duties and responsibilities that devolve upon us in placing before the public mind explanations or expositions of osteopathic views.

Thus we are brought face to face with a question of great practical importance, to wit: "What is to be done to arouse the profession as a whole to a broad and deeper understanding and interpretation of the principles of osteopathy, or, in other words, to rehabilitate the vital issue in osteopathy, namely, ground principles.

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the end in view, if deemed practical, of selecting a number of capable men, whom I hope to see writing such a book. I think that a book written by a number of our ablest practitioners, and published by the A. O. A., would carry tremendous weight not only among our own brethren but throughout the therapeutic world as well. For it would be a book that would not need the endorsement of use in any particular college to insure its sale; it would be the own book written by the authors, and the accredited principles of osteopathy treated in a manner acceptable to the leaders of thought everywhere in our profession.

For five years I have been collecting and arranging material for a text-book on "The Osteopathic Rationale," which I have had to encu­rculate very carefully in preparing and have received several flattering offers from well-known publishers to bring out the book. But now that I have the manuscript nearly completed, this question constantly confronts me: "Is it fair to osteopathy to me or any other man to label personal thoughts and opinions, 'Principles of Osteopathy,' when the most that I suppose is desired, I or any other man working alone, would be an elaboration of merely one aspect of the question?" I believe that any other man working alone the situation will answer in the negative. And I state my belief in this to you, the members of the osteopathic association, who understand that through your influence and assistance, I can get the ear of the whole profession.

To repeat: I urge that those high in authority in the osteopathy profession consider seriously the matter of academic revision of the principles of osteopathy; and that as a practical means of bringing about such revision, The American Osteopathic As­sociation invite all experienced writers in our profession to assist in this work. In other words, I urge that practice take steps toward establishing in the A. O. A. a permanent body of qualified men, whose duty it shall be to put before the world the principles of osteopathy on a broader and more comprehensive plan than obtains in the profession today. I urge that we make this a united effort, regulated and controlled by our official organiza­tion. The public, as a whole, the philosophers of the common life will understand, the most that one man can accomplish in any reform is at best, and for a small body of men, intended to insure the permanency of the movement.

To still further emphasize, and to better illus­trate my position, I cite the following re­sume, which I have heard Dr. W. N. Willard say: "Lectures on the Principles of Osteopathy." Now, all will agree that these captions state vitally important principles of oste­opathy in nature. And yet— as I have elsewhere elaborated them—they treat of matters not prominently and clearly set forth in osteopathic text books. Nine of the eleven chap­ters mentioned below treat of matters not touched upon in exposition of osteopathy heretofore made. Why, then, is it not reasonable to suppose that there are many other men throughout our profession who have done work of an original nature, which, if understood and accepted by the profession at large, will strengthen our therapeutic position; but which, if not officially incorporated into the osteopathic rationale will be made practical use of by other schools of operative practice.

As a matter of fact, we all know that the medical profession today is everywhere mak­ing great strides in the development of osteopathic methods, without giving to osteopathy any credit whatsoever for their discovery. And so I urge, not only for the welfare and repute of osteopathy, but for the preservation as individuals in a new field of practice, that an academic body be empowered to act in recording as well as in disseminating the accredited matters pertaining to osteopathic principles and practice.
science, as embodied in present text-books, very much needs academic revision. This should be done, and I am glad that Dr. Willard is making a move in this direction. We should cordially second and assist in this purpose.

Revision Needed, But Care Required
Not to Confuse the Original Conception

By J. A. De Tienne, D. O., Brooklyn, N. Y.

I am somewhat surprised to hear from Dr. Willard that the philosophy of the osteopathic lesion is so little understood as to require specific attention being called to it. That he is right in contending that the greatest effect of the lesion is to decrease mobility of the articulation and adjacent structures involved, I believe. From a fledgling struggling in college with the problems involved, I have always been taught that the irregularity of the lesion was not of so much importance as the immobility of the area involved. I had thought that that proposition generally understood. If it is not, then I am for a revision which will include this conception.

I am not in favor, however, of a revision that will exclude the conceptions that "pressure on the nervous end organs" and "obstruction of a blood vessel impede the circulation in the obstructed vessel." For those, also, are truths. The effect of what we call the osteopathic lesion may be complicated, but it is probably not to directly cause impingement of nerves and blood vessels, but that it is possible is capable of proof.

"Abnormal structure produces abnormal functioning" is a truth fundamental in osteopathic reasoning. It is a stock phrase, I grant, but a revision of our conceptions of disease, of course, or we will wander away from the conception of our illustrious founder.

The fact that I am opposed to the philosophy of the lesion the question of mobility or immobility of the joint or organs is another evidence of our progress. It is another step in our evolution and bodies for men. Dr. Willard has pleaded for the revision necessary for establishing our system before a scientific world. Might I not plead, also, for a revision that will secure a more uniform method of diagnosis and treatment, which is essential to establish our science before a suffering world? Might I not also, in this connection, plead for a uniformity of language, of course, or we will wander away from the conception of our illustrious founder.

The keynote to the propagation of our species of healer is how we relieved the sick and not what we said to scientific bodies.

Resolution by Osteopathic Society of the City of New York.

A cablegram was received at Kirksville on Monday last from William Smith, D. O., of Dundee, Scotland. Perhaps there are those here who in recent days had intimate knowledge of his condition. But to the thousands of his friends on this continent the sad tidings of his demise must have been pressed upon our attention, and by his magnetic eloquence. Dr. Smith made bold claims on behalf of osteopathy, and there are many in Dundee who gladly testify that he made his. His pioneering spirit and the great ability and skill of Dr. Smith was not wasted effort, for the work will be carried on, as in Edinburgh and in Glasgow, and will win public support. Dr. Smith was truly a pioneer in osteopathic circles since he has occurred in osteopathic circles since you left the world? Might we, therefore, hear from you, at your convenience. With best wishes and with the hope that you are comfortably situated and not desirous of any change, I am,

Sincerely,

LENOE B. SMITH.

"Good-by, old friend," will rise up with choking emotion from thousands of osteopaths, of Dr. Smith's demise. And adding the words of Dr. Jones, "Peace to his spirit!"

The first graduate osteopath has passed into mortality. Osteopathy has lost a stalwart exponent and defender. We shall not see his like again.
The Osteopathic Physician

The Organ of News and Opinion for the Profession

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Editorial

Fairness! Freedom! Fearlessness!

"To the line, let clips fail where they will!"

REGARDING TWO LIFE INSURANCE BIDS FOR OSTEOPATHIC SUPPORT

Dr. Bunting wishes to state that an article printed in this paper in the February issue regarding the efforts to put the Chicago and Mid-West Life Insurance Company into the running, and its praise for recognizing osteopathic examiners, was not in any way a reflection of his opinion and did not have his "personal endorsement—which is ultra-conservative in insurance matters."

This article came to us through one of our practitioners and got into the paper in a week when Dr. Bunting was away from the office. He did not, therefore, get a chance to read it until he read it in the paper.

