

The Osteopathic Physician

January 1907

Vol. 11, No. 1

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THE OSTEOPATHIC PHYSICIAN

Volume XI.

CHICAGO, JANUARY, 1907.

Number 1

Ye Osteopathic Muse Contests for a Prize

RECOGNIZING that there is considerable literary, philosophical and sentimental ability in the ranks of osteopathy which scarcely ever sees the light of day *The O. P.* has decided to call forth the spring poet from his lair ninety days before his wont and give him a chance to express the joy that is in him. So we have instituted a leather medal contest for poetry and invite every reputable D. O. in Christendom and even foreign countries to send in his or her or even their effusion, should they work in pairs. Any good verse will be accepted and printed by us in this department from lyrics to epics. It costs nothing to get in the game but the travail of spirit necessary to produce the poem and a 2-cent stamp to send it in. The only condition is that the author shall be an osteopath. We fire the opening gun of this contest herewith and will continue this feature till the osteopathic muse goes lame with scaling steepy-sided Olympus. Send in your effort, Doctor. Did you really realize there was so much talent among us?

THE POETRY EDITOR.

Osteopathic Mary.

By Robt. L. Davis, A. S. O., '08, Kirksville, Mo.

Mary had a little "cold,"
She sneezed like this, "es-chew!"
She met an Osteopath, by chance,
He made the "cold" "skiddoo!"

Mary had a little "chill,"
But Mary was no dunce,
Therefore, she called the Osteopath,
And so, was cured at once.

Mary had a little sense;
'Tis given those who hath;
And when she had an ailment, why,
She called the Osteopath.

Mary had a little love
For Johnnie Jones, and when
She found it out she didn't call
The Osteopath, — just then.

Mary had a little ring
Before a week had sped,
And when the fragrant roses bloomed
In Junetime, they were wed.

Mary had a little—guess?
Accouchement caused no fright,
For they called in the Osteopath
And he did what was right.

Mary has a little home,
This motto's on the wall:
"When you are ill, my friend, consult
An Osteopath."—That's all.

Take Pa's Advice.

By Frank R. Heine, D. O., Pittsburg, Pa.

As children, oftimes we were wont
To criticize and fuss
About the victuals that were cooked
And served by ma to us:
"Too salty this and too sweet that—
You've had this twice since Sunday—
You always have the things they like,
You might please me just one day."
And so it went 'till pa would say
("Twas meant, you could not doubt it).
"Just eat what's set before you and
Say nothin' 'tall about it."

Now we are grown, and seems to me
We still are much inclined
To criticize the things Fate gives,
And think this life a grind,
Some things may not just suit our taste,
And some be quite unpleasant;
Someone may get the bigger share
And failure seem e'er present;

But then—just think of pa's advice,
It's sound—pray never doubt it—
"Just eat what's set before you and
Say nothin' 'tall about it."

I've often noticed that the grouch
Who fusses at his waiter
Don't get his meal served quite as soon
As one who comes in later.
And so it goes, all through life,
'Tis true for saint and sinner—
The man who silently will dig
Will always prove the winner.
That's why I say take pa's advice,
Try once and you'll not doubt it,
"Just eat what's set before you and
Say nothin' 'tall about it."

The Spite of Politics.

By Robert Emmet Hamilton, D. O., Kirksville.

Since January 1 editors are not given railway transportation in exchange for advertising.—
News Note.

When now the editor would go
To distant city, to and fro,
He walks!



DR. W. S. DRESSEL,

Toulon, Illinois.

Ah, happy days, when near and far
He traveled in a cushioned car
In state!

He signed his name with easy pride
And scurried o'er the country side
At will!

But now—ah, sad the truthful tale—
Through mud and slush and roaring gale,
He walks!

The folks at home looked on in awe
When forth his mileage he would draw
And smile!

They wished they owned a paper, too,
That they might ride the country through
Scott free!

They listened to the tales he told
Of city life and travels bold
And wished

That they might go and see the sights—
The tiger and electric lights—
He saw!

But now they pass him with a smile;
He has to pay to ride a mile—
Or walk!

Satisfaction.

By E. J. Bartholomew, D. O., Chicago.

When in the gloom despair doth creep,
A cloud upon our skies to place,
How gratifying then to keep,
Our tryst with God, both face to face.

His ever presence is with thee,
To guide and keep by day and night
Our footsteps, off' so wont to stray,
With wisdom's pure and holy light.

This God of gods of whom we speak,
Is always knocking in the din,
His glorious presence to bespeak,
Thrice blest are those who let him in.

And thrice times thrice blest will we be,
With golden sheaves without alloy,
If, only we will cultivate
The seed He sows of perfect joy.

Wanted: A Partner.

Anonymously Indicted. (See Want Ad 132, January "O. P.")

"Wanted: a partner."
My practice is growing,
Where it will end
There's really no knowing.
My hair, it is golden;
My eyes, they are blue;
And, though I'm not youthful,
I'm at least not a shrew.
Wanted: a partner,
(I take this occasion
To mention the fact)
Of the male persuasion;
Experienced in practice,
But dark of complexion;
Tall and broad shouldered,
(And in this connection,
The fact that I'm single,
I'll pause to make mention.
I think that is better—
Don't mistake my intention.)

Wanted: a partner—
The matter is pressing;
So badly I need one,
It's simply distressing!
Experience preferred,
But one just from college
Will do at a pinch.
If he has enough knowledge
To tell a corotid
From the valve semi-lunar.
Write, "C," care this paper,
The quicker the sooner!

The Sorrows of Satan.

By A. L. Evans, D. O., Chattanooga.

The editor sat in his sanctum,
With woe in his long, tangled hair;
His brow was a riot of wrinkles,
His face wore the pall of despair!

His heart, like a mountainous burden,
Lay sluggishly still in his breast;
His breath came in labored bemoanings
That told of a sorrow suppressed!

The foreman reported a break-down,
The devil got caught in the press;
The gasoline engine exploded,
The ad-type fell into the mess!

The paper got onto the rollers,
The cogs jumped the track of the bed;
The folder it riddled the issue,
The tape ran across the new head!

The creditors called with the sheriff,
The prize fighter got in the game!
The woman who knew she was slandered,
The landlord and mother-in-law came!

The editor sat in his sanctum
With woe in his long, tangled hair;
His brow it was whiter than marble,
His face was the face of despair!

He raised not his eyes from before him,
He moved not a muscle, nor spoke;
He feared not, he winced not, he squirmed not,
He turn not his face, nor awoke!

DR. BYRON ROBINSON

Is an old friend and favorite author of the osteopathic profession. His books are the most widely read and quoted by osteopathic practitioners of any medical writer. He is a deep and practical student of the human machine and that is why he has become a sort of patron saint of the Osteopaths.

We are pleased to announce that we now have in the bindery the triumphant work of this author's life. His popular book of ten years ago on the "ABDOMINAL BRAIN" has been recreated by the author and is now offered as the summation of fifteen years of indefatigable labor. It is entitled:

The Abdominal and Pelvic Brain with Automatic Visceral Ganglia.

This book is a revelation to the medical profession, and upsets a lot of old theories—but not the osteopathic principles which are founded on just such facts and principles as it sets forth and establishes. You will want it **IF YOU ARE A THINKING PRACTITIONER.**

650 pages. Over 100 illustrations. A life-sized chart in colors goes with it. The illustrations alone in this work cost over \$3,500. No osteopathic book shelf complete without it.

SPECIAL TO OSTEOPATHS

We will make a special and extraordinary introductory offer of 30 days to Osteopaths for this great book in recognition of the fact that as a profession in the past decade they have been the most appreciative disciples of the teachings of Dr. Robinson and the best of buyers of his books on physiological research.

Our special **INTRODUCTORY PRICE** to Osteopaths for thirty days only is.....**\$3.50**

(Postage or expressage extra.)

The regular price is \$6.00. **ORDER TO-DAY.**

FRANK S. BETZ CO., Hammond, Indiana

Manufacturers, Importers and Publishers of Physicians and Hospital Supplies.

Full roughly they swooped down upon him,
And pointed their guns at his head;
But God is His wisdom protected—
For Editor Squiblets was dead!

The Genuine Osteopath.

By Emilie L. Greene, D. O., Detroit, Mich.

The genuine Osteopath, long may he wave!
With his true diagnosis much suffering he'll save.
He'll not work by the clock at so much an hour,
But will strike at the root of things for he has the power.

He will not treat alike every case he can get,
For conditions are different in each one, (you bet-ter believe)
With touch educated the lesions to find,
He will not say the suffering is "all in the mind."

Then hurrah for the Osteopath, honest and brave!
With his two skilfull hands many lives he can save,
He will follow his leader, our dear A. T. Still,
Success crowns his efforts. He can—shall and will!

Of the "Pseudo Osteopath"—what shall we say?
Let us simply ignore him and go our own way.
For all that we do, or think or may say,
But serves advertisement for him and doesn't pay.

Yes, hurrah for the Osteopath—with manipulation true!
It doesn't take long to find out "Who is Who."
Let the gulf be so wide between truth and the "fake,"
That suffering humanity can make no mistake.

Then here's to the Osteopath. There's much in the name,
But more in his good works which bring him great fame.
Don't content yourself working in "any old way,"
But bring all your science and brains into play.

And so, after all, our results are what tell,
And the work that we do advertises us well.
So my vow I will make, for the theme is so great,
And your lives I will save by retiring pell mell.

An Anatomical Colloquy.

By R. M. Buckmaster, D. O., St. Petersburg, Fla.

Acromion left, said to Acromion right,
Let's have a meeting this beautiful night;
The muscles and ligaments, have not been fed,
By "Old Mother Blood" an corpules red;
And as they are weak, and loosed from their tether,
We have agreed that we'll come together.

Then the clavicles, right and left, between,
Said, "O, no, no, for we intervene;"
Then comes "sternum" to the front, bold and brave,
And says, you people up there had better be-
have,
For if such as this is your intent,
My "costal cartilages" will be too much bent.

And then all of our ribs will begin to swerve,
And "Old Man Spine" will have a double curve;
And then "Miss Brain" in her "righteous rath,"
Will send in a call for a "lesion Osteopath."
And he'll come in with a way and a will,
And things that he has learned from "Old Pap Still."

And some things will pop, and other things snap
And he says, "I'll take the kinks out of this old back."
And for all other 'lesions' I'll be on the hunt;
And when they are corrected, you'll have a normal trunk;
And then you can walk and stand up straight,
And you'll not be known by that zig-zag gait.

The "Faker" is a cheat, robber and quack,
The "Massuer" don't know how to treat your back;
So the Massuer and the quack are both at sea,
For they don't know a thing about "Osteopathy."
So don't be fooled by "Music from the chin,"
Of one who for "Osteopathic knowledge" won't give up his tin.

To give relief from suffering, we must remove the cause;
And then "Nature" is free to obey her own laws,
And with her to the rescue, she is ever sure,
In her own good time to effect a complete cure.
She is the physician that always makes a "hit,"
When she is backed by "Osteopathic grit."

And when it is done and he sends in his bill,
And charges for his time and "Osteopathic skill,"

And I ask him if he will cut it in half,
He just gives me the "big horse laugh,"
And says it's not the thing for you to make a squeal,
For cheap work by me was not in the deal.

This is the kind of work I got from "Pap Still,"
And you must come across with the amount of the bill.
You know full well that I "fixed your clock,"
And that means the cash, "Johnny on the spot."
And so I coughed her up, with a free good will,
For I feel that it is worth the amount of the bill.

A Boy in Fall.

By James B. Littlejohn, D. O., Chicago.

I'd ruther B a boy in Fall
an' gather knuts in fragrant wood
than B a man groed up an' tal
er B a pirat if I culd!
i kno whar golden rod's in blum
an' whar th' blue J has her nest,
i kno whar feasants cluck an' boom
an' whar th' blackhaws is th' best!

i've got a pile uv knuts, bi jings,
a dryin' on our lean-to shed,
an' in th' celur they is things
frum punkin-seeds to aples red!
they's wild thorns up about a mile
an' pig nuts groes in Waller's lot—
U ought to see th' jinseng pile
thet Billy Hicks an' I hez got!

an' grapes! I found a lot one day
mi ma will make them intew wine!
an' pa will smack his lips an' say,
"Well, well! I gues that's prity fine!"
i've got 2 peks uv blue-red plums
an' 2 big mellons thet I razed—
I'm savin' 'em till kumpy cums
an' then I gues I WILL B prazed!

th' house is filled with awtum things
with berries gold an' branches red,
they make th' rooms look great, bi jings—
at least that's what my father sed!
I'm jist as hapy as kin B—
i doan't want nuthin' more a tall—
fer nuthin' else thet I kin C
would mak me gladder than th' Fall!

