The Treatment of Infantile Paralysis

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

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

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

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

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

The degree of paralysis following, not showing any definite proportion to the apparent severity of the illness.

The disease has been experimentally produced in monkeys, most other animals proving immune. The virus in these cases passed from the meninges into the nasal mucosa, and infection can be readily brought about by introducing the virus into contact with the scarified mucus membrane. It becomes apparent, then, that the nasal mucous membrane furnishes a portal of entry of the virus into the human subject, its direct tract being through the cribiform plate of ethmoid. One attack renders the patient immune from subsequent infection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Duty of the Osteopathic Physician to Save His Own Back

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

We osteopathic physicians who are entrusted with other people's health, are apt to get so busy with the other people that we neglect our own spines. When, through the days and weeks, we keep up our back-breaking work, with the stooping and lifting that it necessarily entails, we, many times, do not realize our own need for treatment until we find ourselves losing flexibility, having trouble in the morning, taking care of our work with reluctance—often times hating the sight of a patient, new or old—failing to perform as we used to. This is the story of many of us. The need of more hours of care and rest, and, we think, testifying to the efficiency of the osteopathic physician when he is out of town for the day.

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

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

It seemed to me that a word of warning might not be out of place.

If we can standardize our technic as Dr. Carl P. McConnell has so ably advocated in the A. O. A. Bulletin, and make it a technical procedure that will develop the operator equally on both sides, and then if we can impress on each other the necessity of taking frequent corrective instills every day, and, in the meantime, allow our people dropping out of practice on account of failing health, and frequently dying from not recognizing the seriousness of their condition soon enough.

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

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

“What I Have Found Out”

This is another new department we hope will prove of permanent interest. It is a series of practical every osteopath discovers methods and means that prove of benefit to himself. We shall be glad here an opportunity to tell “What I Have Found Out” for the benefit of others. It should be ceased to receive short contributions for this department.

Don’t keep all you know to yourself. If you have learned some good things pass them along. By publication of your reports, you are doing a service to your profession. "The O. P." a means of practical information and service to the profession.
THE BUSINESS SIDE OF PRACTICE.

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

Dr. Murray Graves Locates in Denver

MR. MURRAY GRAVES, formerly of Monroe, Ia., and well and favorably known in the profession, has located in Denver. He goes into his new location with enthusiasm, and he is preparing to conduct an office and a practice that will be a credit to osteopathy. Dr. Graves has the requisite professional knowledge and skill and this he is supplementing by comprehensive arrangements to attract and promote practice, and we predict for him a large measure of success in Denver, even though it is regarded as a rather difficult place in which to establish an osteopathic practice.

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

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

The operating room is 10x9 feet and in it is a mahogany desk and a mahogany treating table. The treating table is of the straight type made by the Sphinx Manufacturing Company of Iowa City, Iowa. It is 6 feet by 25 inches by 25 inches high, has two layers of Russian felt and is finished in Spanish leather. The same concern also furnished one of their new stools in mahogany. There is an office and a dressing room furnished in mahogany.

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

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

Mrs. S. Brown

1910

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

Office System of Dr. Brock,

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

FIRM BUT FLEXIBLE

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

The Sheldon appliance does this perfectly.

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

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

We will be very happy to send to you our full literature, knowing that it will prove of unusual interest to you, also our measurement blanks. Special terms to osteopaths.

Dr. O. L. Nelson, Osteopath, 19-21 City Bank Building, Lansing, Ind.

Gentlemen: I enclose my check for amount of your enclosed bill, which please receipt and return.

Your appliance has given excellent satisfaction, being just what was needed in this case.

Respectfully yours,

C. L. WILSON, D. O.

Bellingham, Wash.

Dr. Philo-Burt Mfg. Co., Jamestown, N. Y.

Gentlemen: I have used several of your No. 1 appliances with the best of success. They give a perfect support to the spine and back and in my experience I find they are a great aid to the patient of the osteopathic practitioner in treatment of spinal deformities. I take pleasure in recommending these appliances to my personal experience of knowledge of them, and also to your company, for the construction is perfectly reliable and courteous in my dealings with you.

Very truly yours,

C. W. CUTLER. Ph. D., D. O.

The Philo-Burt Mfg. Co., Jamestown, N. Y.