The article was carefully worded, stated merely the situation as reported to us and definitely stated that we were not endorsing its claims, but printed them for what they were worth. Yet some of our readers have assumed, from the appearance of this notice in our paper, that it was endorsed by the head editor himself.

Without now making any reflection on the company, which he knows almost nothing about—except that it is still in the incubation period and may "hatch" or may not—Dr. Bunting wishes to be on record that he has not endorsed this company and is not boosting it, or any other. We will print the news about insurance matters as we get it, and let the profession form its own opinion.

Personally, Dr. Bunting carries insurance only in the oldest, strongest, and best administered companies, like the Mutual Benefit Life of Newark, New Jersey; the Provident Life and Trust Company of Philadelphia; and the New York Life, and the Mutual Life of New York, which two latter giants since the insurance "house-cleaning" are able to claim conservative management. He never had insurance in companies of lesser rank and never will.

Yet we all believe the time is ripe for some company—new or old—to recognize the osteopathic profession as examiners and to realize a wonderful support as the result of it. The O. P. wishes to give due regard to the claims of all aspirants to this honor as news, but does not feel qualified to "pick the winner" and does not wish to carry any such responsibility as giving an endorsement involves. That is properly a lawyer's matter for every man to consider for himself, just like investing in bonds or real estate.

We are glad to print a communication from Dr. Charles E. Still on this subject this issue in advocacy of another new company, the American National Assurance company, which under our understanding has already won generous support from osteopaths both as subscribers to its stock and as applicants for policies.

As in the former case, Dr. Bunting has not had time or inclination to investigate this company; and, therefore, does not personally endorse it; but is glad to print this communication. This is the first one of its kind in the profession and its promoters make it for us, as far as we think these things will be of interest or help to the profession.

How the Homoeopaths Feel About Composite Boards

EVER since the osteopathic profession of this State gave the American Medical Examiners the feeling of elation was keenly felt by both just prior to adjournment of the Legislature last year there has been a marked tendency on the part of the former to form more friendly relations with the aforesaid osteopathic profession. Under ordinary circumstances, it is not unusual for any profession to have any movement and may "hatch" or may not—Dr. Bunting wishes to be on record that he has not endorsed this company and is not boosting it, or any other. We will print the news about insurance matters as we get it, and let the profession form its own opinion.

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Meeting of State Secretaries at Detroit

DURING the Chicago convention an announcement was made from the platform requesting all state secretaries in attendance to use their influence in securing a separate board of examiners for the osteopaths "in all cases" so that the best interests of the profession might be interested in one holding the office of secretary.

The thought prompted this call for a meeting was primarily to promote a more uniform basis upon which each association is, or could become, organized or re-organized, to the best interests of all concerned.

Three state secretaries responded to the call—Dr. F. E. Jorris, Minnesota; Dr. Rebecca Mayers, Michigan; Dr. E. J. Elton, Wisconsin. There being such a small response for a meeting at this time—occasioned perhaps because there was so much to see and do at the convention—these three decided that it would be best to wait another year before attempting to form a permanent organization among the secretaries.

Others have become interested in the definite formation of such an organization and we have therefore issued this call for a conference of state secretaries at Detroit. The board of trustees of the A. O. A. have heartily approved of the plan and have requested the undersigned to act as a committee on organization.

The state associations whose meetings will take place prior to the meeting of state secretaries at Detroit will please arrange to have their secretaries attend the meeting. They, in turn, can then hold a conference of their state associations to be held between now and the date of the Detroit meeting.

WE urge and recommend that where practicable the state association plan to send to Detroit its secretary as a delegate. The delegate association having practically been abandoned so far as its original purpose is concerned, the most benevolent course is for the delegate to receive the amount set aside from an investment of the usual expense incident to the sending of a delegate will come from the state associations, the arrangements made for this purpose shall therefore urge the state associations to pay at least a part, if not all, the expenses incident to the attendance upon this meeting of secretaries.

"A Word to Members" is the subject of a pamphlet issued some time ago by Dr. Chiles, and we are glad to print a communication from Dr. Henry Stanhope Bunting, A. B. M. D. O., which shows that his dangers were more easily recognized, more immediate and tangible. The word confronting us was a field of practice; to see that we had a large enough practice did not put us out of a state. We had not then been taken notice of by the outside world. We were not counted as a competitor by the other schools of medicine, and we were not called upon to meet
their standards of preparation. Today all these conditions and the supreme effort of the American Medical Association to establish state medical stano in the face. Absolutely the only hope for the profession is an able national organization, and the place the practice occupies when it comes out of these mists and conflicts will depend on the strength and vigor and good sense of this organization.

We quote the above, as illustrative of one of the strongest arguments in favor of the permanent organization of the osteopathic profession. And we think it will carry with what positive and definite effort the American Medical Association and all of its allied associations (state, county, district and local organizations) work today.

This is not to say that the state associations do not now work in harmony with the A. O. A., but it does mean that they should and can be more closely allied with the A. O. A. in every department of its work.

We understand that a time will be arranged upon the regular program of the convention, so as not to interfere in any way with the scientific part of the general program, for a thorough discussion on the propriety of this permanent organization of state secretaries. The committee thus far suggests that we have discussions on secretary's duties, membership, publicity, etc., with the main object of aiding one another rather than interfering.

(1) The secretarial work being recognized as the most important office of any organization, to suggest to the secretaries that they are ready to organize the company to interest the osteopathic profession, and to secure the best available person for this position and retain that person in office as long as practicable.

(2) To devise ways and means to solicit membership in the associations and retain them.

(3) To find means of discovering the best possible person for the position of secretary programs for meetings, and organize itinerancies of the best material.

(4) To get the best ideas as to how to conduct this association work, and to establish uniform methods for secretaries and delineate their precise duties, etc.

The committee request that any interested, especially the secretaries communicate, after reading this call, with Dr. E. J. Elton, 300 Matthews building, Milwaukee, and make further suggestions regarding the meeting, and state if it is probable that they will be at Detroit and offer any topic which may be of value for consideration.

Dr. F. E. Joros, Minnesota.
Dr. Edgar D. Heist, Ontario.
Dr. Rebecca Mayer, Michigan.
Dr. E. J. Elton, Wisconsin.

American National Assurance Co.—

Now Being Promoted—Will Give Preference to Osteopaths

Examining Physicians

By C. E. Still, D. O., Kirkville, Mo.

I have received the Osteopathic Physician for this February and note that you have quite a good deal to say about insurance companies and osteopaths being selected as medical directors. I suppose you are familiar with the insurance business and the active part that the writer has been trying to take for the last three or four years. You know that thousands of men and girls have been turned down by the old line companies for a long time.

I am a stockholder in an old line company in St. Louis and have been well acquainted with some of the directors and stockholders of one or two other companies, and have tried hard to get our people selected as medical examiners, and in a small way, they have been recognized. Dr. Laughlin was appointed here by the Missouri State Life and also the International Life. I also notice that there were medical examiners appointed by these same companies, and most of the applicants for insurance were examined by our medical brothers.