(Continued on page 14, col. 2.)

This Article
Brought One
Office Twenty
New Patients

WE want to tell our friends of the profession what "Osteopathic Health" has done for us. Last month's issue (March, 1904) which was a boomer, containing "Most Diseases of Spinal Origin," by Dr. Bunting, positively brought us **twenty new patients** with diseases of spinal origin. We say, according to our view of osteopathic literature, that "Osteopathic Health" is the best in the world, and we would recommend it beyond any other form of advertising.

Fraternally yours,
Bragg & Ryon

Atlanta, Ga., March 21, 1904.

ANNOUNCEMENT!

**"Most Diseases
Are of
Spinal Origin"**

Copyrighted brochure by HENRY STANHOPE BUNTING, A. B., D. O., M. D., revised and improved, reaches its fourth issue within six years in the February issue of "Osteopathic Health."

ENOUGH SAID

NOTICE!!

This number will not be sold at the usual "back number" price if any remain on sale after the appearance of the March magazine. Now filling orders.

THE OSTEOPATHIC PUBLISHING COMPANY
171 Washington Street Chicago

From a Former
President of the
New York
Osteopathic
Association

PLEASE send me 100 extra copies of "Osteopathic Health" containing "Most Diseases of Spinal Origin." That article has brought me a good many patients and has saved me time explaining our science to the people when my time was precious. I, for one, should like to have this excellent explanation of our science printed once a year in "Osteopathic Health." We can get nothing better as campaign literature.

Fraternally,
Silvester W. Hart, D. O.

Albany, N. Y., Feb. 19, 1904.

THE VERDICT OF THE FIELD

"'Most Diseases Are of Spinal Origin' is so good that your number of 'Osteopathic Health' containing it ought to have a circulation of 20,000,000 copies throughout the United States."—Dr. Walter J. Novinger, Trenton, New Jersey.

"February 'O. H.' is a good number—in fact, as you say, I think it 'your best effort,' so that while I do not particularly need more patients, it will be good to use more for the good of the cause."—Dr. Frederick W. Sherburne, Boston, Mass.

"I believe February 'O. H.' to be the BEST popular article ever written on osteopathy."—Dr. Gilman A. Wheeler, Boston, Mass.

"Please send me one thousand copies of February 'O. H.' containing the article 'Most Diseases Are of Spinal Origin.' It is one of the most complimentary articles ever written for the layman, and ought to be placed in the hands of every intelligent person in this country."—Dr. Charles J. Muttart, Philadelphia, Pennsylvania.

"I am glad to see your article 'Most Diseases Are of Spinal Origin' in print again. It is exactly my idea for spreading osteopathic truths."—Dr. W. Miles Williams, Nashville, Tenn.

"'Most Diseases Are of Spinal Origin' has always been my favorite number, and I am glad to see it appear again."—Dr. B. J. Jones, Monroe, Michigan.

"The article 'Most Diseases Are of Spinal Origin' is excellent, and I wish to increase my regular order of 150 to 200 for the coming month."—Dr. Julia E. Foster, Butler, Pennsylvania.

"This is my third order for the February 'O. H.' The advance guard is here and, to my notion, it is the best number ever published. Only yesterday a retired merchant came to me for consultation, and said: 'Then, according to your talk, your kind of doctors believe the spine responsible for most diseases.' I said, 'verily, thou sayest—an abnormal spine.' So, you see, this February number just suits me."—Dr. Mercen C. Robinson, Rochester, New York.

"Your February number is certainly a splendid one to spread broadcast, and explains in a straightforward manner what now seems a mystery to so many people."—Dr. Wm. A. McClaren, Duluth, Minnesota.

"We have just received our February copy of 'O. H.' It is fine, and we want two hundred (200) of them."—Drs. F. W. & Anna B. Woodhull, San Diego, California.

"One hundred 'O. H.' for February received, and it is the best I have ever seen published. I feel sure that the reading of the February magazine will start many a person on the right road—i. e., 'the road to the osteopath.' I am sorry that I cannot use a few thousand."—Dr. Alexander F. Mc Williams, Boston, Massachusetts.

"We received our 150 copies of 'O. H.' for February, and think they are fine and certainly will do a great deal along the line of educational work, which we find is much needed in this city. You may send us more of them."—Drs. Loper & Loeffler, Kansas City, Missouri.

"The February issue of 'O. H.' is just what the practitioner needs. Congratulations on the edition. Send me 100 copies for a starter."—Dr. O. O. Snedecker, Latrobe, Pennsylvania.

"Enclosed you will find P. O. money order for February 'O. H.'s' They are EXTRA GOOD and I want some more."—Dr. C. C. Hitchcock, Vinton, Iowa.

"Your February 'Osteopathic Health' received, and I wish to say that, excepting the catechism number only, it is the best ever."—Dr. Clarke F. Fletcher, New York, N. Y.

"I think your February number containing 'Most Diseases Are of Spinal Origin' the best thing for popular reading ever published."—Dr. Leon B. Hawes, Coldwater, Michigan.

"The February number is a fine one and ought to save much talk and explanation."—Dr. M. McDowell, Salt Lake City, Utah.

"Please send me two hundred copies of February 'O. H.' I consider that this is the finest number ever gotten out by you, and it reflects great credit upon the author. I feel and know that this single edition will do a vast deal for the osteopathic profession in educating the people to twentieth century methods of treating disease."—Dr. R. J. Waters, Napa, California.

"Please send me 100 copies of your number containing the 'Most Diseases Are of Spinal Origin' article. I regard that article as a first-class delineator of osteopathic principles."—Dr. Asa Williard, Missoula, Montana.

"I have received the February journals and have also seen benefit from them, as I have already received two patients, and am very much pleased with this issue, and hope the following will be as good."—Dr. W. F. Harland, Grand Forks, North Dakota.

"The February 'O. H.' is certainly a fine one, and I heartily agree with you in that most, if not all, diseases are of spinal origin."—Dr. J. C. Goodell, Covina, California.

"The February number is the finest of any series I have ever seen. Your foundation is well laid and you have built firmly, clinching every nail and tightened every screw. Why can't more people see it as you see it, and why can't they put it as you put it? Ah! there is the rub—it requires thought and work. All success to you."—Dr. J. W. Dill, Franklin, Indiana.

"The 100 copies of the February 'O. H.' just recently ordered proved such a good winner that I will ask you to ship at once 300 copies more. The article is convincing and 'hits the nail on the head.'"—Dr. J. J. Schmidt, Danville, Illinois.

"Please send me 100 copies of the February number of 'Osteopathic Health,' as I think that article on 'Most Diseases Are of Spinal Origin' one of the best things I have ever seen in the journal of late."—Dr. H. A. Greene, Knoxville Tennessee.

English Surgeons Uphold Our Atlas Lesion Teachings

WE are indebted to Dr. A. J. Hinkelman, 36 East 16th street, Chicago, for calling our attention to an excellent osteopathic article on "Rotary Dislocations of the Atlas," by Edred M. Corner, M. B., F. R. C. S., of London, England, a surgeon at St. Thomas' hospital and also assistant surgeon at the Hospital for Sick Children, London. This excellent and well illustrated osteopathic article is printed in the "Annals of Surgery," January, 1907, published by J. B. Lippincott Company, Philadelphia. As it will not be convenient for all our readers to see this article we will give copious extracts from it but recommend every osteopath to get this number of the "Annals of Surgery" to keep on file in his office. When osteopathy needs to defend its theories and practices in legislatures there is nothing like having a few standard medical authorities to refer to. That, at least, answers completely the medical insinuation that osteopaths are ignorant and crazy. When we can prove that the foremost thinkers of M. D.-dom are just learning their osteopathic A, B, C's it's a strong point scored for our system of therapeutics.

This paper is so luminous and long that we will quote from it extensively without comment. It will speak for itself:

ROTARY DISLOCATIONS OF THE ATLAS.

In this paper there will be brought to notice a dislocation which with the modern improvements of skiagraphy will be found to be infinitely more frequent occurrence than it has been in the past. Moreover, being by no means necessarily fatal, it was previously overlooked; so that now more and more recoveries will be recognized. There is a *minor degree of this dislocation, a subluxation* (which forms the matter of another paper—Transactions, Clinical Society of London, 1906) which will be found to be still more frequent than the complete displacement.

As anatomists have paid very little attention to the *atlanto-axial joints*, excluding that between the odontoid process and the atlas, it is desirable that a few words be said about them. For practical purposes the joint surfaces may be described as a plane and the atlas be said to glide upon the axis. The articular surfaces are not horizontal but are directed downwards and outwards on either side. They are also directed slightly forwards. Thus the atlas rests upon two oppositely inclined planes of the axis. In order to allow for the gliding movements of these joints the ligaments are lax and loose. In consequence, our heads have to be held firm by muscular effort and not by any other means. If this tonic-muscular action is abolished the ligaments allow the head to rotate 30 degrees either side of the middle line. Any *violence* acting at such a time has what may be termed a "flying start" before it meets any resistance.

These joints are peculiar in the whole spine for their adaptation to give a large extent of rotary movement; with the result that when any violence is applied obliquely to the head or the spine, these horizontal atlanto-axial joints will suffer the most severely. *In spite of this special liability to injury, no surgical study has been made of these joints.* In this communication an attempt has been made to remedy this defect and to direct attention to a dislocation which is a great deal more frequent than is thought and is by no means necessarily fatal, so that it is far more commonly overlooked than discovered. The author reports two new cases.

20 Subluxations Reported.

Twenty examples of rotary dislocation of the atlas have been collected. Two belong

to the author, and have not been fully reported as yet, the other eighteen have been gathered from the literature. No museum in the British Isles has a specimen, except that of St. Thomas' Hospital Medical School, London. (The same museum is unique in possessing an example of unilateral rotatory dislocation of the axis on the third cervical vertebra. Specimen 192.)

It has been decided to report these in two classes—cases in which the injury was confirmed post mortem, and cases which recovered. The author's cases are reported in their proper classes.

Examples of the first class are subdivided into those with the rotatory dislocation alone and those in which the dislocation was complicated by a fracture. There is only one possible case in the first category, rotatory dislocations being almost always complicated by other injuries. This would suggest that cases of uncomplicated unilateral dislocation recover. In this case, Buisson's, it is not quite clear if there really was a dislocation between the atlas and the axis, as well as between the atlas and the occiput. Buisson's case can be doubtfully included in this paper. In this dislocation the vertebral artery of the dislocated side must run a great risk of being torn. Dupont alone has recorded its rupture.

There is only one possible example of a fatal case of rotatory dislocation of the atlas without other injury, which was recorded by Buisson in 1852. The description is not perfect and it is not clear if the atlas was dislocated from the axis, though such is inferred.

1. Rotatory Dislocation of the Atlas. Buisson. (Bulletin de l'Académie de Médecine de Paris, 1852-53, xviii, 102).—A youth, aged 16, was reaching under a cart which was supported by a stake; disturbing the prop, the cart fell on him. Besides the injury to the neck there was a fracture of the right leg. Death was immediate.

Post mortem.—The muscles of the neck were badly bruised, particularly on the right side. The atlas, especially on the right lateral mass, was carried forward, its articular facet being in front of the condyle, which had slipped back; its articular surface was entirely separated from that of the atlas. The ligaments of the condyle which kept it in position, with the articular process of the atlas, were torn from left to right. The occipito-odontoid ligament on the right side was torn off the condyle. The displacement narrowed the spinal canal by half the channel of the foramen magnum.

In eight cases the lesion has been confirmed by an autopsy and was found to be complicated by other injuries; in six the odontoid process of the axis was broken, in one the atlas was broken, in another there was a lateral fracture of the axis as well (Corner's case), and in another the fifth, sixth and seventh cervical vertebrae were broken. In seven cases the lesion was apparently unilateral, and in one bilateral. As the atlanto-axial joints allow considerable movement without any dislocation, it is often very difficult to decide whether the dislocation is bilateral or unilateral. This difficulty is accentuated by the fact that in some of the unilateral dislocations there is a partial dislocation of the joint of the other side.

These Injuries Not Necessarily Fatal.

