THE OSTEOPATHIC PHYSICIAN

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Number 3

Complete Report On

Dr. H. W. Forbes' Hip Cases

We are pleased to be able to present herewith a complete report on the hip and other bloodless operations that have been performed by Dr. Harry W. Forbes of Los Angeles, California.

These cases number twenty-six in all, including fifteen cases of congenital hip dislocation, eight cases of taberial bloodless hip dislocation, and three cases of anterior poliomyelitis deformans.

These reports were prepared by Dr. Forbes at the request of the editor of The O. P., in order to allow the profession to pass judgment upon the number and results of his various operations, no clear indication having been given upon either point to date and some wrong impressions and much misinformation having obtained.

It is a plain, unvarnished record of the operations, not furnished as one complete article, but cases by installments in three parts, or rather as three separate reports on three, classes of cases operated upon, submitted severally as fast as the author had leisure to write them.

The editor has grouped these installments into one article and added to it whatever explanatory matter was given in accompanying letters.

It is due Dr. Forbes to explain this, as perhaps the tout ensemble may not be just what he would have wished were he writing a continuous article to include these different classes of operations; yet the facts and opinions given are all germane to the subject and will be just as necessary for clear understanding on the part of the profession as they were for the editor.

Of course, Dr. Forbes labors under difficulties in making such a report, as his patients are widely scattered; for the most part are poor correspondents; and often have been lost track of altogether. He gives in each case only the last data available. On our part, of course, we accept the report for its face value. Neither have we taken the time or opportunity to hunt up any of these cases to inquire into late developments if changes have taken place.

These cases speak for themselves. Not every congenital hip case was cured by any means, nor indeed were all even benefited, as is only to be expected—indeed, as it is absolutely sure will be the case in advance—but they show up as a class exceedingly well and that the method is now sound and indifferent—are a strong endorsement of Dr. Forbes' work. Even in the taberial hip cases—while this is a line of work probably not sanctioned by all surgeons and Osteopaths, yet it does have the approval of foremost orthopaedists, as well as Osteopaths, and the results of Dr. Forbes and very few are full of interest and, I dare say, encouragement. His work in these cases may possibly open up a new line of experimenting.

We wish that we had been enabled by Dr. Forbes to get this data to print a year ago, at the time the controversy was being loudly criticized in some quarters for alleged shortcomings. We made every effort to get at the facts as soon as they were available, as the profession will recall—but he did not answer our letters. We advised him plainly what was being said regarding his work and asked him to have a position, stating that we would find far greater pleasure in being able to vindicate him than criticise, did the facts but justify it, and we saw no inference left to us but to conclude that the doctor himself was radically wrong, when in the face of such an impeachment he steadfastly maintained silence.

At Put-in-Bay, however, Dr. Forbes and the editor got together for several long interviews and discussions, and why had he not answered these important appeals? He felt hurt at what The O. P. had said in its second instalment, but the editor pointed out that the editor had not said anything about these matters when meeting him in all friendliness at Denver; that this criticism followed soon afterwards; and on top of that came letters reciting other criticisms with the announcement that they would have to be noticed, and it looked, so Dr. Forbes said, as if a studied attempt were being made to "roast" him and he concluded to maintain entire silence. Of course, he ought to have known better—but he didn't.

That was a very unfortunate decision at such a time and place as the risks were too great, the facilitie too poor and the probability of insincerity on the part of Dr. Forbes in the face of the criticism that was in circulation already regarding his work. Yet it is easy to see now that such a determination was perfectly sincere, and from his own standpoint was entirely justified. That was the first point that Dr. Forbes elucidated for the editor, and when this fog had been cleared up it happily permitted at once an entire reconstruction of opinion regarding him.

As a matter of fact, the criticism which The O. P. revealed at the congenital hip operation before the Denver convention seems as timely today at it was when uttered. Leaving out all personality it was not, in our opinion, the sort of an operation to have been held at such a time and place as the risks were too great, the facts too hazy and the probable results all too unsatisfactory to warrant it. Dr. Forbes should not in fairness have been criticized for this, however, as he was invited to perform the operation and did not volunteer his services. To that extent our article of a year ago was not just to him.

The results of this convention operation, it be noted, were just as we feared they might be—negative, but not entirely so. Although some benefits may have resulted; and after a second operation, the hip was still not restored to its socket, albeit the probable results all too unsatisfactory to warrant it. Dr. Forbes should not be criticized for this, however, as he was invited to perform the operation.

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We much regret that misunderstanding and silence at a critical time should have permitted circumstances—not nearly as important or noteworthy as they then seemed—to have prejudiced our opinion regarding Dr. Forbes in the way and to the extent that they did, and that our inference did him much injustice; and as we wrote him we would be the case if he could set us right as to facts, we are now very happy to be able to state that Dr. Forbes has restored himself fully in our esteem and confidence.

Dr. Forbes' Clinic Reports.

Los Angeles, Cal., September 8, 1906.
Dr. Henry Stanhope Bunting, Editor of The Osteopathic Physician:

Dear Dr. Bunting,

I am sending you case reports on the fifteen patients I have operated on for congenital dislocation. In three of these cases the dislocation was double on both hips; in the other cases I operated on both hips. The third is not yet out of the cast from the first operation, and I have not had an opportunity to operate on the other this fall.

We feel that our point as taken immediately after the Denver convention was well proved; but we are glad, in the light of developments, to be able to say these things without reflecting in any way upon Dr. Forbes, and we are sure that he now appreciates the point we are making just as much as the rest of the profession.

As to the other and louder protest we made last December against the claims that Col. Shaw and others have made for Dr. Forbes' work, a reference to Dr. Forbes' report will show that our criticism was timely and well founded in that there have not been nearly so many of these operations performed as was generally stated, nor, as we pointed out then, was every operation that was performed to be accepted in advance as tantamount to a success.

We bore down particularly hard, the profession will remember, upon one sentence in a magazine write-up of Still College, in which the statement was made that Dr. Forbes had performed the operation successfully seventeen times during the year of 1904. Of course, that was a gross exaggeration.

We all knew it to be incorrect without waiting to have complete data at hand, while a reference to the records now shows that the sum total of these operations by Dr. Forbes for several years numbers only fifteen cases, five of which were performed after 1904, and this without reference to what number of his have been successes and failures. It was unfortunate that such exaggeration was allowed to go uncorrected; and Dr. Forbes should not in fairness feel that it did the science and profession a good turn to call a halt to that form of publicity. Manifestly Dr. Forbes' work is good enough to stand on its own merits without making wild claims for it.

We review these several things now because it is due all parties that the exact truth be known. The O. P. in giving full publicity to Dr. Forbes' cases, wishes to have the full credit given him that we believe is his due for much sincere, good and highly successful work; wherein our statements regarding him were ever in any degree wrong or unjust, wish to correct, and, while we live up to our light and always give the full facts as nearly as we can obtain them, about every matter of great moment to the profession, we also want full credit for having right to any extent that we are right as final facts show. In our fundamental contention in this matter the facts sustain our position.