I am sending you, under separate cover, a prospectus of an insurance company that is being organized in St. Louis. There is enough capital behind this company to make it a success. It is the desire to bring the profession that are trying to organize the company to interest the osteopathic profession as individuals. They do not ask any school, nor to the profession as a profession, to endorse them, but they would like to have individuals subscribe for stock. They are going to offer to the osteopaths positions as their examining surgeons. They will also have an osteopath as their medical director.

Dr. Harry, Dr. George Laughlin, and the writer are going to be associated with this new company, and I do not believe the osteopaths can feel that there is any possible chance of the name of osteopathy becoming all this dark world's story, offer to the osteopaths positions as their examining surgeons. They will also have an osteopath as their medical director.

We sent out five thousand circular letters, and so far have received about three hundred answers, and of the answers that we have received only three have been opposed to the proposition, and these three are all our good friends, but they are wise and are only opposed to it for one reason. They do not want the osteopaths associated with this company.

Now, we feel that the insurance companies taking up the fight for, osteopathy will do as much for the cause as anything possibly can. Father is the best judge of what we can do as individuals, or the profession as a whole. We feel very kindly toward these men for expressing themselves as they have, that, of course, will help us safeguard the future of osteopathy and osteopaths as connected with this American National Life Assurance Company.

If this company is never organized, it has accomplished enough up to the present time to pay us for any active part that we have taken in organizing it. So far, four insurance companies have made direct overtures to us, stating that they would appoint the osteopaths as examiners.

Now, Dr. Bunting, the statistics show that only thirteen per cent of the insurable people of the United States are carrying insurance, providing the best available person for this position and retain that person in office as long as practicable.

A Full Opportunity for Investigation Offered

In soliciting osteopathic physicians to buy stock of The Chicago and Mid-West Life Insurance Company, Dr. Theodore F. Ruhland, president, distinctly understood that subscriptions for stock can be signed with the provision that no payment will be required by the policy holder, when the company expects to secure its license, and that not more than 10 per cent of the amount of each subscription will be used for promotion purposes, and that before making any payment whatever, the books of the company will be open to the inspection of any person who has subscribed for stock, who desires to make a personal investigation.

New York State Meeting Eminently Successful

THE New York Osteopathic Society held its semi-annual meeting at the Hotel Ten Eyck, Albany, N. Y., March 9th. Dr. Carl P. McConnell of Chicago gave a report of the results of his later experiments, proving the correctness of the osteopathic principle.

Dr. S. A. Ellis, of Boston, presented radiographic slides of definite bone lesions covering his recent experiments.

The morning session was devoted to a consideration of the life and circulation, Dr. Charles Hazzard, of New York City, discussed at length organic and valvular defects of the heart, showing clearly the effect of osteous lesions upon valvular conditions. Dr. E. C. Link gave an address on Arterio-Sclerosis. The value of osteopathic treatment in the much-discussed axiom, "A man is as old as his arteries," was handled in an able manner.

Dr. Claude Bancroft, of Penn Yan, presented a paper on Blood Pressure. Dr. J. A. De Tlie, of Brooklyn, Y. M. Chirstian, Physical Care of Cardiac Diseases. Dr. L. J. Bingham, of Ithaca, followed with Osteopathic Treatment of Cardiac Diseases. The addresses were enthusiastic and electrifying and filled the floor of the convention. At the business session, reports were presented of the execution of unlicensed practitioners. Several convictions pseudo-osteopaths were reported and resolutions were passed unanimously to vigorously prosecute all people who were undertaking to practice osteopathy without having compiled with the educational standards established by the Board of Regents of the State of New York. This is the first time that prosecutions under the laws of 1897 have been undertaken. The meeting was largely attended from all eastern states, and resolutions were passed commending the excellent work of the A. T. Still Research Institute and endeavoring the scientific facts so established.

A Thought for Every Day

By Frederick M. Steele.

If you, my friend, just you and I,
Should smile instead of worry—
To be to others' faults more blind,
For evil, good to render;
Revealing there His glory!
The Osteopathic Physician

The Mental Side of Treatment.

By R. F. Weeks, D. O., Owatonna, Minn.

(Continued from page 10 of December issue.)

We have not time to discuss development of character in this article, but we want to emphasize briefly the importance of the subconscious in this relation. A person either has character or lacks it, according to his subconscious is being continually impressed with good ideas or bad ones. Nothing can tempt a man to go wrong but the perverse tendencies which are expressed by his subconscious.

Unity Between Conscious and Subconscious.

The mind is a unit and the conscious and subconscious are fractional parts whose sum makes the unit. The interdependability of the two is almost automatic by the subconscious.

The role of the subconscious in the control of physical and mental acts is as applicable to the treatment of disease as to the development of individual passivity or efficiency.

Our discussion thus far has been explanatory of the nature of the subconscious rather than the conscious, as necessary knowledge before intelligent treatment can be given the subconscious for the cure of pathological conditions over which it has control.

Pathological Conditions of the Mind.

You may more easily grasp my meaning if I speak of the pathological conditions of the mind as lesions in the thought process. I have classified these lesions under four heads:

1. Thoughts tending to weakness, as fear, anxiety, worry, grief, anger, envy and hate; also thoughts of insecurity and personal vulnerability.

2. Fixed attention on some diseased portion of the body.

3. Over-susceptibility to adverse suggestions (due to ignorance of the nature of the subconscious and one's ability to prevent the development of the adverse suggestions.)

4. Lack of self control (which should be more subconscious than conscious).

The presence of one or more of these lesions in illness is so common as to make its absence the exception, and this fact gives occasion for the frequent use of intelligent suggestive treatment.

Suggestion as a Treatment for Disease.

Specialists in mental treatment adopt our doctrine of "Nature's power to heal," and, like us, teach their patients that cures are within their own bodies.

Mental healers adopt, as a fundamental principle, the theory (1) that every subconscious reaction is the result of a corresponding conscious action; (2) That everything that is expressed through the personality is impressed on the subconscious, and since the conscious mind may impress anything upon the subconscious, any desired expression may be secured, because the subconscious will invariably do what it is directed and impressed to do. (3) That to constantly and persistently impress thoughts of health modifies the subconscious.

This fundamental principle is used by all varieties of mental healers in treating disease.

They further maintain that the subjective is always a prophetic sign, however rapidly the facts governing for this being that cures are constantly being made by those who instruct their patients that a denial of matter and of the reality of disease is necessary to recovery. These ideas are met with unbelief from the reasoning mind, but once accepted by the subjective mind in a cure. Treatment by suggestion awakens the Great Law of the Unconscious mind to action. Within the power of the unconscious mind is the power to act upon the unconscious mind influenced by surrounding personalities or other unconscious agencies acting as suggestions. (3) By the unconscious mind, which has faith in persons, systems, places, etc., or by direct influence of the conscious mind.

