

The Osteopathic Physician

November 1912

Vol. 22, No. 5

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The Osteopathic Physician

Volume XXII.

CHICAGO, NOVEMBER, 1912

Number 5

The Wonderful New Abbott Method of Treating Spinal Curvature is in Harmony With Osteopathic Principles

By Otis F. Akin, D. O., Portland, Ore.

WITHIN the past year the treatment of lateral curvature of the spine has received fresh impetus from the claims of Dr. E. G. Abbott of Portland, Maine, published in the *New York Medical Journal*. The title of the first article, "An Easy and Simple Method of Effecting Rapid and Complete Reduction of Fixed Lateral Curvature of the Spine," was so definite and positive it excited the present interest, but on account of its theoretical nature it did not carry absolute conviction to those who had failed with the methods heretofore proposed and knew something of the difficulties of permanently correcting the position of displaced and distorted vertebrae and ribs. Abbott's idea, therefore, received about as much credence as a new cancer cure.

The second article was more convincing. Eighteen cases, most of them in the second and third decades of life, and one very severe case thirty-four years old, were described in detail with cuts showing each patient upright and flexed (to show rotation and rib deformity) both before and after treatment. A careful study of these photographs should be convincing and inspiring to the unprejudiced; and yet there are many who still repudiate Abbott's discovery, maintaining that structural curvature can not be corrected by any known means; in other words, that *vertebrae and discs once wedge-shaped must always remain so, that ribs sharply angulated can not be bent to normal, nor obliterated rib angles on the concavity be restored*; or, at least it is contended that a force sufficient to accomplish a detorsion and remolding of as dense a structure as bone, is dangerous and unwarrantable.

Abbott is in the crucible of professional opinion through which every claimant to something new and useful must pass. He has offered the most reasonable proofs that could be demanded and has the confirmatory testimony of many who have adopted the method and achieved success.

Rigid scoliosis is a bone deformity and any method of treatment that ignores this fact is impracticable, which means that exercise and manipulation being necessarily intermittent cannot in application of themselves cure structural scoliosis because bone yields only to force constantly applied and any improvement secured must be maintained. Apparatus fulfills this indication. But apparatus, heretofore at least, has failed quite as dismally as the other measures and has needlessly tortured and deceived thousands of scoliotics.

His Principles in a Nutshell

The distinctive and probably original principles underlying Abbott's method are, first, flexion, as a prerequisite to detorsion, torsion particularly in the thoracic spine, accompanied by rib changes presenting the most obstinate and complete feature of the problem; second, pressure applied to the front of the thorax on the concave side; and, third, complete over correction with induction of reversed curves as a *sine qua non* of ultimate and permanent cure.

To secure flexion the patient, wearing several undervests and being carefully padded with saddler's felt over all bony pressure points, is placed in the dorsal position on a slack duck hammock suspended on a specially constructed gas-pipe frame. The hammock has been cut on the bias at one end, so that one side is taut for support of the prominent ribs of the convex side, and the other is slack to allow for whatever backward rotation of the concave side may be possible on the frame.

Treating a Right Dorsal, Left Lumbar Curve

Let me assume, for convenience of description, that we are dealing with the common type of the right dorsal, left lumbar curve. The next step would be to draw upward and forward as far as possible the left arm and shoulder in an effort to stretch all contracted tissues of the concave side and separate the sagged and approxi-



Dr. Otis F. Akin, of Portland, Ore.

mated ribs. The arm is then suspended by an assistant, but the shoulder is held up by a muslin duck band beneath the axilla, passed obliquely upward under the neck and made fast to the right side rail of the frame. A duplicate band is passed about the hips obliquely downward and made fast to the same rail. These two bands are tightened sufficiently to displace the patient close to the right side rail and they constitute the counter force to the lateral traction band next applied. This band passed around the body is laid over the apex of the right dorsal convexity previously well padded, and is now slowly drawn as tight as possibly consistent with the patient's condition. Another band moored to the right top rail is passed across the patient's thorax usually cephalad to the lateral traction band, thence directly downward beneath the lowest or floor rail. Upward traction on this band powerfully depresses the prominent ribs of the left side in front and fur-

ther advantageously crumples up the point in flexion.

This pressure is distressing to the patient. It should be applied gently and released for a time until the patient is reassured he is not going to be asphyxiated or crushed to death, and that very shallow breathing suffices for his tissue demands when relaxed. A final inspection of all pads and bands is now made. Any defects in position are remedied and the traction bands are again snugged up to the limit of tolerance. A thick plaster of Paris cast is now quickly applied, including the hammock and all pads and bands. It should come well up beneath and behind the previously low shoulder and well down over the sacrum as a splint to maintain flexion. By this time the patient is usually dyspnoeic. All bands and the hammock ends are cut away and the patient lifted to a stretcher or table, where a large oval window is cut over the original concavity behind, and a large pad of superimposed and graduated sized layers of felt previously placed over the concavity is withdrawn. This gives immediate "first aid" to the patient's distress and insures a flaring edge to the window. Besides turning the cast, nothing else is necessary for several days.

When the plaster is well set, a slit 2 inches wide and 5 or 6 inches long is cut in the mid-line in front and two others of about the same dimensions are cut on the right side, one antero-lateral and the other postero-lateral. After a week or more, when the taut tissues have been thoroughly stretched and relaxation permits the fingers to pass from the window to the anterior slit, a felt pad may be slipped in. Likewise, on the right side for lateral displacement. It now becomes a matter of personal judgment of when and where to pad, but the indication is clear to maintain the flexion by anterior pads and endeavor to force the concave side backward through the window.

In making lateral correction, one must resist the temptation to pad directly over the prominent rib angles behind in an effort to force them forward. Such pressure reduces flexion by raising the whole spine and thorax forward as Abbott has experimentally proven. Lateral pads had best only take up the slack. Abbott has noted that with sufficient primary lateral correction on the frame, the spine tends of its own accord, when in sufficient flexion, to rotate backward on the concave side. Complete over-correction must eventually be secured for success, otherwise, as in most bone and joint deformities, relapse is inevitable. Such over-correction has been made by Abbott in from 3 to 6 weeks, usually, though I believe no one else has been able to get such prompt results. It must be maintained by a light removable plaster or cellulous jacket for a month or two, while manipulation and exercises build up the atrophied musculature and gradually restore the spine and thorax to normal position and function.

The rank and file of the old schools are not interested in scoliosis and never have been. Since the failure of Sayre's plaster jackets applied in suspension, scoliosis has gone begging to all save the comparatively few orthopedists of the country who have labored on, mostly in despair. Many of them are now eagerly adopting Abbott's method.

Osteopaths, on the other hand, entered the therapeutic field purely on a spinal basis and its practitioners are all intensely interested in scoliosis as an integral part of this conception of the

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etiology of disease, and in general have a clear idea of the pathology. It seems to me that osteopathy if it will recognize the futility of trying by manipulation to cure the structural cases, has a magnificent opportunity to progress here by testing out Abbott's idea and adopting it in so far as it shall prove worthy and practicable. Not all will care to employ the method. It is not easy to learn. It requires infinite care and attention to detail. One should preferably have had some experience in plaster work. Abbott considers it of the nature of a major operation. The fee should be more than for a laparotomy. The patient is in distress and sleepless usually for a few nights after application of the cast, and after introduction of each pad. Many require opiates.

Abbott never allows the patient to remove a pad, and rarely removes one himself. Patients had best be in a hospital the first night or two, or at least under the watchful eye of doctor or nurse. Patients must understand that bones cannot be bent and moulded, however gradually, without pain. Some lose flesh rapidly, and it may be best at times to discontinue treatment (allowing a week's respite before resuming with another cast).

The crumpled up position is an impediment to normal gastric and intestinal function, and nervous reflexes may play a part in the general stasis. A patient of mine vomited intermittently two days until pressure over the gall bladder was relieved. Pressure sores are very apt to occur and in one of my cases necessitated removal of cast for proper surgical dressing for two weeks. In other cases sufficient exposure of the sore can be made by "windows." Judicious padding is usually prophylactic.

Patients while in casts are urged to stand and walk to gain the benefit of gravity and increased respiration, but are usually incapacitated from discharging customary duties, such as attending school, or doing house or clerical work, so one should be quite sure of his ground before inducing a patient to give up several months to treatment on the representation of cure.

Note A. Notwithstanding its serious and intricate nature, any osteopathic physician who will give time and pains to the work should be able to acquire the technic. Eight or ten are now doing the work to my knowledge. The foregoing fragmentary description of the Abbott method will be supplemented by a detailed and illustrated account in the near future.

Note B. Those who do not care to do the work should be interested at any rate in the theory of flexion as a pre-essential to deterioration and should test it out in practice on the functional curves. If Abbott is right then our wonted practice of pushing forward on the bulging ribs from behind with the patient extended or hyper-extended (and such an application of force promotes extension) is wrong. Abbott maintains that flexion and lateral bending of the normal spine of themselves do not produce rotation of the bodies to the convex side but give us rather a picture the direct opposite the usual curvature. To get the typical curve experimentally the right shoulder must be drawn strongly upward and forward, the left downward and backward as a concomitant of forward and lateral spinal flexion to insure collapse of the concave side, expansion of the convex side and typical vertebral rotation. And this is what occurs with the child sitting obliquely at the writing desk with elevated shoulder and tilted head, tired spinal extensors and rotators, inducing forward and lateral drooping and later a fixed curve.

Any attempt to correct the deformity must comprehend these principles, must be an effort to produce a curve in the opposite direction.

The Convention in 1913

TWO meetings were held in Kirksville on October 24th to discuss preliminaries for the American Osteopathic Convention to be held in Kirksville in 1913. One of these was with the faculty of the A. S. O., the other was with the business men of Kirksville.

Dr. A. G. Hildreth went from St. Louis especially to be present. Much enthusiasm was shown and prospects look very bright for this coming convention to be the greatest that has yet been held.

At the faculty meeting various questions, such as the best location, clinics, the housing proposition came up for discussion and some prelim-

inaries were determined. At the second meeting Mr. C. J. Baxter, for the business men, was unanimously elected to serve as chairman of the citizens' arrangement committee of the town and various general arrangements were discussed.

About Train Service to Kirksville

DR. A. G. HILDRETH, St. Louis, Mo. Dear Sir: Your request to Mr. Lalor of the C., B. & Q., St. Louis, in regard to train service into Kirksville, account of the meeting of the osteopaths in August, 1913.

I beg to state that it will be our pleasure to run special trains if necessary, and through cars both from St. Louis and Chicago, to Kirksville, via the C., B. & Q. railroad, and Q., O. & K. C. railroad to accommodate the osteopaths attending this meeting.

We will be glad to run a sleeping car from Kirksville proper to Chicago or St. Louis upon this occasion if the business will justify. All we will require is a few days' notice.

We appreciate your efforts in getting this convention in Kirksville, and we will try to show this appreciation by our service.—(Signed) A. J. Bandy, G. F. & P. A.

FOR the meeting of the osteopaths at Kirksville during the first week of August next the Wabash Railroad will be fully prepared to take the best of care of the delegates and will furnish excellent train service, to consist of first-class equipment, extra coaches and special trains if the business should warrant it, and will use its best endeavors to fully accommodate such passengers as may avail themselves of this service in the most satisfactory manner.—(Signed) H. V. P. Taylor, Assistant Passenger Agent Wabash Railroad.

State Support Drug Doctors' Ambition

THERE can be no question but what the increase in the number of people who place their confidence in non-drug systems is worrying the drug doctors, and worrying them more and more every day. The awakening has been slow, but it's coming faster right along. People are placing less and less reliance in drugs and patent medicines. Many are thinking for themselves, and they have arrived at common sense conclusions.

They know that hundreds of people go to a drug doctor, pay good money for a few minutes' examination and the writing of a prescription when there is nothing really much the matter with them, and that the taking of the prescription did not do them a particle of good, and they would have gotten well just as quickly without it. Many of the easy money making cases of the drug doctors are slipping away from them, and osteopaths are making good on old chronic cases that they have given up as hopeless, and are invading the field of acute diseases with remarkable success.

It is hardly surprising, therefore, that the drug doctors are getting excited and clutching at all kind of suggestions whereby they may perpetuate themselves and hang on to a good living. Apparently they are rapidly losing hope that they can retain public confidence and esteem on a competitive basis with other systems, and therefore more legal authority and "state support" appears to them to be their only salvation.

One of the latest doctors to break loose in a sensational way and secure prominence in the newspapers is Dr. James P. Warbasse, who had an article in the *Long Island Medical Journal*, in which he deplored the present status of the medical profession, and the rapid increase of competition. He is quoted as saying:

"The matter with the medical profession is that the doctor is a private tradesman engaged in a competitive business for profit. He should be a public servant. His importance to the people and the value to the nation of their well being demand it, and some day will receive it."

That some day physicians will be reimbursed by the state is not unlikely, and if provided for on the proper basis it might be an ideal arrangement. It should be a first essential, however, that the physicians so reimbursed by the state shall be those, and only those, who have proven themselves to be the best equipped and qualified to render efficient service to the public. Certainly such distinction should not be awarded to those practicing a system that has been unable to hold its own on a competitive basis with other systems. State recognition and reimbursement to physicians practicing a system that has proven its merit, and who have personally demonstrated their ability and qualifications, would possibly be a desirable thing, but state support to enable an antiquated and inefficient system to perpetuate itself and to provide easy living for its votaries is unthinkable.

Sudden Death of Dr. William H. Jones, of Michigan, from Gangrene of the Colon

DR. WILLIAM H. JONES of Adrian, Mich., died October 14 at Bixby hospital, Adrian, as a result of gangrene of the colon after an unsuccessful attempt to save his life by a surgical operation. Almost the entire colon was removed at the eleventh hour, in the effort to stop blood poisoning.

The case showed unusual peculiarities. Late in August, while descending steps after a professional call, Dr. Jones slipped and fell heavily upon a cement sidewalk, suffering a severe contusion to the abdomen. No particular attention was paid to the fall at the time, but later he began to experience severe abdominal pains. Suffering became so terrible intermittently that opiates were administered, yet with no visible effect. Finally chloroform was used which reduced the suffering somewhat.

On Saturday, October 12, Dr. Bullock of Detroit went to Adrian and stayed with Dr. Jones. At times the pains were so violent that Dr. Jones would raise to the knee-chest posture, bury his face in the pillow and scream with anguish. Then the paroxysm would pass and he would be entirely free from pain for a brief interval, in a calm mood and he would even laugh and joke in his characteristic way with those around him.

Sunday it became apparent that the only hope lay in an operation, and Dr. Bullock and those in attendance made arrangements to get him over to the hospital and a specialist was summoned from Toledo. When the incision was made the colon immediately protruded inflated with gas and black as to its whole length from gangrene. It was at once evident that nothing could save the life of Dr. Jones.

The funeral was held October 17 at the Adrian sanitarium, and the floral tributes and attendance revealed a remarkable outpouring of sympathy and regard. The Detroit Osteopathic Association contributed a large floral piece and sent as representatives Dr. T. L. Herroder, Dr. B. A. Bullock and Dr. T. M. Sellards. Church organizations, Masons, Knights of Pythias, Elks, and other fraternal orders were represented officially, and the attendance of well-known people of the town was very large. One who was present says that the profusion of flowers was truly remarkable, and estimated the cost conservatively as a good deal over a thousand dollars.

Dr. Jones was a peculiar personality in Michigan osteopathic professional affairs. By many he was cordially disliked, distrusted and regarded as a trouble maker, but on the other hand, he numbered a host of staunch friends and followers. He had real genius for organization and politics and inaugurated many movements for the recognition and advance-

ment of osteopathy in Michigan, but his personal idiosyncrasies and penchant for control of affairs made him hard to understand and consequently many were undecided or skeptical as to his sincerity and motives and the wisdom of his methods. Others, who were closely associated with him, gave him credit for doing much hard and practical work for osteopathy and believed that he would have accomplished bigger things but for the unfortunate antagonisms and mutual misunderstandings which his personality and activities developed.

Had Dr. Jones been able to lose himself in his professional activities there is no question but his work would have borne better fruitage for the profession. Yet to this criticism, when offered him, he would reply that he did not personally desire office or to run things, but was often compelled to do so by the opposition or attacks of those who contested with him. No later than the adjournment of the Detroit meeting, Dr. Jones told the Editor he had now made up his mind fully to eliminate himself wholly from our professional politics and see how much good he could do for the profession by devoting himself to furthering its organizations without courting the lime-light himself—which he admitted freely had been one fault of his career up to that moment. It is a pity that his life was not spared to see how much good his unique energy and political acumen might have accomplished for the profession, directed along these channels.