We much regret that misunderstanding and silence at a critical time should have permitted circumstances—not nearly as important or noteworthy as they then seemed—to have prejudiced our opinion regarding Dr. Forbes in the way and to the extent that they did, and that our inference did him much injustice; and as we wrote him we would be the case if he could set us right as to facts, we are now very happy to be able to state that Dr. Forbes has restored himself fully in our esteem and confidence.
THE OSTEOPATHIC PHYSICIAN

on the separate sheet I am sending you I correspond with the researchers in the case reports. I do not want the names and addresses published for two reasons: First, because I have not obtained permission to do so; and second, because I do not want this report to appear in any way as a testimonial or advertisement. I have therefore directed that the address be given to all who have applied and have no objection to your furnishing the names and addresses to any who are interested in hearing more on this subject. I am also sending you a few letters obtained in reply to letters of inquiry concerning the condition of these cases, etc. I send these to you hoping that, if we continue doing this, you will appreciate the difficulty I labor under in attempting to get accurate reports of results at long range.

In summarizing results, prognosis, etc., I think I have been conservative. At least, this has been my desire. You will also please note the following contract which I am using in these cases. My object in sending this is to show you the relation I have in these cases and that I am fully and completely inform the parents or guardians of the uncertainty of success in connection with such an operation.

Copy of Contract Made with Parents or Guardian Before Operation.

KNOW ALL MEN BY THESE PRESENTS:

That whereas, child of

... years of age,... in the care of,... is suffering with mental dislocation of the hip, and

and, said custodians aforesaid of said child have been fully advised that any attempt to correct the same is necessarily attended with danger, and that no certainty of success in such undertaking is possible; that there is especially danger of fracture of bone and consequent publishing, rupture of arteries, tearing of nerves and surgical shock; that the said parties are sometimes needed to obtain satisfactory results; that the said parties are willing to submit operations, in cases of children under four years of age, is greater than in cases of older persons.

AND WHEREAS, said relatives and custodians of said child are desirous of securing such possible benefit as may be had from such undertaking, under the direction and management of Dr. H. W. Forbes and his helpers in such undertaking, I do hereby make and execute this contract upon said patient for the purpose aforesaid, and expressly covenants that the said Dr. H. W. Forbes, will operate and treat said child in the manner aforesaid.

And it is expressly understood that Dr. H. W. Forbes will not have the charge and care of said patient after the foregoing operations, and in no way be responsible during such period.

IT IS FURTHER UNDERSTOOD that such service as is given by the said Dr. H. W. Forbes is gratuitous, and subject to the condition that, in no way be responsible during such period.

Witnessee by:

You may recall that I told you at Put-in-Bay that I have never had any dissatisfied patients among the many that have criticized or protest from any of them. This condition of affairs is very satisfactory to me, and it is probably due to the candid way in which I have informed prospective patients of the nature of the case, prognosis, etc.

It may be to you to know that thus far the only operations I have ever performed in these cases have been clinical ones. As yet, I have not received a fee for a private operation.

I think it well for you also to know that the preparatory treatment and the care and treatment during the period of the operation and after its removal, has been necessarily instructed to other Osteopaths. I have always been satisfied with the way they have attended to these cases, and I am probably about the same as they would have been had the case been under my direct care and over the operation.

I am making all of these reports as brief as is consistent with reporting the case at all. There have been no serious accidents in any of my congenital cases. One case of infantile paralysis died within a few days after the operation, with an intense tonic convulsion. The cure of some of the cases has terminated fatally. You will be able to understand how it has been possible to avoid surgical skill in his attack on one, to assume that all of the cases have been congenital operations and to credit the results obtained in the other cases to the congenital type.

OPERATIONS OF DR. FORBES FOR CONGENITAL DISLOCATIONS OF THE HIP.


Case No. 15, M. L., Lewiston, Idaho, patient of Dr. H. W. Forbes at Los Angeles, to remain until operation and after treatments are completed.

The above are all the cases of congenital dislocation of the hip which I have operated upon.

Congenital Dislocations of the Hip.


3. Female, age seven, single dislocation, several months' preparatory treatment. Operated June 24, 1904. Cast removed in five months. Result: Good joint, normal movement, position and free movement when the cast was removed. Relapse in a few weeks and the head of the femur moved up an inch and a half. Second operation Jan. 14, 1905. Cast removed in five months. Result: Functional cure. No information since December, 1905.

4. Female, age twelve, single dislocation, several months' preparatory treatment. Operated October, 1904. Cast removed in five months. Result: One and one-fourth inches shortening, stable joint and normal movement. Relapse before operation was two and one-half inches.


6. Female, age six, single dislocation, a few months' preparatory treatment. Operated June 24, 1904. Cast worn five months. Result reported: Good joint, normal movement after six weeks of treatment and leg the same length as fellow. (Have not seen case since the removal of cast and do not know whether to classify it as a functional or as an anatomical cure.)

7. Female, age seven, single dislocation, several months' preparatory treatment. Operated July, 1904. Cast worn five months. Result reported: On the removal of the cast the physician in charge reported a satisfactory result. Later a skiatgraph revealed that the head of the femur was still back. No report on the character of the joint, or amount of shortening present.

8. Female, age thirteen years and eight months, single dislocation, several months' osteopathic treatment. Great trochanter two inches above Nelator's line and leg one inch short. The bone has been brought forward for the child to walk flat footedly instead of on her toes, but the joint was insecure and it seemed probable that the head of the bone would move up more unless prevented. Second operation was advised and was performed on Dec. 18, 1905. Cast worn five months. Result reported: No report on the character of the joint, or amount of shortening present.

9. Female, age twenty-eight, single dislocation, several months' preparatory treatment. Operated on August 7, 1905, before the A. O. A. convention in Denver, to remain three months. Result: Great trochanter one inch above Nelator's line and leg one inch short. The bone has been brought forward for the child to walk flat footedly instead of on her toes, but the joint was insecure and it seemed probable that the head of the bone would move up more unless prevented. Second operation was advised and was performed on Dec. 18, 1905. Cast worn five months. Result reported: No report on the character of the joint, or amount of shortening present.
$30,000 BOND ISSUE FOR SUBSCRIPTION

SOONER or later everyone has some money for investment. Then comes the problem of how to invest it wisely and well. Most of us want to get beyond the purely speculative and yet have a good return for our money. There are many good things which can pay and do pay more than 5% but they are not easy to find. Banks and Trust Co's pay three or four per cent at most but they are not always safe as the number of recent large failures seem to indicate. It is generally conceded that a first mortgage on real estate is the safest investment. Land is not likely to run away. It is always difficult to find one person with a large sum of money for a mortgage. Thus a large number of investors must be reached and then the mortgage may be turned into a bond issue. All bond issues are not mortgages on real estate, as there are many kinds. To carry some of our plans we find it necessary to give a first mortgage of $45,000.00 ($50,000 of a bond issue) on property as described below. The Brinkman Clay and Sand Property contains 72.6 acres of land, 23 miles from New York City. It is situated on the Raritan river at Fords, N. J., and is one of the finest properties of its kind in this section of the United States. Without any improvements it is yielding a net income of over six thousand dollars ($6,000.00) per year and is good for several centuries as it is managed now. We intend spending several thousand dollars in improving the property so that the income may be more than doubled, but as no stock is for sale this part is only interesting in that it makes a first mortgage all the better. A branch of the Lehigh Valley R. R. runs through this property and a spur runs into it. A private railroad goes to its own dock on the Raritan river. It adjoins the famous Ostrander property which has made a fortune for its owners from thirty acres. Here's the opinion of an expert who has examined this property. A good report from him would be absolutely unbuyable if necessary here, as it's lengthy.