Office of Dr. T. C. Morris

R. Morris' offices are in the Paulsen building, one of the modern office structures of Spokane. Both rooms are outside rooms. The reception room is 12 x 21 feet. The floor covering is a large center rug and a 36 x 63 inch rug at the door. The reception room table is 30 x 44 and there are six upholstered chairs of fumed oak. There is also a desk, book case, umbrella stand, hall tree and seat. Walls are decorated with pictures including one of the "Old

Corridor to Elevators and Lavitory

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

For the treatment of spinal deformities, I find your appliances to be of great assistance.

Office of Dr. T. C. Morris, Spokane, Washington

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

All Rights Reserved. I. W. Robinson, D. O. 520 Peach St., Erie, Pa.

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

any time when the bill is paid; the "A" record is compared with the calendar and the amount of the bill readily ascertained. The reverse or "B" side of the card has a debit and credit column in which is entered the total amount of the bill, at the end of the month, or the total amount to date if discontinued at some time previous to the end of a month. When the account is paid, the credit is shown on the credit or "B" side of the card and a memorandum of date of payment is also made on the "A" side of the card.
Limited 60 Day Offer

$85.00

Cash

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

After 60 days, price
$100.00 CASH.

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

Chester W. Albright Company
Heart Building
Chicago, Ill.

Wall lights. There are two treating rooms, each
with a door from the reception room. One
room is 10x13, furnished with a 6x9 rug, massive
round cornered table, stool of special design, 18
inches high, 16x18 inches, covered with Spanish
leather, with solid rounds for foot rests. Two
woven canvas chairs and basket to hold soiled
towels and pillow slips and dressers with small
rug in front. All necessary toilet articles are
provided in the dresser. Opposite the treating
table is a large bevel glass mirror, 3x50 inches.
By sitting patients back towards mirror and
using hand mirror, one can show patients their
lesions, also change after correcting. There are
two charts of the vaso-motor system and some
other pictures. The other treating room is
11x13½, furnished with a rug 8x12 feet, table
and stool similar to the other room and a box
couch and also a lavatory with hot and cold
water and an osteopathic swing with safety tackle
block. Each treating room is lighted by four
electric lights. There is also a 400 candle-power
Leucodescent therapeutic lamp. The walls are
decorated with pictures, charts and mirrors.
Windows are draped with lace hangings of fine
quality and made in special size. A novelty Dr.
Morris has installed is an electric door mat which
operates an electric buzzer when any person
steps on it, and opens the office door. He is
thus able to know when any person enters the
office.

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

the Louisiana State Board of Osteopaths
desires to notify all applicants that be-
fore applying for a reciprocity license
they should first write the secretary of
their own state board and ask him if his board will
reciprocate with Louisiana. If he answers,"yes," the applicant should attach the letter to his application. He will then send a
blank affidavit form which he is to fill in and
send to the Louisiana State Board together
with a New Orleans exchange or money order
for $50.00, together with his own state
board certificate and diplomas. These he
should register. Send the board a stamped addressed envelope for reply.

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

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

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

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

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

This worked beautifully until Governor
Shafroth called the turn on the aforesaid
medical board and appointed an osteopath on the state board of medical examiners who had not accepted the charity of the same
(whether did she desire to do so), when, lo!
and behold you, there was such a decline in
temperature in the board's immediate vicinity whenever osteopathy was mentioned as to cause the alarm least the crop (of doctors) should be frosted.

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

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

A Family Group.

The above picture shows Mrs. Edgar Quigley Thawley,
of Peoria, Illinois, and Lucille (9 years), Myrta (6,
years), and Seymour (two years), Thawley. Mrs.
Thawley is a Kansas girl and was a student at the A. S. O.
in the sophomore class when she married Dr. Thawley.

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

There are several towns of over 5,000 popu-
lation still not occupied. This is the best
time of the year to locate. We welcome you.
—Henry Tete, D. O., secretary, 1117 Maison
Blanche building, New Orleans, La.
Writing for the Press. The Friends of Medical Liberty Should Apply Themselves to It.

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

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

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

Now, so sooner than the Passaic matter cools off, one that promises to be very desperate, and to be carried through the courts, springs up at Flushing, Queens County, Long Island, N. Y. To all the papers in the county, and to some elsewhere, I am now applying myself. If a letter is returned, I send it to another paper at once, making use of Ayer's Newspaper Directory for that purpose. It is published at 300 Chestnut Street, Philadelphia. There are now over 300,000 persons belonging to the National League for Medical Freedom. There ought to be at least 100 members in each state who should apply themselves just as I am doing, and 100 more who could do merely half—then the medical tyrants would find a popular opinion rising so formid-ably against them that they would with difficulty stand up for a single proposal.