That Dr. Jones possessed unusual ability as an administrator and organizer was generally conceded and his scheme for the establishment and co-operation of district associations and publicity committees in Michigan was intrinsically good and with proper support is the kind of a plan that can be made a most effective force for the advancement of the osteopathic profession as a militant, cohesive organization.

At the time of his death Dr. Jones was president of the Michigan Osteopathic Association and secretary of the State Board of Osteopathic Examination and Registration.

A motto in his office, "The Easiest Way to Forgive Is to Forget" seems to be typical of his philosophy. It is to be hoped that a part at least of the beautiful tokens at the funeral indicated that those who could not agree with Dr. Jones in many things professional were yet willing to forget their differences and join in a recognition of the good that was in him and had been accomplished by his work. Likewise, to express sympathy for Mrs. Jones, and in this latter sentiment, we feel sure the entire profession of the state unites most sincerely and whole-heartedly.

Of immediate relatives Dr. Jones left only his widow, Dr. Gertrude Jones, and one brother, Dr. J. Wesley Jones, of Baltimore.

Any Person Who Cures Disease and Accepts Fees Must Be Subject to the Regulation of the Drug Doctors

THE medics of Kansas have deep laid plans to get complete control of the practice of the healing art in any form. Osteopathy has secured recognition in the Kansas state law, but the medics are bitter towards our practitioners, and will turn a political trick to make things harder for them any time they get a chance. The Christian Scientists have, for some time past, been a "thorn in the flesh" and the activities of the medics are at the present time ostensibly directed against the Christian Scientists and a number of irregular cults whose practitioners, as a general thing, are very poorly prepared, but back of it all lies

the dominant desire to get complete control of health regulations and systems of practice. Osteopathy in Kansas will never be safe until it has a law of its own on the statute books and an independent examining board. The medics of Wichita, Kansas, in inaugurating a campaign against fakirs, are quoting the recent decision of the United States Supreme Court, which holds that the administration of drugs is not the only thing which constitutes the practice of medicine. The Kansas medics claim that under their state laws "any person who opens an office and accepts fees from a sick person for a represented cure, whether it be pounding or pinching, laying on of hands or mental faith cure, is a physician in the eyes of the law and under the statutes guilty of practicing medicine without a license."

Reorganization of Michigan State Board of Examiners

A SPECIAL meeting of the Michigan State Board of Examiners in Osteopathy was held at the Griswold hotel, Detroit, October 19th, for the purpose of electing a secretary to fill the vacancy caused by the death of Dr. W. H. Jones. Dr. Carrie C. Classen, of Ann Arbor, was elected secretary and Dr. T. L. Herroder, of Detroit, was elected president. Governor Osborn has appointed as a new member of the board, Dr. Otto B. Gates, of Bay City.



Dr. Carrie B. Classen, of Ann Arbor, Mich.

office of secretary, was president of the board.

Dr. Carrie B. Classen, the new secretary, is a graduate of the S. S. Still College of Osteopathy, 1903. She is a native of Michigan, and has conducted a successful practice there since her graduation. In her practice at Ann Arbor, she specializes in the diseases of women and gynecological surgery. She was first appointed to the State Board by Governor Warner, three years ago, and at the time of her election to the

Osteopathy

By Miss Esther D. Eckert.*

THE history of osteopathy will for all time be inseparably connected with the life of Dr. Andrew Taylor Still. Osteopathy had its inception in the fertile brain of that one man, was developed by his careful judgment, grew into favor through his determined purpose, and was placed upon a solid footing by his sagacity.

Dr. Still was born August 6th, 1828, about three miles west of Jonesboro, Lee County, in the extreme western part of Virginia. His father was of English and German descent and his mother, Scotch. When he was nine years old his father removed his family to Macon County, Missouri, whither his father had been sent as a missionary, the first of the Methodist Episcopal Church in northern Missouri. Here Andrew attended school. He thus describes in his autobiography the building in which his schooling was continued. "That autumn we felled trees in the woods and built a log cabin eighteen by twenty feet in size, seven feet high, dirt floor, with one whole log or pole left out to admit light through sheeting tacked over the space, so we could see to read and write."

Andrew was not greatly in love with farming and much of the work incidental to the life of

a pioneer farmer. He loved hunting as much as he disliked farming.

Dr. Still himself thus sums up the effect of this pioneer life: "My frontier experience was valuable to me in more ways than I can ever tell. It almost perfected the knowledge from the great book of Nature. The skinning of squirrels brought me into contact with muscles, nerves and veins. The bones, the great foundation of the wonderful house we live in, were always a study to me long before I learned the hard names given them by the scientific world. As the skull of the horse was used at my first school as a seat for the indolent scholar, I have thought it might be typical of the good horse sense that led me to go to the fountain head of knowledge and there learn the lesson that drugs are dangerous to the body."

During the years 1852-1853, Dr. Still was a scout surgeon under General John C. Fremont, and during the Civil war was a surgeon in the Union army in the volunteer corps. That was when he began to lose faith in the efficacy of drugs and in existing medical methods.

Dr. Still found himself with a large number of sick soldiers on hand and no drugs with which to treat them. This emergency demanded a substitute and Dr. Still conceived the idea at this critical time of endeavoring to effect cures by setting free the natural remedial agencies of the body. To his gratification, he observed that results justified his line of reasoning; that palliation and positive cures followed his anatomical treatment. The new light of curing disease had now dawned upon him and he persevered along these lines during the remainder of his army service, and after the war he continued to study and experiment. In 1874, he felt he had perfected the basis of his new system of treating disease, and announced to the world his philosophy. The first school teaching the science was organized in 1890; in these twenty-two short years, osteopathy has worked out a curriculum of study equal to that taught in the best medical schools.

Osteopathy is a drugless system of treating disease by the use of the hands to adjust all parts of the human mechanism, to perfect mechanical relationship. It is a bloodless system of surgery, the knife being used rarely and only as a last resort.

Osteopathic physicians readjust any irregularities of the body that predispose to and cause disease. In infectious diseases, as fevers, they employ in addition to what is known as strictly osteopathic treatment, all other means known to science except drugs. They rely upon cold baths, nursing, dieting, sanitation, hydrotherapy, antidotes, antiseptics, etc., as helpful in some instances in making more easy the readjustment of anatomical irregularities; such aids in themselves do not harm the system as is usually the case with drug medication.

It is the marvelous an innumerable cures of chronic diseases that have so popularized osteopathy. The reason drugs did not cure was because the drugs cannot remove the cause of the disease. Drugs can never replace a slightly shifted vertebra, rib or other part of the bony framework of the body nor remove obstructions to the blood circulation, free impinged nerves, nor relax contracted muscles. These are the causes of disease primarily and what osteopathy corrects.

The osteopath is a physician and surgeon in the best sense of the term, thoroughly educated in all that appertains to the human body both in health and disease. In no way is it akin to such methods as massage or Swedish movements. These have their uses, but they are related to osteopathy about as much as a rowboat to an ocean liner. If osteopathy is not a massage, Swedish movements, nor treatment by drug medication, what else can it be? How do they treat and cure? This question is no doubt, beyond all others, relative to osteopathy, the most perplexing one in the minds of the laity. It is so because the inquirer does not comprehend the

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philosophy upon which the art and science of osteopathy are founded.

Osteopathic treatment is the establishment of harmonious relationship and action of all the elements, forces and fluids of the body which necessarily and indisputably results in proper organic action and consequent health. In short, osteopathy is simply common sense.

Theoretically, it rests upon verified knowledge of the human body. Practically it rests upon the application of skill in recognizing and correcting abnormalities of the human body. It has been attacked by abuse, misrepresentation, ridicule, sneers, secret contempt; but it has never been opposed by argument.

It stands today as the only system which rec-

ognized anatomical perversion or disorganized anatomical structure as the primary causative factors of disease and that further recognized that within the body are contained all the remedial agencies necessary to overcome disease. The function of the physician, therefore, is to remove all interferences to these vital forces and restore harmonious relationship of all the component parts of the human economy. Such a state means health. This is the aim and accomplishment of osteopathy.

*Prepared for the graduating exercises of the Lütitz (Pa.) High School.

A man's love is like a river: if the current is obstructed it will seek another channel—usually a blonde.—Helen Rowland.

Dr. E. M. Downing Made a Clever Operation by The Abbott Method At Pittsburg

THE meeting of the Western Pennsylvania Osteopathic Association, October 19th, was well attended and proved very profitable to those present. The banquet in the evening was a decidedly enjoyable affair.

The features of the program were a lecture on "Publicity," by Dr. H. S. Bunting, of Chicago, and a lecture and demonstration of the "Abbott Method for Correcting Spinal Curvature," by Dr. E. M. Downing, of York, Pa.

Both speakers were well received, and much appreciation was expressed.

In discussing spinal curvature and the Abbott method of reducing same, Dr. Downing prefaced his remarks by asserting that in his judgment the osteopathic profession has erred seriously in failing to distinguish sufficiently between the functional or postural cases, and the structural cases in which the spine is fixed and rigid in the curved and rotated position.

The functional cases can be easily cured, he



Dr. E. M. Downing, of York, Pa.

stated, if we will but search for the cause until we find it, and see that it is overcome. In many cases there is a difference in the length of the lower extremities, causing a tilting of the pelvis. One of his cases, now aged twenty-two, sustained a fracture of the femur with subsequent shortening, at the age of nine years. Had this received proper attention by the surgeon who reduced the fracture, by the raising of one foot through the use of a cork heel worn inside the shoes, a scoliosis would have been avoided. The curve was merely postural at first, but later it became fixed.

Careful examination will reveal inequalities in the length of the femur in many cases in which there is no history of fracture. Hilton records that in a series of careful measurements of skeletons ten per cent of the lower extremities were unequal in length, the difference being in the femurs oftener than in the tibias. Exact measurements are difficult in fleshy patients, but with care they can be made approximately, and this should be a matter of routine procedure. Raised heels should always be insisted upon at once in such cases, and this will suffice in early cases. Suitable exercises and the maintenance of proper posture will cure most of the purely functional cases if the patient will actively co-operate with the physician.

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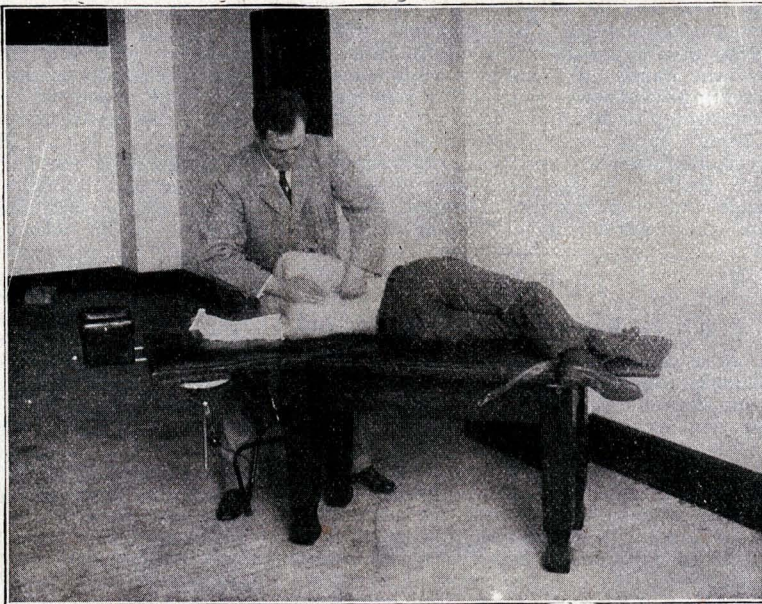
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the spine.



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Fixed, structural scoliosis, however, is a very different proposition, said Dr. Downing. He strongly maintained, and challenged those present to prove the contrary, that no osteopath had ever cured a case of fixed lateral curvature with rotation of the vertebrae and severe rib deformity, by manipulative methods alone. If there is any solace in companionship, however, he offered as consolation the fact that orthopedists the world over had failed as completely as osteopaths had, though making use of all methods devised, some of which were of a severe if not brutal type.

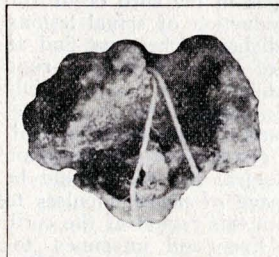
Abbott's method makes use of the classical plaster-of-paris jacket, but the manner of application is revolutionary. All previous methods have had a common thought—the fixation jacket placed when the spine was in the greatest possible *extension*. Abbott places the patient on a hammock in the dorsal position, and applies the jacket with the spine *flexed* as much as possible. As soon as the cast has been applied, windows are cut into it, one behind the low shoulder (the concave side), and the other in front of the high shoulder (the convex side). The remaining plaster offers two points of resistance; one is over the bulging ribs on the convexity of the curve, and the other on the opposite side in front, where the ribs are usually prominent anteriorly. With the two fixed points, lined with felt pads, offering resistance to movement, every motion of the patient's thorax, whether voluntary or involuntary, will tend to spring the ribs in the places where no resistance is offered, or where the windows are cut out. Every inspiratory effort helps to "unwind" the rotation and to reduce the curvature. The force of the respiratory muscles is far greater than most of us realize. Dr. Downing illustrated this by having a heavy piece of jute twine tied around his chest, and breaking it easily by the expansion of the ribs during inhalation. The twine had been tested and had a tensile strength of seventy-five pounds.

He then proceeded to demonstrate the method by applying a jacket on a patient provided by one of the physicians present.

Doctor—Now, Mr. Macdonald, I must take your temperature.
Macdonald (nee Israels)—Ach, but you cannot. Everything is in der name of my Wife

Osteopath Possesses "Lung Stone", Genuine Medical Curiosity

DR. C. C. WRIGHT, of Charleroi, Pa., has in his possession, a "lung stone" or bronchial calculus, coughed up by a patient from his right lung. The stone seems to be as hard as granite, is of a light brown color, and weighs 10 grains. Dr. Wright had been treating the patient



Lung Stone in Possession of
Dr. C. C. Wright, of
Charleroi, Pa.

for chest trouble, and the stone was gotten rid of September 3. The patient stated that he had been suffering from a cough for thirteen years, though not severe until the last three years. Dr. Wright reports that since ejecting the stone the patient gained twenty-one pounds, and has been able to go to work in a box factory, and is felling in fine condition with no cough trouble. The illustration herewith, shows an enlarged photograph of the stone. The white spot between the cords indicates the point of attachment to the lung.

This case caused a lot of local interest in and around Charleroi, and has proved quite a boost for osteopathy.

Osteopathic Treatment of Mumps and Measles

By James T. Slaughter, D. O., Seattle, Wash.

PAROTITIS or mumps is an acute infectious disease caused by an unknown micro-organism, and is characterized by inflammation and swelling of the parotid gland, less frequently affecting likewise the rest of the salivary glands, the testicle, mammary and female genital organs.

Among the casual factors we have the unknown infectious agent, the lowered vital resistance, time of year and the osteopathic lesion.

During the incubation period, which is from

Glyco Thymoline



**CATARRHAL
CONDITIONS**

**NASAL, THROAT
INTESTINAL
STOMACH, RECTAL
AND UTERO-VAGINAL**

**KRESS & OWEN COMPANY,
210 Fulton St., New York.**

10 to 23 days, symptoms are entirely absent. During the initial stage some symptoms may be present. A slight rise in temperature, and if a young patient, probably vomiting would be present. Many times the swelling of the gland is the first noticeable symptom. One or both sides may be affected at the same or different times. The swelling may extend from the ear to the shoulder.

During the course of the disease some patients may not feel any effects whatever, while others may have gastric disturbances, headache and a high temperature. It is estimated that as many as 33 per cent of cases are complicated with orchitis. If orchitis develops, the patient will experience considerable pain, fever, sometimes vomiting, diarrhea and even delirium.

The prognosis in regard to life is good and complications are greatly lessened by osteopathic treatment. If orchitis develops often atrophy or impaired function of the testicle results.