Mr. O. D. Price, of the A. D. Campbell Milk Co., of Brooklyn, N. Y., says:-"This is to certify that I have made an exhaustive examination of the clay and sand property owned by S. F. Brinkman and located at Fords, N. J., and consider it worth at least estimate $1,000.00 per acre and some acres worth not less than $8,000.00. (Signed) O. D. Price.

Prof. Wm. Alberti, of 50 Broadway, New York, says that it will pay good interest on an investment of $100,000.00. Mr. Price thinks this property cheap at $100,000.00.

Dr. W. J. E. Dillobough, 209 W. 56th St., New York.

APPLICATION FORM

To W. J. E. Dillobough, 209 W. 56th St., New York City.

I hereby agree to take .................... dollars worth of First Mortgage Bonds of the Brinkman Clay and Sand Property, located at Fords, N. J., interest at 6% payable semi-annually. (Name may be changed but property mortgaged the above described) at (90) ninety.

I shall pay for same as bonds arrive at............ (bank or Trust Co.) at ........ (Signature).

I have given second form as there may be some who prefer taking the bonds after March 1st, 1907. The title to this property will be guaranteed—in fact we cannot register the bonds unless title is good and they have to be registered before they can be sent out. A bond issue saves you time, trouble and expense. Thus a larger return for your money.

W. J. E. DILLOBOUGH, D. O., 209 West 56th Street NEW YORK CITY
Patient contended that the treatment weakened the leg, caused the muscles to waste and loosened the joint so that it was more unstable than before. The joint was so loose that the head of the bone could be placed in the acetabulum easily and without anesthesia. Patient solicited an operation. Was told that there was little hope of improvement but that some benefit might be derived from reducing the dislocation and retaining the bone in place for several months by a cast. This was done. After several months the cast was removed Oct. 1, 1905. Result reported: Decided improvement.

14. Female, age four, single dislocation, a few months' preparatory treatment. Operation Dec. 31, 1905. Cast removed in five months. Results reported: Head of bone in normal position, legs the same length, joint stable, no movement. Treatment is being given to develop movement. Cast was removed June 9th, '06.

15. Female, age four, double dislocation, a few months' preparatory treatment. Operation on right hip May, 1906. Cast not yet removed. All were cases of dorsal dislocation.

Summary.

Fift en cases; seventeen operations; twelve single dislocations; three double dislocations; fourteen girls; one boy; oldest patient, twenty-eight years; youngest, three years; patients six years of age and older, ten; patients, five years of age and under, five; method employed in reduction, manipulation; cases 9 and 3 are first cousins.

"Anatomical curve," as used in the foregoing case reports, means that the head of the femur is in the normal position, a stable joint is formed and normal function restored.

"Functional curve" means that the head of the femur is near but not in the socket, stable joint, good movement and decided improvement.

"Anatomical" and "functional" curve are terms employed by Lorenz to classify results, and they are used in all the cases I have operated upon for tuberculous hip dislocations. Please note that these are cases in which the tuberculous process was entirely healed and that they are cases in which the joints were ankylosed and the patient badly crippled, because of the flexion and adduction of the leg.

In re-reading these reports I am inclined to cut out the last line and a third of the report on Case No. 1. This may look a little like a testimonial and I will leave it to you whether it is not better to cut it out. [The editor let it stay in.]

I am also enclosing a few letters about these cases for you to glance over, personally, and after you have done this, please return them to me.

I hope I have also made these reports brief enough to suit you. I have not included in them any material I can easily eliminate.

OPERA TIONS FOR TUBERCULOUS DISLOCATIONS (HEALED AND ANKYLOSED JOINTS).

Case No. 1. F. McT., Nemaha, Ia., patient of Dr. U. B. Parish.

Case No. 2. F. D., Coon Rapids, Ia., patient of Dr. L. C. Sorenson, Toledo, Ohio.

Case No. 3, W. W. S., Coon Rapids, Ia., patient of Dr. W. W. Mick.

Case No. 4. B. L., Des Moines, Ia., clinic patient of Dr. W. W. Mick.

Case No. 5. H. G., Davenport, Ia., deceased; clinic patient B. C. D., treated by Mrs. A. M. E. Leffingwell.

Case No. 6. S. A. B., Missoula, Mont., patient of Dr. A. James.

Case No. 7. L. R., Noblesville, Ind., patient of Dr. K. Seaman.

Case No. 8. —, patient of Dr. J. R. Patterson, Pasadena, Calif.

Tuberculous Process Healed.

Note: The following are cases of "dislocations" resulting from tuberculosis of the hip joint. The tuberculous process was entirely...
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Third. An antiseptic is used not as a curative agent but rather as a matter of cleanliness, to temporarily allay the itching or irritation and to assist in breaking up any infiltrations which may be present.

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DR. R. H. WILLIAMS, Osteopathist,

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shortening by moving the head or upper extremity of the bone downward, to entirely remove the apparent shortening by overcoming the adduction and flexion, and to produce fixation in abduction. This accomplished and they are able to walk, run and get about well without artificial assistance. In other words, the fixation of the leg in the position of extreme abduction, flexion, or abduction is the greatest factor in making bad cripples of these patients and the sole object of this operation is to overcome as nearly as possible these "vicious attitudes." Some movement may be developed in time by persistent after-treatment, but this is uncertain and no promise of considerable movement can safely be made. They have no movement to lose, however, for the joints are ankylosed at the outset.

Cases should be carefully selected. Osteotomy is probably preferable to manipulative reduction in many cases of long standing.

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THE OSTEOPATHIC PHYSICIAN

It is not necessary to entirely reduce the dislocation in order to make the legs the same length. By fixation in abduction, a practical lengthening is obtained. The amount of abduction in which the leg is put in a cast should vary with the degree of correction of the upward displacement of the femur. In Distance where the leg is entirely corrected the leg should be abducted just sufficient to allow the application of an efficient cast; in cases where, on the contrary, considerably above the socket, the abduction should be greater in order that the real shortening may be compensated for by practical lengthening which will result from fixation in abduction.

Polio-myelitis Deformities.

I append reports of three cases of poliomyelitis deformities. These are the only cases of this character that I have operated on under anaesthesia.

I do not venture any conclusions in these cases (in print). It is infinitely better to treat these cases correctly and thereby prevent these extreme deformities than to attempt to correct them, once formed. I do not know what the relative value of forcible manipulation and tenotomy are, but I am inclined to believe that tenotomy is better in long-standing cases.

Please note that cases "one" and "two" of poliomyelitis are the two cases referred to in Dr. S. S. Still's letter to Dr. C. E. Still, printed in The O. P., about one year ago, wherein he says that two X-ray pictures he had examined showed that the hips were not out before operation. Of course they were not out; and it was not announced that they were out.