Of these fatal cases, in only two did death follow soon after the accident; one in a "few hours" and the other in twenty hours. In the other six, death resulted after periods ranging from twenty-three days to many years—a very significant fact, as it shows that these injuries need not be fatal and, when in the living, they are easily overlooked. Gibson's case died on the twenty-third day, Cortes' in the eleventh week. Bernstein's on the one hundred and first day, Lambotte's after fourteen months, whilst Broca's and Corner's were

found accidentally after death, many years after the injury.

The absence and onset of paralytic symptoms is also very noteworthy. Neglecting the two rapidly fatal cases, David's and Dupont's, none of the cases presented any paralysis, etc.—i. e., spinal cord symptoms—at first. In Broca's and Corner's cases they never occurred at all. Gibson's case died suddenly on the twenty-third day from a sudden increase of the dislocation, due to injudicious movements, without ever having had any paralytic symptoms. Cortes' case developed spinal symptoms only at the beginning of the tenth week after the accident; Bernstein's on the seventy-first day; Lambotte's after a year.

Such Dislocations May Be Overlooked.

The absence of spinal symptoms in so many cases points to the case with which the injury may be overlooked. The sudden death of Gibson's case shows the penalty that may be paid for overlooking it, whilst Cortes', Bernstein's and Lambotte's cases show that a guarded prognosis should be given for some time after the accident, because of the onset of myelitis.

II. Bilateral Rotatory Dislocation of the Atlas, with Fracture of the Odontoid Process.—Broca, in the Bulletin de la Société de Chirurgie (1863, 3rd series, 549), reports that on autopsy in an old man who died of an urinary disorder, the occipital foramen was found nearly obliterated. The specimen showed a dislocation of the atlas on the axis, with fracture of the odontoid process. It was a lateral displacement with a certain degree of rotation. During life the man had carried his head a little obliquely and the neck stiffly.

III. Unilateral Rotatory Dislocation of the Atlas, with Fracture of the Odontoid Process. Bernstein. (Deutsche Zeitschrift für Chirurgie, lxx, 174; Centralblatt für Chirurgie, No. 4 iii).—A man, 18 years of age, fell from a step of a carriage, receiving a blow on the left side of his neck. His head had a twist of 40 degrees to the left. Up to the seventy-first day of his illness he had no spinal symptoms. Paralysis then began in the right arm, involving successively the right leg, left arm, left leg, bladder, rectum, and diaphragm. Death on the 101st day after the accident.

Post mortem.—Fracture of the base of the odontoid process with callus formation which led to the compression of the cord. Forward rotary displacement of the atlas, the right side being displaced forwards on the axis. The left side was in its proper place.

V. Unilateral Rotatory Dislocation of the Atlas, with Fracture of the Odontoid Process. Cortes. (Malgaigne's "Fractures," 11, 329).—A youth, aged 15, was thrown to the ground and received several blows on his head and neck. He was quite well for nine weeks; then he lost the use of his limbs, and died in the eleventh week.

Post mortem.—It was found that the atlas was dislocated forwards with the right side more advanced than the left. The odontoid process was fractured across its base and lay almost horizontal.

VI. Unilateral Rotatory Dislocation of the Atlas, with Fracture of the 5th, 6th and 7th Cervical Vertebrae. David. (Bulletin de la Société Anatomique de Paris, 1888, lxiii, 910).—A man, aged 26, was caught by a buffer in the upper part of the neck and thrown some distance. When seen the neck was very painful. There was a suboccipital depression extending as far down as the spinous process of the axis; a corresponding projection could be felt in the pharynx. There was paralysis of all four limbs. Death 20 hours after the accident.

Post mortem.—There was dislocation forwards of the atlas upon the axis, to the left side, with compression of the cord. There was also a vertical fracture of the posterior and middle parts of the body of the fifth cervical vertebrae. The sixth and seventh vertebrae were likewise fractured.

VII. Unilateral Rotatory Dislocation of the Atlas, with Fracture of the Odontoid Process. Dupont. (Bulletin de la Société Médicale de la Suisse, 1876, x, 65).—A man in delirium tremens leaped from the fourth story of a building. Death resulted in a few hours. Upon post-mortem examination there was considerable separation between the atlas and the axis. The latter was luxated backwards and pivoted on its left atlanto-axial joint, which remained in its proper place. The odontoid process was fractured at its base, but owing to the fact that the ligaments remained intact there was no displacement of the process. The vertebral artery was also ruptured.

VIII. Unilateral Rotatory Dislocation of the Atlas, with Fracture of the Odontoid Process. Gibson. (Lancet, 1885, ii, 429).—A man, aged

58. rolled down a bank and lay there all night. Upon rising, he was too unsteady to walk and had to be assisted home. His head was very much set forward, the chin resting on the sternum. It was held rigidly in this position. He said that he was suffering from a pain of a burning character. There was a great prominence at the back of the neck just below the occiput. The highest cervical spine was two inches from the occiput. A diagnosis was made of a displacement between the atlas and axis. There was no paralysis. He was laid on the bed and steady traction applied to the head, when the dislocation suddenly reduced with a snap. Crepitus was also felt, indicating the presence of a fracture. The prominence of the spines disappeared and the head went naturally into line with the body. A week later he was seized with abdominal pain after eating some bread and butter. Whereupon, in spite of efforts to prevent him, he started up and almost immediately fell back dead.

Post mortem.—Considerable separation was found between the atlas and axis. The cord was tightly stretched and pulled against the anterior wall of the canal. There was no damage to the cord. The odontoid process and part of the body of the axis was broken off and remained in its situation against the arch of the atlas, the transverse and other ligaments being intact.

Death after twenty-three days.

IX. Unilateral Dislocation of the Atlas, with Fracture of the Odontoid Process. Lambotte. (Annales et Bulletin de la Société de Médecine d'Anvers, 189, lvi, 131-133).—The fracture was produced by a simple movement of extension of the head, while the young woman was sewing. Afterwards, she suffered from pains in the head and a stiff neck. A year later she began to suffer from paralysis in the upper limbs, imperfect anaesthesia, exaggerated reflexes, etc. Death occurred about fourteen months after the injury.

Post mortem.—The odontoid process was found to be fractured across its base transversely, and repaired by some fibrous tissue. The atlas was dislocated forwards on the right side only. The transverse and check ligaments were intact.

Cases That Recovered.

Having gleaned what knowledge was possible from the records of fatal cases of rotatory dislocation of the atlas, it now remains to apply that knowledge to reported cases of recovery from that injury. Ten of these have been collected—the earliest being Bayard's, in 1870, and the latest the author's, in 1905. Of these ten, only one presented any spinal symptoms—the second case of Lannelongue; but the description is insufficient to enable it to be said to what extent. In only one is the odontoid process known to have been broken—Bayard's case—which is striking when compared with the fact that that fracture was found in six out of eight cases in which there was a post-mortem examination.

In Billot and Picque's case, as in the author's, the patient had considerable difficulty in swallowing. In my case the patient had great difficulty in opening his jaw as well.

In the instance recorded by Uhde, Hagemann and Boettger, the right hypoglossal nerve was permanently paralyzed. It is hardly conceivable that this nerve could have been stretched or ruptured by the dislocated atlas. The probable key to the explanation is to be found in a case of Sir James Paget's which was shown before the Clinical Society. The hypoglossal nerve was injured in a case of fracture of the posterior fossa of the base of the skull. The violence which produced the dislocation of the atlas in Uhde, Hagemann and Boettger's case would have been prone to fracture the posterior part of the base of the skull. It would appear that this instance is an example with coincidence of the injuries. The difficulty in swallowing, noticed by Billot, Picque and the author, was probably due to the dislocation causing some injury to the first or second cervical nerves, so rendering the pharyngeal plexus inefficient.

X. Unilateral Rotatory Dislocation of the Atlas. Bacon. (University Medical Magazine, 1891, iii, 182).—A man, aged 22, fell down sixteen steps, striking his head. He was conscious and able to walk. His head was slightly flexed and turned to the right. It could not be moved. On examination, the spinous process of the axis was turned to the left and upwards for a quarter of an inch. In the pharynx, corresponding to the body of the axis, was found a marked projection. There was no paralysis or anaesthesia. The man got quite well and

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the movements of his head returned to a limited extent.

XI. Fracture of the Odontoid Process and Rotatory Dislocation of the Atlas. Bayard. (Boston Medical and Surgical Journal, 1870, N. S., v. xliii).—A girl, aged 6, fell, a month previously, from a pile of boards about five feet high, striking her head and neck. Afterwards she could not move her head without pain. She was treated for neuralgic pains in the neck.

The head was inclined forward and to the right; she supported it with her hand under her chin. Any attempt to rotate or move it caused great pain. No irregularity could be found in the vertebrae of the neck. She was ordered to be kept on her back as much as possible. Nine months later she walked well, but still supported her head. The head now rested on the right shoulder and the neck was much altered in shape, the irregularity giving the impression that there was a "partial luxation of the atlas and axis." She wore an apparatus to support her head for a year, at the

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end of which she could hold her head up and even rotate it considerably. Three years after the accident she had an abscess in the neck from which was discharged the separated odontoid process.

XII. Unilateral Rotatory Dislocation of the Atlas. Billot and Picque. (Bull. et Mem. de la Soc. de Chir. de Paris, 1900, xxvi, 23).—A man, aged 21, fell upon his head a distance of three and one-half meters, without losing consciousness, got up and walked a hundred meters. He complained of violent pain at the nape of his neck, great difficulty in swallowing and on movement of his head. There was no paralysis or anaesthesia. The pain in the neck disappeared in about fifteen days; the dysphagia lasting a little longer. At the end of three weeks he was sent back to his regiment with only a stiff neck. The face was turned a little to the right. The upper part of the neck was deformed; a little out of the median line a prominence was visible. The spinous process of the axis was deviated a fingerbreadth to the

right. The movements of flexion and extension were very limited and rotation was very incomplete. There was a protuberance in the right side of the pharynx. The case was called one of dislocation to the right of the atlas by rotation of the vertebra upon its body, without fracture of the odontoid process. Recovery without any serious effects.

XIII. Unilateral Rotary Dislocation of the Atlas on the Axis, with Fracture of the Anterior Arch of the Atlas. No Paralytic Symptoms. Recovery. (Corner.) Clinical Society's Transactions, London, (1905.) Shown at the Clinical Society of London, February 24, 1905.—J. L., aged 21, fell from off a horse, striking his forehead. Beyond making him "see stars," he was not much hurt. He got up and rode his horse home. He came to St. Thomas's hospital complaining of a stiff and somewhat painful neck, and was treated with liniment and rubbing; but as he was no better at the end of a fortnight he was admitted.

Examination.—The patient carries his head a little flexed and turned to the right. Movements are limited and the neck is stiff. The left transverse process of the atlas is easily palpable between the mastoid process and the angle of the jaw. On the right side it cannot be felt, the examining finger sinking into a groove. Further palpation gives the impression that the transverse process is displaced backwards. There must be a dislocation of the right atlanto-axial joint. On the right side of the neck, below the point just mentioned, there is felt a prominence of the middle of cervical vertebrae, which shows that there has been some accompanying rotation of the vertebrae below the dislocation. After a few minutes' standing the man became fatigued.

An examination on a later day confirmed the above observations and it was further remarked that he could rotate his head to the right or injured side, but not to the left or uninjured side. A further observation was that he had difficulty in opening his mouth and his articulation was indistinct. There was no difficulty in swallowing such food as the restricted movements of his jaws allow him to take. He was never able during his stay in hospital to open his mouth sufficiently to allow his pharynx to be examined by a finger. There were never any paralytic or anaesthetic symptoms.

When his pharynx was examined, after his jaws had recovered sufficiently to enable him to open his mouth, the right side of the atlas, which was displaced forward, could be felt as a prominence on the posterior wall.

The skiagraph shows the unilateral dislocation of the atlas from the fracture of the anterior arch of the atlas. It is not clear whether the odontoid process is broken, but it was generally thought to be intact.

XIV. Unilateral Rotary Dislocation of the Atlas. Hesse. (Beitrag zur klin. Chir., 1895, xlii, 93).—A man fell from a cherry tree, striking on his head. His head was turned to one side and his neck was stiff and immovable. He was never fully unconscious and had a peculiar sensation about his arms and legs. There was no paralysis. The head was replaced when under an anaesthetic. Professor Socin diagnosed a "torsion luxation of the atlas." The recovery presented nothing noteworthy.

Described as an example of the rotation luxation of Uhde, Hagemann and Boettger.