Proper conditions for recording an impression on the subconscious: (1) Deep feeling (not emotional). (2) Strong desire. (3) Conscious intent.

But every impression which is deeply felt enters the subconscious whether we desire it or not. This explains the importance of the conscious mind controlling its feeling. It is necessary in treating disease successfully. In case wrong impressions have entered the mind opposite impressions must be made to take their places. They cannot be removed by mental force, or denial. The right impressions must be substituted.

Defective methods of thinking in a patient can be cured by the intelligent direction of the subconscious.

A person is made sickier by thinking thoughts of sickness. Likewise such a one should avoid conversation about sickness.

It is very important to eliminate all undesirable thoughts and feelings before going to sleep, as the conscious acts on the subconscious during sleep. Eliminating "I am sick" does not get rid of impressions which are impressed on the subconscious.

The continuance of subconscious processes during sleep makes it important that we give the patient an impression about the sickness. The subconscious mind has faith in persons, systems, places, etc., or by direct influence of the conscious mind.

Our slang phrase, "Forget it," is epigrammatic when properly applied to the thought process. To do so substitution of ideas is again necessary.

The Power of Interpersonal Faith.

The patient must believe that the physician means to do his case.

They further maintain that the subjective is always a prophetic sign, however rapidly the facts are qualified. These ideas are met with unbelief from the reasoning mind, but once accepted by the subjective mind in a cure. Treatment by suggestion awakens the Great Law of the Unconscious mind to action. Within the power of the unconscious mind is the power to act upon the unconscious mind, which has faith in persons, systems, places, etc., or by direct influence of the conscious mind. (4) By the unconscious mind acting on the conscious mind.

Three important ideas a physician should impress (1) That the case has his whole and undivided attention; (2) That he thoroughly understands it. (3) That he believes he can cure it.

Power and Value of Suggestion in Treatment.

The power and value of suggestion is being demonstrated daily in thousands of ways by those who practice it, and still it seems certain
SUGGESTION:
ITS LAWS AND ITS APPLICATION, OR
THE PRINCIPLE AND PRACTICE OF PSYCHO-THERAPEUTICS

by

CHARLES F. WINBIGLER, Ph. M., D. O.

A very important and practical book for students and the general reader, covering the whole field of discussion in a thorough and definite manner.


New Thought and Psychic Review, London, Eng., Dr. Stocker, editor, says: "New light is thrown upon the study and every phase of the subject is discussed in a lucid manner."

Mr. E. E. Purington, editor of the "Center," says: "Your book on Suggestion is the briefest, sanest and most comprehensive work of the kind that I have seen. It is the best work of the kind in print."

Health Record, London, Eng.: "The author deals with this large and important study in a manner both fascinating and practical, and in a style marked by originality and careful investigation. The author has embodied in this book the knowledge gained by long and earnest study."

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NEW YORK

Museum of Osteopathic Medicine, Kirksville, MO

THE OSTEOPATHIC PHYSICIAN

that the power of suggestion is as yet not fully understood. This is due, in every thought that is suggestive of another, and each in turn is a constructive or destructive contribution to our well being. A knowledge of the power of suggestion is always a constructive or destructive contribution to our well being. Unwise suggestions have kept patients in bed for months who, if made to feel their own strength, would have been living active lives during most of that time. Patients have been saved from being chronic invalids by keeping them optimistic.

We wish to give a few simple illustrations of the power of suggestion by showing how accurately the subconscious directly impressed itself on the mind of a 84 year old patient. A patient who occasionally treat for constipation, even though she may have missed several days, always has a movement of the stools within an hour after an osteopathic treatment. I attribute the quick results in the last mentioned case at least in part to the workings of the subconscious.

A knowledge of subconscious mind and the suggestive treatment is of value to any one who possesses it, for it can be used without the assistance of another, as a protection against further illness and breakdown. The favorable suggestions breed contentment and health.

Disturbing Influences

Conditions are not always found to be favorable at the start, and every effort should be made to remove barriers in the way of the use of suggestion when such treatment is indicated. The patient who comes with the firm belief that nothing can be done for him by our treatment, unless his mental attitude can be changed within a few treatments, will likely prove to be an incurable and our time will be wasted on him if we continue treating him. Such a patient is his own worst enemy, for he is constantly furnishing his subconscious with adverse auto-suggestions, inimical to his health. The home surroundings are sometimes depressing to the mind to an extent which makes isolation and removal to a health sanatorium the best course to pursue. When this is not possible the whole family may need some mental treatment to change their point of view.

Indifference is not an infrequent mental condition to be met by the conquering mind of the osteopathic physician. The degree of indifference, in a patient is a factor in treatment, to be considered, and those with slight susceptibility will at times present puzzling cases when there is a condition of oversusceptibility which is more dangerous until the patient acquires better self-control. Also, all lesions in the thought process referred to under pathological conditions of the mind, although they may necessitate a mental treatment, may be regarded as disturbing influences in giving mental treatment.

Diseases Treated by Suggestion.

Lesions in the thought process are often associated with physical disease that we may safely say that impressions made on the brain may have some effect in curing (or possibly making incurable) nearly all diseases. The efficiency of suggestive treatment is usually considered greatest in treating the so-called functional diseases, the neuroses, infectious, motor, fatigue, traumatic and psycho-neuroses (from classification by Church and Petkerson). I have used every opportunity to treat the case of granuloma of the spine, cancer, jaundice, anasarca, epilepsy, urticaria, an-gina pectoris, apoplexy, anemia and others which has been said by prominent M.D.'s. to be caused by such mental conditions as shock, anxiety, fear, mental strain, emotional excitement, etc., and to be cured by mental treatment. A remarkable success for mental treatment is recorded in a London hospital. A case of pernicious vomiting in the hospital had been operated on several times for the purpose of examining the abdominal viscera, but without success. All surgical attempts to relieve the vomiting had failed, and the patient was given suggestive treatment, which was rapidly relieved in recovery.

The gross pathological condition of the mind, insanity, is not generally considered as amenable to suggestive treatment, the explanation being that the mind is like a machine and the one element on which the suggestions should act is itself disorganized.

Extent to Which Suggestion Has Been Generally Used by Osteopaths.

To me, it is almost axiomatic that our profession has not given suggestion its proper place of usefulness in general practice. The popular mind is usually made up of a group of fallacies and misunderstandings of our power in that line can be a great help to many of our patients whom we might make worse through ignorantly using suggestions in the wrong place or at the wrong time.

Since we all use suggestion to some extent, either consciously or unconsciously, a proper understanding of our power in that line can be a great help to many of our patients whom we might make worse through ignorantly using suggestions in the wrong place or at the wrong time.

Extent to Which We May Use Suggestion with Benefit Both to Our Patients and Ourselves.