Case No. 1, patient of Dr. John P. Enebo, Sioux Falls, South Dakota.

Case No. 2, patient of Dr. J. F. Atkinson, Mitchell, South Dakota.

Case No. 3, clinic patient, S. C. O., treated by Dr. Chas. Bennett, now of Detroit, Michigan.

These are cases in which the contracture following the destructive cord lesion of anterior poliomyelitis produced deformities by holding the affected parts in "vicious" attitudes. The object of the operation was to restore the normal anatomical position to the parts but the method used was manipulation under anaesthesia.

1. Female: age, 5; flexion and abduction deformity of the hip; several weeks' osteopathic treatment. Patient could not walk on account of the great flexion of the hip. The abduction was not so great as the flexion. Operation June, 1904. Cast worn four months. The abduction was completely overcome at the operation and the flexion almost so. Result: Patient began to walk in a few weeks after the operation. Osteopathic treatment continued. Latest report August, 1905: The patient continued to improve and result satisfactory. (This latest report came indirectly, but is believed to be accurate.)

2. Female: age, 4; flexion and abstraction deformity of the hip; several weeks' osteopathic treatment preceding operation. Patient had severe attack of acute rheumatic fever preceding the infantile paralysis and was subject to acute follicular tonsillitis. Operation November, 1904. Abduction and flexion of hip almost completely removed, talipes corrected and a cast applied. Result: Patient died two days after the operation. Patient had slight fever and convulsed the first night after she arrived in the city for the operation. This subsided under rest and treatment and was considered the final illness. Operation was performed the following day, patient apparently in good condition. Intense tonsillitis and a high temperature developed in a few hours. The temperature reached one hundred nine degrees immediately before death.

3. Male: age, 13; extreme talipes equino-

Museum of Osteopathic Medicine, Kirksville, MO
varus, ten months' osteopathic treatment developed the paralyzed leg and increased its usefulness but failed to modify materially the deformity of the foot. Operation March 3, 1905. Succeeded in overcoming the "varus" and placing the foot in a cast in the opposite position; the "equino" was more resistant and the foot was placed in the cast in a position short of correction of the "varus." Cast worn three months. Result: The "varus" remained corrected, the "equino" was reduced one-third.

Hoping the case reports as submitted and the few remarks I have made in connection with them will be satisfactory, I am,

Yours fraternally,

Harry W. Forbes.
THE OSTEOPATHIC PHYSICIAN

Reconstructions of Opinions in Order.

Now, then, these simple facts are important—however trivial they now seem—for they certainly created great prejudice against the founders of the Los Angeles college a year ago and tended to discredit their sincerity and throw suspicion on their later acts. It must be set right on these points now permits of an entire reconstruction of opinion and feeling toward that party most concerned.

Incident About the Catalogue.

In stating that the Pacific college authorities had repudiated the catalogue brought out by Col. Shaw and Dr. Forbes purporting to be the authorized Pacific college catalogue, we also used the words that this catalogue "had never been heard of by the Pacific college authorities, they said, until a bundle of these" catalogues arrived at the express office. We were so informed by letter by one who did not know how the catalogue was prepared. The Pacific people prepared the first draught of this catalogue and sent it to Dr. Forbes, who, they understood, would revise and reissue it and return it for their approval. Instead of that, the Des Moines people reconstructed the book to suit their ideas and at once sent it to the press. The repudiation followed, as stated, but it was not fair to say the Pacific people had never heard of the catalogue till they saw it.

Another Wrong Inference.

We also stated that "Dr. Tasker had not even been consulted" as to whether he would teach in the school as reorganized, although he was not asked to be a professor who would hold his old position. Technically this is true. Dr. Tasker didn't receive a formal invitation from the new comers to stay in the school and he didn't feel that he had committed himself to do so up to the time the repudiated catalogue came out; but his name had been presented by Prof. Whiting to the Des Moines people, along with that of all the rest of the Pacific college professors, as one of the faculty for next year, and the invaders didn't understand that they were supposed to canvass these individuals for their consent to a faculty connection. Further, they wrote Dr. Tasker for his photo to go in the catalogue, which he sent, along with a letter that contained nothing to indicate that he was doubtful about continuing his faculty connection; so, our criticism of a year ago on this point also was unjust to the Des Moines people, although founded on technical facts.

Getting a clear understanding upon such points as these permitted the editor to change his opinion and feeling toward the founders of the Los Angeles College of Osteopathy very decidedly and it permits a much more just and charitable view of the subsequent events at Los Angeles.

Loggerheads Came About Naturally.

It also develops on close scrutiny that our friends of the Pacific College of Osteopathy did share their desire to block negotiations and prevent the consummation of the plans entered upon. Discovering this fact does not in the least impugn their motives or shake the editor's confidence in their character or devotion to principles—or both and for their loyalty to osteopathy and scientific teaching he entertains the highest admiration and confidence. But it seems to be a plain fact, capable of easy proof, that several successful agreements were reached between them and the newcomers; and in each case the Pacific school people found it advisable or necessary to increase the demand made upon the proposed purchasers of the school stock, virtually "raising the ante," as we say in poker, and higher and higher as the game continued. Doubtless this was in part due to the advice of friends outside the deal who warned the would-be buyers to be careful and protect themselves, etc., but the fact is, it seems to have been done. It also appears that the Des

until their term of employment under the A. S. O. should cease.

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Editorial: How to line, let chips fall where they will.

The American Osteopathic Association in the great amount of matter contained in the report of the O. P. about the A. O. A. meeting, an error crept in—viz.: Dr. C. A. Upton was re-elected as secretary, while Dr. Monroe was very efficient as assistant secretary, and the secretary was authorized to secure his help in that capacity, if he were willing to give it for the coming year. Dr. Upton as well as Dr. Upton are now at work letting good Osteopaths know that there is such a thing as the American Osteopathic Association and either of them, or the undersigned, will be glad to have the application of any such one for membership. An active aggressive campaign for membership is to be waged. I would be glad to have you print the text of a message that was sent by the association to Dr. Upton:

"The American Osteopathic Association in annual meeting assembled sends regrets for your absence, wishes your complete recovery, and shows its appreciation of your services by your re-election."

One thing else I notice, the legislative committee is not given. It consists of A. G. Hibbret, Chairman, St. Louis; C. S. Fleck, Orange, New Jersey; and Otis F. Allen, Portland, Oregon.

Just one other thing, Won't you state that the Journal of the Association this year will be issued semi-monthly, and will be edited as before by Dr. Evans, who has raised it to the point where every osteopath who is familiar with it is proud of it. Help us whoop up membership—everybody!

Fraternally yours,

H. L. CHILES, Sec'y.

AMONG THE STATES

Rewriting McConnell's Practice.

Dr. McConnell and Teall are working overtime in Chicago these days and nights rewriting McConnell's Practice of Osteopathy. When this book comes from the press it will be new and up-to-date and something that every practitioner will want.

President Ellis in Chicago.