XV. Two Cases of Unilateral Rotary Dislocation of the Atlas. Lannelongue. (Compt. Rend. de l'Academie de Science, Paris, 1904, cxxxix, 495-6.) Case I.—A child, 8 to 9 years of age, hung himself accidentally whilst playing. There was an unilateral dislocation of the atlas on the axis, which was reduced and the child made an uninterrupted recovery.

XVI. Case II.—An officer was thrown from his horse and suffered from a similar dislocation of the atlas on the axis. He had four-limbed paralysis. Reduction was followed by recovery, though it is not stated whether the paralysis passed off completely.

XVII. Unilateral Rotary Dislocation of the Atlas. Legg. (Lancet, 1893, ii, 1382).—A lad (schoolboy) tumbled over another boy in the playground and, turning over, caught the back of his head in an angle formed by the trunk of a tree and the ground.

The head remained twisted to the left and he was quite incapable of rotation, all attempts

at it causing great pain. The chin was somewhat raised so that he could not see his toes. Pressure over the lower cervical spinous processes caused no pain and disclosed no irregularity, but when applied to transverse process of the atlas, especially on the right side, it caused great pain. The diagnosis was "a probable rotatory dislocation or hyper-rotation of the atlas upon the axis." The dislocation was reduced by exerting traction on the head with counter-extension on the trunk, a click being heard at the moment of reposition. Recovery uneventful.

XIX. Rotatory Dislocation of the Atlas. Uhde, Hagemann and Boettger. (Archiv fur klinische, Chirurgie, 1878, xxii, 217).—A man, aged 34, fell thirty feet. He sustained a comminuted fracture of the right humerus. There was also pain and tenderness with immobility of the neck. The head was carried bent over to the right, the chin being directed to the left. Moreover, the head was flexed, thus being twisted on all three axes. On the right side the transverse process of the atlas could not be felt in its proper position and the finger sunk deeply into the neck in this place. It was ascertained that the right transverse process was displaced forwards. The corresponding process on the left side is asserted to be displaced backwards, but it is not made clear upon what authority the statement is made. There was a permanent paralysis of the right hypoglossal nerve. There were no spinal symptoms. The deformity was restored by extension and the man recovered. The case is called one of luxatio-atlantia violenta, with dislocation of the atlanto-axial joints.

This Surgeon's Methods of Diagnosis.

It now remains to draw in brief form the features by means of which rotatory dislocations of the atlas may be observed clinically, so that the lesion may be recognized as an important and not infrequent injury amongst instances of sprained necks.

To begin with, there is the history of the accident, in which the violence is commonly applied to the front and top of the head. There are no symptoms of paralysis or anaesthesia, neither has there been recorded a case of spinal concussion. The neck is painful to touch and to move. It is stiff and capable of little movement. The position of the head is very characteristic. It is flexed and turned a little to one side, usually the right. In more severe examples the head is bent towards one shoulder so that the chin points to the other side. In the latter case, it is probable that the head cannot be moved. In the former and less severe varieties, the head can be rotated more to the side to which it is directed than to the other.

The side to which the chin is directed is that on which the transverse process of the atlas is rotated backwards. The side to which the head cannot be rotated is that which is, or is only partially, dislocated. For the joint of the side to which the head is rotated is fixed, forming the center of the curve along which the other joint moves. For example, in turning the head to the right, the right atlanto-axial joint is fixed and the left moves, and vice versa. If the left side is dislocated, the head can only rotate a little to the right, as the left joint does not exist. It can be rotated a little to the left, since the right joint can move, but only a little, as the forwardly dislocated left joint is the fixed point and will not permit more. By means of the rotatory movements present it is possible to decide whether the injury is unilateral or bilateral, but care must be taken in making observations.

Normally, the transverse process of the atlas can be felt half way between the tip of the mastoid process and the angle of the jaw. This can be felt plainly on the side from which the head is turned, unless, when the patient looks forward, it is hidden by the angle of the jaws. On the side to which the head is bent it cannot always be felt, the finger sinking deeply inward and forward into the neck; the transverse process of the atlas has been displaced backwards. A similar observation must be made frequently on a sound but rotated neck; otherwise it is not easy to make. From the back, the spine of the axis, when it can be seen or felt, is deviated somewhat

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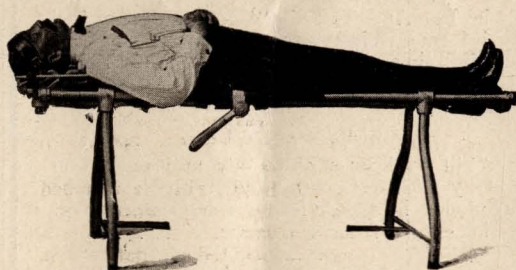
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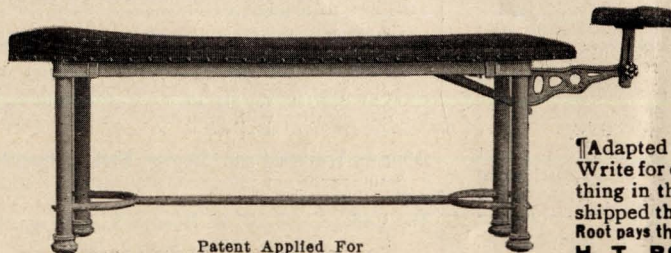
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to the side from which the head is bent. This is not due to the fracture, but to the lateral curvature of the cervical spine, which is caused by the flexion and rotation of the head. The condition of the spine of the axis is of some interest, as sometimes it is more prominent than usual and at other times less prominent. The prominence of this spine is due to flexion and forward displacement of the head. Great prominence means much forward displacement of the head, and therefore the odontoid process is very likely to be broken.

An examination of the pharynx, preferably under chloroform, reveals two prominences, that on one side being due to the forwardly displaced transverse process, and that on the other, which is bulkier and less distinctly defined, being due to the part of the axis which has been denuded by the backward displacement of the transverse process of the atlas on that side. Attention has never been directed to these two points to be ascertained on examination of the pharynx.

Diagnosis by Skiagraphy.

A skiagraph of the lateral view of the head shows a forward displacement of one side of the atlas, owing to the transverse axis of that bone being oblique to the rays. It confirms the clinical observations. A most important thing is to ascertain if the odontoid process has been broken or not. If it has not, there is far less danger if a reduction of the dislocation is attempted, a proceeding which is dangerous if it is. This is not easy to make out, as the two lateral masses of the atlas when viewed from the side are normally one behind the other; in a rotary dislocation they are seen laterally *en échelon*, obscuring the odontoid process. It is possible in most cases, especially in the recent one, to decide whether or not there has been a fracture. Later, the outlines of the bones become obscured from some callus and inflammatory reparative formations. The integrity or otherwise of this process is extremely important to the life of the patient, as if intact it will lock between the anterior arch of the atlas and the transverse ligament. If it is broken there is little to protect the cord from an injury.

Anterior skiagraphs show nothing, and, owing to the rotation of the head and the patient's inability to open the mouth wide, a skiagraph of the odontoid process cannot be obtained.

Five Points of Diagnosis.

The five points upon which to rely for a diagnosis are the *position of the head*, the *positions and fixity of the transverse processes of the atlas*, the *examination of the pharynx*, and the *skiagraph of the lateral view of the neck*. There is usually nothing which will absolutely exclude fracture of the odontoid process. If the process is broken, death may easily result from a sudden increase in the amount of the dislocation. If it is unbroken, it will lock with the anterior arch of the atlas and the transverse ligament, being a safeguard to the spinal cord. Mention has not been made of the differentiation of unilateral rotary dislocation from an injury, to which I have lately directed the attention of the Clinical Society of London (Transactions, 1906 and 1907), namely, *rotatory subluxation of the atlas*. The distinction is difficult to make in some cases, as the *complete dislocation differs from the partial only in the "quantity" of its symptoms, not in their quality*. The subluxation is always reduced very easily when muscular relaxation is induced.

Treatment Outlined.

When a diagnosis has been arrived at, and the probable condition of the odontoid process ascertained, the question is whether to reduce the dislocation or not. If the accident has already happened for a fortnight to a month, or the odontoid process is thought to be intact, an anaesthetic may be given. In a num-

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ber of the cases spontaneous reduction occurs when the muscles are relaxed. In others gentle traction on the head and rotation will bring about the desired result. The head can be put up in a plaster of Paris collar or in wood wool and bandages, which will be succeeded in a few days by a poroplastic collar. If, on the other hand, the odontoid process is thought to be broken, keep the patient at rest in bed with the head immobilized with sand bags, and three weeks to a month later give an anaesthetic to examine the pharynx and reduce the dislocation.

Should the surgeon not reduce the dislocation, the neck is put into a poroplastic collar. Movements in the neck will return, but will be limited. Operative treatment, unless to relieve symptoms of pressure on the cord, is not likely to be of much use.

AMONG THE STATES

188 January Grads.

The A. S. O. graduated 188 this month as the last two-year class to be sent out.

Missouri Examines.

Missouri's state board held examinations at Kirksville and Kansas City, Jan. 14 and 15.

No February Enrollment at A. S. O.

The A. S. O. announces that it will not enroll a new class this February.

Another Examiner.

Dr. E. J. Martin, Council Grove, Kan., has been appointed examining physician for the Fraternal Aid Association.

House-Warming at L. A. C.

The Los Angeles College of Osteopathy had an informal house-warming reception at its new building, 318-20 Clay street, New Year's night.

Chiros Want a Law.

A bill to license chiropody and put it on equality with osteopathy and medicine will be introduced in the Wisconsin legislature next session.—*La Crosse Chronicle*, Nov. 27.

Tennessee Board Meets Next Month.

The Tennessee State Board meets in Nashville, Feb. 21st and 22d. All who wish to receive certificates will write to Mr. J. E. Collins, 502 Wilcox Bldg., Nashville, Tenn., for application blanks.

Chicagoans Oxidize.

Dr. H. H. Fryette, president of the Illinois Osteopathic Association, discussed the function of oxygen in the body relative to nervous tissue at the Jan. 31st meeting of the Chicago Osteopathic Society at Room 505, Trude Building.

Dr. McConnell Shows Gotham.

Greater New York's osteopathic society listened to Dr. C. P. McConnell at the Fifth Avenue Hotel, Jan. 19, who discussed bony lesions by the aid of laboratory research and stereopticon. Dr. Proctor of Buffalo scheduled for February.

Indiana Society Officers.

Through copying a newspaper item about the last Indiana state meeting we gave the old officers instead of the new ones. The present official roster of the Indiana Osteopathic Society is: President, Dr. J. F. Spaunhurst, Indianapolis; vice-president, Dr. J. A. Chap-

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man, La Porte; treasurer, Dr. Z. A. Nevius, Brazil; secretary, Dr. J. E. Baker, Brazil.

South Carolina's Harsh Bill.

South Carolina's medical association is pushing a bill in the legislature to shut out osteopathy, opticians, etc. *The Spartansburg Journal* of Jan. 25 gave it a full column editorial protest. The definition of practicing medicine is very sweeping.

Bill up in Nebraska.

We are deep in legislation out here in Nebraska. We have launched a bill for a separate board with good prospects of success. Senator Thomas, of Omaha, introduced a bill in the upper house, Jan. 15. It seeks to create an independent osteopathic board of five members.—*Dr. C. B. Atzen, Omaha.*

Chicagoans Discuss Pneumonia.

The Chicago and Cook County Osteopathic Society met Jan. 3, with Dr. Lychenheim presiding. Dr. R. F. Connor lectured on "Pneumonia," and also demonstrated the treatment given by himself. The talk was very vivid and helpful. It was greatly appreciated by all present.—*Margaret E. Schramm, D. O., Secretary.*

San Joaquin Valley Meeting.

The San Joaquin Valley Osteopathic Society met at Fresno, Cal., Dec. 20, and had a good time. Dr. W. E. Dwiggin discussed "The Healing Art," and Dr. Ida C. Glasgow, "Rheumatism"; Dr. Mary E. Hale, "Osseous Lesions"; Dr. Ellen A. Abbott, "Osteopathy vs. Drug Therapy," and Dr. Minerva Key Chappell, "Rib Lesions." The meeting was at the office of Dr. Chappell.

Bill Up Again in Texas.

Texas D. O.'s are busy again at Austin. The legislative committee—Dr. T. L. Ray of Fort Worth, Dr. J. T. Bailey of Waco, and Dr. M. B. Harris of Fort Worth—went to Austin Jan. 8, and got a bill introduced before the senate committee Jan. 24. They advocated the passage of our measure. A good fight will again be made by our people to get protection.

Tri-State Success to be Repeated.