In treating the condition the cervicle region behind the sterno-mastoid muscle should be relaxed and the cervicle vertebra should be carefully adjusted. The enlarged glands are tender and should not be manipulated. The first ribs are nearly always up and should be corrected. The lower thoracic and lumbar regions should be thoroughly relaxed and if any lesions, correct them. Give special attention to the excretory organs and keep them active.

The patient may eat any ordinary food, if able to open the mouth; if not, a liquid food is necessary.

Measles.

Measles, rubeola or morbilli is an acute infectious and contagious disease occurring usually in children. After an incubation period lasting from nine to twenty-two days there is a gradual invasion marked by fever, with a dry metallic, teasing cough, coryza and suffusion of the eyes. This is followed on the fourth day by a coarse maculopapular eruption, which appears first on the temples, neck and sides of the face. The eruption spreads until the body is covered, appearing last on the hands and feet. It is continuous for about five days and gradually fades away in the order in which it came. A bran-like desquamation follows which lasts for seven or eight days. This is the most

The Osteopathic Physician

contagious and infective disease except smallpox. It is contagious from the first symptom of coryza, a fact which partially explains its widespread occurrence. It is evident, whatever the exciting cause may be, that it is very diffusible and of low vitality. Among the predisposing causes age is considered. In children under one year of age, measles is rare and under six months extremely rare. It usually occurs between the second and tenth year. In older individuals it runs a more severe course. The time of the year is a factor, occurring usually during the colder months. It is also very important at this stage to note the condition of the excretory organs, which are usually very irregular and sluggish, thus preventing the poisonous gases of the body from escaping.

The disease may be transmitted by direct contact, and hence is a true contagious disease. The area of contagion is large and a very brief exposure is sufficient. It may be conveyed a considerable distance through the open air. In an enclosed room it may be contracted by a child, 15 or 20 feet from the patient. It seems possible that the contagion may be conveyed by the breath, but it is certain that it resides in the sputa and the discharge of the eyes and nose.

Concerning the pathology of measles: the lesions are confined to the skin and the mucous membranes of the conjunctiva, nose, pharynx, larynx and the larger bronchial tubes. The change of the mucous membranes are as much a part of the condition as are those of the skin. The morbid changes of the skin are those of hyperemia; on the mucous membranes they are those of catarrh. Pseudomembranous inflammation may occur in complicated cases. The complications are apparently due to other micro-organisms than the specific germ of measles. Complicated measles is, therefore, a mixed infection, the most complicating germ being the staphylococcus. There are four types considered: Mild, severe, hemorrhagic, and malignant, which are familiar to all. With the invasion of measles, usually the first symptoms to appear are the suffusion of the eyes, with acute coryza and general malaise. These are not necessarily characteristic symptoms, and unless there is a history of exposure, there may be no suspicion that the child has more than an acute cold.

The finding of Koplic's spots in the mouth are helpful to an early diagnosis. In some instances the onset is abrupt, but such an invasion with a continuous high temperature, is most often due to some complication, usually pneumonia. The length of invasion varies from one to five days. The extent of the fever depends on the age and condition of the patient, and type of disease. Usually there is a gradual rise for three or four days, then runs at its height for three or four days more and subsides. If a continuous high fever be present it indicates complications. As a rule the fever begins to subside a few hours after the eruption is complete, which takes place in thirty-six to seventy-two hours.

The most common and serious complications are: Bronchopneumonia, membranous laryngitis, otitis media, and diarrhea. The most common sequelae are tuberculosis and conjunctivitis. Under osteopathic treatment the prognosis is good, and the mortality low. There is a great tendency for some complication or sequel, which can, as a rule, be entirely eliminated by proper care.

The patient should be kept in a reasonably dark room, well ventilated and free from drafts. A plain and easily digestible diet is allowed. The muscles of the neck should be thoroughly relaxed and the glands drained. The cervicle vertebra should be completely adjusted, especially the atlas and the axis. The inferior maxilla should be brought forward and the constriction behind the jaw relieved. The clavicles should be raised and loosened at both

ends, and especial attention should be directed to keeping the axilla well drained. The lower ribs should be raised so as to allow free blood and nerve force to the kidneys. Place the hands, one over the other, on the region of the bladder, just above the symphysis and use steady, firm pressure for a short time, then move the hands up towards the kidneys, thus relieving any constriction that may be present in the ureter or bladder. It is very important to relieve any obstruction from the solar plexus, its branches and the abdominal aorta, which in turn permits the emptying of the bowels and the proper assimilation of the food. Good nursing is very valuable.

Diabetes

By Frank H. Smith, D. O., Kokomo, Ind.*

IN choosing diabetes for my subject, I have thought especially of the osteopathic view of the disease, both from the standpoint of etiology, and prognosis. The pathology as given by the standard texts, being I think more logically explained from our viewpoint than by any other system. Also the favorable prognosis when corrective osteopathic measures are employed in selected cases. In presenting this paper, I am indebted to *McConnell's* and *Teal's*, and *Ander's* practice.

Definition—Diabetes is a constitutional disease, termed a nutritional affection, characterized by an excessive amount of uric acid and sugar in the blood, and clinically, by a persistent glycosuria, polyurea, and a progressive loss of flesh.

Pathology—In a great many of these cases we find changes in the posterior columns of the cord, with peripheral neuritis, simple or multiple. The diabetic being an example of multiple neuritis resulting from this disease. These changes in the posterior columns of the cord, are particularly significant to us as osteopathic physicians.

From the research work of Dr. McConnell, Dr. Farmer, Dr. Louisa Burns, and others, we know that degenerative changes in the cord occur following the artificial production of spinal lesions, and in these cases of diabetes where we find an almost constant form of lesion, namely, a rigid and posterior dorso-lumbar spine, we certainly have a very reasonable explanation of the degenerative changes found in the posterior columns of the cord, the result of faulty nutrition to these areas. The logical sequence would be the inhibition, or stoppage of nerve impulses to the organs supplied from this region of the cord, namely, the pancreas, liver and intestines, together with the stomach, the kidneys. The lesion seems to result more seriously for the pancreas, liver and intestines, for post-mortems reveal more serious pathological changes in these organs—but the stomach is usually involved, too, and later on we have the changes occurring in the kidneys, resulting in the nephritis.

Pardon me if here I seem to run ahead of the rest of my subject, but I wish just to refer to prognosis. In view of this pathology, our prognosis is dependent on the amount of degeneration existing in the posterior columns of the cord at the time we see the case, if the degeneration has been extensive, we cannot hope to do more than to benefit the case; if the destruction has not been great, we may reasonably expect to arrest the degenerative processes, and get a much more complete result. Where we have no actual destruction of nerve cells in the cord, we should get a cure.

Now, to proceed with the pathology in the organs. We find in over fifty percent of all cases morbid changes in the pancreas, and in a very large percentage, morbid changes in the liver. As the disease progresses usually we have acute nephritis complicating the diabetes. A very few cases show morbid changes in the medulla,

*Read before Chicago Osteopathic Association, October 3d. The address was followed by a demonstration of technic.

such as tumors, sclerosis, etc. Secondary lesions also occur in the lungs, heart, skin, and stomach in advanced cases. The lesion most frequently occurring in the pancreas is granular atrophy—occasionally fibroid induration and cancer occur. Rarely a post-mortem reveals an occluded pancreatic duct. The most frequent morbid changes of the liver are fatty degeneration, and occasionally cirrhosis of the diabetic type, sometimes tertiary syphilis.

Etiology—The most important etiological factor is undoubtedly the posterior curvature (usually symmetrical, although not infrequently a segmental curve) with the extreme rigidity of the affected region which results from the overdeveloped ligamentous and muscular attachments.

When a case presents itself showing a spine with a posterior curve extending from about the sixth dorsal to the third lumbar, with stooped shoulders—together with evidences of general malnutrition, and frequently of autotoxemia—we always suspect diabetes, and make a urinalysis to verify, or destroy our hypothesis. You will nearly always have a positive finding, even though many of the characteristic symptoms may be absent. McConnell explains the effect of the osteopathic lesion through the influence of the sympathetics (which includes both vasomotor and trophic nerves) to the liver, pancreas, and intestines. This producing faulty metabolism in these organs.

Other Causes—which may operate in this disease are, heredity, neurotic temperament, race (Jews being especially subject to diabetes), sex (males being more subject than females), and chronic diseases such as gout, malaria, and syphilis. Pregnancy is a predisposing cause. Then we have the type due to trauma affecting the diabetic center of the medulla, but this type is rare. We think that hard lifting work in a stooped position, and trauma affecting the dorso-lumbar spine are the main causes of this disorder. And from having treated quite a number of our fellow practitioners for this disease, I believe the occupation curve producing this trouble to be especially liable to occur in osteopathic physicians. This occupation curve occurs frequently in farmers and mechanics whose work requires much stooping and lifting also. There are a good many cases of diabetes occurring in people who overeat, and who through lazy habits "sit on their livers" so to speak, producing this same postural defect, with rigidity.

The most reasonable explanation of the pathological changes occurring in diabetes is that which explains the presence of sugar in the urine, as being the result of the absence of a ferment in the blood, which ferment, when present, converts the starches and sugars into the blood form of sugar, glycogen, or into fat. This ferment is secreted normally by the pancreas, and possibly by the liver to some extent. The trophic and vasomotor changes resulting from the osteopathic lesion cause the absence or shortage of this ferment, sufficient to account for the sugars thus unconverted being excreted through the kidneys.

Obviously, no one cause is operative in all cases of diabetes, but cases do present this lesion in such a large percentage of those examined, that it is of special importance to us. In nearly all cases of diabetes, we find also a very marked approximation of the atlas and the occiput. Whether this is primary or secondary is not always possible to determine. This may operate through the effect it produces by obstructing the circulation to and from the medulla, or it may act through the influence it has on the vagus nerve as it passes down the neck. However, the correction of this condition has a very marked effect in relieving the nervous manifestations accompanying this disease.

Symptoms—First, gastro-intestinal—usually we have a perverted appetite, with coated or fissured tongue—an excessive thirst—frequently constipation, or at least a very dry stool. Some distress from gas and occasionally nausea and vomiting. The stomach is apt

to be catarrhally inflamed, or badly dilated.

Nervous Symptoms—Patients suffering from diabetes, are usually of the neurotic type, and are quite irritable and easily excited. If the disease progresses toward a fatal outcome, coma is a very serious symptom.

Cutaneous Symptoms—The skin usually presents a dry and scaly appearance, and in the region of the genitals we frequently have pruritis, or eczema. Boils and carbuncles occur, and are usually a bad symptom.

Urinary Symptoms—These are most important, and your diagnosis is easy and positive, when supported by urinalysis findings. The urine is increased in quantity, varying from four and five pints to as many gallons. Color is pale, high S. G. sometimes running as high as 1050. Sugar is present, varying from one-half of one per cent to ten per cent. The urine has an acid reaction. Acetone bodies are often found and are a serious indication when present. Sometimes we have intermittent albuminuria. The importance of frequent and thorough urinalysis can hardly be overstated.

There is an alimentary type of glycosuria due to excesses in eating and drinking, together with sedentary habits. Some cases of obesity show traces of glycosuria.

Prognosis—Under osteopathic treatment the prognosis is more favorable than under medical care. Excepting in cases of the very young, and in cases which reach us after the disease has progressed too far, we are able to offer much encouragement. We can expect a very definite improvement, and an arrest of the trouble, or a cure, according to the stage of the disease when treatment is undertaken.

Treatment—Corrective treatment in these cases is of the utmost importance, if osteopathy has a chance it is by breaking up this rigid posterior spine, moulding it into shape, and then strengthening the supporting muscles by the bending exercises. I believe the corrective work should be given as strong as the patient can stand and yet get a good reaction afterward. In other words, gauge your treatment as you would a cold bath, make it fit the patient, not the patient fit the treatment. If they feel weak or enervated after treatment, reduce the strength of the corrective work, until you have them feeling exhilarated and braced after treatment. Not that the treatment should be given with the idea of "bracing" a patient but if after specific corrective work your patient feels invigorated he will be benefited, not weakened by it.

The corrective work should be not only applied to the dorso-lumbar curve, but to relieving the approximation between the occiput and atlas. This favors a normal circulation to the brain and relieves any possible pressure on the vagus. Corrective work should at first be given three times weekly, later twice weekly, and still later once weekly. Follow up your case with occasional treatment and urinalysis to be sure you have a permanent result.

In addition to the corrective work (by which I mean the replacement to normal position, and securing of normal motion of the spine throughout the region of the curve)—we must treat the liver direct, and I like best to do this by having the patient assume the knee chest position, then reaching under the liver and over the lower ribs on the right side exert a squeezing motion. This in addition to securing a better position for the liver treatment, causes a correction by gravity of any tosis that may exist in the abdominal organs, and there is usually more or less enteroptosis existing, as a result of the weakened spinal support, and of the weakened innervation to the abdominal wall and omentum.

Next in importance to treatment is the limitation of the quantity and quality of the food. I am inclined to believe that the limitation of the quantity, so as not to overwork the already crowded organs of assimilation, is of more importance than the limitation of the quality of food.

The diet I recommend for diabetics is: Break-

fast—Oatmeal or graham mush-toast (thoroughly toasted through), or zweibach—eggs and bacon—with milk or water for drink. Dinner—Broiled steak (or any good wholesome lean meat)—lettuce, tomatoes, celery, cream cheese, graham or gluten bread with buttermilk, lemonade or water to drink. Supper—Oatmeal or graham mush with half and half and toast. Three unsweetened egg-nogs during the day whenever wanted; four or five ripe olives at beginning of each meal. This diet can be varied considerably, but I have found very satisfactory results by following that outline. Patient should avoid worry and over-excitement—should wear flannels the year round—should sleep in a well ventilated bedroom, and in general should adopt measures to build up one's vitality.

Baths, both hot tub and steam baths are helpful providing the patient is not too much weakened by them. They relieve the kidneys of some of the excessive strain they are on, and as a means toward rest for them is helpful. These measures are helpful in connection with the treatment, but the prime thing is the corrective work. Osteopathy can do much for patients suffering with diabetes.

Medical Politics in Colorado

TAKING for granted the secretary of the state board of health to be thoroughly familiar with the duties of said board when he says, in a letter to the board of capitol managers: "I respectfully call your attention to the fact that it is not within the power of the board of capitol managers to say what is dangerous to the public health and what is not. Such matters are vested in the state board of health, for which very purpose said board was created," one naturally wonders just how this valient upholder of the faith will reconcile his conscience to the pernicious political work he is doing on the outside. That it is of a variety commonly classed as "peanut politics" no one can deny, and that it is at the instigation of the American Medical Association no one is at all inclined to doubt. The following letter is sufficient to show the direction in which straws are scurrying, and the large number of professional men, physicians, found upon the numerous legislative tickets this year in Colorado and elsewhere is additional evidence that this unusually active organization is making more than ordinary effort to carry its well laid plans to the extreme limit. Here is a sample of activity in behalf of the dear public that is worthy a better cause, but as the d. p. is accustomed to such stuff, it may be well to merely call their attention to this special spasm of solicitude and allow them to do the rest at the polls. This is a pre-election program that should cause every one to be especially cautious concerning the candidates for congressional honors, especially those who "should place themselves upon record in the interest of progress and reform in regards to the matter of public health," as the Colorado state board of health sees such matters. The letter:

"COLORADO STATE BOARD OF HEALTH.

"DENVER, COLO., August 29, 1912.

"My Dear Sir: As you are a candidate before the people for the office of congressman-at-large, I take this opportunity to ask your opinion and to state your attitude in regard to public health matters.

"First—Are you in favor of a national bureau of health to be located at Washington, with power to act in health matters in the United States?

"Second—Are you in favor of the state board of capitol managers retaining the common roller towel in the capitol building in violation of the rules of the state board of health, and will you state whether you believe

a roller towel is a danger to public health or not?

"I am enclosing you a letter addressed to the board of capitol managers dated July 23, 1912, which has never been acted upon by that board and which explains fully the attitude of the medical profession in regard to the dangers of the use of such towels in public places. I especially wish to emphasize the fact that a state law was passed by the last legislature declaring roller towels in hotels a danger to public health and prohibiting the use of same and I cannot understand by what process of reasoning any one can declare that a roller towel in a hotel is a danger, but one in the capitol building a blessing.

"The state board of health is anxious to know of the candidates for office before the people, their attitude in regard to public matters, so that we may be able to inform the medical profession in the state of Colorado of the attitude of each candidate and we shall ask an expression of opinion from all candidates before the people.