President Ellis of the A. O. A., famous in the ancient days as a mighty hunter, good phy-therapist and so forth, and in the latter days achieving new fame as "the man of red blood corpuscles," was in Chicago twice the past month going to and from his old home at Austin, Minnesota, where he enjoyed a rest and shot prairie chickens. Ellis saw some of his old friends while in the city.

Pacific College Has Good Opening.

The Pacific College of Osteopathy began its fall session on Sept. 4th. The enrollment on Sept. 3d was greatly in excess of what the most sanguine friends of the college had anticipated, and the good work which began on Monday was continued through the early days of the week. Of the total of thirty new students, every one has completed at least a high-school education, several are normal school graduates and three or four are college graduates.

Biologists at Pacific Coast.

The first meeting of the Biological Section of the Southern California Academy of Sciences was held in the Pacific College of Osteopathy on the evening of Sept. 10th. The lecture of the evening was given by Prof. Miller of the State Normal School, and was on the "History of a Salamander," which Prof. Miller has been investigating during the last year. All of the meetings of the Biological Section are of great scientific interest and the osteopaths feel a little justifiable pride in forming a very considerable part of the membership of this valuable section of the Academy of Sciences.

New York Will Gather.

Cards are out for the eighth annual meeting of the New York Osteopathic Society at the Hotel Ten Eyck, Albany, on October 31st. Besides the routine reports of officers, including a legislative report by Dr. Charles Hazard, and a paper on epilepsy by Dr. W. L. Bustr, of Mt. Vernon, which is to receive a general discussion, chief interest will center in the address of Dr. C. P. McConnell, of Chicago, on "Osteopathic Research." It is announced that nearly the entire afternoon will be given up to Dr. McConnell, who will be pleased to answer all questions relating to his paper, so a valuable discussion is planned.

Outlook at Los Angeles College.

Indications for the September class are excellent, it is believed that the school will have forty or more in the freshman class. Col. Shaw estimates a less number than this, thirty or more. The brick work in our new college building will be finished next week and we hope to have it ready to begin school on September 24th. Our college building is going to be, as an ideal one, with annunciators and telephones in every room, hot and cold water, built in marble laboratories and steam heat in every room, and every modern convenience. It is just across the street from the new public library, in the heart of the business part of the city, where a very large clinic is inevitable.

Dr. Harry W. Forbes, Los Angeles College of Osteopathy.

The Ontario Osteopathic Association.

A most interesting and profitable meeting of the Ontario Osteopathic Association was held at Toronto, Ontario, at the offices of Dr. Pigott, on Labor Day. Clinics were held by Dr. Bach, of Toronto, on lateral curvature; by Dr. Henderson, on kyphosis, and by Dr. Pigott, on deafness. Dr. Cook read a paper on the atony and myasthenia of typhoid fever. Luncheon was partaken at McConkey's, and among the guests entertained were Drs. Pitts and Pitts of Bloomington, Illinois. The association will take steps to become incorporated, and is in training to entertain the meeting of the national association, the A. O. A., at Toronto, at least by 1909. Toronto is an ideal convention city, and we can entertain royally and well.—E. D. HEIT, D. O., Sec'y.

Los Angeles College Mandamus State Board.

Complaint in the suit of the Los Angeles College of Osteopathy for a writ of mandate against the California State Board of Osteopathic Examiners was filed Aug. 23d. Summons was issued to the members of the board next day. The case was set for hearing in department eleven, pleasingly on Sept. 7th. When this suit came up for a first hearing the defendant (the state board) disavowed any of our contentions, on the grounds that there was a misjoinder of parties in the suit. We included as plaintiffs the Los Angeles College of Osteopathy and H. E. Reed, E. Hedges, et al. The contention of the defendant was that it was not proper to join these parties in one suit. The judge did not have sufficient time to listen to
the reading of authorities on this point, so he requested the attorneys to submit their authorities and arguments in briefs. The attorney for the state board was given five days to prepare his brief, three days of which will be consumed in the answer, and two days in a reply, so that the demurrer will be decided in ten or twelve days. If at that time your case will come up on its merits. Our attorney is confident that there is no misjoinder of parties and that the case will go to an immediate hearing on its merits at the end of the ten days. We hope to have it all settled by the time the September class matriculates. We do not wish our attacks to be imperiled by the antagonism of the state board in regard to the matriculation of new students, but probably some timid ones are prevented from entering at this time. The state board has modified its position enough to take the application and fee from our graduates who apply to them for certification.—Col. A. Shave, Los Angeles College of Osteopathy.

Osteopaths Have Election.

Helena, Sept. 7.—At the sixth annual meeting of the Montana Osteopathic Association, held at Helena, Sept. 7th, the following resolution was adopted: "Resolved, That in our judgment as physicians it would conserve to the interest of public health to amend our laws so as to require of physicians to regularly report certain contagious and infectious diseases to the state health authorities, if the physician, in addition to scarlet fever, diphtheria, smallpox and other diseases now named, be required also to report all cases of venereal diseases examined or treated. Theretore, that the council is urged to present to the legislature the following resolution: That inquiries be made as to the matriculation of new students, while at the same time our case is being made. We hope to have it all settled by the time the September class matriculates. We do not wish our attacks to be imperiled by the antagonism of the state board in regard to the matriculation of new students, but probably some timid ones are prevented from entering at this time. The state board has modified its position enough to take the application and fee from our graduates who apply to them for certification.—Col. A. Shave, Los Angeles College of Osteopathy.

Dr. McConnell in Minnesota.

The Minnesota Osteopathic Association enjoyed a lecture by Dr. C. W. McConnell, of Chicago, on the subject "The Osteopathic Lesion," on the evening of September 21st, at the Park Congregational Church, Dr. Paul. In this lecture Dr. McConnell presented with the aid of stereopticon views the theory of osteopathy. The experiments conducted by Dr. McConnell indicated by his views conclusively prove the osteopathic theory of disease in a manner easily comprehended by lay people, a great many of whom were in attendance.

At the sixth annual state meeting Pres. B. F. Bailey made the welcome; Dr. C. W. Paul reported on the A. O. A. meeting; Dr. Frank P. Young, of Kirkville, lectured on emergencies and with Dr. McConnell conducted clinics. Dr. E. C. Pickler introduced Dr. McConnell at the public address.

Olive of Peace Waving.

When the dean of the Los Angeles College of Osteopathy breaks bread with the professor of the Pacific College of Osteopathy, it would seem that some peace papers between the rival institutions were to be signed, and pipes called for, said the Los Angeles Daily Times, Aug. 27th. Dr. Joseph S. Allison and his wife, Dr. Jeanette Allison, entertained at dinner to-day at their pretty home on Line avenue Dr. W. R. Laughlin and Mrs. Dr. Laughlin. Dr. Laughlin is dean of the Angelus College of Osteopathy. His entertainment by the president of the rival school had only a social aspect. He is a lecturer at Kirkville College when both of the Drs. Allison attended there. Mrs. Dr. Laughlin was also a member of the class and met her husband as his pupil. They were Dr. A. Plant of Los Angeles and Donnie London of this city. The visitors enjoyed a drive over the foothills.