President Homer Edward Bailey of St. Louis is out in a virile, stirring address to the osteopathic denizens of Missouri, Illinois and Iowa to meet again at Kirksville this year in a tri-state convention that shall be made as good as the meeting last year. The slogan for this meeting will be "original research," "technique" and "prognosis." Good live ones only will be put on the program. Everybody come.

Ohio's New Officials.

Officers elected at the Ohio Osteopathic Society meeting at the Chittenden Hotel, Columbus, Dec. 29, were: H. E. Worstell, Canton, president; L. A. Bumstead, Delaware, vice-president; E. H. Cosner, Upper Sandusky, secretary, and W. S. Pierce, Lima, treasurer. Executive Committee: President and secretary ex-officio; Dr. F. E. Corkwell, Newark; Dr. C. L. Marsteller, Youngstown; Dr. E. H. Boyes, Marietta; Dr. R. E. Tuttle, Hicksville, and Dr. Clara A. Davis, Bowling Green.

Dr. Pearson Killed.

Dr. M. E. Pearson, of Louisville, Ky., an A. S. O. graduate of 1903, was killed Jan. 22, by being struck by an electric car. He was returning from visiting a patient, accompanied by his partner, Dr. S. T. Bush, just after dark and was about to board one street car when struck by another. At St. Anthony's hospital his skull was found to be fractured and death ensued within three hours. Dr. Bush

(Continued on page 12.)

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EDITORIAL

"Hew to the line, let chips fall where they will!"

D. O. Treats Small Pox and Bluffs Board of Health.

I DID not get around to giving you a report on my smallpox cases last month, so will send it this month. On the 27th of November I was called to see a woman twenty years of age. I found her suffering with a severe headache, backache and pain in stomach, also constipated; fever 102°. I thought at first I had a case of la grippe. I called next day and found no changes. On the third day she had more fever and was a little delirious.

On the morning of the fourth day I noticed a very fine rash on her forehead. As there had been several cases of so-called "smallpox" in a neighboring town, I came to the conclusion that was what my patient had. On the fifth day she was broken out quite badly across the forehead, on her wrists and chest and in the mouth, but felt fine in other respects, having no ache or pain. She was able to be around the house.

I did not treat her any more, but at the start I treated the bowels and kidneys very thoroughly, ordered hot drinks and injections for bowels. She is well and without a pit to-day.

I have had three other cases since and they all did finely.

When I first noticed the rash I reported the case to the town board of health, disinfected myself and changed cloths every time I went into the house. I reported the case one afternoon and the next morning the president of the board of health called on me in person and said I could do one of three things—be vaccinated, be quarantined, or get out of town—and he gave me till noon to decide. I asked him what my state certificate meant if he were going to use such measures as that. He did not answer, but left the office and told me to report.

I went to see my attorney. He informed me that I was on the right side and to pay no attention, but to go on with my practice the same as ever. At his advise I wrote Dr. J. A. Egan, Secretary of State Board of Health, and asked him if such measures could be enforced. I received no reply. I did not contract the disease or carry it to any other person.

W. S. DRESSEL, D. O., A. S. O.
Toulon, Ill., Jan. 30.

4th of July Joke.

Watte—"By the way, what is 'tetanus' derived from?"

O'Proudly—"Immature patriotism, mostly."

Here's to a United Society in Chicago

By GEO. H. CARPENTER, D. O., M. D., Chicago.

THERE seems to be a general feeling among Chicago osteopaths that we who represent osteopathy here ought to stand shoulder to shoulder and work together for the up-building of our science and profession in this great city where, as compared with the great number of people, we are as yet but little known. We have in Chicago perhaps 150 osteopaths, graduates from the recognized colleges situated in various parts of the United States. These men and women are working to advance our beloved science in this city and surrounding country. I sometimes think that our efforts in this direction are a good deal like the man trying to row a boat against a heavy wind, while his companion sits by and enjoys the ride but makes no effort to lighten the load. When both put their hands to the oars what a difference it makes in progress! And what strength is gained in unity of action!

Doesn't it seem as if the osteopaths in Chicago are very much like the man in the boat? We try to go along in our own individual ways, at times making a good deal of splash and splatter (among ourselves) but as individuals we are not strong enough to get anywhere. I do not think I am alone in this feeling.

I have felt for a long time that what we need here is unity and harmony. Is it not now time for us to really get together?

We have in the city two osteopathic societies. We ought to have but one. Two separate societies can no more accomplish what we are trying to do in the advancement of osteopathy than the lone man in the boat can make progress against the wind. What we need is concerted effort, every osteopath doing all in his power to bring about that feeling of good fellowship which we all feel the need of.

The meetings of the two societies are interesting and very helpful to those who are fortunate enough to be able to attend, but how much more might we get and accomplish by coming together in one harmonious body, dropping any personal preferences or prejudices, with the one idea of putting osteopathy to the front in and about Chicago?

I always feel embarrassed when asked to explain why it is that there are two societies here. How is it with you? In conversation with a recent comer, a few days ago, she said, "What do we new osteopaths coming to Chicago care about the difficulties that have been? We are here to help build up the science, and the only way to do it is to forget past misunderstandings, throw away personal feelings and all go at it as one man." If we as a profession are going to grow we must adopt this principle.

Will it not be possible in the very near future to have committees appointed from the two societies to meet together with instructions to devise some plan by which we can all come under one banner?

Here's for the "New United Society of Chicago Osteopaths!"

Chicago, January 23.

Rainbow of Peace Over Illinois.

THERE are signs of harmony in the sky about Chicago and the prospects are that the two Chicago societies will soon consolidate. Everybody seems to desire it and nobody seems to oppose it. There is no reason why it shouldn't be consummated. If the osteopaths of Illinois are going to cut any ice at this legislature it would seem that such a step is a prime necessity.

The first practical step in this direction is to be a joint meeting of the members of the Chicago Osteopathic Society and the Chicago and Cook County Society with all the other osteopaths of "GreatEST Chicago" at hall 901, Masonic Temple, Saturday night, February 23. Dr. E. J. Bartholomew has been invited to deliver his stereopticon lecture on osteopathic-nervo-psychic anatomy and the principles of cure we draw from the structures and functions of the body. It will occupy just 45 minutes and promises to be a helpful thing to every practitioner. Light refreshments will be served.

It is proposed as a feature of this gathering—in which levity is to be as important a factor as serious considerations—to have an introduction committee operate at one part of the program who will call to feet every D. O. present and announce his name and location. In this manner it is designed to introduce all the members of the profession to each other in "GreatEST Chicago."

No very definite plans have yet been proposed for merging the two societies but it is certainly in the air. The members of both societies realize that if one central body were to result we could have a society at least as grand as the Greater New York Society—which is considered in Gotham as the pattern of all that's excellent—and D. O.'s are not few who believe it would be superlatively better. Even the name is thought to be prophetic—"GreatEST Chicago!"

One plan suggested is that four presiding officers be elected for the year who shall serve three months each and that these be constituted a committee to boost the programs, attendance and work of the society all year.

Another thing is certain: Everybody is sick of divisions in the osteopathic ranks and divided programs in Chicago and Illinois, and it is expected that everybody will come together, willing to forget the past and unwilling to ask or answer "why things have been thusly in the past," but bent only upon securing a harmonious future. Let everybody in the city and state who can come be there—including Dr. Twefer as delegate-at-large from Indiana.

Come and help make it a success.

Bring your neighboring D. O.'s with you.

THE ILLINOIS BILL TO BE PUSHED.

ALL factions in the state of Illinois have agreed harmoniously upon a legislative program. A bill has been agreed upon which has been approved and recommended for passage by the legislative committees of the A. O. A. and the I. O. A. as well as BOTH Chicago societies (collectively known as the "GreatEST Chicago Osteopathic Society") and so why should not this bill become law? It is practically the same as senate bill 311 which passed the senate at last session without the "riders" and "jokers" that were tacked on by our enemy to defeat it by making it unacceptable to us at the last minute. This bill was introduced in the house by Representative Allen on Jan. 22. The text of this measure is as follows:

A BILL

For an Act to Regulate the Practice of Osteopathy in the State of Illinois.

Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: That the Governor shall, within thirty (30) days after the passage of this act has taken effect, appoint a Board of Osteopathic Examiners to be known as "The Illinois State Board of Osteopathic Examination and Registration," consisting of five (5) members, whose term of office shall expire one (1),

two (2), three (3), four (4) and five (5) years consecutively from the date of their appointment; and he shall annually thereafter appoint one member for five (5) years to fill the vacancy caused by the expiration of the term of office of the outgoing member of the board. No person who is not a graduate of a reputable school or college of osteopathy, having a course of at least four (4) terms of five months each, shall be appointed a member of said board, and who has not been a resident of the State of Illinois and been engaged in the active practice of osteopathy at least one (1) year preceding such an appointment.

Section 2. The Governor shall, immediately after the appointment of said board, appoint from its members a president, secretary and treasurer and said board shall have a common seal. The president and secretary shall have the authority to administer oaths for the accomplishment of the objects of the board as hereinafter provided. The board shall keep a record of all its proceedings, and also a register of all applicants for license, together with a record showing their ages, time spent in the study of osteopathy and the name and location of all colleges granting to such applicants degrees or certificates of courses in osteopathy. Such record shall also show whether such applicant was rejected or licensed; and said books and register shall be prima facie evidence of all matters required to be kept therein. No applicant shall be rejected without being given an opportunity of appearing before the board in person or by attorney. It shall be the duty of said board to meet at least semi-annually at such time and place as it shall designate, to examine applicants to practice osteopathy in this State, and shall grant license to such applicants as shall satisfactorily pass the examination prescribed by said board; provided, said applicants are of good moral character, are graduates of some recognized college of osteopathy requiring a three years' course of nine (9) months each year before graduation, no two of such courses to be given within any one twelve months, and that shall require for admission thereto a preliminary education equivalent to that necessary for entrance to the junior class of an accredited high school in this State, including a one year's course in Latin.

Section 3. The board shall prescribe an examination which shall include the following subjects, namely: Anatomy, histology, physiology, physiological-chemistry, toxicology, pathology, gynecology, obstetrics, hygiene, neurology, minor surgery, antiseptics, anaesthetics, bacteriology, medical-jurisprudence principles and practice of osteopathy and osteopathic diagnosis and such other subjects as the board may direct. In each of the subjects named the applicants shall pass a minimum grade of seventy (70) per cent and a general average for the entire examination of not less than seventy-five (75) per cent. After examination as hereinbefore provided the board shall if it find the applicant qualified, grant a license to said applicant to practice osteopathy, which license, after the payment of the fees as hereinafter provided shall be signed by all the members of the board and attested by the secretary and seal of the board. Osteopaths when so licensed shall have the same rights and privileges and be subject to the same laws and regulations as physicians from other schools of medical practice, but shall not have the right to practice major surgery or to prescribe drugs otherwise than in the use of antiseptics, anaesthetics and antidotes for poisons. The fee for examination and for a certificate shall be as follows: Ten (10) dollars for examination and five (5) dollars for a certificate if issued. Such fee or fees shall be paid to the treasurer of the board towards defraying any proper and reasonable expenses of the board.

Section 4. Any person within thirty (30) days after the organization of the board holding a certificate to treat human ailments without the use of medicine internally or externally, and without performing surgical operations, issued

under and according to the provisions of Chapter 91, Revised Statutes of Illinois, 1901, can upon presenting such certificate on the issuance of said license obtain an osteopathic physician's certificate; provided, he or she files with the board a certificate of the Illinois Osteopathic Association, a corporation duly organized and chartered under the laws of the State of Illinois, setting forth under seal attested by the president and secretary of the Association that the person named in the certificate is a graduate of a reputable college of osteopathy; that he or she is of good moral character and that he or she is in good standing in his or her profession; shall, upon the payment of five dollars (\$5.00) receive an osteopathic physician's certificate from the board without an examination; provided, further, any person producing satisfactory evidence of having practiced osteopathy in any other state or territory of the United States for a period of at least three (3) years, who shall personally appear and present a certified copy of certificate of registration or license which has been issued to said applicant in another state or territory in the Union or of other countries where the requirements for registration shall be deemed by the board equivalent to those of this state, shall be entitled to receive a certificate to practice osteopathy in this State upon the presentation of a diploma, granted by a recognized college of osteopathy, to the board and the payment of a registration fee of fifteen dollars (\$15.00).