I have tried to make clear that the mind may have mental lesions as well as the body. We may have tissue lesions; that the osteopathic principle of adjustment applies equally to both; that we should use mechanical or mental means according as we have a tissue lesion or a mental lesion to correct; that lesions of the mind (defects in the thought process) are often responsible for disease of the body as well as tissue lesions and often responsible for an unhealthy mind; and that because of this close inter-relationship more attention has been given to the mental side of osteopathic treatment, for the sake of our patients as well as our own sake, that we may be physicians in the highest sense. Some of our profession seem to interpret that we should be specialists, in gynecology or obstetrics or children's disease or chronic or acute or what not, or possibly that osteopathy only applies to some adjustment and that alone, and still call himself or herself a specialist, which may be right and proper for that member of the profession, but for the profession generally those who would be complete physicians should be specialists only in the
sense that they be specially prepared to treat every disease, mental or physical, in the best way. For this reason, we have found it wise, in mind treatment, being essentially a process of adjustment, most fittingly has a place in our great system of adjustment.

Let us perfect the mental side of our practice for a better and more complete osteopathy.

The Wisconsin News Column

Address all communications to this column to Dr. E. J. Elton, secretary, 96th Matthew's Bldg., Milwaukee.

The attention of all practitioners is called to the following letters:

Dear Doctor,—Now is certainly the time to make application for membership in the A.O.A. The fee of $6.50 paid now with the application will cover membership from April 1st to June 30th 1915, including a hothouseingly enclosed membership certificate, which he or she would be proud of; besides it is a recommendation to any one entering your office that you are a member in good standing in your chosen profession, and proof to the public and our profession that you are sufficiently interested in your work to want to keep up with, as well as contributing towards the general advancement of the profession.

This we must do, or retrograde. We cannot stand still, therefore let us all put the chairs to the wheel and push in one direction. Without your doing this, you are on the other side of the wheel and retarding the general progress.

By joining now you also get the A.O.A. Journal for fifteen months, which you cannot afford to be without at any price, because it is always full of the best articles from the pen of our brightest and most progressive members of our profession.

There is frequently some thought impressed upon you in some single article that you would not have missed for the small fee of $6.50.

The A.O.A. is really doing a wonderful work in moulding the future of osteopathy and how much more could we accomplish if only we had a support and interest— a great deal more in preventing adverse legislation and your suggestions along general or specific lines. Our whole is made up of the thought of the masses.

The A.O.A. has now conducted along strictly democratic lines at its meetings, every member has an equal voice in its transactions.

Fill out an application blank today and return to me with $6.00 and note the improved feeling inwardly that you will experience in feeling that you are doing your sonial prejudices if you have any. This question is too important to be left to ignorance. It is time that every practitioner in America should become a member of the A.O.A., for it is the only organization of men and women who are sufficiently interested in your work to want to do the rest.

The time is drawing near for our annual meeting. The last convention passed a resolution providing that it be held "some time after May 1st." It is proper to assume that this means somewhere near that date. Someone has suggested that it be held during the month of June. The convention also arranged with Dr. Wm. L. Thompson to address the Great May meeting on a topic of his own choosing, and in talking with him recently I find that the month of May will be a very busy time for him and difficult to get away. Probably the first week in June would meet the convenience of most, but the board will gladly meet any other time and consider any suggestions. At any rate, "preparation tends to make perfect" and we desire to begin plans for the meeting early so that we will have an unusually good attendance and effective results.

Report on 350 Cases of Drug, Tobacco and Tobacco Habits

Of the number of these various additions which have come under my personal care, the first 85 cases were treated by a long time treatment—a time advertised to require from two to four weeks but in reality from three to six weeks. These treatments were made up largely of belladonna, hyoscyamus, ergot, chloral hydrate and capscium, together with nux vomica and bromides given in generous doses. Anyone familiar with materia medica will appreciate the conflicting action of these drugs and will understand that there is great danger of creating a belladonna intoxication together with ergot poisoning, which the writer observed on many occasions. It was not a cure in any sense. It required locked doors, guarded windows, padded furniture and straps for confining these delirious patients in bed.

The drug habit cases were kept in a state of withdrawal for 4 or 5 days and then released. If any signs appear of pain in the back or legs—due to suppression of urinary and maniacal overstraining of muscles during this delirium the victims were subjected to 3 days more of this hypodermic "hot shots" and then allowed to come out—more dead than alive, unable to sleep a moment for days, weak and exhausted beyond imagination, with herps covering mouth and lips and sordes on teeth and tongue. One poor victim who was confined for 21 days finally killed himself. I have been treated many people who had first tried these long term treatments, and they all agree with the patient who remarked of the 3-day treatment—"It is heaven when compared to the old line treatment." As near as I could estimate there is about a 5 per cent mortality—it may be more, I am only approximating—attending the belladonna-ergot-stimulant delirium.

Of the 265 treated by the 3-day method there has not been a fatality; there has not been an alcoholic loss of consciousness lasting over three hours; there has not been a day but the patients could write and read and hold intelligent conversation with visitors. They were never locked up; the window needed no bars; the furniture needed no pads and the patients were in no way confined; they ate three square meals a day and were ready to sleep all night from the first. This removes all craving, desire, demand or need for either drink, drug or tobacco. This report finishes the one in an earlier issue of THE OSTEOPATHIC PHYSICIAN, giving ten cases of women who were treated for the drink habit.

Anyone who can read English and tell the time by the clock can administer the 3-day treatment with assurance of perfect and positive results, and the tobacco cases can take the treatment without help.

Many of these cases of both drink and drug habits have begun the use of these stimulants! and sedations because of some pain or loss of organic functions which would have yielded in a very satisfactory manner to the skilled touch of an osteopathic physician and nearly all of these cases would have remained just as they were have been cured of their habit.

One case in point—a lady, age 35, began the use of morphine eight years ago because of pain in her stomach. The local country doctor used a hypodermic of morphine and thus started the habit. Last July I treated the lady for the same complaint (for the sake of the day) and corrected a twisted rib and she has been relieved of the pain and horrible habit.

THE OSTEOPATHIC PUBLISHING CO.

215 Market Street, Chicago

The Osteopathic Treatment of Typhoid

A popular explanation for the laity. Proves osteopathy the safe and effective method for all acute disorders. Corrects a widespread and deep rooted misunderstanding. Will win many new patients. Should be on hand in every osteopathic office. Sample copy free on request.

Osteopathic Treatment of Typhoid

Price, Prepaid, $3.50

PERCY H. WOODALL, M. D., D. O.

SECOND EDITION

Revised, Enlarged and Illustrated

NOW READY

PRICE, PREPAID, $3.50

For sale by the author

615 First National Bank Building

BIRMINGHAM, ALA.

The Dr. Glasscock Folding Table

IT'S A BACK SAVER, and obvives all awkwardness, enables you to work with treating on low foldable flat to see in close; oak turned legs, one-pieces cover, perfectly strong and solid. Rhythm or on legs so that they will not slip floor or rug. Won't slip or tear over weight 20 lbs. Just the thing for the office or library. Patients also buy them. Tell them about it. Price $5.00.