"In this state there are approximately 2,000 physicians, of these over 250 are health officers, acting in unison and under direction of the state board of health; and added to that number are at least 2,000 laymen who are actively interested in the protection of the public health.

"These people want to know and are entitled to be informed as to the attitude of the candidates before the people in regard to public health matters.

"The time has passed when the state of Colorado can be represented in Washington by men who are opposed to the onward march of reform in health matters. Twenty-five years ago it was a common thing to see members of Congress endorse in the public press over their own names patent medicines, quack concoctions and ignorant deceptions, whose chief object was to wring from the ignorant poor their hard-earned wages.

"It is better that the people should know beforehand the attitude of its candidates on such matters of public health than to find after the election is over their representatives in Congress unmercifully flayed by a non-partisan press, whose purpose is to eradicate forever such men from public office who are guilty of betraying the people.

"I hope that your reply will place you on record in the interest of progress and reform in regard to the matter of public health. Hoping for an early reply, I am, yours very truly, Paull S. Hunter, M. D., Secretary."—From *The Critique*, Denver, Colo.

Convention Dates

Kirksville, Mo., August, 1913, annual convention American Osteopathic Association.

Charles City, Iowa, December 10th, regular meeting of the Iowa First District Osteopathic Association; subject, Urinalysis.

Mechanicville, New York, December 7th. Regular meeting of the Hudson River North Osteopathic Society with Dr. Owen.

Dayton, Ohio, December 5th, regular meeting Dayton District Osteopathic Society.

A Song of Gratitude.

Hail, Osteopathy! Of thee I sing,
A sure panacea for 'most everything.
Headache, neuralgia, lumbago and gout—
Is there a pain that it will not knock out?
Wizard of Oz, is the Osteopath—
Smoothing out wrinkles, appeasing our wrath,
Filling up hollows and rounding out curves,
Building up tissues and smoothing our nerves,
Where pellets and powders prove powerless to cure
The terrible pains that mankind must endure,
When everything fails and your worn to a lath
Just take my advice; Try an Osteopath.
—I. B. Anstey, New York City.

The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month by

The Osteopathic Publishing Co.
215 SOUTH MARKET STREET
Chicago, Ill.

Henry Stanhope Bunting, A. B. M. D. D. O.

Editor and Manager

Ralph Arnold, Assistant Manager

Subscription Price \$1.00 a Year.

Advertising Rates on Application.

Entered as second-class matter April 7th, 1903, at the Postoffice at Chicago, Illinois, under Act of March 3d, 1879.

Declaration of Ownership

The following statement is made in conformity with the new Federal law making it obligatory for publications to issue sworn annual statements to the U. S. Postoffice Department:

The *Osteopathic Physician* is published monthly by The Osteopathic Publishing Company, at 215 South Market street, Chicago, Illinois. Editor, Henry Stanhope Bunting. Business Manager, Ralph Arnold. Stockholders, H. S. Bunting, Lake Bluff, Illinois; Christobelle Van Asmus Bunting, Lake Bluff, Illinois; George H. Bunting, Kansas City, Missouri.

There are no outstanding bond issues or mortgages. No part of the editorial matter or of reading notices (unless so marked) of *The Osteopathic Physician* are paid advertisements.

Editorial

Fairness! Freedom! Fearlessness!
"How to the line, let chips fall where they will"

VOL XXII. NOVEMBER, 1912. No. 5.

TWENTIETH CENTURY MEDICAL BIGOTRY

According to a newspaper dispatch from Keene, New Hampshire, dated October 26th, the death of 12-year-old Charles H. Wright, from appendicitis, was directly due to a wrangle between physicians who had been appealed to take care of the case. According to the facts related by the boy's mother, he was taken suddenly ill, and a Dr. A. A. Taft, of Keene, was called in and diagnosed the case as appendicitis. Later the family physician, Dr. B. T. Mousley, of Alstead, was called in and the boy was hurried to the Elliot City Hospital to be operated upon. Dr. Walker, head physician of the hospital, refused to etherize the boy because Dr. Mousley two years previously, had been expelled from the Cheshire Medical Association, of which Dr. Walker is a member. A rule of the hospital required that ether for operations must be administered by a member of the hospital staff, and for this reason neither Dr. Mousley nor Dr. Taft could administer ether. Efforts were made to secure Dr. Pratte, a member of the hospital staff, but he refused to interfere. Finally the boy was taken to the home of Dr. Mousley, where ether was administered by Mrs. Mousley, a graduate nurse. The appendix burst, and the boy lived but a short time.

Of course, it cannot be stated positively that the boy would have lived had the operation been performed promptly, but the chances were in his favor, and taking the facts as reported, and apparently they are not denied, a life was sacrificed simply because the doctors

wrangled and argued and placed so-called professional ethics and rules above their practical duty of benefiting the patient. There is something radically wrong with a medical association that adopts a code of ethics that will in any way justify a physician in such an attitude.

When interviewed on the subject, both Dr. Walker and Dr. Pratte are alleged to have attempted to excuse themselves by quoting the rules of the Cheshire Medical Association and the New Hampshire Medical Association which requires that no member of the association shall work with a physician who has been expelled for unprofessional conduct.

If both these doctors have no better reason to offer for their conduct than this lame excuse of "professional ethics" it would seem to an unprejudiced outsider that there is good ground for their being charged with criminal neglect in this case, and for their being debarred from practice.

It is said that the case has attracted unusual attention through Cheshire County, N. H., and that the incident will be the subject of a rigid investigation by the New Hampshire State Medical Board.

PREPARATIONS FOR 1913 CONVENTION

In another part of this issue, we print announcements concerning meetings held at Kirksville to lay preliminary arrangements for the 1913 Convention of the American Osteopathic Association. In a recent letter Dr. A. G. Hildreth of St. Louis speaks of his visit to Kirksville in this connection and of the enthusiasm shown by the local merchants as well as by the A. S. O. people.

The Kirksville *Journal* and the Kirksville *Democrat* both devoted very liberal space to reports of the preparations and arrangements that were being made, and there seems no question but what the business men, the press, the laymen, the A. S. O. officials and the students are all united enthusiastically to make the 1913 convention at Kirksville the greatest possible success. It is evident that very special efforts are being made to provide for the convenience and comfort of the visitors.

This early manifestation of interest in the 1913 convention should be very gratifying to the profession, and in appreciation of the liberal spirit of the citizens of Kirksville, and in honor of the "Old Doctor," the profession should gather in large and representative numbers at Kirksville next August.

Kirksville does not possess the social opportunities or scenic advantages of some other places, nor is it exactly ideal as a summer resort, but these are minor considerations, and they should not be permitted to interfere with the determination to be on hand and do honor to Dr. Andrew Taylor Still, and to benefit by the excellent program that is sure to be presented.

DR. WILEY MISQUOTES STATISTICS

Dr. Harvey W. Wiley, the ex-government food expert, while he was in Dayton, Ohio, the latter part of October, made a public address on "The National Health Our Greatest Asset." During the lecture, the need of a National Bureau of Health was, of course, emphasized. The newspapers gave a big report of the lecture, with 24-pt. headings, and pictures of Dr. Wiley.

In the course of his argument in praise of the efficiency of medical health boards, Dr. Wiley stated that whenever anybody dies of diphtheria there is somebody to blame. "In the state of Indiana," he said, "we don't allow that kind of carelessness any more. We have had hardly a death from diphtheria in four years."

Dr. William A. Gravett, of Dayton, who was at the lecture, questioned in his mind the accuracy

of this statement, and after the meeting he pursued some investigations and dug up the following facts, taken from the monthly bulletin of the Indiana State Board of Health:

"Diphtheria by Months—January, 225 cases in 41 counties, with 24 deaths. In the same month last year there were 279 cases in 51 counties and 35 deaths.

"February—194 cases in 37 counties, with 29 deaths. For the same month last year there were 187 cases in 38 counties with 31 deaths.

"March—168 cases in 43 counties with 24 deaths. In the same month last year there were 209 cases in 34 counties and 21 deaths.

"April—120 cases in 33 counties with 14 deaths. For the corresponding month last year there were 104 cases in 24 counties with 15 deaths.

"May—95 cases in 30 counties with 18 deaths. In the same month last year there were 145 cases in 28 counties with 9 deaths.

"June—93 cases reported in 27 counties with 7 deaths. For the same month last year there were 149 cases in 28 counties with 18 deaths.

"July—28 cases in 24 counties with 11 deaths. For the same month last year there were 116 cases in 24 counties with 10 deaths.

"August—247 cases in 39 counties with 24 deaths. For the same month last year there were 135 cases in 34 counties with 12 deaths."

Dr. Gravett contributed these facts to the local newspapers in an open letter, and we are glad to say that the *Dayton Journal* and the *Dayton Daily News* gave him a good space with a headings in large type at the top of a column. In his letter, Dr. Gravett stated in part:

"Dr. Wiley said in his lecture that the state board of Indiana keeps the county health boards supplied with serum at all times, and that as soon as a case of diphtheria appears it is immediately stamped out.

"The figures shown are absolutely reliable. Dr. Wiley is an earnest and apparently overzealous advocate of a federal health bureau, to be established at Washington, and his lecture was an attempt to influence the minds of the laity as to the necessity of creating such legislation as would bring this about.

"His arguments were very fair, but they were not substantiated by facts, according to the Indiana state board of health.

"This is not an attack on anti-toxin. It is probably one of the best means of combating the infection, but it is not a specific."

We congratulate Dr. Gravett on his efforts in this matter, and we believe, as he says, that it will help in a measure to show the public to what extent a certain coterie of political doctors will go in their desire to create sentiment favoring a National Bureau of Health.

SCIENTIST SAYS LIFE CAN BE ARTIFICIALLY CREATED.

"Life can be produced artificially" was the remarkable statement made in an address before the British Association for the Advancement of Science, September 4, at Dundee, Scotland, by Professor E. A. Schafer of Edinburgh University, president of the association.

But while science claims to be able to produce life, it cannot overcome death. In Professor Schafer's words: "Though life may be made, human life cannot be prolonged indefinitely. To all human life nature has set a limit. The universal law from which there is no escape and in the face of which science stands powerless, is death."

The address was full of startling statements of interest to the layman as well as the scientist. Some extracts from the lecture as reported are as follows:

"By suitable processes living substances can be produced from inanimate chemical matter.

... We are by no means justified in supposing that life was established at one period only in the past history of the globe. Our own life is an aggregate life; the life of the whole is the life of individual cells, only some of which lose their vitality at the moment of the so-called general death. Modern application of the principles of preventive medicine and hygiene are operating to lengthen life. Even if the ravages of disease could be altogether eliminated, the fixed cells of the body must ultimately cease to function. All that lives must die, passing through nature to eternity.

... The great essential to the creation of life is the presence of a certain substance called hormones, largely formed in certain organs

and carried by blood to other parts of the body, where it excites the cells to activity. The principal difference between the world of plants and the world of animals is the absence of nervous system in plant. . . . Death in some cells, those of the hair and nails, for instance, does not affect the vitality of the whole, yet death of a few cells, such as those under the influence of which breathing is carried on and those cells which compose the heart, result in the death of the living being. But many cells, such as muscle cells, contain life long after the rest of the body is dead."

Professor Schafer is a fellow of the Royal Society, editor of the *Quarterly Review of Experimental Physiology*, has received honorary degrees in many universities and has been awarded the Royal Life Saving Society medal for distinguished service, and the Baly medal of the College of Physicians.

OSTEOPATHY AS A SUBJECT FOR HIGH SCHOOL ESSAYS.

In another part of this issue we publish an essay by Miss Esther D. Eckert, prepared for the graduating exercises of the Lititz, Pa., High School.

This essay was sent to us by Dr. E. Clair Jones, of Lancaster, Pa., with the suggestion that we publish it as a stimulus to other graduates of high schools or colleges to use osteopathy as a scientific thesis.

We consider it an excellent suggestion, in fact, we believe that the American Osteopathic Association should take recognition of this incident and should make arrangements to offer a prize, or a first and second prize, for the best essay on osteopathy prepared for college or high school students for commencement or graduating exercises.

A letter stating the conditions and the prizes and the examining committee and the person to whom copies of essays should be sent could be mailed to various high schools throughout the country with the request that the prize contest be announced to the students. Ver desirable and effective publicity for osteopathy could be secured in this way, but what is even of greater importance, it is a splendid method of bringing osteopathy forcibly to the attention of the rising generation, the coming young men and young women who will soon be taking their places in the affairs of the world. Get the boys and girls in our high schools and colleges to realize the danger and uselessness of drug medication, and to grasp an intelligent appreciation of the philosophy and principles of osteopathy, and we shall have occupied an immensely strategic position for the annihilation of the old drug fetish and the advancement of osteopathy.

DR. J. N. McCORMICK RECORD INVESTIGATED

Political wheels are not moving quite so smoothly in his home state for Dr. J. N. McCormick of Kentucky, lecturer for the American Medical Association. During the last legislature, a committee investigated Dr. McCormack and the State Medical Board, but it returned a "whitewash" report and by influence with the press, an effort was made to make it appear that the State Examiner had done the same things, but there is an old adage that "truth will out" and apparently it is making a big effort to get into the lime-light in this matter. State Representative L. B. Harrington, who was chairman of the Health Board Investigating Committee, and who filed a minority report differing materially with that of the majority, has demanded that the report of State Inspector and Examiner Goodpaster, which revealed a number of irregularities in the transactions of the State Board of Health, be published in full in the newspapers. The result is that the matter is receiving a whole lot of new attention in

the newspapers, and editorials pro and con are being published as well as extracts from the report of State Examiner Goodpaster. It seems that the examiner claims that there is over \$69,000 that has been irregularly spent and is due the State.

Among other things, the report shows that a number of vouchers for large amounts were made payable to Dr. J. F. McCormack from the year 1898 to the year 1908 which were reported as being spent while attending sessions of the legislature.

It is to be hoped that some one in the State of Kentucky will have the courage and tenacity to fight this thing through, and compel the authorities to put the true facts before the public.

Dr. Louisa Burns—A Foremost Educator, Investigator and Author

By C. A. Whiting, D. O., Pasadena, Cal.

DR. LOUISA BURNS has, during the last few years, achieved a national and more than a national reputation in the world of osteopathy. When one is so widely known, a personal sketch seems to be a not unreasonable demand of the public.

Dr. Burns received her foundation education in the Borden Institute, Indiana, graduating from that institution with the degree of B. S. At a later time the same institution bestowed upon her the Master's degree in science. She came to California in company with her father and mother in 1894, and almost immediately engaged in teaching. The ripeness of her scholarship was well shown by the ease with which she obtained a high-school certificate in



Dr. Louisa Burns, of Pasadena, Cal.

a state where few excepting the graduates of her own university attain this distinction.

Her first introduction to osteopathy was when she was herself relieved from a condition of almost absolute helplessness, brought on by spinal meningitis. After her remarkable and unexpected recovery she determined to study the system to which she was so deeply indebted for health and usefulness. In 1901 she entered the Pacific College of Osteopathy as a freshman student, and almost immediately distinguished herself by her remarkable power of application and originality of thought. Even before her graduation it became evident that she would be valuable to the college as a teacher. As a student teacher she met with unusual success. It took her but a short time to win the confidence of any class entrusted to her care. Immediately after her

graduation she was employed as a teacher in The Pacific College of Osteopathy, and in this capacity she has retained her connection with the college to the present time. She had been in college but a short time when she began writing for osteopathic journals, and while yet a student, several articles which were not only of value, but which gave promise of better things, appeared. After her graduation she became a more prolific writer, but her great value to the osteopathic profession was not suspected until the national convention which was held in Put-in-Bay in 1906. At this convention she gave an address on the relation of certain osteopathic lesions to the eye, and her worth was at once recognized, and her reputation assured.

Her first book—Basic Principles—appeared in 1907. Her thorough preparation for this work is evinced by the fact that the entire book was written in the brief space of a little more than two months, while she was still doing heavy work as a teacher. This book included the greater part of the original work done by Dr. Burns up to the time of its publication. The almost Spencerian character of her mind is shown by the fact that at the time this book was written, she had already projected a series of eight books, practically covering the field of osteopathic investigation. Since the publication of the first volume, two other volumes have appeared. These have been widely purchased by the profession and their great value is universally recognized. The fourth volume, on the blood, is now well under way.