Section 5. Every person holding a license to practice osteopathy from the Osteopathic State Board of Examination and Registration shall have it recorded in the office of the county clerk in which he practices and the date of recording shall be endorsed thereon. Any person practicing in another county shall record the license in like manner in the county in which he or she practices. The county clerk shall keep in a book provided for the purpose a complete list of all osteopathic certificates recorded by him with the date of issue of the license.

Section 6. On the thirtieth day of September of each year the Illinois State Osteopathic Board shall make a report of its proceedings showing all items of receipts from all its sources and disbursements for all licenses issued. All funds in the treasury on said date which have been received in the enforcement of this act shall be paid into the State Treasury.

Section 7. Each member of the board shall receive a compensation of five (5) dollars per diem for the time actually spent by him in discharging his duties as a member of the board, together with his necessary expenses; provided, the amount received for examinations and certificates under this act be sufficient to pay the same, but if the State Auditor shall, at any time, find upon investigation that said sums are not sufficient to meet the per diem and expenses as herein provided, then he shall allow the expenses in full and such percentage upon the per diem that the expenses to the States shall not exceed the receipts under the provisions of this act.

Section 8. All statutory regulations controlling infectious and contagious diseases, and the granting of certificates of births and deaths and all requirements of public health acts shall apply to practitioners of osteopathy.

Section 9. Any person, in this State, who shall practice or attempt to practice osteopathy or who shall hold himself or herself out to the public as an osteopathic physician or specialist in any of the branches of the respective schools of osteopathy, or who shall use the title "D. O.," meaning doctor or diplomat of osteopathy or any letters or designation meaning any of the titles enumerated in this section without complying with the provisions of this act shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than fifty (50) dollars nor more than five hundred (500) dollars for each offense or by imprisonment in the county jail for a term not exceeding three (3) months, or by both such fines and imprisonment.

Section 10. All acts and parts of acts inconsistent with this act are hereby repealed.

Cause and Effect—Which Is Horse and Which Cart?

By JOS. H. SULLIVAN, D. O., Chicago.

ALL practitioners of osteopathy must at times feel their feebleness, their almost nothingness, as it were, in their struggles to acquire a satisfactory understanding of man in life, health and disease.

What a labyrinth one finds oneself in when studying the mind's control over function! We are frequently asked questions by our friends as to this or that bodily function; we reply with every showing of superior knowledge—and yet, forsooth, on sober thought let

us ask ourselves what is a carbuncle or common boil on one's own dear neck, whence comes it and why? Nothing is found in the books that really solves the problem.

To be sure, one osteopathic teaching tells us the return flow is impeded, or the supply to the part is deficient, and by costal adjustment or by clavicular correction we correct the vascular system to the part. This we do and get results. But how superficial it all is, after all! We can speculate and theorize to

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our heart's content and then we are only on the surface, and no doubt this must suffice unless we attain a perfection in physiological and etiological knowledge quite superhuman.

In the last issue of *The Osteopathic Physician* a splendid contribution from Dr. Wm. D. McNary appeared. The article is full of meat and is of the proper calibre, and a help to us all, and while the writer is strengthened by reading it, yet on some points one may perchance be at sea from the osteopathic viewpoint, for instance:

The case of pyaemia induced by over-stimulation of the renal plexus raises the question as to whether in merely osteopathic adjusting can one possibly over-stimulate anything, anywhere? If so, then the fact in physics that water cannot raise higher than its own level may be questioned with propriety. To be sure, when discussing osteopathy one cannot conceive of manipulative procedure with the finger ends clear down upon the kidney being called osteopathy—rather is it wrestling, jiu jitsu, mayhaps, but it has no place in our practice.

The idea that the abscess of the hylus of the kidney was a case, instead of the base being one of impingement of nerves, at once starts the old fight all over again—"Banquo's ghost."

The breaking away of Dr. A. T. Still from time-worn medical tenets was because of his refusal to longer accept that very principle of orthodox medicine.

Occasionally one hears of strong-arm treatments rupturing an inflamed appendix, but no real "true blue" among us has ever pounded a poor human so inhumanly; there would be no excuse for it. In appendicitis who ever saw a case where perforation was imminent where one could begin to make a digital indentation of any kind, so great is the abdominal tension?

Years ago did Dr. A. T. Still warn his disciples to keep "hands off" the abdomen, to do their work elsewhere; not to dig into the bowels, the kidneys, etc.; to do their work along the nerve tracks and then the organs will do well enough. Severe kneading of the organs cannot over-stimulate, rather does it beget a trauma.

No unfriendly criticism is intended in these

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few lines jotted down, but just a desire to invite free discussion as to what is most needed to keep our tow-line taut and strong, so we may continue to follow the osteopathic star to its haven of truth—when we hope to realize to the fullest a knowledge of man in health and in disease.

In caring for a case of suppurative kidney or peritoneal inflammation, one cannot be much at sea as to serious conditions within, and no local manipulation can be borne by the subject; but great comfort is given and convalescence has followed gradual spinal extension from the fourth to twelfth dorsal with correction of costal-vertebral maladjustments.

It is often stated that no bony lesion existed—that none could be found. It would be safe to wager that were we to examine ten so-called healthy subjects in Dr. A. T. Still's presence and find even one of them really correct in spinal adjustment he would rap our knuckles and proceed to find every one of them at fault in some particular, even while well and in good satisfactory health.

Dr. McNarry hits a responsive chord in stating his opinion of our field being without limit; that fact burns itself into us the closer we follow true osteopathic pathways. Putting effect before cause will obscure our vision lamentably. Also, all must feel elated on reading his comment on the complaint of our proposition being too simple and his recommendations to those afraid of hard work. Too many such cases are heard of and bring to mind the complaint of one of our practitioners who stated that he seemed to lose interest in a case just as soon as he had paid for a course of treatment.

Let us hope for much such discussion in *The O. P.* and other journals along these lines. Much good must result.

Dr. Pearson Killed.

(Continued from page 9.)

narrowly escaped the same fate by jumping. Dr. Pearson was 35 years old and a native of Iowa Falls, Iowa. Resolutions of sorrow and sympathy to the bereaved family were passed by the local osteopaths. Dr. Pearson was a member of the Atlas Club.

New York Again in Action.

It was announced at Albany, Jan. 11, that Chairman Whitney of the Public Health committee would introduce his measure offered last year to create a state board of M. D.'s exclusively as a slap at the osteopaths. Our valiant champion, Senator Hinman, on Jan. 22, introduced his measure again and he is quoted as believing this year it will be successful. The *New York Times* has admitted to its columns one communication favorable to osteopathy (Jan. 20) in the nature of a protest by a layman against trying to shut out osteopathy—so that much has been gained.

"Hubbie" Can't Get Any Money.

Frank M. Strickland, of Joplin, Mo., got a temporary injunction in the local courts Dec. 31, preventing his wife, Dr. Otella M. Strickland, from withdrawing from the Citizens' State Bank any part of a deposit of \$3,000, alleged to be a joint account, until he could secure an accounting and get his partnership share of the money. Although he is not an osteopath at all he alleged that his wife had kept the books while "he gave his time exclusively to practice" and that now he never could get an accounting, while Mrs. Strickland threatened to oust him, leave the state, take the money, etc.

Dr. Strickland herself came back at that kind of talk by getting an injunction to prevent Mr. Strickland from entering her office. She alleged that he had been practicing deception upon her patients by professing to be an osteopath and was collecting fees as such to the injury of her own practice. Dr. Strick-

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Philadelphia College and Infirmary of Osteopathy,

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land is an A. S. O. graduate of 1899 and has been practicing in Joplin since graduating.

Our January Hearing in Congress.

They have been busy in the District of Columbia this month. If you want to know what they did get your congressman to send you the Report of Hearings, January 17, 1907, on S. 5221. This is Senator Foraker's senate bill to regulate the practice of osteopathy in the District of Columbia. It's a forty-page booklet and contains everything said and a copy of all the existing osteopathic laws in the Union. Among the talkers for us were Mr. J. F. Tufts, the father of Dr. Clarissa B. Tufts, and Dr. Charles Hazzard of New York City, while against us were ex-Surgeon-General Sternberg of the United States Army and a dozen other M. D.'s.

Limber up For Fight in Pennsylvania.

Officers of the Pennsylvania Osteopathic Association have presented the profession in the Keystone state with a draft of the bill which the association will again present at this legislature. It is accompanied by a five-page closely typewritten letter of explanation and exhortation which covers the ground fully.

President O. J. Snyder writes:

"The salient features of the bill are: 1st. That the medical council, under whose supervision licenses are issued, is composed of five lay officers and three medical representatives, viz., one representing the allopathic board, one the homoeopathic and one the eclectic. Should our bill become a law the president of our board would be the representative of the osteopathic board. This makes the council a body of eight and no one medical school has more than one vote out of the eight, five votes being laymen's votes. Hence there could never be prejudice worked out against the osteopaths under such a board.

"2d. The course of instruction will have to consist of at least three years of regular work and a postgraduate course. Six months a year to be the minimum. All colleges are providing such a course. The redeeming point is that the bill provides that a P. G. course may be accepted for the fourth year.

"My circular letter to the profession presents our stand. We are unanimous, practically."

Dr. Teall Leads Oregon On.

The fifth annual convention of the Oregon Osteopathic Association was held in Portland, January 12, 1907, and was well attended. Our legislature convened on January 14, so the question of a protective law overshadowed all else. Dr. Chas. C. Teall, who has come all the way from New York to lead our fight, made several addresses, urging diligence and co-operation, and reviewing the history of efforts in other states. Talk, "Education of the Laity," Dr. F. E. Moore; "Frequency and Length of Treatment," Dr. G. L. Gates; Operative Technique for Correcting Lesions and Diseases Caused by Same: "Atlas and Axis," Dr. R. B. Northrup; "Case Report and Discussion," Dr. H. D. Bowers; "First and Second Ribs," Dr. H. F. Leonard; "Case Report and Discussion," Dr. M. G. E. Bennett; "Eleventh and Twelfth Ribs," Dr. B. P. Shepherd; "Case Report and Discussion," Dr. J. H. Wilkins; "Innominate, Case Report and Discussion," Dr. C. C. Teall. Clinics by Dr. F. J. Barr, Dr. H. V. Adix and Dr. C. C. Teall. Address by Dr. C. C. Teall.

In addition the association enjoyed an exhibition of joint dislocation by Ellis Whitman, the so-called "Human Rattle-Box." The officers elected for the ensuing year are: President, Dr. G. S. Hoisington, Pendleton; first vice-president, Dr. F. E. Moore, La Grande; second vice-president, Dr. W. L. Mercer, Salem; secretary, Dr. Mabel Akin, Portland, and treasurer, C. E. Walker, Port-

land. Board of Trustees: Dr. R. B. Northrup, Dr. Gertrude L. Gates, Dr. F. J. Barr, and Dr. H. F. Leonard, all of Portland, and Dr. M. G. E. Bennett, Eugene. Legislative Committee: Dr. W. A. Rogers, Dr. O. F. Akin, Dr. B. P. Shepherd and Dr. R. B. Northrup, of Portland, and Dr. W. L. Mercer of Salem. Program Committee: Dr. Hezzie C. P. Moore, La Grande, Dr. Clara Macfarlane, Portland, and Dr. H. L. Studley, Roseburg.—*Fraternally, Mabel Akin, D. O., Secretary.*

An Osteopathic Tent City.

We are in receipt of an illustrated circular giving full data about the osteopathic-climatic treatment of tuberculosis under the congenial skies of New Mexico. Dr. C. L. Parsons, a good osteopath, is the head and front of the enterprise, and he ought to make it succeed. This tent city is to be osteopathic and its citizens are dwellers in individual "tent houses" such as we show herewith where the maximum of fresh air and sunlight is obtainable.



The Roswell Tent City and Sanatorium is incorporated. The altitude is 3,600 feet—not too high for cases with weak hearts and not low enough to be hot and sultry. The plan of treatment in vogue is to take advantage of every known opportunity that offers good to the patient, depending mainly on fresh air outdoor living, maximum amount of sunshine, osteopathic treatment, rest and suitable food served at regular hours. Dr. Parsons is lessee and general manager and Dr. Mary H. Parsons is matron. The profession ought to give this institution a good boost by sending its T. B. cases there as early as possible—more to help the patients than the Doctors Parsons, but luckily both parties will benefit by it.