For full description and recommendations address

E. O. MIIAY, D. O.

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The Osteopathic Physician

The Pacific College of Osteopathy

INCORPORATED

LOS ANGELES, CALIFORNIA

Member of Associated Colleges of Osteopathy.
Established 1896.

THREE YEARS’ COURSE OF STUDY

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

Thirty Instructors and Lecturers.

Well Equipped Chemical, Physiological, Histological and Anatomical Laboratories.

Clinical Advantages Unsurpassed.

Work throughout based upon Laboratory Methods.

Faculty composed of Specialists in their several lines who have had wide experience in teaching.

Excellent opportunities are offered for post graduate work.

For Catalogue or further information address...

C. A. Whiting, Sc.D., D.O.,
Chairman of the Faculty.

Dalv St. and Mission Road, Los Angeles, Cal.

Keep an accurate record of your cases and accounts.

It will save time, work, worry, money, and mental friction.

Address, Business Side of Practice.

The Osteopathic Publishing Co., 215 South Market Street, Chicago.

Green Gables Osteopathic Health Resort

The Country Club idea with all city conveniences—electric lights—steam heat—running spring water throughout the building.

Located in the beautiful lake district of Wisconsin.

DOCTOR

You do not need us to help 'treat your patients, but you do need Green Gables to help you hold your three or four patients a year who drift away from you and osteopathy. Try it. No osteopath has sent one patient without sending more—more satisfied, do they not?

PHYSICIANS IN CHARGE

Dr. J. Meek Wolfe, President of the Virginia Osteopathic College.

Dr. A. P. Hibbs, Dr. G. A. Gamble, and Dr. Harry Philpis.

Established 1896.

Address Nagawicka Lake, Wis., P. O. Hartland, Wis.

MILWAUKEE OFFICE, 314 Mathews Bidg.

In D.O. Land

Seattle Meeting.

The February meeting of the King County Osteopathic Association at Seattle, Wash., was largely attended and was very enthusiastic. Many of the members of interest were discussed, the chief event of the evening being a strong paper read by Dr. James H. N. William on “Osteopathic Treatment of Mumps and Measles.”

DOCTOR

Dr. Robert H. Long Has Not Changed Location.

In the February issue of the Osteopathic Physician a notice appeared that would indicate that Dr. Robert H. Long, of Jamaica, New York, had changed his office address. To correct any wrong impression that may exist we desire to say that Dr. Long is still at his old office address, 369 Avenue B, Jamaica, N. Y.

Miami Valley Meeting.

At the regular monthly meeting of the Miami Valley Osteopathic Society, held March 7th at the office of Dr. E. E. Conner, Dayton, Ohio, Dr. H. H. Gravatt, of Piqua, delivered an address on “The Osteopathic Treatment of Nervous Diseases.” After the address, several clinics were held—W. A. Gravatt, D. O., Secretary.

King County (Wash.) Meeting.

Dr. W. L. Smith’s hostess at the King County meeting of the King County Osteopathic Association. Dr. Claude Snyder observed some interesting case reports and Dr. Walter Jones demonstrated a case of larynx paralysis. The Annual Drawing was held at the Elks club rooms and the toast was especially interesting, and the association adjourned at a late hour, feeling that they had enjoyed one of the most successful meetings on record.—J. P. Brown, D. O., Secretary.

Third District Illinois Meeting.

The third district I. O. A. held a very enthusiastic meeting in the Elks club rooms. The Districts of the throat, treatment, diet, hygiene, etc., were discussed after very able papers were read. A banquet was given at the Elks club rooms. The toasts were especially interesting, and the association adjourned at a late hour, feeling that they had enjoyed one of the most successful meetings on record.—J. S. Snead, D. O., Secretary.

After “Irregulars” in Virginia.

Dr. J. Meek Wolfe, president of the Virginia Osteopathic College, was present at the meeting of the State Board of Medical Examiners, are going after a new law to make diseased practitioners without license under various names as naturopaths, mechanical practitioners, etc. They have issued a warning in the press that these people must take the state board examination and secure a regular license, or they will be prosecuted.

Utah Osteopaths Elect New Officers.

The Utah Osteopathic Association held a meeting March 19th at the Hotel Utah, Salt Lake City. A clinic was held, the subject being “Anterior Poliomyelitis.” Officers were elected for the year. President, Dr. Austin Kerr; vice-president, Dr. J. F. Morrison; secretary, Dr. Grace Stratton; treasurer, Dr. Alice Houghton; trustees, Dr. A. P. Hibbs, Dr. G. A. Gamble, and Dr. Harry Philpis. All the officers are residents of Salt Lake City except Dr. Hibbs of Utah Hot Springs and Dr. Morrison of Ogden.

S. S. Still College Reunion at Detroit Convention.

The convention committee of the A. O. A. has set aside Tuesday evening, July 29th, as the date for the graduates of the S. S. Still College of Osteopathy to be admitted to the annual meeting of the A. O. A. at Detroit. A banquet will be held at the College Inn, Chicago, last summer. It is desirable that every graduate of this college be on hand at the convention, and plan to meet their friends and other practitioners at this informal meeting, where we can spend one of the most delightful hours of the 1912 National convention.—Dr. George H. Carpenter, Chicago, Ill. 1912.

New York Court of Appeals Decides Against Dr. B. L. Bandel.

On March 8th, at Albany, the New York State Court of Appeals upheld the validity of the New York City Health Department Ordinance that death certificates must be signed by physicians who are M. D.’s. That means that if a patient has died in a hospital in New York City, and unfortunate enough to lose a case, they will have to sign in a ‘‘drug doctor’’ to sign the death certificate, or otherwise the case will go to the coroner. Evidently, something more is needed in the way of legal recognition for osteopaths in New York state.

Des Moines College May Get City Help.

The city of Des Moines makes an annual appropriation to Drake College to help cover medical and surgical services given to the poor of the city. The Des Moines Still College of Osteopathy is doing a great deal of this work. The convention committee is ready for another appropriation for medical services from the city which would amount to $2,600 a year. Mr. E. M. Hubbell is taking an active part in the attempt to get this recognition for the college. He has written a personal letter to the city council, and is writing to the newspapers in the city, and it appears that the college has a good chance of recognition from the city in this way.

Features and Facial Blemishes Corrected.

The Draper method of surgical facial surgery alter and correct deformed and unusually features, both congenital and acquired; remove blemishes of the skin, such as moles, freckles, warts, and others. It helps to help unfortunate tortured by over-sensitivity about such facial characteristics, leave mind and happiness.

Your referred patients will be cared for, Osteopaths. DR. PRATT, FACE SPECIALIST.

1129 Broadway

6 West Randolph St.

Chicago, Ill.

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

Health Commission Fights Vaccination Law.

Passaic, N. J. Health Commissioner George Michels of this city was arraigned in the police court on the tech.
nical charge of disorderly conduct. The complaint was brought by my brother, Mr. J. E. -the education of Dr. N. E. M., alleged to be Mr. "Michel's of refusing to allow his daughter, Dorothy, a school girl, to work.