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

Diagnosis from the Iris


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

**DIAGRAM NO. 1.**

**Right Iris.**

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

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

Brooke circle represents sympathetic nervous system.

**Left Iris.**

1. Pupil.  
4 to 5. Front of stomach.  
A. Cardia.  
B. Descending colon.  
7 to 8. Sigmoid flexure.  
8 to 9. Duodenum (small intestines).  
9 to 10. Transverse colon (left half).  
B. Anus.  
11. Left hip joint.  
13. Left nipple.  
15. Forehead (left side).  
16. Nose (left nostril).

Be a Professional Man—HOW TO BE AN OSTEOPATH—Professor Speakman's Short Corre- answering course will teach you.

**TO CURE**

**HEART FAILURE**

**COLO**

**COLD IN THE HEAD**

**PNEUMONIA**

**SMALL POX**

**INSOMNIA**

**STAGE fright**

**MEASLES**

**MUMPS**

**STAMMERING**

**COLD FEET**

**AND**

**CORNs**

**REPEAT TREATMENT FOR WEAK STOMACH.**

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

Broken circle represents sympathetic nervous system.

DIAGRAM NO. 2.

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

In row No. 1, a, b, c and d, are the signs of acute disease. Signs e and f are the results of acute disease being treated with poisonous drugs. Such signs also indicate a tendency to relapse.

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

In row No. 3, a, b and c are dark shadings which appear to be sinking into the iris. They indicate a greater or less destruction of an organ or tissue where found. When the condition has been healed the organ will appear like d, e and f.

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

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

Diagram showing parts of the iris corresponding the various parts of the body.

RIGHT IRIS.

LEFT IRIS.

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

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

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

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

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

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

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Editorial

Fairness! Freedom! Fearlessness!
To the line, let chips fall where they will!

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

CHEAP TREATMENTS MAKE A CHEAP PROFESSION.

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

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

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

For the benefit of those who are adopting this mistaken policy, we can say from fifteen years of close touch with the profession that we know that $1.00 per treatment is a bankrupt basis on which to offer professional services. Out of regard to the reward and conservation of the practitioner's own vital energy, it is altogether wrong and impossible to do a satisfactory practice on any such starvation wages. It may be possible to stand the "racket" for a short time, but the combined mental and physical exhaustion that is required to give worth while treatment, is exceedingly wearing on health and vitality, and when it must be done by wholesale at $1.00 per in order to pay the bills for existence, there can be but one result for both doctor and patient. It is necessary to provide means for rest and vacation, and this means that enough money must be made while working to sustain one during the vacation, and it cannot be done on a basis of $1.00 a treatment, if the right kind of attention is given to cases. A doctor's family also ought to be sustained on a basis befitting the people of refinement and culture. This suggests itself to young practitioners and some old practitioners, who are not charging for their services what they ought to get.

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

There are many other considerations involved besides the physical and financial welfare of the individual practitioners. To make a cut price an inducement to attract patients is to cheapen the man himself and lower professional dignity and prestige. The value of osteopathic professional skill is not apt to be adequately measured by mere price—never by an hour wage scale appropriate for artisans. If an osteopath saves a man from an attack of pneumonia or a gripping chill of the lungs by a course of treatment, cures him of a chronic complaint that is daily threatening his life and impairing his capacity for work and the enjoyment of life, does the ten or twenty or fifty dollars he may charge for his services in some of these cases represent an equivalent of full value of services rendered? It does not.

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

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

Lamentable failures have resulted from the mistaken policy of endeavoring to build up practice on the low price basis. On the other hand, the men and women in our profession who have achieved the best prestige and social standing; who get the most satisfaction out of their work; who enjoy to the fullest extent the benefits that come from the good will of their fellow practitioners, are the ones that steadfastly put their osteopathic work on a high plane and who have insisted on receiving commensurate recompense for it, and it is known to all of us well that the conscientious work rendered is worth all and more than the pauper $2.00 a treatment, or sometimes he does not receive as a minimum fee for office cases.

As a matter of fact, as well as justice to the well prepared practitioner, many of our D. O.'s know how to charge and make it pay.