The Osteopathic Physician

Dr. Ella D. Still Guest of Washington D. O.’s

The Washington Osteopathic association held its semi-annual convention at Spokane Sept. 8th at the office of Dr. G. M. Nicholas, 401 West First Ave., Spokane, and thirty members of the profession participated in the proceedings, which came to a close with a banquet at the Silver Grill. Dr. J. E. Hodgson, of Spokane, welcomed the guests, Dr. R. E. Chase, of Tacoma, responded, and Dr. E. B. Neffer, of Everett, also spoke. Dr. Nicholas presided at the banquet, at which the speakers were: Dr. A. H. Benefiel, "The Local Spirit; Dr. M. Teeter, of Davenport, "The Country Member"; Dr. E. B. Neffer, "The Spokane Members"; Dr. Ella D. Still, of Des Moines, Ia., "The Pelvis." Dr. Still, Dr. Carrie A. Benefiel, Dr. Ina F. Rupert and Dr. R. H. Johnson gave a clinic at the afternoon session, when it was decided to have the annual meeting in the Sound country.

Corrections of Mis-statements About Shaw, Forbes et al.

(Continued from page 9.)

Moines crowd tried repeatedly to meet these additional demands.

Trouble Should Have Been Foreseen.

Meanwhile the situation had developed of two bands of loyal students, being housed under the same roof and trying to affiliate as one body. Classes were called and yet full arrangements had not been made to organize and conduct them. Business negotiations still hung fire. Misunderstandings had developed; prosecution and abuse were rife; some unfortunate personal clashes occurred between the professors of one party and the students of the other; both bands entertained a secret distrust—even contempt—for the attainments and teaching proficiency of the other; and, on top of all this, there was a drift between the two factions as to courses of study, hours, professors, etc. It was inevitable that the two student-bodies would not mix and amalgamate before their principals had succeeded in getting together. And they didn't. The Des Moines students never registered.

We blame the King Master Shaw for not cracking his whip and saying: "Boys, jump over the camels and elephants!" at the time the rucus developed; but we can see now that every effort that every view conclusively prove the osteopathic theory of disease in a manner easily comprehended by lay people, a great many of whom were in attendance.

It is easy to figure out now how the Des Moines professors found themselves, as they say, high and dry, a long way from home, and with a large following of students who had crossed the continent to study under them and in a position where they either had to buy the Pacific school on any conditions and at any price or found a new college.

Even the Improbable May Be True.

The only hard thing to swallow in evidence is that as smart as Col. Shaw would cross the continent on agreements and contracts that were not legal and enforceable and that as clever as he was, would look as if they were not meant to be enforceable. Maybe the Colonel is not as careful a business man as we have all supposed. There are certainly reasons for giving him the benefit of this doubt, although the circumstances quoted was considered by us a strong point of presumptive evidence in tending to show a plan to put the Pacific school in a corner and then start a new school under the same roof and trying to affiliate as one body. Class

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Are Our Meetings as Scientific as They Should Be?

Editor Osteopathic Physician:

You will kindly acknowledge me in the next issue of "The O. P." as the author of the "bearish" letter on the A. O. A. meeting in the August number. I cannot permit you to use it anonymously.

While my regret that this "confidential" statement shall have been published is perhaps not simply beyond my powers of expression, and while I sincerely deplore the personalities used by me, at the same time, and as a matter of fact, it was a confidential letter—one to which no one but you has a right; and even though it has been published, I shall so consider it. Yours, etc.,

Dr. Herman F. Goetz.

St. Louis, Mo., Sept. 2d.

It is due Dr. Goetz that the editor apologize for putting him in the embarrassing position of having a private letter printed which he never intended to receive publicity. It is also due the editor that he explain how and why his course was not a violation of journalistic ethics.

The editor printed Dr. Goetz's views of the unsatisfactory side of the recent A. O. A. meeting anonymously. No hint was given of the author. And nothing was further from the mind of the editor than that Dr. Goetz would in any way be made to feel uncomfortable for the presenting of such comment to the profession.

Such a view and such opinions in the nature of things can scarcely be peculiar to one individual, and was not asked to bear any reponsibility for his utterance; and no one save the writer and the editor knew of the letter. The letter was printed after the whole paper was in type and another article was displaced to make room for it, because it seemed to give balance by presenting both sides to a convention retrospect.

Dr. Goetz promptly protested when he saw his personal chat printed anonymously, and the editor's explanations followed.

Then an unexpected circumstance developed. Several leaders of the profession wrote to Dr. Goetz in turn, either twitting him about the letter, or congratulating him upon his views, and assuring him that they agreed with him perfectly. Others wrote in the same way to the editor about "Dr. Goetz's views as expressed in the 'Blue Spectacle' article" as though his name had been signed to the letter. Queer—wasn't it? The editor thought so, at least. A number of persons seemed to take for granted that Dr. Goetz had spoken and not even to stop to reflect that the letter was anonymous.

This is very unusual. It pays a compliment to Dr. Goetz that he perhaps does not realize. If but one man in a thousand could speak a bold, fearless utterance of such originality that all would know it were his own even though unlabeled—he has earned a recognition indeed among his associates.

The editor's judgment may have been greatly at fault when he anticipated this denouement; but it is due him to state that he violated no ethics of journalism in the incident, although we deeply regret causing could be heard the demand for "more Osteopathy," "more originality," "more original scientific research." It is about time, then, that we let these thoughts prevail.

The review of the convention by the Journal of the A. O. A., September issue, is all sufficient to demonstrate how little scientific

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work was accomplished at this convention, and with an enthusiasm that reaches about 32 degrees Fahrenheit, the A. O. A. Journal outlines "the more important features of the meeting. We, too, have felt the pulse of many conventions of this one, with its continuous fever of political, educational, endowment discussions; and from our point of view, that the true object of an osteopathic convention is scientific advancement, this convention was indeed, "mortally ill," practically devoid of such progress as our profession must show from year to year.

To have our scientific sections consist of a few didactic papers, evidences no progress; compilations cannot pass for or set forth original ideas and investigations. A symposium of treatment for which no "climaxes" are available has no practical value—misses completely the points such symposiums are intended to bring out.

For a scientific body to take up the major portion of the time in discussions of legislative and political questions, college grievances and the like; to allow its scientific transactions to be interrupted, diverted, time and again; to inter-plop and prepare papers not on program, and crowd those who did prepare (by request); to do this by individuals, simply thrusting themselves upon the convention, wilfully and certainly not the true object of our A. O. A.

We are at the start of the program that was not interrupted in this manner; many discussions were never resumed; some not even begun. Such an instance was Dr. Chas. E. Smith's paper on "the necrosis" in the ear; the diagnosis had been made, the treatment outlined, the prognosis made, and Dr. Smith had an interesting notion; the conventional body and says: "I wish to point out a feature in the endowment fund, not made clear"—throwing the entire section into chaos; the discussion was not on the convention body and says: "I wish to point out a feature in the endowment fund, not made clear"—throwing the entire section into chaos; the discussion was not on the conventional body and says: "I wish to point out a feature in the endowment fund, not made clear"—throwing the entire section into chaos; the discussion was not on the

Scientific progress is the paramount issue; these other discussions are not a part of the convention's work as a whole. Without underestimating their importance, this work must be relegated to and executed by committees, and their decisions must be accepted or rejected, not allowed every little point that comes up to take up the valuable time of the convention body.