"I would move out of the state rather than be com­

pected to vaccinate her," said Mr. Michel. "My father died of smallpox after being vaccinated, and

my sister was crippled through being vaccinated, and

there are many cases on record out of our city of

great harm and even death caused by vaccination."—


Something Snaps in Neck; M. D.'s Mystified.

Frank Melville of 1805 North Fourth street, St.

Louis, is under treatment at the city hospital for a
"cure in his neck" and after being treated for it.

Melville called at the hospital Monday afternoon to

be treated for what seemed to be a swelling of the

masticator gland of his neck. A large bluish emer­

sion was given to him. Three hours later he returned to

the hospital. He said that while he was washing his face

something seemed to snap, causing him to say that he

was unable to move his head. If ordinary means

do not serve, the physicians will use the X-ray to learn

the nature of the injury.

Faculty Women Elect Officers.

The Faculty Women's Club of the Pacific College of

Osteopathic healing at the Convention of the Assoca­

tion of Massachussetts at its meeting February 24th.

The regular meeting of the Osteopathic Society of the

City of New York, February 24th, about ninety in attendance. The program consisted of an address by Dr. Earl S. Willard, and a clinic by Dr. J. Ivan Dufur, both of Phila­

adelphia, Pa. The subject of Dr. Willard's address,

"Rational Choice of Osteopathic Medicine," and the clinic

"A.SSOCIATION of Massachusetts at its meeting February

Dr. Riley D. Moore of Sacramento.

The Sacramento Valley Osteopathic Society held its 65th annual meeting in Sacramento, February 17th. An address was made by Dr. C. E. Fenner on hydrotherapy, and an open question period. A clinical demonstration was given by Dr. H. F. Mills, Dr. E. B. Palmer, Dr. W. E. Willi, and Dr. L. R. Daniels. Dr. Ernest H. Armour was elected as fourth term. The banquet which was held in the evening. Officers elected were: President, Dr. E. B. Palmer, Sacramento; secretary, Dr. L. R. Daniels, Sacramento; treasurer, Dr. J. L. Suaro, Modesto; Dr. H. F. Miles, California, and Dr. C. G. Weeks, Lodi.

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Notices from New England.

Arrangements for the 8th annual meeting of the New England Osteopathic Association are rapidly being completed. The program has been filled and among those who will talk osteopathically to the eastern osteopaths are some of the best known in the profession. Applications for rooms at the Hotel Vendome, where the conven­

Charles H. C. Price, whose name is Dr. Frank A. Parker, of Champaign, Ill. has been in process for some time, and the determination to confusing Dr. Frederick A. Parker, formerly of Spring­

field, Mass., with Dr. Frank A. Parker, formerly of Champaign, Ill. Dr. Frank A. Parker, of Champaign, has not changed his location. He is back on the editorial staff of The New England Journal of Medicine and returns to his old acquaintance with Dr. Frederick A. Parker, formerly of Springfield, Tenn., has removed to Madisonville, Ky., where he is tem­

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Splendid "Woman's Number" of "Osteopathic Health" for April

Prospect P...eased to announce the issuance of a new issue devoted to the "Diseases of Women" as the April issue of Osteopathic Health. It is, we think, the best presentation of what we have every printed. At least, it is thoroughly popular in its style, technical in nothing, and any woman who can read and has suffered will understand it.

Taking it as a whole, this "Edition for Woman" is moderate, dignified, simple and convincing. It is a conservative number. There are no statements in it to offend anyone.

It would be a great blessing to the women of the land as well as our practitioners if a few copies of Osteopathic Health that we would be sent into the homes of this land. Will you see to it that the women of your community get the opportunity to read it and know about osteopathy?

Here is the contents of this issue. You will see that it is very comprehensive. Do you believe there are more women who would not be interested in one or more of these chapters? It must appeal to mother, wife, sister and daughter and that's 50 per cent of our population.

Osteopathy the Haven for Suffering Women; Constipation in Women; Backache in Women; Headache and Neuralgia; Ovarian Illness; Menstrual Suppression; Profuse Flow and Flooding; Painful Menstruation; The Cause and Cure of Leucorrhoea; Curturing the Uterus; Uterine Displacements and Flexions; Prolapus of Uterus; Bladder Trouble in Women; Piles or Hemorrhoids in Women; Nervousness, Neurasthenia, and Brain Fag; Gowns Worn During Treatment; Sterility; Nausea in Pregnancy; Osteopathy Reduces the Hours of Labor; A Case of Uterine Tumor.

In OSTEOPATHIC PUBLISHING COMPANY, Henry Stanhope Bunting, D. O., Editor.

Considers "The O. P." Indispensable.

Continuing Osteopathic Practice for Two Years and send me the table time piece. I cannot get along without "The O. P."—Dr. E. H. Cathey, Peru, Ind.

Are You Neglecting to Inform Your Public.

Enclosed find contract for 100 copies of Osteopathic Health a month for one year. I had gotten out of the habit of using literature, and had on my shelves, a few old copies of Osteopathic Health that were left hand, since, I believe, before the war. The thought came to me to put on new covers and get them out. As a direct result, I secured three new patients. One of these has been the best "booster" for me that I ever had.—Dr. DeForest B. Callan, Manhato, Minn., February 1914.

Asking for Magazines in St. Louis.

Please send me two copies of your magazine for two years and I will send me the table time piece. I cannot get along without "The O. P."—Dr. E. H. Cathey, Peru, Ind.

Lively Interest in Salt Lake City.

Enclosed please find $2.00 for which please send me an assortment of Osteopathic Health. I have never used any other periodical in my practice. Please send me the up-to-date issues of the magazine.—Dr. French P. Wood, St. Louis, Mo., January 19th.

Chiropractor Selling Field Literature to Osteopaths

CAN this be true? It hardly seems possible, and yet it appears to be the case. We have received copies of a sheet called Osteopathic Proofs with professional cards on the second page, and some of our correspondents have mentioned this publication in a way indicative of Osteopathic Health.

We have received a circular from John J. Henderson, the publisher of this pamphlet, setting forth its merits, and quoting prices and soliciting orders. Quite evidently the entire profession has been circulated in this way.

John J. Henderson, of Charleston, West Virginia, has been practicing for many years in a recognized osteopathic college, but has a diploma as a chiropractor from a Davenport school. He has a license to practice osteopathy in West Virginia, but it is alleged that he was denied an osteopathic license from the state board by improper means.

"Doctor" Henderson has never been permitted to secure the service of Osteopathic Health, and doctors who have been sent for months have refused to supply them with copies of Osteopathic Health. Dr. Grace Swiatek, Salt Lake City, Utah, January 12th.

THE OSTEOPATHIC PHYSICIAN

Find's Need for More Magazines.