They believe that osteopathy is cheap at any price; they make their patients believe so too, and incidentally the general public. $35.00 for nine treatments is now the standard charge in Greater New York among prominent osteopaths. Single treatments command four and five dollars. Outside treatments up to $12.00. Certain practitioners ask $50.00 to $60.00 for nine treatments. The middle grade of osteopaths, as regards success and prominence, charge $2.50 to $3.00 per treatment. Some Chicago osteopaths charge $5.00 a treatment. The interesting thing is that those osteopaths who raise their prices get more practice at high prices than they had when charging low prices.

If you have a charity list—as you ought to have—treat them for nothing or else what charity cases can afford to pay. But when you treat people for nothing, don't let them go on thinking the things in life including osteopathy make them pay what it is worth.

If your treatments are only worth $1.00 frankly, Doctor, you ought to quit the profession. If you know your skill is worth a minimum of $2.00 then get it! Your community will commit one hundred percent of you to the hospital if you don't.

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

PRESIDENTIAL CANDIDATES AND THE HEALTH BUREAU.

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

"We need to develop under governmental auspices a bureau to measure the extent of the public health service in this country, to gather facts that will prove that preventive medicine is a measurable thing, an attainable thing and something that is worth while. We believe that it is impossible to have a properly administered health service until we have bureau work in this view of the matter."

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

To Woodrow Wilson, we do not know. There was no opportunity to really test his attitude towards osteopathy while he was governor of New Jersey. He has no osteopathic board bills came up for his signature. We believe, however, that as a general proposition, Woodrow Wilson would be opposed to the semi-statistic methods of government, and would endeavor to keep the government away from the hearts of the "organization" M. D.'s.

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

OUR ATTITUDE ON COMPOSITE BOARDS.

The wording of an editorial in the September number of THE OSTEOPATHIC PHYSICIAN headed "Ohio composite," reveals the surprising impression to some readers that we were criticizing the osteopaths in Ohio who act as a kind of advisory committee to the Ohio State Medical Board. This is far from the truth. Our criticism was intended. Our complaint is against the exasperating delays and annoyances that apparently are always
Felicity Lyne Writes About Her Trials and Triumphs

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

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

A grand ovation concert by Miss Felicity Lyne was held in Convention Hall, October 8th in Kansas City. This was the only concert in the United States that she will give before her return to Europe in the near future. Visitors from all parts of the country were present at the concert, Dr. H. C. P. Moore, making the trip from Portland to attend. There is something very pleasing about the fact that Miss Lyne appeared for the first time in the United States after a great London success in the presence of her grandparents and relatives who feel such a pride in her achievements.

Mr. Frederick Webster, well known portrait artist who has been in the west executing some commissions, and who is now in Los Angeles to paint the portrait of Mrs. Elizabeth Boynton Harbert, writer and clubwoman of Pasadena, will, when his work is finished in California, prepare to come over and commence work on a portrait of Miss Lyne.

A Mysterious Disappearance; Help to Locate This Man

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

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

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

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

State Directories

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

If a uniform style of size, make-up and arrangement is adopted, we believe that we can arrange to print and supply directories for the various states on an economical basis. We suggest that there should be but two divisions in each directory, an alphabetical list and the geographical list. The names of members of the State Association should be in black face type, and the names of non-members in light face type. Members of the A. O. A. could have a star affixed to their name. The osteopathic school connection should appear after each name in both the alphabetical and geographical divisions. In the geographical division, it is useful information to put the population of the town. For size, a book 3 1/2 by 6 1/4 is convenient. We should be pleased to hear from the state secretaries on this subject, and we hope to see even the states with the smallest number of osteopathic practitioners make arrangements to have a directory, even if it consists of only one page as a beginning.
Opportunities for Osteopaths

In this column we want to list towns that pre-
sent opportunities for good osteopathic practice.
If you know of or are in a town, or a state, that
needs an osteopath or that can sup-
pport more practitioners, please let us know.
State briefly something of the circumstances and con-
ditions such as size, character and attitude of the
people.

We have been asked to secure information concern-
ing the opportunities for osteopathic practice in Cuba, Mexico, or South America. Anyone of our readers, in your
state that needs an osteopath or that can sup-
pport more practitioners, please let us know.
State briefly something of the circumstances and con-
ditions such as size, character and attitude of the
people.

Dr. F. W. Miller, who is now located at Oneida,
N. Y., tells us that there is a fine community for an
osteopathic man or the right kind of an osteopath at Wellsfield, N. Y., where he
was located for the past eight years. His practice
there was about $8,000 a year and so far no one has
taken hold of the practice. Dr. Miller says that he
will be glad to assist anyone who desires to locate at Wells-
field.