Dr. Burns may properly be recognized as one of the greatest teachers within our ranks. She is absolutely tireless in the preparation for her duties as an instructor. She has the happy faculty of co-operating with considerable numbers of her students in carrying on investigations, and in this way she not only accomplishes more than could otherwise be accomplished, but she is educating some choice spirits among the coming members of the profession, into the capacity for true investigation. She has especially excelled as an animal experimenter, but in spite of the large number of animals she has used in her work, not one has ever been allowed to suffer pain of any kind. All of her work on the control of the functions of the body by the nervous system have been carefully and scientifically demonstrated over and over again. After a hard day's work in the school room it has been no unusual thing for her to work far into the night, over animal experimentation. Dr. Burns is not only a tireless worker, but she possesses a rare gift of insight in regard to the far-reaching nature of the results which she obtains.

Like all other teachers, she has not been free from criticism, but it is interesting to know that criticisms are more freely expressed by students in the earlier part of their work, than by those who have made more progress. There are few in the osteopathic world who have done so much to crystallize osteopathic thought and to classify osteopathic philosophy as she. And the best of all is that she has not yet reached the time of life when there is any reason to anticipate the cessation of the good work which she has done and is doing. In fact, Dr. Burns has barely come into the full maturity of her remarkable powers, and in a way it is safe to say that the work which she has already done, great and important as it is, is only a promise of what we may reasonably expect in the future. It is certainly for the interest of the osteopathic profession that such workers should be aided in every possible way. The Pacific College has long recognized her value, and it places at her disposal such opportunities as it can, for the prosecution of her work.

Opportunities for Osteopaths

IN this column we want to list towns that present opportunities for good osteopathic practice. If you know of any town, or towns, in your state that needs an osteopath or that can support more practitioners, tell us about it. State briefly something of the circumstances and conditions such as size, character and attitude of the people.

What Is the Matter With Wisconsin?

It seems to us that there are a number of good towns in Wisconsin that ought to be occupied by live, wide-awake osteopathic physicians. Wisconsin is a mighty fine state with a fine, progressive, intelligent citizenship. It is a state worth living in and there ought to be more osteopaths. Here are a few towns that we have picked out that should have osteopathic practitioners.

Antigo	Medford
Burlington	Menasha
Beaver Dam	Mineral Point
Black River Falls	Neeah
Chippewa Falls	Oconto
De Pere	Rhineland
Dodgeville	Sauk City
Kaukauna	Watertown
Manitowoc	West Bend

Here are a few towns that have osteopaths as indicated by the figure following the name, but they ought to be able to support more.

Appleton (2)	Eau Claire (1)	Baraboo (1)
Ashland (1)	Grand Rapids (1)	Beloit (1)

There is an opening for a good osteopath at Allerton, Iowa, a field just vacated by Dr. A. W. Clow, 1912 graduate of Des Moines Still College of Osteopathy, who gave up his practice at Allerton to accept a position of track coach and assistant physical director at Purdue University, La Fayette, Indiana.

We print herewith a list of Illinois towns, together with population, which, as far as we know, are as yet unsupplied with an osteopathic physician. Most of these towns are not large in population, but they can easily support one or possibly two osteopathic practitioners. A great many of our young graduates and some of our older practitioners make the mistake of trying to find a large city without an osteopath so that they will have an easy office practice, but the time is now past when such opportunities are presented, and the way to bring osteopathy strongly to the front is for our young practitioners to go into the smaller towns and take up a regular general practice, handling both chronic and acute cases at their offices and at the homes of their patients.

Albion	1,281	Efingham	3,898
Altamont	1,328	Eldorado	3,366
Amboy	1,749	Equality	1,180
Arcola	2,100	Fairfield	2,479
Arthur	1,080	Farmington	2,421
Ashland	1,096	Forest Park	6,594
Assumption	1,918	Freeburg	1,397
Astoria	1,357	Fulton	2,174
Athens	1,340	Geneva	2,451
Atlanta	1,367	Genoa	1,257
Auburn	1,814	Georgetown	2,307
Augusta	1,146	Gillespie	2,241
Averyville	2,668	Gilman	1,305
Barrington	1,444	Girard	1,891
Barry	1,647	Glen Carbon	1,220
Bement	1,530	Golconda	1,088
Benton	2,675	Grafton	1,116
Blue Island	8,043	Granville	1,391
Bradley	1,942	Grayville	1,940
Braidwood	1,958	Greenfield	1,161
Breese	2,128	Greenup	1,224
Bridgeport	2,703	Gross Point	1,008
Brookfield	2,186	Hamilton	1,627
Brooklyn	1,569	Herrin	6,861
Brookport	1,443	Highland	2,675
Bunker Hill	1,046	Highwood	1,219
Cambridge	1,272	Johnston	3,248
Camp Point	1,148	Jonesboro	1,169
Cardiff	1,031	Keithsburg	1,515
Carlyle	1,982	Knoxville	1,818
Carpentersville	1,128	Ladd	1,910
Carrier Mills	1,558	Lanark	1,175
Carterville	2,971	Lansing	1,060
Casey	2,157	Lebanon	1,907
Central City	1,179	Lena	1,168
Chatsworth	1,112	Leroy	1,702
Chenoa	1,314	Lewistown	2,312
Cherry	1,048	Lexington	1,318
Chester	2,747	Libertyville	1,724
Chicago Heights	14,525	Lockport	2,555
Chillicothe	1,851	Lovington	1,011
Chrisman	1,193	Lyons	1,483
Christopher	1,825	McHenry	1,031
Coal City	2,667	McLeansboro	1,796
Colchester	1,445	Madison	5,046
Collinsville	7,478	Manteno	1,229
Columbia	2,076	Marengo	1,936
Crotty	1,005	Marissa	2,004
Crystal Lake	1,242	Mark	1,025
Dallas	1,288	Maroa	1,060
Depue	1,339	Martinsville	1,500
Divernon	1,519	Mascoutah	2,081
Dolton	1,869	Milford	1,316
Dorrisville	1,184	Millstadt	1,140
Du Quoin	5,454	Minonk	2,070
Dwight	2,156	Momence	2,301
Edwardsville	5,014	Morrisonville	1,136

Morton	1,094	St. Ann	1,065
Mound City	2,837	St. Elmo	1,227
Mounds	1,686	St. Francisville	1,391
Mt. Morris	1,132	Sandoval	1,563
Mt. Olive	3,501	Savanna	3,601
Mt. Pulaski	1,511	Seatonville	1,470
Murphysboro	7,485	Sesser	1,292
Naperville	3,449	Shawneetown	1,863
Nashville	2,135	Sheffield	1,009
Nauvoo	1,020	Sheldon	1,143
New Athens	1,131	Silvis	1,163
New Baden	1,372	Sorento	1,018
Newman	1,264	S. Holland	1,065
Newton	2,108	S. Wilmington	2,408
Nacomis	1,872	Spring Valley	7,035
Normal	4,024	Steger	2,161
Norris City	1,055	Stonington	1,118
North Chicago	3,306	Sumner	1,413
Oblong	1,482	Thayer	1,012
Odell	1,085	Thornton	1,030
Odin	1,400	Toulon	1,208
O'Fallon	2,018	Tower Hill	1,040
Onarga	1,273	Trenton	1,694
Palatine	1,144	Troy	1,447
Palrestine	1,399	Upper Alton	2,918
Park Ridge	2,009	Vandalia	2,974
Pawnee	1,390	Venice	3,718
Pecatonica	1,022	Vermont	2,118
Peotone	1,207	Vienna	1,118
Percy	1,083	Villa Grove	1,828
Peru	7,984	Virdeon	4,000
Pickneyville	2,732	Warren	1,330
Plainfield	1,019	Warsaw	2,254
Plano	1,627	Washington	1,530
Polo	1,828	Waterloo	2,091
Portland	2,194	Weatherfield	1,593
Red Bud	1,240	Wenona	1,442
Ridgway	1,054	West Dundee	1,380
River Forest	2,456	West Frankfort	2,111
Riverside	1,702	West Hammon	4,948
Riverton	1,911	Westville	2,607
Roanoke	1,311	Willisville	1,082
Rochelle	2,732	Wilmington	1,450
Rock Falls	2,657	Winchester	1,639
Rockdale	1,101	Witt	2,170
Roodhouse	2,171	Worden	1,082
Rossville	1,422	Wyoming	1,506

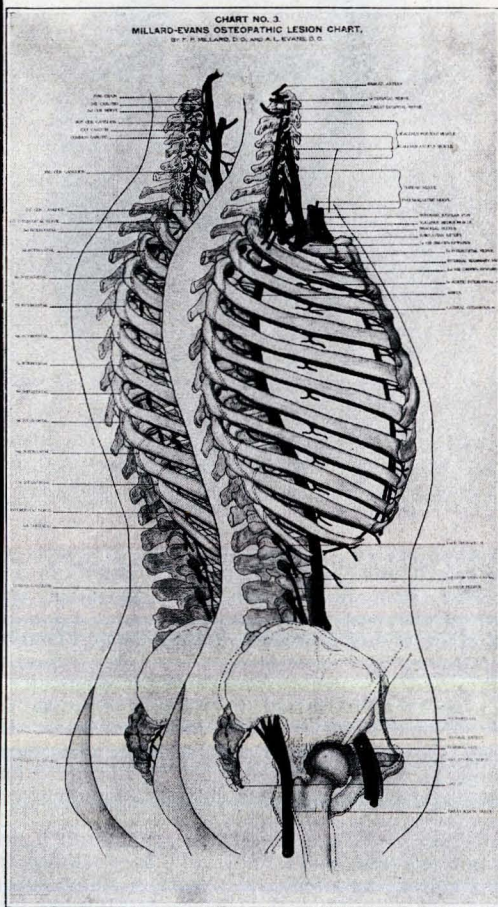
Information Wanted

WE have temporarily lost track of the addresses of the following osteopaths. We should be very pleased to receive information as to their present location, and whether they are in active practice or retired. If requested, a three months' subscription to THE OSTEOPATHIC PHYSICIAN will be allowed for each address furnished.

- Dr. Mary L. Abbott.
- Dr. L. S. Adams.
- Dr. Earl I. Agnew; last known address, Osceola, Iowa.
- Dr. Alice C. Ackley; last known address, Mt. Vernon, Iowa.
- Dr. Forrest Clare Allen.
- Dr. Adele Allison; last known address, 131 Annex street, Dallas, Texas.
- Dr. Cecil Robbins Alexander.
- Dr. J. Bert Albright; last known address, 101 Second street, Kewanee, Ill.
- Dr. L. V. Andrews; last known address, Lake City, Iowa.
- Dr. H. S. Ammersen; last known address, Logan, Utah.
- Dr. Joseph S. Amussen; last known address, Chicago, Ill.
- Dr. Lytton G. Ament; last known address, Laredo, Texas.
- Dr. Antonia Apel; last known address, 3767 Albatraz street, San Diego, Cal.
- Drs. Anderson & Anderson.
- Dr. J. E. Anderson.
- Dr. Katherine G. Arnold; last known address, Porterville, Cal.
- Dr. Arthur Arbaker; last known address, Springfield, Vt.
- Dr. Neil Arnott; last known address, 1000 Massachusetts avenue, Cambridge, Mass.
- Dr. Mary A. Arthur.
- Dr. Edith Ashby.
- Dr. Benj. E. Atkinson; last known address, Story City, Iowa.
- Dr. E. Marvin Bailey; last known address, Shawnee, Okla.
- Dr. M. A. Bailey.
- Dr. Armenta Bailey.
- Dr. Walter E. Bailey.
- Dr. Frederick Dunton Baker.
- Dr. W. H. Ballew.
- Dr. Fred D. Baker; last known address, 1530 N. Broad street, Philadelphia, Pa.
- Dr. P. P. Balcom; last known address, 17 St. James avenue, Boston, Mass.
- Dr. Grace M. Bales.
- Dr. Sarah Louise Balfie.
- Dr. Helen M. Barber; last known address, 407 Hall block, Kansas City, Mo.
- Dr. Arch L. Barber.
- Dr. George A. Barrett; last known address, 313 Columbia street, Salem, Ore.
- Dr. Judson F. Barbee; last known address, Kibler block, Girard, Pa.
- Dr. Emma Barron; last known address, Los Angeles, Cal.
- Dr. S. A. Bartlett; last known address, Idaho Trust building, Lewiston, Idaho.
- Dr. Lillian G. Barker; last known address, 617 Monterey street, Alhambra, Cal.
- Dr. Lulu Abernathy Barr; last known address, Sulphur, Okla.
- Dr. Kenneth P. Barber.
- Dr. Martha Barneby; last known address, 3115 Manitou avenue, Los Angeles, Cal.
- Dr. M. B. Bartley; last known address, Enid, Okla.
- Dr. S. Mehetabel Barnes; last known address, 318 Clay street, Los Angeles, Cal.
- Dr. Arthur Shirley Barrett.
- Dr. Clara L. Bashaw; last known address, Grants Pass, Ore.
- Dr. O. D. Baxter.
- Dr. R. S. Baumgras; last known address, 353 Van Dyke Studios, New York City.
- Dr. Nora H. Bates; last known address, Tropic, Cal.
- Dr. Mary D. Beckley; last known address, 33 Masonic Temple, Denver, Colo.
- Dr. Esther Bebout.
- Dr. Alvina Beauchamp; last known address, Salmon City, Idaho.
- Dr. Arthur V. Benedict.
- Dr. Marietta Bennett; last known address, Auditorium Bldg., Los Angeles, Cal.
- Dr. W. H. Bennett.
- Dr. J. C. Betts; last known address, Jamestown, N. D.
- Dr. Chas. P. Berger; last known address, 273 S. Washington street, Wilkesbarre, Pa.
- Dr. F. A. Bereman.
- Dr. Josephine J. Bernard.
- Dr. Chas. W. Barber.
- Dr. Jeanette Beyers; last known address, Waycross, Ga.
- Dr. Fay Bergin; last known address, 227 Miners' Bank Bldg., Joplin, Mo.
- Dr. F. P. Beslin; last known address, 1526 Maple avenue, Los Angeles, Cal.
- Dr. Geo. Bishop.
- Dr. Alice Bierhower.
- Dr. Della C. Bibb; last known address, Perry, Mo.
- Dr. Walter L. Bingham.
- Dr. Nellie I. Blair.
- Dr. James Bledsoe; last known address, Denver, Colo.
- Dr. Mary Blaney; last known address, 910 Am. Bank Bldg., Seattle, Wash.
- Dr. S. C. Blanchard; last known address, Empire Bldg., Philadelphia, Pa.
- Dr. Arthur Blanchard; last known address, Manhattan, Kans.