TABLES TABLES TABLES

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KIRKSVILLE MISSOURI

A. O. A. up in Massachusetts.

Firmly believing that the best interests of osteopathy and the perpetuation of the same as a distinct system can only be preserved by having them within the control of the osteopathic profession, I have introduced a bill in the present legislature, which is the bill recommended by the American Osteopathic Association, adapted to the conditions that seem to appear in Massachusetts. Briefly stated, the bill calls for a separate board of osteopathic examiners; takes care of the present practitioners on the same basis that the medical practitioners were taken care of when their board was created; provides fully for the appointing members on the board, rules for guidance, compensation; declares the practice of osteopathy not to be the practice of medicine within the meaning of the existing medical law, prohibits the use of drugs or performing major surgery by osteopaths (same as New York bill); in fact covers all points in order to have a separate osteopathic board. I have every reason to believe that the measure will become a law if the profession will do its part. Osteopathy can only be preserved as a distinct method, system or science of treating diseases or conditions of the human body, by having its future in the control of its friends. The following names appeared on the petition for the proposed legislation: F. A. Dennette, Ralph K. Smith, Franklin Hudson, A. F. McWilliams, J. A. MacDonald, Francis K. Byrkit, J. O. Sartwell, George E. Smith, W. Arthur Smith, A. Duke Durham, H. C. Kennington, and George W. Goode.—*Arthur Miner Lane, D. O., Boston, Mass.*

D. O.'s Prepare to Capture Norfolk.

President Ellis of the A. O. A. and the national executive committee and Virginia D. O.'s met at Norfolk, Va., December 23, and made arrangements for the big meeting of the profession and association next summer at Norfolk. The Jamestown Exposition Company entertained the visitors at lunch at the Virginia Club. The Inside Inn will be our rendezvous. The visitors included Dr. F. A. Ellis, president, of Boston, Mass.; Dr. George Fout, of Richmond; Dr. Earl S. Willard, of Philadelphia, Pa.; Dr. Edward S. Shackelford, of Richmond; Dr. W. L. Smith, of Washington, D. C., and Dr. W. F. Link, of Knoxville, Tenn. These gentlemen, with the exception of President Ellis, are from the national executive committee, together with Dr. Charles Carter, of Danville, and Dr. Schumate, of Lynchburg, and Dr. Kibbler, of Staunton, and of which committee Dr. Willard, of this city, was made chairman. During the visit these officials were the guests of Dr. William D. Willard, who was made chairman of the executive committee. Dr. Willard entertained the visitors at an elaborate dinner at the Monticello Hotel Sunday evening.

Bugles Blow Beloit.

Bugles are blowing big business at Beloit for the annual meeting of the Wisconsin Osteopathic Association, Feb. 21 and 22. Hotel Hilton, headquarters. Features: Research is to be the keyword of the Beloit meeting, and let it be known that the committee on practice of osteopathy is straining every effort to bring to the convention something of original research on the part of our own members. What the committee has, or will attain in this direction, remains to be seen.

A question congress will be conducted during the course of the session, and any having questions upon which they desire information communicate at once with Dr. J. E. Matson.

Dr. Carl P. McConnell will present his pathological researches by means of stereopticon.

Dr. J. Foster McNary will present and discuss "Differential Diagnosis" from the viewpoint of osteopathic surgery.

Clinics will form an important feature of

the program with an experienced clinician in charge. All are especially requested to bring clinic cases, advising Dr. Williams in advance.

Two Rival Bills in California.

There are two osteopathic bills now being urged by the profession in California. The first one was put out by the Los Angeles college and the Southern California Osteopathic Association, which was introduced in the assembly Jan. 14 by Hon. W. F. Lemon, and hence called the "Lemon Bill." The second one is backed by the Osteopathic State Association and state board, and is urged as being patterned after the A. O. A. "model bill." The main difference, at long range, would appear to be that the "Lemon Bill" insists on the board being appointed by the governor, while the regular osteopathic organizations of the state want the members of the board to be designated by the state association. The Colonel Shaw party claims, too, that the "model" bill offered by the duly constituted osteopathic authorities of the state is too lax in its requirements and lets down the bars to fakirs, etc. It will be interesting to hear what the profession in California has to say to that. It seems droll to have the Colonel appear as leader of a fight to uphold educational standards! The profession will await with interest the pronouncement of the "Older Osteopathic Inhabitants of California" before trying to interpret this phenomena. Colonel Shaw's proclamations—which are racy reading, by the way, always—intimate that most minor points could be harmonized between the two parties, but that the advocates of the "Lemon Bill" will never concede to the state board and association that the appointive power shall rest with the association and not be vested in the governor. This is the radical point at issue. Developments in California will be watched with interest.

THE OSTEOPATHIC PHYSICIAN

YE OSTEOPATHIC MUSE CONTESTS FOR A PRIZE.

(Continued from page 2.)

sum folks want gold an' dimonds rair
an' awto-kars an' crowns an' faim
but somehow I doan't sem to kair
fer money an' a world-none naim!
I'd ruther B a boy in Fall
than B a pirat or a king—
fer that's th' time fer boys to haul
in knuts an' leaves—an' everything!

When It Comes to Babies.

By M. E. Clarke, D. O., Kirksville.

Shakespeare was great, also was Caesar,
But neither can rank in the same class with
me, sir.
There's room for discussion, but no need for
quarrels;
Both great in their way—and I grant them their
laurels;
But in my own line, mam give me no ifs or
maybies—
I'm High Cockolorum when it sifts down to
babies!

The Whirligig of Going Some.

By Charles Clayton Teall, D. O., U. S. A.

The man who wins—O, honor him well!
And give him the praise that's due,
But don't forget the other who fell
Ere ever his dreams came true;
Yes, honor the man whose will prevailed,
Who baffled despair and doubt—
But give one thought to the man who failed.
The fellow that's down and out!"

A Check on Damnation.

By F. P. Young, D. O., Kirksville.

My name is Young, but I'm old in knowledge,
And I cut "some ice" at the "mother" college;
If it wasn't for me (my honest opinion)
The "profesh" would go to a warmer dominion.

Communion.

By Samuel R. Landes, Grand Rapids, Mich.

In the good old summer time
The couple hugged the shore;
But now the boat is put away,
By the grate they hug some more!

A Book Worth Having.

By Dain L. Tasker, D. O., Los Angeles, Cal.

I'm just what I am, and don't wear a mask
sir;
I'm straight from the shoulder, and my name is
Tasker;
I never did brag, and I'm sure that I'll never,
But have you My Book? It's the greatest book
ever!

Fame.

By Edythe F. Ashmore, D. O., Detroit, Mich.

He opened the eyes of half of the nations
With his marvelous work in hip operations,
And, before he is through, he'll open the orbs
Of the other half, too, or his name ain't
Forbes.

Elusia, Mine!

By St. George Fechtig, D. O., New York and
Paris.

Ah, bravely I trudge in the street with its
thousands,
Ah, madly I search in the care-fettered mart,
Tho' greatly I fear not again shall I meet her,
This maiden elusive, this dream of my heart!

Where the Trouble Comes In.

By Charles Clayton Teall, D. O., U. S. A.

You may believe it or not, just as you care to,
But, for every disease a man falls heir to
There's just one cause stands single, alone,
And that is a slip of the innominate bone.
Witness my hand and witness my seal,
And witness my name, the same it is Teall.

Bald-Headed Facts.

By Arthur H. Paul, D. O., Bridgeport, Conn.

There was a little girl who had a little curl
Right down in the middle fo her forehead.
There was a little man and he pulled it 'fore
he ran—
O my, but that little girl was torrid!
There was a little wife somewhat later in her
life
Who married this little boy one summer.
But now he's bald and thin; she has turned the
trick on him!
Gee whiz, but this little girl's a hummer!

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The antiseptic is made as a liquid, and as an ointment, and until further notice I will continue to send 10 of the usual \$1.00 packages for \$5.00. The patient should be required to pay \$1.00 a package in each instance.

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Write your name and address here

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- How to classify information about diseases
- How to keep a card system with a list of all your patients
- How to remember the little things
- How to file and answer correspondence

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Life's Blessings.

By Arthur G. Hildreth, D. O., St. Louis.

Christmas is over
Election is nigh.
Please pass the drum stick—
And cranberry pie!

It Is Fate.

By William D. McNary, D. O., Milwaukee, Wis.

The city where I live's a whirl,
One couldn't ask for more—
There's only one thing that I miss:
I haven't got a "girl."

Anatomy as She is Taut.

By W. R. Laughlin, D. O., Los Angeles.

My name is Billie Laughlin and I teach
Anatomy—
Of all cadaver experts on the sod,
You can give 'em cards and spades and stake
your hat on me,
And I'll beat the combination forty rod!

Modestissimus.

Anonymously Written, Boston, Mass.

There's much, perhaps, to expect from me,
sir,
(I'm heir to my name from immortal Caesar.)
But my modesty, sir why, none can surpass it!
So, I'm your's with a blush, Fred Julius
Fasset.

La Grippe—You Charmer!

By G. A. Wheeler, D. O., Boston, Mass.

I cannot sig the old sogs
I sag long years ago,
For heart ad voice would fail me,
Ad foolish tears would flow.
'Tis nod because I've lost the words,
The tunes are sweet as old;
I cannot sig the old sogs,
I've got too bad a cold.

Where the Lesion Is At.

By Harry M. Still, D. O., Kirksville.

You ask who I am?
Well, by the great Sam,
Go chuck yourself into a river!
With all of my fame,
You don't know my name!
Why, man, something's wrong with your liver!

Who Will Decide?

By C. L. Rider, D. O., Detroit, Mich.

Our name, be jing, she's "Ryder,"
No name can stand beside her,
Although I will
Except "Doc." Still,
It's a question to decide, sir!

The Season's Woes.

By Harry M. Still, D. O., New York and Kirksville.

The man who rocked the boat is gone,
My, ain't that pretty nice?
But now another causes tears
By skating on thin ice!

Epitaph of a Patient.

By Geo J. Helmer, D. O., New York.

Beneath this stone, a lump of clay,
Lies Uncle Peter Daniels,
Who, early in the month of May,
Took off his winter flannels.

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To print your professional card on the inside front cover of your magazines costs but 25 cents extra per month for 100 copies and 15 cents for each additional hundred. To make your professional card there is an initial cost of \$1.00 for composition and electroplating of the six-line card. We print a half-page list of diseases successfully treated by Osteopathy under your card without extra cost if you request it.

Orders filled any time during the month, either with or without a professional card. Regular contractors must notify us of changes in orders or cards by (preferably before) the 15th prox., as we send their orders to press then in order to deliver before the first. We prepay express and charge to the account of patrons in order to secure the lowest express rates possible.

For FEBRUARY "OSTEOPATHIC HEALTH" CONTAINS "MOST DISEASES ARE OF SPINAL ORIGIN"

By DR. HENRY STANHOPE BUNTING

Reprinted from the February, 1906, edition of "Osteopathic Health" upon the urgent request of many patrons the past year. A piece of campaign literature that has stood the test of usage and has made many converts in the past. Good alike for new friends and old. Peerless for legislation purposes.

A HISTORICAL SKETCH has been added to the above brochure. This number has never had an equal for NEW GRADUATES' usage in opening up new practices.

Order now. Remember that several late editions have been exhausted before the end of the month! Don't lose out of this valuable number. It will not sell at the usual "back number" price if any copies remain unsold next month.

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Prosperity.

Nettie Hubbard Bolles, D. O., Denver.

Blessings on the busy man,
Though lowly, poor and humble;
He keeps on working every day
And hasn't time to grumble.

Publisher's Department

February "O. H." a Winner.

OUR February issue will contain the now celebrated brochure, "Most Diseases Are of Spinal Origin," as is announced on page 3 of this issue. If any of our friends in practice failed to get a sample copy of this issue at the usual time (about the 22d of last month) we will be pleased to send another upon request. Everybody who appreciates extra good field and table literature ought to use this number. Enough said.

I have your announcement of your invitation to print as your February number the issue entitled "Most Diseases of Spinal Origin." Having read this number, I recognize its value as a patient-getter and will ask you to send me 500 of same for February, instead of my usual contract order of 100.—Lester R. Daniels, D. O., Sacramento, California.

Biological Section, Southern California Academy of Sciences.