There is an opportunity for a good woman osteopath in a
live town in Kansas. The practice is already estab-
lished and the right kind of a person can be assured of an in-
come of from $150 to $200 a month. Information will
be given to those interested by A. K. Opportuni-
ties for Osteopaths, care The Osteopathic Publishing

A list of thirty-three Colorado towns of 900 or over, in
which live 63,000 people. There are no osteopathi-
cians practicing in these towns.

Town Population
Aspen 1,824 County seat of Pitkin County.
Crested Butte 904
De leuka 928
Englewood 2,083
Fowler 935 In the Arkansas Valley, irrigated.
Golden 2,477 County seat of Jefferson County.
La Junta 1,454 County seat of Otero County.
La Junta 1,573 County seat of Arapahoe County.
Louisville 1,706
Marion 1,474
Manitou 2,928 Health resort, at foot of Pike's Peak.
Minnequa 3,500
New Windsor 1,000
Ouay 1,044 County seat of Ouray County.
Pey 2,000
Rockdale 1,413
Sedalia 3,465 Large railroad shops, smelters.
Silverton 2,113 County seat of San Juan County.
South Fork 2,000 Coal mining.
Sopris 1,000
Summit 2,169 Location of the largest and best-
known gold mines in the Cripple Creek District.
Walsenburg 2,423 County seat of Huerfano County.
Windber 995 Agriculture, location of sugar beet-
factory.

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

Bloomfield 15,000 Gallowaxen 5,500
Boonton 5,000 Hamst.icons 5,500
Bolton 3,900 Hawkesville 3,900
Caldwell 2,500 Irvington 12,000
Cape May 3,250 Kearney 18,500
Carlstadt 3,900 Newark 7,500
Clifton 3,500 Little Ferry 3,500
Collingswood 3,500 Millville 5,000
East Rutherford 4,000 Newton 4,500
Edgewater 3,500 Nutley 6,000
Fairview 2,500 Paulsboro 2,000
Flemington 2,500 Penns Grove 2,000
Fort Lee 5,500 Guttenberg 5,500
Frisco 3,500 Rahway 9,500
Garfield 3,000 Ridgewood 3,000
Glen Ridge 3,000 Roosevelt 5,500
Gloversville 9,500 Salem 4,500

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Size 22x38 inches.
Special price on limited quantity. $2.00 for set of 3.
Regular price $5.00 and charts are worth it.

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

Idaho Examiners Have Meeting.
The Idaho State Board of Osteopathic Examiners met
in connection with the session of the Idaho Legislature in
Boise, October 19 and 20. It was in response to the call of Dr. Earl D. Jones of Pocatello, president of the board.

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

Irregular in Trouble.
Theodore M. Siciora, who claims to be a regis-
tered osteopathic physician, who has his office at 219 River street, Hoboken, New Jersey, has been held in $1,500 bail
to await the action of the jury. It is alleged that he
caused the loss of sight of an eye of Mrs. Stella Sado-
vichka.

Central College Opening Banquet.
The faculty of the Central College of Osteopathy, Kan-
sas City, Missouri, held their annual banquet September 11. Twenty-two were present, Dr. George J. Colley, dean of the college, presiding. The new term of the college
opened September 16 with sixty students in attend-
ance.

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

Des Moines Still College Prospering.
Des Moines Medical College of Osteopathy has opened
another term with every prospect for continued success.
President S. L. Taylor predicts that the attendance will
reach 200 in the short course. The faculty has been incom-
mented by the addition of Dr. H. M. Ireland, formerly of Kearney, Nebraska, who occupies a chair of histology.

Osteopathic Infirmary at Ottawa, Canada.
Owing to the remarkable growth in his practice in Ot-
awa, Canada, Dr. M. H. Pettipiece, 1911 graduate of Los Angeles College of Osteopathy, has removed from
the Canada Life Building to 180 Nepean street, where he
has purchased a fifteen-room building, which he is fitting up as a most modern osteopathic infirmary. All the
mechanical and laboratory facilities necessary for the diag-
nosis of the many diseases known to osteopathy are being
installed, the doctor's ambition being to have the most com-
plete and modern osteopathic infirmary in the country.
He has associated with him in practice Dr. C. R. Clemens, also a 1911 graduate of the Los Angeles Col-
lege.
The Osteopathic Physician

A Normal Bodily Condition

May be maintained by proper nutrition and tone; a long convalescence can be shortened, and anemia and emaciation prevented by

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Which contains the vital elements of nutrition and nerve tone, as indicated by the full, normal physiological standard, namely

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Osteopathic Treatment of TYPHOID

A typical Incident

While Dr. F. D. Parker and Mrs. Parker were out West a little over two years ago, Mrs. Parker picked up an acquaintance with a lady passenger, a refined and cultured lady, apparently of means. Her face was terribly disfigured with eczema, and Mrs. Parker suggested that she refer her to a specialist.