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- Dr. D. M. Bodwell; last known address, 320 Colorado avenue, Holly, Colo.
- Dr. Florence A. Boles; last known address, New Castle, Wyo.
- Dr. Marion B. Bonney; last known address, Boston, Mass.
- Dr. Chas. A. Boyd; last known address, 825 S. Hope street, Los Angeles, Cal.
- Dr. Minnie Bowersox; last known address, Indianola, Iowa.
- Dr. W. H. Bowden; last known address, Americus, Ga.
- Dr. D. C. Bouve; last known address, Boston, Mass.
- Dr. Arthur Boucher.
- Dr. M. A. Boyes.
- Dr. Lewis G. Boyles; last known address, 514 American Bank Bldg., Seattle, Wash.
- Dr. Chas. C. Bradbury; last known address, Century Bldg., Brookings, S. D.
- Dr. Louise Branner.
- Dr. Willannie Breden; last known address, Densmore Hotel, Kansas City, Mo.
- Dr. Mary Brewer; last known address, 911 Second street, Louisville, Ky.
- Dr. Gussie Brewer; last known address, Sixth and Madison streets, Seattle, Wash.
- Dr. Karl Benjamin Bretzfelder.
- Dr. Beth Brewster.
- Dr. Curtis W. Brigham; last known address, 423 Lissner Bldg., Los Angeles, Cal.
- Dr. M. J. Briggs; last known address, Hawarden, Iowa.
- Dr. J. P. Briggs; last known address, 610 Carleton Bldg., St. Louis, Mo.
- Dr. Edna B. Brown; last known address, 311 Wilson Bldg., Dallas, Ore.
- Dr. F. G. Brown; last known address, 3624 Lancaster avenue, Philadelphia, Pa.
- Dr. J. O. Bruce; last known address, Maywood, Nebr.
- Dr. Alma L. Bruce; last known address, Chamberlin, S. D.
- Dr. Amelia E. Brotherhood; last known address, Los Angeles, Cal.
- Dr. R. M. Buckmaster; last known address, Kirksville, Mo.
- Dr. Cora Bunday Gerh.
- Dr. Roy F. Buchman.
- Dr. Lawrence L. Butcher.
- Dr. Raymond J. Burke.
- Dr. Ophra M. Burney.
- Dr. Margaret M. Burns.
- Dr. Burgess; last known address, 182 Peel street, Montreal, Can.
- Dr. Geo. F. Burton; last known address, 1038 W. Seventeenth street, Los Angeles, Cal.
- Dr. Aphra M. Burney; last known address, San Antonio, Tex.
- Dr. Lynn E. Buren.
- Dr. F. A. Butell.
- Dr. John H. Burton; last known address, Long Beach, Cal.
- Dr. L. E. Burnett.
- Dr. Ralph Burdick; last known address, Wright & Callender Bldg., Los Angeles, Cal.
- Dr. Burt & Parker; last known address, McCormick Bldg., Trinidad, Colo.
- Dr. O. M. Caland; last known address, 532 New Ridge Bldg., Kansas City, Mo.
- Dr. E. G. Calfish; last known address, Springboro, Pa.
- Dr. W. I. Cain; last known address, Main and Sixth streets, Benton Harbor, Mich.
- Dr. C. A. Campbell; last known address, Emerson Hotel, Meridian, Tex.
- Dr. P. J. Cannon; last known address, Montgomery City, Mo.
- Dr. Ida Simx Campbell.
- Dr. Ernest Cannon.
- Dr. Bula Belle Cameron.
- Dr. E. E. Campbell; last known address, 150 North street, Pittsfield, Mass.
- Dr. Jessie W. Carnett; last known address, Denver, Colo.
- Dr. W. E. Campbell.
- Dr. Arthur E. Campbell; last known address, Topeka, Kans.
- Dr. Iva M. Caruthers.
- Dr. J. M. Carter; last known address, 1725 N. 15th street, Philadelphia, Pa.
- Dr. P. P. Cary; last known address, 208 W. State street, Trenton, N. J.
- Dr. Una Waggoner Cary.
- Dr. I. D. Carpenter.
- Dr. Edna J. Carver; last known address, Denver, Colo.
- Dr. Ella M. Caryl.
- Dr. Clara Lovina Case.
- Dr. E. Charleson.
- Dr. Helen Chandler; last known address, Kansas City, Mo.
- Dr. Nora A. Chapman; last known address, Mobile, Ala.
- Dr. J. S. Chase; last known address, 96 Cabot street, Beverly, Mass.
- Dr. Jennie M. Chase.
- Dr. A. G. Church; last known address, Lockhart, Tex.
- Dr. M. Christensen.
- Dr. Roger E. Chase; last known address, 205 Maritime Bldg., Tacoma, Wash.
- Dr. Elizabeth L. Clark; last known address, Woodstock, Ont., Can.
- Dr. Anna E. Clark; last known address, 203 Richards Bldg., Lincoln, Nebr.
- Dr. F. C. Clark; last known address, Santa Monica, Cal.
- Dr. B. Claussen.
- Dr. Harriet M. Cline.
- Dr. Grant F. Clayton; last known address, Los Angeles, Cal.

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A Typical Incident

While Dr. F. D. Parker and Mrs. Parker were out West a little over a year ago, Mrs. Parker picked up an acquaintance with a lady passenger, a refined and cultured lady, apparently of means. Her face was terribly disfigured with eruptions, and Mrs. Parker suggested that she speak to her about the lotion, and the result was that Dr. Parker had a bottle sent to her at Boulder, her destination for the time being.

The following letters explain the sequel:

On the 16th of last June my wife, en route to Boulder, Colorado, met you on the train near Denver and had a talk with you concerning the eczema upon her face. You kindly forwarded to her a bottle of your preparation, together with a cake of Sulphur, Camphor and Balsom Peru soap, which she used and am exceedingly pleased to say that her face became smooth in about three week's time. She returned home September 22nd, and resumed her regular duties of house-keeping and being over the stove, etc., there has been some slight indications of roughness, but not at all severe, and we have hopes that in time these may pass away.

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

—Respectfully yours, Frank
Lincoln, Nebraska, September 20th.

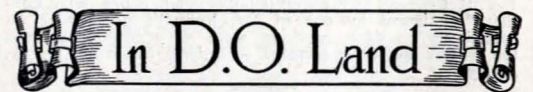
I have given your address to eight people since my return to Colorado. I have had just two eruptions on my face since it has healed. I used the lotion and the eruption was gone in three days. I certainly do not know how to thank you and Mrs. Parker enough for speaking to me in the train. All my friends say that it was a lucky trip that I took to Colorado.—Respectfully yours,
Josephine M., October 20th.

This is the kind of endorsement that is being received right along. A preparation that can obtain such results is worth investigating.

F. D. PARKER, D. O.

304 New York Life Bldg. ST. PAUL, MINN.

- Dr. Mabel L. Cleveland; last known address, Auburn, Nebr.
- Dr. Geo. Cleary; last known address, Burns, Ore.
- Dr. R. V. E. T. Clements; last known address, 602 E. Twelfth street, Los Angeles, Cal.
- Dr. Gerhardes Clasen.
- Dr. P. Claussen.
- Dr. B. L. Cole; last known address, St. Louis, Mo.
- Dr. Earl A. Cole.
- Dr. L. F. Conrad; last known address, Olney, Colo.
- Dr. J. S. Conner; last known address, Mt. Vernon, Mo.
- Dr. M. T. Conoboy; last known address, Hewitt and Wetmore avenue, Everett, Wash.
- Dr. Walter Millwood Conger.
- Dr. Georgene Cook; last known address, Sussex Court, Toronto, Ont., Can.
- Dr. Edith F. Cooper; last known address, Racine, Wis.
- Dr. James L. Cooter; last known address, Williamstown, Mo.
- Dr. Mary Cookley; last known address, Laddonia, Mo.
- Dr. Mead Coon; last known address, Glenwood, Wash.
- Dr. William Cooper.
- Dr. E. C. Cookson; last known address, 312 Commercial Bldg., Alton, Ill.
- Dr. Blanche Veronique Costello.
- Dr. W. F. Crawford; last known address, 51 Monroe street, E. San Jose, Cal.



Third District Illinois Meeting.

The regular meeting of the Third district, Illinois Osteopathic Association, was held November 13th, at Galesburg. Dr. George Still, of Kirksville, addressed the meeting.

Eastern Michigan Meeting.

The Eastern Michigan Osteopathic Association met at Flint, November 12th, and elected officers as follows: President, Dr. Kenneth Kinney, Lapeer; vice-president, Dr. Bruce Hayden, Saginaw; secretary-treasurer, Dr. P. R. Hubbell, Flint.

A. T. Still Association Does Some Political Work.

The A. T. Still Osteopathic Association of Massachusetts took an active part in the state election in Massachusetts, and candidates for governor and lieutenant-governor who were not friendly towards the best interests of osteopathy were defeated.

Fox River Meeting.

The Fox River Valley Osteopathic Association held a regular meeting at Green Bay, Wisconsin, October 25th. The topic for the evening was "The Cause and Correction of Vertebral Lesions of the Neck." Several interesting papers on this subject were given.

Osteopathic Society at Lincoln, Nebraska.

Osteopaths of Lincoln, Nebraska, and suburbs met at the offices of Dr. Van B. Smith, November 2nd, and organized the Lincoln Osteopathic Association. Meetings will be held monthly. Officers were elected: President, Dr. Charles W. Little; vice-president, Dr. W. L. Davis; secretaries, Dr. Kate Stoddard and Dr. J. M. Smith; treasurer, Dr. Lucy Blanchard.

City of New York Meeting.

The regular monthly meeting of the Osteopathic Society of the City of New York was held at the Murray Hill Hotel, Park avenue and 41st street, November 16th. Dr. L. L. Draper, of Camden, New Jersey, gave a very valuable and instructive demonstration of his technique in cervical, dorsal, and lumbar regions. The meeting was well attended.—*E. Florence Gair, D. O., Sec'y.*

St. Louis Meeting.

At a regular meeting of the St. Louis Osteopathic Association held November 8th, plans were suggested whereby there might be secured a municipal osteopathic institute for the correction of anatomical defects in children. Among the speakers at the meeting were Dr. W. E. Bailey, Dr. O. S. Miller, Dr. Hershel Conner, Dr. Elmore Chappel, Dr. Genoa Stephens, Dr. M. A. Crehore, Dr. W. F. Englehart and Dr. Calvin Case.

New Mexico Board Meeting.

The New Mexico Board of Osteopathy met at Albuquerque, October 26th and organized by electing officers as follows for the next two years: President, Dr. C. H. Conner; vice-president, Dr. Walter Mayes; secretary and treasurer, Dr. Charles A. Wheelon. Dr. W. H. Elmore, of Raton, successfully passed the board examination and was granted a license for practice. The next meeting of the board will be at Santa Fe the first Monday in February.

Attention! If You Are Interested in Eye, Ear, Nose and Throat Work.

All osteopathic physicians who are interested in the Section on Eye, Ear, Nose and Throat of the A. O. A. please send your name and address to the chairman. State if you are interested in one part more than another of the section. It is the desire to make a re-checking of the list of members and add new ones. *Do this now.—Charles C. Reid, D. O., Chairman, 535 Majestic Bldg., Denver, Colo.*

Hudson River Meeting.

The Hudson River North Osteopathic Society of New York State met with Dr. G. E. Phillips of Schenectady, November 9th, and elected the following officers: President, Dr. Maus W. Stearns, of Schenectady; vice-president, Dr. E. Frink, of Troy; secretary-treasurer, Dr. A. Brown, of Troy.

Work for the coming year was mapped out. Meeting adjourned to meet with Dr. Owen at Mechanicsville, December 7th.—*Maus W. Stearns, D. O.*

King County, Seattle, Meeting.

The King County Osteopathic Association met in regular session at the office of Dr. Waldo, Northern Bank building, Seattle, October 15th. Officers elected were: president, Dr. W. E. Waldo, re-elected; vice-president, Dr. J. T. Slaughter; treasurer, Dr. Nelle Evans; secretary, Dr. R. Wimer-Ford. Dr. Waldo announced the regular standing committees, after which the meeting was opened to discussions on topics relative to the further advancement of osteopathy.—*R. Wimer-Ford, D. O., Secty.*

Toronto Osteopaths Have Feast.

Saturday evening November 9th at 7:30 p. m. about twenty-five members of the Toronto Association of Osteopathic Physicians sat down to an especially prepared dinner at the St. Charles Hotel and had as their guests of honor Dr. Hugh L. Russell, of Buffalo, and Dr. Edgar D. Heist, of Berlin. After doing justice to all the good things and listening to some good stories Dr. Heist read an exceptionally good paper on "Publicity" followed by one of Dr. Russell's good talks on "Efficiency." Both speakers were very interesting and the matter highly successful.—*Frederic Schilling, D. O., Sect'y.*

Northwest Missouri Meeting.

The regular quarterly meeting of the Northwest Missouri Osteopathic Association was held October 10th at Kansas City. The subjects for discussion on the program were: "Scarlet Fever," Dr. O. F. Beckett, Hiawatha; "Measels," Dr. J. L. McClanahan, Paola; "Manipulations," Dr. L. R. Livingston, Kansas City; "Treatment of Hemorrhoids," Dr. F. P. Walker, St. Joseph; "Diphtheria," Dr. G. R. Westgate, Kansas City; "Typhoid Fever," Dr. George Moffett, Kansas City. Officers were elected as follows: President, Dr. L. R. Livingston; vice-president, Dr. Hannah Leinbach; secretary, Dr. Zudie Purdom.

Accident Company Charges High Rate.

Dr. Ira W. McRae, of Trenton, Missouri, calls our attention to the attitude of the Business Men's Accident Association of America, of Kansas City, Missouri. This company does not recognize osteopaths as regular physicians and instead of issuing regular policy for \$5,000 for accidental death and \$25 per week disability allowance, they would only give him a policy for \$3,000 and \$15 per week allowance. Dr. McRae says that the Woodmen Accident Insurance Company of Lincoln, Nebraska, is a good company. They are splendid people to do business with and have shown a disposition to treat osteopaths on the square.

Connecticut Osteopaths Have Good Meeting.

The regular fall meeting of the Connecticut Osteopathic Society was held at New Haven, October 26th, at Hotel Taft. Dr. Charles Hazzard, of New York City,

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 Valuable aid in detecting rigidity in an individual joint or in groups of joints.
 Complete relaxation of patient during treatment.
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 The marked beneficial effect of traction with manipulation upon the circulation to the spinal structures can only be fully appreciated by those who have used it.

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addressed the society. His subject was "Auto-intoxication." Dr. E. C. Link, of Stamford, Conn., spoke on "Osteopathy with Obstetrics." A business meeting followed and officers were elected: President, Henry Carson, Jr., of Ridgefield; vice-president, L. Griffin, Hartford; secretary, M. Catron, 292 W. Main St., Waterbury; treasurer, R. N. Squires, Hartford. A banquet followed which was a credit to our chairman of the entertainment committee, Dr. B. F. Riley, of New Haven.—*Henry Carson, Jr., D. O.*

Dayton District Meeting.

The Dayton District Osteopathic Society held its regular monthly meeting, November 7th, at the office of Dr. E. H. Cosner, 912 Reibold Bldg., Dayton. Dr. W. B. Linville, of Middletown, gave a very able talk on "Osteopathic Treatment in Diseases of the Eye," and gave a demonstration in technique. Dr. P. A. Great-

house, of Franklin, spoke on "Surgical Treatment of Burns." The entire program was interesting and practical. The large number in attendance were unanimous in pronouncing it one of the best programs of the year. The next meeting will be held in Dayton, December 5th. Dr. E. W. Sackett, of Springfield, will be the speaker.—*W. A. Gravett, D. O., Sec'y.*

Maryland Osteopathic Association Meeting.

The annual meeting of the Maryland Osteopathic Association was held in Baltimore, October 19th. President Dr. Henry McMains presided. In addition to a complete order of business, the following officers were elected: president, Dr. Henry McMains; vice-president, Dr. I. G. Eiler; secretary-treasurer, Dr. H. D. Hurlock. A paper on "third and fourth rib lesions" was read by Dr. Houck of Baltimore. The meeting adjourned at 5 p. m. followed by a feast at Hotel Rennett in the evening. Dr. Henry McMains acted as toastmaster. Principal speakers were: Dr. Yutaka Munakuchi (Jap), subject, "Osteopathy from a Layman's Standpoint;" Dr. Harrison McMains, "Ethical Advertising;" Rev. Dr. Armstrong, "The Physician's Responsibility to the Physical-Moral Man."—*H. D. Hurlock, D. O., Sec'y.*

Boston Meeting.

The Boston Osteopathic Society held its regular meeting, October 16th, Dr. A. F. McWilliams, the new president, in the chair. The evening was devoted entirely to the discussion of "Publicity," the guest of the evening being Dr. Henry Stanhope Bunting, of Chicago, publisher of "The O. P.," "O. H.," and a leading national trade advertising magazine, *The Novelty News*. Dr. Ward C. Bryant, president of the New England Osteopathic Society, spoke on "Publicity from the Standpoint of the General Practitioner." Dr. Bunting spoke interestingly of the organized activities of the American Medical Association in the field of publicity and indicated various activities in this field that would be helpful to Osteopathy and Osteopaths. General discussion followed.—*Kendall L. Achorn, D. O., Sec'y.*

Southern Minnesota Meeting.

The Southern Minnesota Osteopathic Association met in convention at Faribault, November 2nd, at the office of Dr. J. Y. Ernst. Those taking part upon the program were: "The Essentials of a Successful Physician," Dr. E. F. Worsley, Albert Lea; "Ectopic Gestation," Dr. Lola D. Taylor, Des Moines Still College of Osteopathy; "Appendicitis," Dr. Katherine Kelly, Mankato; "Cervical Technique," Dr. W. H. Bedwell, Mankato. The following officers were elected: President, Dr. Arthur Taylor, Stillwater; vice-president, Dr. Andrew McCauley, Fairmont; secretary, Dr. W. H. Bedwell, Mankato; treasurer, Dr. J. Y. Ernst, Faribault. The local and visiting osteopaths enjoyed a banquet at the Hotel Brunswick and were given an automobile ride about the city by the courtesy of the local Automobile Club.—*A. H. Bedwell, D. O., Sec'y.*

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Osteopathic Works in Libraries.