To point with pride to a convention—in session five days—in which the sum total is a few scientific papers, and three clinic scarcely appeals to us as "the greatest convention ever held," much less does it appear in the light of progress to us. Why ignore the almost countless, voices of those in attendance? Why not give it full publicity? Surely just criticisms precede needed reforms. Our scientific sections are certainly in order if they be well taken; are more honest, more fearless than it is to refer to it as the "best in the history of the association."

No convention is a success if the great work accomplished is not thoroughly scientiﬁc; does not make us stronger as physicians, or that does not entrench us more surely in our defense of Osteopathy. And surely this convention made no such contributions.

Our literature (largely the work of the conventions) is pitifully deficient in original contributions. Naturally I except that searchlight of brilliancy that Dr. McConnell flashed across our horizon. Note the effort of his work, the eager minds that grasped it! It was the food our hungry mentalities have so long demanded; it was the actual, undeniable proof of the very fundamental osteopathic theories. Is there no way in which we can generalize dear points? Is there any way of getting out of the rut? Must we always plow along by the same way, accepting the dogmatic assertions of our predecessors and basing our claims for scientiﬁc recognition, our most vital theories, on clinical evidence—evidence justly and notoriously empirical?

Our case records teem with inaccuracies, with uncertainties, with doubts.

The lesion theory of Osteopathy we accept without question—and yet if we except McConnell's studies by what right? The whole structure of Osteopathy is built up on this theory of lesions; granted that this is a foundation of rock, concrete and steel beams, and yet who are of the opinion that the lesion theory of pathology is the most important work of their profession? Is it not a moment of our profession to pause, question, when, lo! "With just a moment" as an excuse for the interruption, without a moment's wait, a member arises to ask the question of the convention body and says: "I wish to point out a feature in the endowment fund, not made clear"—throwing the entire section into chaos; the discussion was not on the

The profession will give $8,000 each year; buildings, equipment in part, we have now; there are no men for the asking; men with the time for research work—that's the need. Eight thousand dollars each year is the equivalent of two professors and two assistants. Let these men devote their time to original research, develop these problems in Osteopathy that demand solution; let them teach our students; let them co-operate with the college professors.

In the development of the student of today lies our scientific hope, and they can be developed before the college endowment is drawing interest. In five years, instead of waiting for this endowment fund to materialize, we will have 500 students educated along new lines, and if only ten of these are McConnell's—the pride—the joy—the uplifting—the rearing of temples of fame—the proving of Osteopathy—does it not make your heart bound with anticipation?

Do you get my point of view? It's not endowed colleges we want, if they can only be had by long waiting, but it's acting now with what we have, we are investing a business with a small stock. The theory of an endowed college is a beautiful one, but it is a dream, an everlasting game of "wait"—of stagnation.

Throughout the land medical laboratories are doing the important work of their profession; it is only a small part of the work of our professional laboratories, presided over by a few scientific men, are advancing their profession.

As our funds are limited and as nearly all
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(Continued on page 15.)

THE OSTEOPATHIC PHYSICIAN

our work is still to be done, no doubt our laboratories for scientific research should be located in college towns. Location is no obstacle. The University of Michigan laboratories have been devoting much time to the study of tropical diseases, thus securing the co-operation of the large facilities of our schools. I realize that I have already consumed too much of the profession's time, but the subject is so tremendous that I cannot dismiss it in a few words.

In conclusion, if we can see our actual needs, learn the real lessons, then our last convention will not have been in vain.

Yours very truly,
Herman F. Goetz.
St. Louis, Mo., Sept. 6th.

Concerning the "Bearish" View of the Put-in-Bay Meeting.

To the Editor of the Osteopathic Physician:

The letter from your "bear" correspondent, published in The O. P. for August, reads very much like it might have been written by a sore-headed member of the brain family. Yet I do not wish to say anything harsh, as I am aware that it was a private letter, and I think it possible that its author, after sober reflection, will not thank you for having given it publicity. There are a great many statements in it, however, that if allowed to go unchallenged might do considerable harm to the A.O.A., in the minds of some of the great body of non-affiliated Osteopaths who were not present at Put-in-Bay.

It is an adage which is more or less true that one finds what one is looking for. It must be apparent, then, that the "bear" was looking for things to criticize, for he sums up the results of the recent meeting at Put-in-Bay as "unprofitable in every way," and believes this is the conclusion of every one who was there for something besides shaking hands." The O. P. reports, and correctly, Dr. Loudon as saying that the paper of Dr. Burns was worth all it cost him to attend the meeting. It is evident Dr. Loudon was not there solely for hand-shaking purposes, though even that feature is worth considerable to many people. It will hardly be denied that there were many good features besides the paper of Dr. Burns. So those, like Dr. Loudon, and their name is legion, got many times the worth of their money.

As an evidence that the author was not in a virulently frame of mind when he wrote, I need but quote: "Whenever I think of how the meeting was conducted, dominated by that same old crowd—an Oistered bunch of "has beens"—I get hot under the collar." I need hardly call attention to the contradictions in terms where he speaks of "has beens" dominating things, to show that the judicial temperament is lacking.

There may be some who agree with this writer that reports on educational and legislative work are "idle prattle," but for the sake of the future of our science and profession I am glad to believe that they are in a decided minority. Surely most Osteopaths regard these things as of supreme and vital concern, and will consider the action taken on them worth the $25,000.00 which he figures this meeting cost.

The ridicule cast upon the endowment movement is ill- advised and ill-timed. I assume he knows whereof he affirms when he states that it costs $50,000 to $80,000 to run the A. S. O. But what of it? No one who favored the endowed college expected that those in attendance would contribute $500,000 in cash. I know of no endowed institution that is not aided by wealthy philanthropists, and the $22,000 pledged by those in attendance—none of whom are rich—betokens a spirit of sacrifice and earnestness on the part of those most nearly concerned that will do much to enlist the help of philanthropists. To doubt that we can succeed in this undertaking is either to doubt the virility, the truth in the theories we hold in regard to Osteopathy, or that we are capable of impressing those truths upon others. Neither view of the matter is creditable, either to the joyality or judgment of the "bearish" writer.

I have the opinion that "Ellis of Boston," who, as the writer truly states, "has red blood corpuscles," will not relish the idea that he is to "fight off" those who have been active in the A. O. A. work during the past.

The writer urges that the "arrangement committee of the A. O. A. appoint a committee (or do itself) to designate certain members of the profession to begin certain scientific investigations and report to the profession. Especially the college professors, etc."

Here is the solution of a weighty problem. And just to think that scientific investigation has been languishing through all these years simply because the "arrangement committee" had "designated" no one to attend to it! Certainly let them be "designated."

The "bearish" correspondent urges that "all work of educational institutions and legislative matters go before special committees and end there."

But what of it? No one who favored the endowment movement is likely to be content with anything less than a "General conference" to designate members of different states and the A. O. A. to send representatives to the A. O. A. meetings. He also urges that scientific investigations be carried on through committees of the profession. If such criticism is at all justifiable now, how much more would it be if "special committees" were empowered to finally end all matters affecting educational institutions and legislative matters?