The following letters explain the sequel:

On the 16th of last June my wife, en route to Boulder, Colorado, met you on the train nearing Denver and had a talk with you concerning the eczema upon her face. You promised her a bottle of your preparation, together with a canula of Balsam Peru soap, which she used and was exceedingly pleased to find it cured her face within about three weeks’ time. She returned home September 22nd, and resumed her regular duties of housekeeping and being over the stove, etc., there has been some slight indications of roughness, but not at all severe, and we have hopes that in time this may pass away.

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

—respectfully yours,

F. D. Parker, D. O.

St. Louis Meeting

The first dinner for the season of the St. Louis Osteopathic Association was held October 4 at the Marquette Hotel. Dr. H. J. Creese was elected president, and Dr. W. D. dotson contributed a paper on "Examination of Parents and Beneficiaries and Possibilities." Others who participated were: Dr. H. J. Creese, Dr. H. W. Hilbreth, Dr. O. S. Miller, Dr. F. G. Meyer, Mr. C. M. Case, Dr. H. L. Conner and Dr. F. W. English.

Philadelphia College in New Quarters

The fourteenth annual opening of the Philadelphia College of Osteopathy, Philadelphia, October 24th, was attended by a large throng of alumni and other guests. The physical diagnostic laboratory has been added, and there are incorporated anatomy and osteopathic biological laboratories. The chemical laboratory has also been enlarged. Several new professors have been made in the faculty. Dr. Arthur M. Flick remains as dean, and Dr. J. Iman Dufur as registrar. Dr. Earl E. Willard returned from a two weeks’ trip to Colorado, and was elected professor of osteopathy; Dr. W. S. Nichols will have the chair of physiology; Dr. Cecilia G. Hinshaw has been secured to take charge of the anatomical department, assisted by Dr. S. A. Nagem Mider; Dr. Edward G. Drew will be in

Osteopathic Physicians and Surgeons in Boston

A regular meeting of the First District Osteopathic Association was held at the Boston Osteopathic Dispensary, October 3, at which the following officers were elected: President, Dr. Norman D. Wilson, Manchester; vice-president, Dr. Isadora McKnight, Owlsin; secretary, treasurer, and editor, Dr. S. M. Andrews. The next meeting will be at Charles City, December 16.

Medical Elegy Rebeaked in England

Dr. Robert Bell of London was recently awarded two thousand pounds damages for libel against Dr. E. F. Bashford of the British Medical Association. Dr. Bell, an honorary practitioner of forty years’ standing, who made a specialty of cancer, in 1584 abandoned the use of the knife, which never cures, but causes the disease to return with increased virulence. Dr. Bell has been favored to stay for many years—that cancer is preventable by hygienic living, especially by a fruitarian diet.

At the trial Dr. Bashford, who is in charge of the Imperial Cancer Research Fund Institute, admitted that he had never treated a case of cancer except in animals. Think of that! And then remember that an eminent English physician, who has had years of experience in the treatment of cancer, recently declared that all experiments on animals are only useless and misleading, because animals react to poisons quite differently from human beings. Well may the British Herald of the Golden Age, referring to this case, suggest that the large amount of money given to the Cancer Research Fund is...
The Osteopathic Physician

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SALIENT FEATURES

THE UNIVERSAL JOINT.
The spring adjustment. (One-half inch spiral spring.)
The friction of joint surfaces.
The traction device. (Traction with manipulation.

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Amber stone.

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Valuable aid in detecting rigidity in an individual joint or in groups of joints.

Complete relaxation of patient during treatment.

The mending of fractures by approximation of vertebras, aiding the effectiveness of treatments given.

The absolute lack of discomfort to patient while being treated. This in part accounts for the marked beneficial effect of traction with manipulation upon the circulation to the spinal structures can only be fully appreciated by those who have used it.

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

Orders are filled almost immediately.

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TENNESSEE.