In accordance with a suggestion made by Dr. H. S. Bunting, of Chicago, in his recent talk on "Publicity" before the Western Pennsylvania Osteopathic Association, the association is taking steps to get osteopathic literature into as many public libraries in the State of Pennsylvania as possible. There has been some little difficulty in this matter owing to prejudice against osteopathy on the part of some of the members of various library boards. Dr. Noyes Gaylord Husk, president of the association has appointed as a committee to look after the matter of placing osteopathic literature and books in public reading rooms and libraries, Dr. Julia E. Foster, Dr. Laura Dinsmore, and Dr. R. H. Miller. A specific offer of osteopathic books and periodicals will be made to various libraries and if they refuse to accept them, and display them, an earnest effort will be made to discover the reason or reasons for the refusals.

Indiana Meeting.

The Indiana Osteopathic Association met at Denison Hotel, Indianapolis, Wednesday, November 6th. The attendance was very good, and the program which was carried out almost to the letter, was exceedingly interesting as well as instructive. Dr. H. H. Fryette, of Chicago, gave a most valuable lecture on "The Human Spine." It would certainly be "worth while" for any state society to have this lecture of Dr. Fryette's. The following officers were elected: President, Dr. J. H. Baughman, Connorsville; vice-president, Dr. C. A. Rector, Indianapolis; secretary, Dr. W. C. Montague (re-elected), Evansville; assistant secretary, Dr. Kate Williams, Indianapolis; treasurer, Dr. J. A. Chapman, Kendallville; trustees, Dr. W. S. Thomasson (for five years), Terre Haute; Dr. George Tull (for four years), Indianapolis; program committee, Dr. C. V. Fulham, Frankford; legislature, Dr. Amos Tindall, Hartford City.—*W. C. Montague, D. O., Sec'y.*

Dr. Clyde Bumpus Tried to Become a Senator.

Dr. Clyde W. Bumpus, of East Liverpool, Ohio, was quite active during the recent political excitement as senatorial candidate on the "Bull Moose" ticket. Dr. Bumpus made a very good showing, and ran well with the head of the ticket, and far ahead of his colleague, who happened to be an allopath. But notwithstanding his "good running," Dr. Bumpus was unable to stem the Democratic land slide. Dr. Bumpus received some endorsement in Republican papers as well as "Progressive" papers, and he was recommended by some Republican papers in preference to the regular Republican candidate notwithstanding that he was a "Progressive." It is consoling to know that Judge Wanamaker, a staunch enemy to the Chiropractics was elected to the Supreme bench in Ohio. Dr. Bumpus suggests that osteopaths should show more interest in the political game. He says we have lots of Democratic D. O.s and that some of them might just as well have been elected as not.

Annual Meeting British Osteopathic Society.

The British Osteopathic Society held its annual meeting at the Hotel Russell, London, September 7th, when an interesting program was carried out, as follows: President's address; "A Discussion of Business Relative to Osteopathic Practice," Dr. H. R. Foote, of Dublin; "The Osteopathic Interpretation of the Germ Theory," Dr. L. von H. Gerdine, of Kirksville, Missouri; "Symptomatology Osteopathically Considered," Dr. Jean Seymour Hough, London; "Osteopathic Clinic," conducted by Dr. E. T. Pheils, Birmingham; reports of committees; luncheon; business meeting, at which it was resolved that negotiations be entered into with a view to the affiliation of the Society with the American Osteopathic Association. Officers elected were: President, Dr. Franklin Hudson, Edinburgh; vice-president, Dr. Jay Dunham, Belfast; secretary-treasurer, Dr. E. H. Barker, Liverpool. It was decided that the next annual meeting should be held at Edinburgh. The membership of the society has doubled during the past year.—*E. H. Barker, D. O., Sec'y.*

Gets Newspaper Notice in Washington City Paper.

By stating the results secured in some cases of asthma in a rather startling way, Dr. Carl W. Kettler, of Washington, D. C., has succeeded in securing some very good newspaper publicity for osteopathy and himself. Numerous osteopaths throughout the country have had just the same kind of success as Dr. Kettler in handling cases of asthma. Some, doubtless, have criticized this newspaper item because it gives prominence to the name of Dr. Kettler and the names of patients. It might just as well be recognized, however, that if newspapers are going to give us space for news items, they will insist on having complete names and addresses. There is no reason in the world why an osteopath's name or two or three osteopaths' names should not be mentioned in a newspaper article of this kind. Of course, as to patients, care should be taken to see to it that their permission is obtained before their names and addresses are given to reporters. We hope the D. O.'s of Washington City will secure many other articles in the local newspapers relative to the success osteopathy is having with all kinds of acute and chronic cases.

Boston Society Enjoys Instructive Addresses.

The November meeting of the Boston Osteopathic Society was held on the 16th. Dr. Mark Shrum, of Lynn, spoke on "Some Interesting Cases," describing: The lesion causing incompatibility of temper in a family;

removed by the adoption of a baby: Sacro-iliac lesion and dermoid cyst causing sciatica; cyst removed; lesion corrected; cured: Ulcer of stomach, illustrating difficulty of carrying out treatment; cured: Acute anterior poliomyelitis with acute 12th dorsal lesion; excellent recovery: Acute anterior poliomyelitis in adult; osteopathic care refused; total paralysis remained: High blood pressure, 240 mm., associated with an old syphilis: Locomotor ataxia; arrested.

Dr. C. E. Achorn spoke on practical points in dealing with patients that he has learned in his fifteen years of practice. Meeting the patients, the examination, over-treatment, overcoming the "treatment habit," treating troublesome children, and methods of some successful medical men, our competitors, in talking with patients, were some of the most instructive points brought out in the talk and the discussion that followed.—*Kendall L. Achorn, D. O., Secretary.*

Montana Meeting.

The twelfth annual meeting of the Montana Osteopathic Association was held at Helena, Sept. 24th. Papers and addresses were given as follows: "Diagnosis," Dr. C. B. Spohr, White Sulphur Springs; "Arterio Sclerosis," Dr. Maria C. Craft, Deer Lodge; "Some Spines I Have Treated," Dr. Daisy Rieger, Billings; "Thyroid Diseases," Dr. W. C. Dawes, Bozeman. A number who were on the program were unable to attend, and the remainder of the time aside from that devoted to business was given to clinic experiences and discussions of the problems of the day. We attended the State Fair, T. T. Maroney, Montana's own aviator, being one of the attractions. Officers elected were President, Dr. Daisy Rieger, Billings; Vice President, Dr. M. E. Corbin, Great Falls; Secretary-Treasurer, Dr. W. C. Dawes, Bozeman; Trustees, Dr. C. B. Spohr, White Sulphur Springs, and Dr. C. E. Dove, Glendive. It was a source of deep regret that Dr. Asa Willard, of Missoula, was not able to attend the sessions, he being confined to his room during the entire session, but was able to return home September 26th where he has steadily improved. It was voted to hold subsequent meeting of the association in Helena during the State Fair week as we had half rates on all railroads at that time. The attendance was good and all were optimistic for the success of osteopathy.—*W. C. Dawes, D. O., Sec'y.*

Chicago Meeting.

The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel La Salle, Nov. 7th. Dr. A. D. Becker, of Preston, Minn., was introduced and presented a case with clinic, the subject being, "The Lighter Forms of Scoliosis." The Rev. R. H. Beattie was then introduced by Dr. Geo. H. Car-

penier and spoke at considerable length on "Commercialized Vice." The following resolutions were offered by Dr. Carpenter and regularly adopted:

Whereas, The Chicago Osteopathic Society having an interest in all matters pertaining to the health and happiness of the citizens of Chicago, desire to express their appreciation of the good work already done by officials and others in closing up the so-called "South Side Red Light District." It is the sense of this society that a vice district is an unnecessary evil, a disgrace to any city and a breeding spot for disease more dangerous to the community than smallpox. Therefore, be it

Resolved, That we are positively opposed to segregation as a means of dealing with this great crime; and be it further

Resolved, That we petition the proper authorities to enforce the laws and ordinances already enacted and bearing upon this subject; and be it further

Resolved, That we petition His Honor the Mayor and the Common Council to proceed along the lines laid down in the recommendations of the Chicago Vice Commission; and be it further

Resolved, That the secretary of this society send a copy of these resolutions to His Honor the Mayor of the city of Chicago, to the Special Council Committee which is now investigating this problem, and to the Chicago press.—*F. E. Dayton, D. O., Sec'y.*

New Jersey State Meeting.

The New Jersey Osteopathic Society held its annual meeting at Newark, October 12th, and it was a particularly good and interesting convention. The program was very strong, and brought out a number of interesting discussions, as well as valuable suggestions. In addition to the regular program, Dr. L. Van H. Gerdine, of Kirksville, was a guest of the society and gave some of his experiences in his recent trip to Europe.

A splendid feature of the program originated by Dr. A. P. Firth and conducted by him in the absence of Dr. E. E. Tucker, who was to have had charge, was a "Round Table" discussion of such subjects as: "A patient is in your treating room ready for treatment. What is your modus operandi? What do you do? How do you do it? Why do you do it?" The official program was printed in an unusual and unique way as shown herewith.

Promptness is one of the chief elements of success.

We gather together for mutual help and improvement. Unity of effort is essential to obtain these. Let us recognize our needs and obligations, their possibilities, and our society as a means of their fulfillment.—*Dr. D. Webb Granberry, Orange, President.*

All cases teach something. Some cases teach much. This case is left to your judgment.

Dr. W. F. True, Bayonne—"A Case Report." Spinal curvature and other effects from spinal meningitis. *We treat them treat again. Is there no way to stop that curve returning?*

Dr. Wm. S. Nicholl, Philadelphia, Pa.—"Demonstrations of Exercise Accessory to Treatment."

Some cases point to a better way.
Dr. Fred W. Morris, Paterson—"Two Case Reports and a Deduction."

Superstitions in any form are a bar to progress.
Dr. Reginald Platt, Princeton—"The Bugaboo of a Name." Touching on a patient's desire for an exact name. Practitioner's tendency to give too much thought to names and too little to —?

Spines may be both interesting and otherwise. In this subject there is no "otherwise."

Dr. Earle S. Willard, Philadelphia, Pa.—"The Osteopathic Significance of Spinal Reflexes Artificially Induced."

Some succeed, some fail; where is the lesion?
Dr. Chas. F. Bandell, Brooklyn, N. Y.—"The Power of a Physician's Faith."

Business session. Let us make it snappy. Election of officers.

Officers elected were: President, Dr. D. Webb Granberry, Orange; vice-president, Dr. E. W. Tate, Newark; treasurer, Dr. R. M. Colborn, Newark; secretary, Dr. A. P. Firth, Newark; Executive committee, Dr. F. F. Wilcox, Plainfield; Dr. C. M. Sigler, Trenton; Dr. B. F. Still, Elizabeth; Dr. A. J. Solyneaux, Jersey City; Dr. H. W. Carlisle, Paterson. Dr. Granberry was re-elected president of the organization for the sixth consecutive term, although he in no way sought the honor. Dr. F. Myrell Plummer, the retiring secretary, would have been re-elected but he absolutely refused to serve again. Dr. R. M. Colborn, the treasurer, was re-elected.

Foolish.

The man who goes into court merely to obtain satisfaction is about as foolish as the one who exhausts himself in trying to go through the world on a bluff.

His Viewpoint

"I notice that the clubwomen of New York have begun a crusade against long hatpins," said the tall man in the crowded car aisle.

"Absurd," growled the dark stranger next to him. "Eh?" The tall man looked around in some surprise. "Don't you consider the long hatpin a dangerous menace?"

"Stuff and nonsense," snorted the stranger. The tall man spoke with much deliberation. "Don't you know," he demanded, "that hatpins are dangerous the way they are made?" "I know nothing of the sort," the dark man sputtered. "I make 'em!"—*Cleveland Plain Dealer.*

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**Osteopathic Health Christmas
Number High Class Artistic and
Literary Production**

THE Christmas number of *Osteopathic Health* is a beauty. The cover shows a beautiful picture typical of the Far East; a night scene in the desert with a caravan traveling to Bethlehem, over which hovers the guiding star.

This design was reproduced from an original oil painting made for us and is printed in two colors on white enameled cover stock. It makes in itself a most artistic and appropriate Christmas remembrance.

On the title page appears an original osteopathic Christmas poem by Wilbur D. Nesbit, the well-known Chicago poet, entitled, "An Osteopathic Christmas Wish." It strikes a very happy vein, and preaches sensible health philosophy.

"Why Mr. Jones Praises Osteopathy," is a conversational story that the average reader will enjoy and understand. Just the kind of conversation that one business man might have with another, any day.

People who have suffered from gallstones will be exceedingly interested in what is said in the article, "To Cure Gallstones Go at the Cause." That's what they want a physician to do. They have suffered excruciating pains and they fear a re-attack and they ardently desire not simply relief when an attack comes on, but to have the cause of the trouble removed so that they may be free from the danger of recurrence, and this discussion shows that osteopathy offers a reasonable hope of being able to effect just such permanent cure.

"How to Ward Off a Stroke of Paralysis," will afford new light and suggest a welcome possibility of relief to paralytic patients and to friends of those so afflicted. It is a subject of vital interest and importance to thousands and the public needs and is entitled to this information.

Osteopathy is constantly being vindicated by the utterances of M. D.'s. In "Medical Professor Condemns 'Tonsil Slaughter,'" a writer in a medical journal is quoted and then it is pointed out that the arguments of the M. D. sustain the position of Dr. Andrew Taylor Still as he announced it many years ago. Along the same line is "Says Patent Medicines Worse than Dynamite," and it points the moral that if even the M. D.'s admit that drugs are so dangerous, it's pretty good evidence that the attitude of osteopathy in advising against their use is well taken.

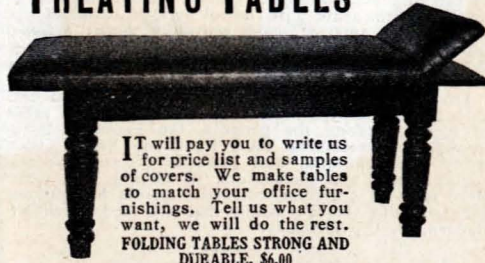
There are hundreds to whom it will be gratifying news to know that osteopathy affords a practical and efficient way to get permanent relief from piles or hemorrhoids. "The Proper Relief of Hemorrhoids" is a sensible and conservative article that will find many interested readers.

That golf may possibly produce a characteristic disease will seem strange to many and excite curiosity. It's true enough, though, but, of course, the trouble comes from over-indulgence or over-exertion in the sport and there is no criticism of golf as an exercise and pastime if reasonably pursued.

"Dressmakers Have Discovered What Physicians Overlooked" shows how things having an important bearing on health are sometimes commonly noticed by a certain part of the laity, but entirely overlooked by regular physicians. Osteopathy was the first system of healing to take cognizance of the anatomical peculiarities noticed by dressmakers, and it has proven that their correction has brought health to thousands of suffering women.

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One thing I like about "Bunting" literature is that I can hand a copy of it to any one without first reading it over to see whether it is all orthodox or not. That is something I cannot say of much of the current literature on the subject, I am sorry to say. I hope you will continue to write good literature.—*Dr. C. K. Struble, Hastings, Neb.*

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number and in "Osteopathy Is, Oh, So Good for Babies!" a plea is made to mothers to keep the baby free from drugs of all kinds, whether advised as purgatives, sedatives, or stimulants. It's an important message which it is to be hoped many mothers will heed.

Of course, you want a supply of this splendid Christmas Souvenir and Osteopathic Educator. It's too good to be "passed up" or neglected for any reason. The first edition is not large as we cannot afford to over-print (it's an expensive number). If advance orders justify we will issue a second edition. To make sure of your supply, let us know your wishes as promptly as possible.

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Can't Get Along Without "The O. P."

You bet I want "The O. P." Can't get along without it. Here is your dollar. Send it right along.—*Dr. J. B. Kissinger, Rushville, Indiana, October 15th.*

Doesn't Like to Miss a Single Copy.