It should be remembered that the A. O. A. is not a body for post-graduate schools. It has some legislative functions as well, and I do not believe that it would ever be satisfactory to allow committees, special or otherwise, to have the final word in such grave matters as...
OCTOBER brings a copy of "Osteopathic Health," that will challenge attention everywhere it goes. It is full of the talk that will interest the masses. It lifts the veil of Osteopathy and makes it intelligible as a treatment. It makes clear what so-called osteopathic "dislocations" are. It shows how osteopathy usually leaves the bone in its original place. It recites how Osteopathy has its imitators and how the diagnosis and treatment are now endorsed under other names by other physicians. It shows that the nerves are needing release and due nutrition in most diseases. It explains the influence of pressures. It says it all of a piece, enough to be expected from drug treatment and that nothing is to be lost by giving it up for Osteopathy. Then it adds, and "Good Blood Cures Nervous Troubles"—very good indeed, from the pen of Dr. L. M. Rheem.

"The Radical Cure of Gall Stones," a 2-page article, is complete in it, being because it is simple and because several cases were cured are alluded to—and that is the point that the laity all ways understand. We make a mistake in our literature, often, telling the public too much of how it is done rather than what is done by Osteopathy. All understand the lat ter; not all are interested in the former.

"Laryngitis," by Dr. Clara E. Sullivan, is a good one, written well. Very lucid. It makes one strong point clear—laryngitis is often a mere symptom of uterine or ovarian troubles. It is a rigor band bound around one finger. This article will entertain, instruct and convince.

"Giving Drugs is on the Decline" is a plain, dispassionate statement of facts worth public attention.

"Osteopathy Defined," "The Sin of Over-Eating," "Why the Body Becomes Diseased," "Osteopathic Treatment of Stomach Troubles," "The Radical Cure of Gall-Stones," "Laryngitis," and others, are sold out. There are 5 editions on hand selling at the back number price and these are moving fast at 2 cents a copy, expressage extra. If you want a few hundred act before they are all gone.

OCTOBER
An all-around number—Good far opening one's Fall Campaign of Education. The edition is already largely sold and will not last long. So order early if you want it.

CONTENTS
Treatment of Stomach Troubles.
The Radical Cure of Gall-Stones.
The Sin of Over-Eating.
Laryngitis.
"Osteopathy Defined."
"Why the Body Becomes Diseased."

How many will you distribute in your locality?

THE OSTEOPATHIC PUBLISHING CO.
171 Washington Street, Chicago

FIELc LIFE LETTERS NOTES.
Our Catchechisms are all sold out.

The October issue is a very strong one.

As September "O. H." did not last to be Macarriage, Common, every-day backaches, Preventing Damage in Childhood's Diseases; A Specific Cure for Tuberculosis, A Historical Sketch of Osteopathy: What the Term, Osteopathy, and Blood Cures Mean, Not a Method, "Acute" and "Chronic" Misleading; Opie Read's Opinion of Osteopathy; and, The Parable of the Ligh thes.

This issue will only last a few months longer. Order at once if you want it.

September issue—Osteopathic Catalog., all sold out by Sept. 27th. Just as we predicted a month ago, this issue did not last long enough to fill current orders, although we printed the biggest edition previously issued.

There are 5 editions on hand selling at the back number price and those are moving fast at 2 cents a copy, expressage extra. If you want a few hundred act before they are all gone.

O. P. Delinquents Have Been Cut Off.

True to our promises we have cut off all delinquents this month and will keep them cut off till they pay up in full the subscriptions due. We regret that our October issue will be exhausted before the end of its month. It's not that we are curtailing the size of our editions for they are bigger this autumn than ever; but the demand increases so greatly that we don't seem to anticipate its volume.

Many demands for an article on "Gall Stones" have come from the field. October, O. P. contains it.

WANT ADS.
Note—Wants of all sorts printed in this department for five cents the word. We "key" your ad, for you, using an assumed name, receive answers and forward to you, if you wish to keep your identity concealed to all except your correspondent, send remittance with ad. Announcements of Help Wanted and Fields Open to Practitioners are printed free.

FOR SALE—OFFICE AND PRACTICE IN a large city. Write for particulars. Address care of O. P. 106.

GENTLEMAN, GRADUATE OF A. S. O., would like position as assistant; would take charge of good practice or become so, or would make partnership with lady 35 years or more experienced; references. Address care of O. P. 106.

PRACTICAL IN NEW JERSEY TOWN OF 4,000 for sale or rent. Equipment includes X-ray and laboratory. Address care of O. P. 106.

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WANTED—POSITION AS ASSISTANT BY EXPERIENCED LADY O. P. Graduate; willing to rent or buy practice and become associated. Address care of O. P. 106.

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THE LITERATURE NOTES.
Who wishes experience in sanitary work, A. S. O. Graduate; willing to rent or buy practice and become associated. Address care of O. P. 106.
Removals.

Dr. A. R. Clark, from 250 Elliott St., Buf­
salem, Oregon, to 546 Mountain St., New York, N. Y.

Dr. Edward F. Laurence, from 1010 Bayard St., to 2815 Madison St., San Francisco, Cal.

Dr. T. E. Ginther, from Owensboro, Ky., to

dr. H. W. Townes, from 1020 E. 10th St., Kansas City, Mo.

Dr. A. H. Lillard from Owensboro, Ky., to

Dr. E. B. Waters from Whitehall to Virginia, Va.

Dr. F. G. Jackson from 411 S. Elson St., Kirksville, Mo.

Dr. J. R. Barge from 917 to 501 Astell Bldg., Atlanta, Ga.

Dr. Martha Peterson from Oregon, Mo., to Agri­

cultural Bank Bldg., Paris, Ky.

Dr. C. E. Hinson from 1213 Main St., to 1189 Sterry Bldg., Pontiac, Ill.

Dr. G. E. Evans from 22 Hunter street, to 227 East Main St., Providence, R. I.

Dr. Peter C. Hart from Morris, Ill., to Lock­

Dr. E. K. Keller from 200-4 Auerbach Bldg., to 369-9 "11th St., Calif.

Dr. J. Birdal and Louise A. Banker from 229-3 Project, to 115 West 11st street, New York, N. Y.

Dr. Charles Carter from New Loundon, Mo., to

Dr. R. E. Rogers from 311 North Mill street to 22 East North street, New Castle, Pa.

Dr. Geo. J. Markert from Hamilton Bank Bldg., to 236 West 12th street, New York, N. Y.

Dr. Margaret E. Messick from 416 S. Main street to 423 Ellis avenue, Chicago, Ill.

Dr. D. C. Cattin from 4-5 Sterry Bldg. to Loan

Dr. F. O. Edwards from Salinas, Cal., to 2 and

Dr. J. M. Jordan from Watertown, N. Y., to 10085-85 Metropolitan Bldg., New York, N. Y.

Dr. Annette Ploss from Wildwood, N. J., to 442 Nicholas Bldg., Toledo, O.

Dr. Minnie Hand from Grand Forks, Minn., to

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