The January meeting of the Biological Section of the Southern California Academy of Sciences was held in the Histological Library of The Pacific College of Osteopathy on the evening of January 14th. The lecturer on the evening was Prof. J. Z. Gilbert of the Department of Zoology of the Los Angeles High School. The lecture was illustrated throughout by the stereopticon. About 80 magnificent views being presented. The subject was *The*

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JANUARY

presents the public with the Osteopath's best lightning bolt of argument in the wintry season, namely a convincing talk on pneumonia. It's entitled

An Insurance Policy Against Pneumonia

It's 5½ pages long, and in the editor's most forcible style, both to get attention and carry conviction. It's a fine article and will interest everybody. You can conjure with this number. Other articles in this issue are:

What Osteopathy has done for the Afflicted—Treatment Neither Indicate nor Severe—Nerve Freedom vs. Artificial Rest—Lameness from Small Dislocations—Sick Headache—The Rheumatic's Reasonable Hope—Getting Immunity from Winter's Ills—Constipation Not Hard to Cure—Osteopathy: What is it?

Begin the New Year right, using 100 a month of this issue. Order early. The edition will not last

Cell in Its Various Modifications. Almost everything relating to the structure of the cell was clearly illustrated. It is intended to follow this lecture by a symposium on the Physiology of the Cell, in March. The February meeting will be addressed by Mr. Wm. C. Luck, a naturalist from Ceylon.

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 correspondents. Send remittance with ad. Announcements of Help Wanted and Fields Open to Practitioners are printed free.

FOR SALE—ONE EXTRA FINE CHATTANOOGA Vibrator. Cheap for cash. Address 137 care O. P.

FOR SALE—SIX YEARS ESTABLISHED practice. Good Utah town. Best of reasons for selling. Address 133, care O. P.

FOR SALE—"TRACTION COUCH" FOR Spinal Extension. Good as new. Will sell it cheap. If contemplating buying one, write 136 care O. P.

FOR SALE—PRACTICE, OFFICE AND FURNISHINGS in New York State. Excellent opportunity for man. Address S. C. Woodhull, D. O., Ithaca, N. Y.

WANTED—POSITION AS ASSISTANT BY A man osteopath of two years' experience. Or would form partnership with a hustling D. O. in a city. Address 134, care O. P.

FOR SALE—OLDEST ESTABLISHED PRACTICE and office furniture. Eastern city 250,000. Cheap. Cash only. Good reason for selling. Address "Coast," care O. P.

FOR SALE—PRACTICE, OFFICE AND apartment furniture in New York City. Splendid location. Good opening for man and wife. (Osteopaths). Address 135, care O. P.

FIELDS—WANTED AND FOR SALE—THE O. P. is informed of good locations not listed above. Also of practices for sale and of parties wishing to buy. Information cheerfully furnished.

WANTED—NEW YORK OSTEOPATH, DISsatisfied with legislative uncertainty, would like to hear of any opening in state having law. Position as assistant or partner preferred. Address, "Change," care O. P.

FOR SALE—GOOD PRACTICE AND OFFICE furniture in Central Michigan town, 15,000 people to draw from and no opposition. \$4,000 to \$4,500, easy money for good man, and better for man and wife. Best reason for selling. Address 139, care O. P.

PARTNER WANTED FOR LIFE AND PRACTICE. Lady osteopath, several years' experience, brunette, rather good looking and making claim to having at least good common sense, is tired of single life and hustling to make her own way in the world without sympathy, wants to form partnership with courageous osteopath of good personality and habits. He must be brainy and loyal and of an affectionate nature. Music lover preferred, as I am a pianist. I am not afraid of good hard work, but I hate to practice alone. Applicants will be received confidentially. References required. State how much practice you have already. Address 132, care O. P.

Personals.

Dr. Ray Hamilton of Jerseyville, Ill., has opened an office in White Hall, Ill.

Dr. Herman F. Goetz of St. Louis, Mo., has been sick for some time, but is getting along nicely now.

Dr. E. E. Basye of Fargo, N. D., will leave for a two months trip through Florida and Cuba on February 5th.

Dr. E. J. Martin of Council Grove, Kans., has been appointed examining physician for "The Fraternal Aid Association."

Dr. W. R. Weddell, formerly of Burlington, Iowa, has purchased the practice of Dr. W. V. Goodfellow at Groton, S. D.

Drs. F. E. & Elmina M. Stewart have been elected examining physicians of the "Mystic Workers Lodge" of Clinton, Iowa.

Dr. Kathrine Van Velzer of Hinsdale, Ill., has returned from Kansas City, Mo., where she was called by the death of her brother.

Dr. D. W. Starbuck has gone to Perry Ga., to spend the winter for his health. He will return to his practice in Montgomery City, Mo., in the spring.

Drs. John H. Wilson & Bertha J. Jones, have opened an office at 342, The Nicholas building, Toledo, Ohio, each retaining their former offices at Napoleon, Ohio, and Monroe, Mich.

Dr. C. M. Case of St. Louis, Mo., has returned to his old office at 657 Century building to

take charge of the practice of his former partner, Dr. W. H. Eckert, who will take a well earned vacation for a year.

Dr. Ella Quinn of Baltimore, Md., is located at St. Augustine, Fla., for the winter. Dr. Quinn is enjoying the best of health, is busy, and will welcome all osteopathic patients intending to visit St. Augustine.

Dr. Sophia M. Heineman, formerly of Faribo, Minn., who has recently been married to Dr. A. V. Barnett of Waterville, Minn., has removed to the latter place, but is still tending to her practice in Faribo three days of the week.

Mrs. Perrin, wife of Dr. Geo. W. Perrin, Denver, Colo., is making a splendid recovery from typhoid fever, treated by osteopathic methods. The Drs. Bolles had charge of the case. Drs. Reid and Bass were called in consultation.

Among the out-of-town callers at the "O. P." office were Drs. C. J. Muttart, Philadelphia, Pa., Robt. B. Henderson, Toronto, Canada, Guy Wendell Burns, just returning to New York from a western trip, and W. D. Jones, Adrian, Mich.

Locations.

Dr. Frank C. Martin, at 1088 Franklin avenue, Columbus, Ohio.

Dr. Schwintker, A-07, at Bath, N. Y., succeeding to the practice of Dr. Geo. Wenig.

W. E. Skike, at Perry, Iowa.

Removals.

Dr. G. E. Thompson from Casey, Ill., to Elmwood, Ill.

Dr. M. A. Smoot from Aberdeen, Wash., to Freeport, Ill.

Dr. C. Y. Phillips from Lind, Wash., to Othello, Wash.

Dr. W. R. Weddell from Burlington, Ia., to Aberdeen, S. D.

Dr. T. C. Morris from Nez Perce, Idaho, to Spokane, Wash.

Dr. Edna Blake from Moquoketa, Iowa, to Gonzales, Texas.

Dr. W. V. Goodfellow from Aberdeen, S. D., to Groton, S. D.

Dr. O. F. Beckett from Story City, Iowa, to Hiawatha, Kans.

Dr. Don Barrows from Dunkirk, N. Y., to Painesville, Ohio.

Dr. Edgar Barton from Pawhuska, Okla., to Bartlesville, I. T.

Dr. Fred E. Weaver from Sterling, Ill., to Camaguey, Cuba.

Dr. D. W. Starbuck from Montgomery City, Mo., to Perry, Ga.

Dr. Floyd J. Ganoung from Belleville, Kans., to Jewell City, Kans.

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Subscribers should mention the Osteopathic Physician.

Dr. C. C. Kelsey from Gold City, Ky., to Blooming Grove, Tex.

Dr. H. C. Swift from Henry, Ill., to 108 S. Adams street, Peoria, Ill.

Dr. J. W. Gorin from Brunswick, Ga., to Main street, Frankfort, Ky.

Dr. Sophia Heineman-Barnett from Faribo, Minn., to Waterville, Minn.

Dr. A. C. Reynolds from 90, The Iliad, to 1030 W. 20th street, Des Moines, Ia.

Dr. C. K. Hale from 1701 Turk street, San Francisco, Cal., to Modesto, Cal.

Dr. L. S. Keyes from Willmar, Minn., to Hulet block, Minneapolis, Minn.

Dr. R. L. Clagett from Leitchfield, Ky., to 6-7 Dean building, Dawson, Ga.

Dr. L. K. Cramb from 421 Hennessy building, to 16 Gowsley block, Butte, Mont.

Dr. W. A. Gravett from Troy, Ohio, to handsome new offices in Dayton, Ohio.

Dr. W. H. Fletcher from 42 Monroe street, to 210 Waverly place, Brooklyn, N. Y.

Dr. C. E. Shifflet from 106 W. 8th street, to 115 Ninth street, Coffeyville, Kans.

Dr. Ida Ellis Bush from 1350 Welton street, to 1345 Welton street, Denver, Colo.

Dr. J. L. Lawrence from 1965 Geary street, to 2124 Bush street, San Francisco, Cal.

Dr. Bertha E. Carter from 739 Boylston street, to 755 Boylston street, Boston, Mass.

Dr. Geo. Denig from Bath, N. Y., to Federal Life building, Hamilton, Ont., Canada.

Dr. Geo. W. Perrin from 32 Steele block, to 524-25 Empire building, Denver, Colo.

Dr. Elvina Mekenson from Biggs, Ill., to 706 North "A" street, Monmouth, Ill.

Dr. George Tull from the When building, to 727 Pythian building, Indianapolis, Ind.

Dr. T. W. Posey from 604 Chestnut street, to 830½ State street, Bowling Green, Ky.

Dr. A. J. C. Saunier from 712 Westlake avenue, to 455 S. Broadway, Los Angeles, Cal.

Dr. C. M. Case from 211 Missouri Trust building, to 657 Century building, St. Louis, Mo.

Dr. W. A. Cole from the Security building, to Bank and Insurance building, Dubuque, Ia.

Dr. O. F. Haisley from Kennewick, Wash., to 14½ E. Main street, Walla Walla, Wash.

Dr. W. J. Connor from 204 N. Y. Life building, to 327 Altman building, Kansas City, Mo.

Dr. Wm. Willard from 41 Haddington building, to 56 Chamberlin building, Norfolk, Va.

Dr. Julia L. Morton from 316 Sedgwick block, Wichita, Kans., to Metz building, Kiowa, Kans.

Dr. Sanford T. Lyne from 305 Commerce building, to 612 Shukert building, Kansas City, Mo.

Drs. Tasker & Tasker from the Grant building, to 526-9 Auditorium building, Los Angeles, Cal.

Dr. W. I. Joss from 816 Columbia avenue, Philadelphia, Pa., to 96½ Main street, Newark, Ohio.

Dr. C. R. Case from 146 Cass avenue, Mt. Clemens, Mich., to Bearinger building, Saginaw, Mich.

Dr. C. H. Morris from 258 Western avenue, to 242 Telephone building, York street, Blue Island, Ill.

Dr. Wm. J. Hayden from 332 W. 5th street, to 515-521 The Auditorium building, Los Angeles, Cal.

Dr. W. E. Swan from 303 Franklin street, Clarksville, Tenn., to 414 Jackson building, Nashville, Tenn.

Dr. J. Porter McCormick from 150 Highland avenue, to 506-507 Lawrence Savings & Trust building, New Castle, Pa.

Dr. W. R. Ryars from the Kuhn building, to the Fletcher Salmos building, corner 6th and "D" street, San Diego, Cal.

Drs. J. T. and Elizabeth C. Bass from 1157 Broadway, to the Empire building, 16th and Glenarm streets, Denver, Colo.

Married.

Dr. Luella May Chaney to Dr. Henry George Wolf, at Philadelphia, Pa., February 14th.

Dr. Sophia M. Heineman to Dr. A. V. Barnett at Waterville, Minn., November 29th.

Miss Rhoda Culbertson of Westfield, N. J., to Dr. Geo. DeWitt Herring, of New York City, in January.

Dr. Harriet Wilson of Aurora, Ill., to Dr. H. E. Worstell, of Canton, Ohio, at Clinton, Ill., December 19th.

Miss Erlene R. Baker to Dr. Clarence M. Terrell at Austin, Tex., January 8th. Will be at home after the 25th of January at Mrs. E. K. Baker's residence, Fairview Park, Austin, Tex.

Born.

To Dr. and Mrs. W. J. Perkins, Carbondale, Pa., November 6th, a son.

Died.

Mr. Byrl Van Velzer, of Kansas City, brother of Dr. Kathryn Van Valzer, of Hinsdale, Ill.

Dr. M. E. Pearson, of Louisville, Ky., being struck by a car while attempting to cross the street.

Dr. L. D. Hickman at Princeton, Ill., January 2d, after a lingering illness. Burial occurred at Kirksville.

Mrs. Cash, mother of Mrs. Wm. R. Laughlin and Mrs. Ordion S. Miller, at Cash Ranch, Orangevale, California, Jan. 19th, of heart failure. Interment was at St. Louis.