The secretary of the board will be more than pleased to receive communications from any osteopathic physician who wishes to become affiliated with the "Somerset" method, and will be pleased to advise any one who wishes to know of Tennessee’s opportunities for osteopathy. Please address all communications to the secretary, Dr. Carey T. Mitchell, secretary, Hitchcock building, Nashville, Tenn.

Louisiana State Board Meeting.
The Louisiana State Board met in New Orleans October 12. Certificates to practice were issued to one who applied for license on the basis of his examinations in the College, 1918, making a grade of 94.7/12 on twelve branches. Officers elected for the coming year were: President, Dr. Paul W. Goddard; vice-president, Dr. J. B. Roussel; secretary, Dr. Henry Teto, 1117 Maison Blanche building, New Orleans. There were 16 applications for license and reciprocity, but action was deferred on these pending the investigation required by the respective states. The board will meet again during the spring.—Henry Teto, D. O., Secretary.


Friedl Bunting, long time friend of the associate, takes a splendid salute to the splendid results we have gotten with the American National Assurance Company. Considerable we have only had one man in the field, and no special stock salesmen. I think it would be a great better experience in November. It generally takes from a year to eighteen months to organize any company. I think we will have no difficulty in straightening up everything. You must remember that a tree was never so tall and beautiful but what a few dead limbs could be picked out on it.

I hope you will forget your little grievances and line up with us. Assuring you I am going to do all in my power to weed out any difficulties that may arise, I am, very respectfully, H. M. Stil, October 4.

An Insurance Company That Does Not Deserve Our Support.

Editor, "The O. P."

Pittsburgh. I have noticed reports on the various insurance companies and associations in "The O. P." There is an accident association in Iowa that has been doing a good business in this State, and I think a majority of the osteopaths are holding their stock. This company has met the osteopaths as physicians and in their by-laws state that the person must be an active osteopath and have a certificate from the Board of Georgia, who has received the degree of Doctor of Medicine from a recognized school. They also issue a health certificate which contains the same section, and further says the physician must prescribe and treat the patient during the course of the disease. In the absence of any of these statements, I think it would be a good time for the osteopaths holding policies to write this association and tell them unless they would recognize the osteopaths they should be prepared to continue in the association.

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

The company is a commercial one, and the policies are sold in Iowa, but they are not willing to take our statement of a case of sickness or accident. It is time the osteopathic profession and our rights were asserted. If a company was to have their business they must be willing to recognize their professional standing and intend to help in any way any business or association that will not give osteopathic proper recognition.

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

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

If you are interested, get busy.

Yours truly,

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

We should give our support to those insurance companies, both accident and life, which are willing to give the osteopathic profession the recognition it deserves. I understand that the American National Assurance Company of St. Louis, or the Guardian Accident Assurance Company of Indianapolis.

About Physicians’ Theories

As the only accredited osteopathic delegate from any part of the world to the International Congress of Hygiene and Demography recently held in Washington, D. C., it may interest the many who are reading Mr. Fred- erick W. Gage’s article, “A New Idea,” in the Nov. 14th issue of The Clinic, to learn that from my viewpoint the interesting proceeding of the congress is that, of the members of the medical profession who were present, all the osteopathic practitioners were from far being in accord with regard to the proper methods of treating and combating disease.

They seem to grasp at a theory as to the cause of disease and then try to fit every known phase of disease to that theory. None of the papers read at the congress even hinted at the discoveries made in the science of osteopathy, which science is making such great strides in the prevention and cure of disease.—Fred. W. Gage, D. O.

From Chicago Daily News, October 7.

Osteopathic Society of New York Meeting

The Osteopathic Society of New York held a regular meeting September 28th at Astor House. Some of the members discussed the Article “A New Idea with the Meeting Place?” “The Clinic and Hospital Proposi- tion,” and a Publicity Question: “The Social Side of Our Society.”

The meeting was held Oct. 1st at Murray Hill Hotel, at which Dr. Von H. Gerding of Kirkville gave an address on “The Heart,” and told some of his ideas gleaned from his recent study on the subject.

At the regular meeting October 17th, Dr. George W. Blythe mentioned the subject on the “Sanitary Work of Our Government in the Building of the Isthmian Canal,” and also on the subject “Growth and Development of the Mosquito,” illustrated by moving pictures.