Passed five new mailing list with 194 names. I am offering a new insurance scheme to all patients that have been in the office within the last six months, and who have paid $1.00 for a year's subscription. The patient is to receive a new copy of Osteopathic Health every month.—Dr. A. E. Hook, Cherokee, Iowa, January 18th.

"The Best Field Literature."

I wish you to know that I consider Osteopathic Health the best osteopathic field literature on the market. It has become so excellent that I am writing to ask you to send me the copy of your magazine that I can best use. I am sending it to Dr. A. E. Hook, Cherokee, Iowa, January 18th.

Just What Is Needed Now.

The March number of Osteopathic Health is very good in every way in this time of war. The next is so much larger, and so many other volumes are so much larger, and so many other volumes are published daily. We will understand that's all, and also that if I receive that kind of literature, I shall be very grateful. Dr. Curtis H. Mcniece, Bronx, New Y., March 24th.

Undoubtedly a Correct Estimate.

Congratulations on the unique and fascinating manner in which you have prepared Osteopathic Health. Next to curing my cases, I believe Osteopathic Health to be the best thing that has ever happened to me.—Dr. J. R. Therrien, Logan, Kan., March 6th.

Says Osteopathic Health Wins.

Enclosed find order for 100 copies of Osteopathic Health a month for one year. You win. When you compare the prices of all the other health papers, you see they are nothing. It is an excellent paper, and I hope you continue it.—Dr. C. W. Sherry, Watertown, S. D., March 6th.

Is Tempted to Double Order.

I treated a man last spring, case broken clavicle, patient pleased. In February his wife had sore throat, family doctor administers anti-tox—case runs three weeks—constant cough, loss of sleep and progressive loss of strength; had doubtful case against tuberculosis. February Osteopathic Health comes and tips me off toward April. That April, I threw up the sponge; that's all, and also that I think when I send that kind of literature to the people in the community, they are very grateful. Dr. C. W. Sherry, Watertown, S. D., March 6th.

Dr. Arthur Taylor, of Stillwater, Minn., has opened offices at Red Wing, and will practice there Tuesdays, Thursdays and Saturdays, and危險地 than the old office.

Dr. J. Dalton De Shaeve, formerly of Durango, Cal., has opened offices in Cincinnati, Ohio, and opened offices at 201-302 Nebraska Building.

Dr. Myrtella B. Wheeler Noonan, widow of Dr. William E. Noonan, who died December 18th last, has decided to continue the practice of osteopathy. She has opened the old offices at 405 Scianan building, Houston, Texas, January 21st.

Dr. L. J. Dellinger, of Bucyrus, Ohio, has purchased property at 208 S. Walnut street, and after April 1st, his office and residence will be at that number instead of at 250 S. Walnut street, as formerly.

Dr. B. B. Stovall, graduate of Los Angeles College, the class of January, 1912, has located at Newark, N. Y., where he has offices at 95 Roseville avenue.

Dr. C. R. Mitchell, of Miami Beach, Cal., has located at Saskatoon, Saskatchewan Province, Canada. He is in his new office at 288 Main street, East.

Dr. Ray L. Park, A. S., O. J., January 1912 graduate, has located at Neosho, Mo., having offices in the Hass office building.

Dr. Josephine Armstrong, graduate of the Des Moines Still College of Osteopathy, January, 1912, has opened an office at 101-303 Holm street, Des Moines, Iowa.

Dr. T. T. Jones, graduate of the Des Moines Still College of Osteopathy, is assisting Dr. Mabel Cleveland, at Wayne, Neb.

Dr. Carolyn Barker, formerly of Carroll, Iowa, has moved her office and residence to 310 First National Bank building.

Dr. Barker & Barker, of Liverpool, Eng., announce that they have opened a branch office at Albany Chambers, Manchester.

Dr. Arthur Still Craig, of Kansas City, Mo., has reorganized his practice and is now associated with Dr. A. M. E. Ireland, formerly in partnership with Dr. Harry M. Ireland, at Kearney, Neb., has severed his connection with that office, and is now located at Norfolk, Neb.

A baby girl, Marjorie May, arrived at the home of Dr. C. F. Frazer, formerly of San Diego, Cal., who has sold his practice there to Dr. Louise Caroline Heilbrun, and is now associated with Dr. M. L. Ward of San Bernardino.

Dr. Louise Caroline Heilbrun, of San Diego, Cal., has purchased the practice of Dr. C. F. Frazer.

On December 25th the stock of the White Plains Electric Company, formerly a present of a fine eight pound baby girl, Margaret Anne. Dr. C. F. Frazer, formerly of San Diego, Cal., who has sold his practice there to Dr. Louise Caroline Heilbrun, and is now associated with Dr. M. L. Ward of San Bernardino.

Considers Osteopathic Proofs Indispensable.

Chiropractors are tempted to double order. Dr. C. F. Frazer, of San Diego, Cal., has sold his practices there to Dr. Louise Caroline Heilbrun, and is now associated with Dr. M. L. Ward of San Bernardino.

The doctor is reported as wearing the smile that won't come off.

Dr. Kendall Achorh, of Boston, has been performing duty with the Massachusetts militia at Lawrence where a textile strike is in progress. Dr. Achorh is a prominent member of the First Corps of Cadets, popularly known as "The Captain's Guards."

Dr. Marie Steree will spend the summer in Wenaica, Wash.

State Journal of Lincoln, Neb., February 19th, published a half-tone proof of the members of the State Board of Osteopathic Examiners, being Dr. C. H. Leake, President; Dr. E. E. Deshler, Secretary; Dr. C. F. Frazer, formerly of San Diego, Calif., and Dr. W. H. Cobble and Dr. D. P. Dukin, members.

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At the regular session of the Men's Bible Class of the Lafayette Avenue Presbyterian Church of Brooklyn, New York, held March 10th, several papers were read on men who have risen to great prominence from obscurity. Dr. Edward B. Hart presented a paper on the life of Dr. A. Still.

While Dr. George Still, of Kirkville, makes many outside operating trips, the seven days ending with January 27th made a record. In those seven days, he operated in five states, ending with five operations at Bluffton, Ind. All the cases have done well, "In spite of osteopathic after care."

Dr. J. C. Calhoun, Des Moines Still College of Osteopathy, January, 1912, has located at Jackson, Minn.

To Dr. and Mrs. Herbert Aldrich Thayer, of Rochester, N. Y., March 3, a son, Harold Eugene.

To Dr. and Mrs. Earnest B. Gould, of Escanaba, Mich., March 17th, a daughter.

To Dr. and Mrs. H. C. Kirkbride, of Norristown, Pa., February 21st, a girl, Jane Mills.

To Dr. and Mrs. F. L. Antes, of Detroit, Mich., February 23rd, a son.

Dissolution of Partnership.

Dr. Harry F. Eldred, 1044 Market St., Chicago, Ill., and Dr. Elmer P. Ireland, at Kearney, Neb., have dissolved partnership. Dr. Elderm P. Ireland location at Norfolk, Neb.

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