H. S. Bunting of Chicago gave an address on “Publicity.” The new officers of the society are: President, Dr. Chas. H. Whitcomb; vice-president, Dr. Mary C. White; treasurer, Dr. J. M. Rogers; secretary, Dr. E. Florence Gair, 302 New York avenue, Brooklyn.—E. Florence Gair, D. O., Secretary.

Montana Meeting.

The twelfth annual convention of the Montana Osteopathic Association was held September 24 and 25 at Helena. The program in part was: “Diagnosis,” by Dr. C. B. Spoor, of White Sulphur Springs; “Artrosclerosis,” by Dr. Maria C. Craft of Deer Lodge; “Rheumatism,” by Dr. W. C. Dawes of Bozeman; “Some Spines I Have Treated,” by Dr. Daisy Rieger of Billings; “Correction of Spinal Leans,” by Dr. Willard L. Corbin, Great Falls; secretary-treasurer, Dr. W. C. Dawes, Bozeman. Representatives to the legislative committee of the American Osteopathic Association were chosen: Dr. Asa Willard of Missoula, Dr. C. B. Spoor of White Sulphur Springs, Dr. C. E. Doyle of Glendive, for two years. In connection with the convention, the State Board of Osteopathic Examiners held a meeting. Ten candidates registered for examination.

Explanatory of Indiana Law.

To clear up misconceptions relative to the Indiana law a brief explanation is timely. Examinations are conducted by the board, State House, Indianapolis, on the second Tuesday of July and January of each year.

Requirements for examination: The academic requirements were four years accredited high school diploma up to 1916; one year college work, was added, then, and two years' college work in addition to the four years of school work was required, January 1918. Hence the academic requirements apply respectively to those matriculating prior to each of the above dates. These are the preliminary credentials required for entrance to med- icolegal or osteopathic college.

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

The aforesaid requirements, being such that very few osteopaths have met, practically closes Indiana to regular osteopathic graduates, and for this reason the undersigned ventured to ask the two years’ college work, which was required and won bitter antipathy of the “melville” for some. Enclosed is a marked copy of the Indiana medical law. You will observe in Section 7 of said act a students’ ex- emption clause which reads thus: “This act shall not be construed to prevent the practice of medicine and surgery under the immediate and direct supervision of a licensed physician for a period of two years”—as amended March, 1899.

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

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Osteopathic Health for November
Full of Interesting Topics and
Well Illustrated

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

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

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

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

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

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

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

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

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

The Osteopathic Publishing Co.
215 S. Market St., Chicago.

"The O. P." Worth Many Times Price,
Enclosed find my renewal for THE OSTEOPHATIC PHYSICIAN. It is worth many times the price of subscription.—Dr. Lydia H. Holmes, Pekin, Illinois, October 9th.

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

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

Let me compliment you on the September number of Osteopathic Health, and your kind of literature that counts. The day following the distribution of this issue, I had one new patient as a result of your efforts of my patients directly to the use of Osteopathic Health. I find that it is important to have a good mailing list. Formerly, I mailed magazines only to my patients, but experience has proven that it pays to go outside of one's present practice, of my patients directly to the use of Osteopathic Health. I find that it is important to have a good mailing list. Formerly, I mailed magazines only to my patients, but experience has proven that it pays to go outside of one's present practice.

"Osteopathic Health" Wins.
The latter part of last month we received the following letter:

Gentlemen: Will you kindly let me know the subscription price to your little publication, Osteopathic Health, for the remaining times from this year, N. Y., table (X, Y), and have been much interested in it. It seems to be written in a plain and simple style, suitable to one's expanded mind. I am enclosing a 25c. stamp for reply. Sincerely yours, Mrs. R. Smit, Brown Street, St. Louis, Mo.

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

If people are interested enough to write directly to us for information about Osteopathic Health, and pay the individual subscription price to get it anyway, it proves good evidence that others will be pleased to have it called to their attention, and will appreciate receiving copies gratuitously.

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Dr. Isabel Barber and Dr. Mary S. Howell, at Allegan, Michigan.

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Dr. Wade H. Marshall, of Trinidad, Colorado, and Misa Ona B. Pittenger, September 15th, at Denver.

Died

Maud May Phelps, daughter of Dr. T. C. Phelps, of Chillicothe, Missouri, September 7th, aged 18, drowned.

Dr. W. N. White of Batavia, New York, October 6, of heart failure.

Dr. William Henry Jones, of Adrian, Mich., at his home, October 14th. He was taken suddenly ill October 11th, and an operation performed at a local hospital.

Want Ads

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