I am sending you a check for \$1.00 to renew my subscription to "The O. P." I failed to get the October number. Please send it, as I dislike to miss a single issue of your "newsy" paper.—*Dr. J. P. Bashaw, West Palm Beach, Florida, November 8th.*

Believes in Educational Publicity.

THE OSTEOPATHIC PUBLISHING CO., Chicago, Ill.
Gentlemen: Enclosed find check for \$3.35 for October "O. H." They look good. I had the extreme pleasure of meeting Dr. Bunting and hearing his talk on "Publicity" and it was very interesting, instructive and beneficial. I heartily support the Doctor in his belief that the osteopaths owe more to themselves and to their clientele and the public than to follow in the pathway, a regular tow-path much worn at that, of the "medics" and their wonderful code of ethics, which they avoid by all sorts of by-paths and secret ways. We should do all we can for the greatest possible good of the greatest possible number and there is only one way to do it—educate the people to our work—and one cannot do it by sitting by a desk stock off somewhere in an office building where only a limited number of people can possibly know of one. A machine of any kind wears out much more rapidly from rust and disuse than by usefulness and production.

I am very glad to have had the opportunity of meeting Dr. Bunting and hearing him talk, and am sure my appreciation of his efforts has been increased many fold. With kind regards and best wishes, I am, cordially yours, *H. E. Leonard, D. O., Philadelphia.*

A friend of mine has been sending me a copy of "Osteopathic Health" for some time and I like it so well and find it so full of information that I would like to know what your charge would be for a subscription for same. Thanking you in anticipation of your favor, I am,
Newark, N. J., November 21st.

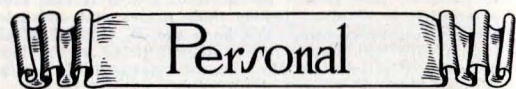
The November number of *Osteopathic Health* is a fine one. Send me an additional 200 copies.—*Dr. W. E. Barnes, Mattoon, Illinois, October 29th.*

The November number of *Osteopathic Health* is certainly a dandy. I never regretted giving you my contract for service, as the various issues are always looked forward to by my patients. I hope that coming numbers will be as interesting and instructive as past ones.—*Dr. W. G. Keller, Portland, Oregon, November 8th.*

The November number of *Osteopathic Health* is a beauty as well as of great value in editorial matter for the reader.—*Dr. J. W. Robinson, Erie, Pa., October 29th.*

I want to congratulate you on the May number of *Osteopathic Health*. It certainly is one of the best issues of any magazines for osteopathy I have read. Every osteopath should send it out broadcast, as it is just the kind of reading to educate the laity.—*Dr. F. J. Beall, Syracuse, N. Y., April 30th.*

The October number of *Osteopathic Health* strikes me as being one of the best I have read.—*Dr. M. E. Igenfrits, Britt, Iowa, October 2.*



Dr. Warner W. Howard, A. S. O., 1912 graduate, is out on the Pacific coast looking for a location. He has an idea that he will settle at Medford, Oregon.
Dr. C. C. Hitchcock, of Vinton, Iowa, has now associated with him Dr. Louise Ostrem, who formerly was in practice at Waterloo.

Dr. Louise A. Griffis, of Hartford, Connecticut, addressed the Motherhood club of that city, November 4th on the subject "Osteopathy; What it Has Done and What it Can Do for Children."

Dr. E. Estelle Knecht, Still College 1902, has decided to locate in Philadelphia for the practice of osteopathy.

Dr. F. J. White, who has been practicing at Corona, has decided to retire from practice. Dr. Grace Beebe, who formerly practiced in Corona, but who has lately been at Berkeley will return to Corona and take over the practice of Dr. White.

Dr. L. J. Swift, who has been practicing at Larned, Kansas, has returned to his former location at Grant City, Mo.

Dr. J. O. Bruce, who is practicing at McCook, Nebraska, has opened a branch office at Binkelman, Nebraska.

Dr. Otis F. Akin, of Portland, Oregon, attended the Clinical Congress of Surgeons of North America at New York City November 11th to 16th, at which Dr. E. C. Abbott, of Portland, Maine, gave an address and demonstration on his method of correcting spinal curvature.

Dr. N. J. Keefer, of Benton, Pa., is suffering from a nervous collapse, and finds himself able to do very little actual practice. He is taking treatment for the trouble, and is feeling some improvement.

Dr. John J. Howard, of Boston, has opened an office in Milford, Mass., where he practices Wednesday and Saturday of each week.

Dr. Sidney A. Ellis, of Boston, according to reports from the African jungles, shot two lions besides several other game. He expects to shoot an elephant or two before returning early in January.

Dr. J. B. Stow, of Newark, New Jersey, has changed his address from 93 Roseville avenue to 111 N. Seventh street.

Dr. Elmer T. Hall, of Atlanta, Georgia, died Thursday morning, October 17th, in a private sanitarium after a two weeks' illness. It was believed that the illness was the result of a strain which he incurred over a year ago. He leaves a widow and one child.

At a meeting of the Brotherhood of the First German Methodist Church of Peoria, November 5th, Dr. H. J. Faulkin addressed the society on the subject, "Why Osteopathy."

Dr. H. B. Mason, of Temple, Texas, addressed the Y. M. C. A. of that city October 22nd, on the subject "The Physiology of Exercise." Dr. Mason speaks quite frequently to the men of the Y. M. C. A.

Dr. A. W. Clow, 1912 graduate of the Des Moines Still College of Osteopathy, who located at Allerton, Iowa, and who was building up a very successful practice, has accepted an offer from Purdue University, of Lafayette, Indiana, as Track Coach and Assistant Physical Director. Dr. Clow had coached previously, and had, he says, an innate desire for mingling in athletics, so he felt that he could not turn the proposition down as they took him up on his own terms. Dr. Clow says that no successor has taken up his work at Allerton.

Dr. Garfield Inwood has returned to Chicago for the practice of osteopathy. His down-town office is at 202 Trude building, and his residence 5943 Ontario street, Austin.

Dr. Orr Sanders, of Grand Forks, North Dakota, has been elected city alderman from the Fourth ward without opposition. He has also been appointed a member of the City Health Board by Mayor Murphy.

The Portland (Maine) *Sunday Press and Times* devoted very liberal space to the address of Dr. R. Kendrick Smith, of Boston, Saturday, September 28th at Portland, under the auspices of the Maine Osteopathic Association. The lecture was quoted almost verbatim.

Dr. E. J. Wolcott, formerly of Oregon, Illinois, is taking a post graduate course at Kirksville, and Mrs. Wolcott will start in the Freshman class in January.

Dr. Clementine L. Worrall, of Poughkeepsie, New York, has removed her office from 24 Academy street, to 56 College avenue.

Dr. J. J. McCormack, of Chicago, has located at Sheboygan, Wisconsin, having purchased the practice of Dr. William W. Efford, who goes to Milwaukee.

Dr. P. E. Roscoe, of Cleveland, Ohio, has removed from The Luzon, to the Manhattan Theater building, 10605 Superior avenue, just east of 105th street. This is a new structure, and up-to-date in every respect.

Dr. W. R. Benson and Dr. E. L. Schumacher have announced the opening of their offices at 4th avenue and Main street, Longmont, Colo.

Dr. Ethel D. Roop, formerly of Kansas City, is now at Beatrice, Nebraska, where she has formed a partnership with Dr. B. H. Cabbage, with offices in the German National Bank building, 411 Court street.

Dr. Paul R. Davis, of Jacksonville, Florida, has removed from 228 Hogan street to suite 301 St. James building.

Dr. O. W. La Ploum, formerly of Wausau, Wisconsin, has located at Albert Lea, Minn., having purchased the practice of Dr. E. E. Long. Dr. Long goes to Anoka, Minn.

Dr. Percy R. Henry, has changed his address from 187 Linwood street, Brooklyn, New York, to 410½ Clinton street, same city. He is also conducting a branch office at 41 Logan street, Brooklyn.

Dr. Lena C. Corkill, has disposed of her fine residence in Ord, Nebraska, and is now located at 118 W. 22nd street, Kearney, Nebraska.

Dr. J. O. McDowell, 1912 graduate of Los Angeles College of Osteopathy, has located at Elizabeth, New Jersey, his offices being at 267 Orchard street.

Dr. Frederick P. Millard, of Toronto, Ontario, Canada, has found it necessary to increase his suite of offices. He now has rooms 528-529-530 in the Confederation Life building, the largest down-town office building in the city. His new address is 12 Richmond street, E., instead of 4 Richmond street, E. Dr. Millard got out

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a very appropriate announcement. It was printed on heavy deckle-edge parchment paper, in Old English type.

Dr. E. C. Crow and Dr. Elizabeth Crow of Elkhart, Ind., entertained fourteen osteopaths from different towns in northern Indiana at dinner October 21st in the private dining room at hotel Bucklen, honoring Dr. C. E. Still, of the American School of Osteopathy and his wife who were their guests. The dining room decorations were carried out in yellow, yellow chrysanthemums being used effectively and a six course dinner was served. Following the dinner Dr. Still gave a short talk, telling of the progress of the school, and dealing with principles and phases of the profession. The guests included Dr. Lyada Cooper, of Warsaw, Dr. Julia Fogerty, of Michigan City, Dr. B. L. Coon, of South Bend, Dr. Fred Coon, of Niles, Dr. Wise, of Goshen, Dr. Elizabeth Geyer, of Goshen, Dr. Bess Goodrich and Dr. Joel Goodrich, formerly of Goshen, and Dr. Albert Cleland, Elkhart.

Dr. Edward N. Hansen, of Pittsburg, Pa., is very busy these days hustling around helping to look after two little true blue osteopaths that arrived at his home October 30th. The twins are girls, and have been named Catharyn and Cornelia.

Dr. F. L. Antes, of Detroit, Michigan, has removed from 601 Ferguson building to 207 Broadway Market building.

Dr. S. L. Gants, who was at 281 Washington street, has removed to 205 Broad street, same city.

Dr. Elmer W. Carter, is now located at Haverhill, Massachusetts, with offices at 50 Merrimack street.

Dr. Elizabeth M. Ingraham, who has been spending a year at St. Augustine, Florida, has returned to St. Louis and opened offices at 509-510 Central National Bank building, 705 Olive street.

"The Denver Times" for November 5th contains a large size picture showing George J. Kindel, Democratic candidate for congress, with Dr. C. C. Reid, his osteopathic physician. Mr. Kindel has the misfortune to suffer a broken leg the early part of October as a result of being struck by a motor cycle while alighting from a street car. He had been in the care of Dr. Reid, but refused to be kept out of his vote, and so made use of a pair of crutches to get to an automobile to be driven to the polls.

Very prominent and nice mention was given in "The Denver Republican" of November 2nd to an address by Dr. Jenette Hubbard Bolles, of Denver, before the Denver District of National Congress of Mothers. The keynote of Dr. Bolles' talk was "frankness with children regarding self and sex." A large size group picture showing Dr. Bolles and various members of the congress was run at the same time.

Dr. C. E. Thompson and Dr. Eimily Fike, of Des Moines, Iowa, have opened a new suite of offices at 409-410-411 Utica building.

Dr. Sidney A. Ellis of Boston has completed a safari of several weeks in British East Africa and has secured good specimens of the game in that region. He is now in Ngada hunting elephants and will go from there through the interior to the head of the Nile, hoping to reach Khartoum about December 1st. He expects to return in time to celebrate Christmas at home.

Dr. Louise J. McKone, of Kansas City, Missouri, has been visiting friends in Washington and touring the Northwest.

Location and Removal

Dr. Grace Beebe, at Corona, Cal.

Dr. L. J. Swift, at Grant City, Mo.

Dr. Pauline Dietrich, at 2167 Gibbs building, San Antonio, Tex.

Dr. R. D. Rifenburg, at 620 Citizens Bank building, Kalamazoo, Mich.

Dr. C. E. Robinson, at Visalia, Cal.

Dr. Anna Stoltenberg, at Townsend, Mont.

Dr. Grace M. Bales, at Hanford, Cal.

Dr. Ivy McAnelly, at El Paso, Tex.

Dr. L. C. Robb, at Hanford, Cal.

Dr. J. F. Knox, at 415 Exchange building, Bellingham, Wash.

Dr. Maude L. Gome, at Oakland, Ill.

Dr. Catherine Elsie Hauriet, at 725 Second Nat'l Bank building, Akron, Ohio.

Dr. J. D. Hume, at Hotel Burley, Burley, Idaho.

Dr. Louise Branner, at 39 S. State street, Chicago, Ill.

Dr. C. F. Heisler, at 50 Thomas street, Newark, N. J.

Dr. M. Long, at Klamath Falls, Oregon, Box 827.

Dr. R. E. Cunningham, at Himmelberger-Harrison building, Cape Girardeau, Mo.

Dr. William Semple, at The Colonial, Bangor, Me.

Dr. John O. McDowell, at 267 Orchard street, Elizabeth, N. J.

Dr. Wesley O. Fanson, at Abilene, Kansas.

Dr. Earl A. Cole, at Niles, Ohio.

Dr. J. K. Goodrich, at 308 N. Centre street, Plymouth, Ind.

Dr. W. Stoike, at 1929 Otto street, Chicago, Ill.

Dr. P. A. Stevens, at 228 S. Orange avenue, So. Orange, N. J.

Dr. E. Haight, from 410 Jones street, Ionia, to 152 Harmon avenue, Detroit, Mich.

Dr. Elizabeth Ingraham, from 32 Sevelle street, St. Augustine, Fla., to 509 Central Nat'l Bank building, St. Louis, Mo.

Dr. F. P. Millard, from 4 to 12 Richmond street, East, Toronto, Ont., Can.

Dr. Roswell D. Grant, from 277 Belleville avenue, to 611 Essex building, Newark, N. J.

The Osteopathic Physician

Dr. M. R. Wallace, from 1243 E. 14th street, to 1401 First avenue, Oakland, Cal.
 Dr. J. B. Stow, from 21 to 111 N. 7th street, Newark, N. J.
 Dr. Marthena Cockrell, from The Elms, Morristown, N. J., to Ford building, Wilmington, Del.
 Dr. C. L. Worrall, from 24 Academy street, to 56 College avenue, Poughkeepsie, N. Y.
 Dr. Percy R. Henry, from 187 Linwood street, to 410 1/2 Clinton street, Brooklyn, N. Y.
 Dr. A. E. Estlack, from Muskegon, Mich., to Mariana, Ark.
 Dr. Harrison McMains, from 1017 to 917 Fidelity building, Baltimore, Md.
 Dr. G. W. Moore, Jr., from 36 E. Main street, Moorestown, to 28 Cooper street, Woodbury, N. J.
 Dr. L. S. Meyran, from 829 Lakeside place, Chicago, Ill., to 535 Majestic building, Denver, Colo.
 Dr. F. L. Antes, from 601 Ferguson building, to 207 Broadway Market building, Detroit, Mich.
 Dr. W. E. Atkins, from 309 to 432 Unity building, Bloomington, Ill.
 Dr. Franklin E. Kerr, from 529 Brent street, Los Angeles, to 107 Cajon street, Redlands, Cal.
 Dr. Richard Sullivan, from Albion, to Opera House block, Kearney, Nebr.
 Dr. Chas. W. Messick, from 4300 Ellis avenue, to 1030 E. 47th street, Chicago, Ill.
 Dr. J. M. Dyer, from 228 22nd street, E., to 134 2nd avenue, N., Saskatoon, Sask., Can.
 Dr. T. F. Engstrom, from 120 1/2 Mill street, Grass Valley, to 10 I. O. O. F. building, Sacramento, Cal.
 Dr. K. B. Phillips, from 132 E. South street, to 905 Hanselman building, Kalamazoo, Mich.
 Dr. Allen Munn, from Slade block, to First National Bank building, Bellingham, Wash.
 Dr. Henry E. Wright, from 1098 Chapel street, New Haven, Conn., to Noblesville, Ind.
 Drs. Barker & Barker, from Wellman to What Cheer, Iowa.
 Dr. H. A. Coulson, from North Bend, Neb., to Centerville, Ia.
 Dr. L. E. Spies, from 17 Florence avenue, Rosedale, Kan., to 1123 Troost avenue, Kansas City, Mo.
 Dr. H. C. Swift, from Wichita, Kansas, to Henry, Ill.
 Dr. E. Carel, from First National Bank building, Liberty, to 702 Main street, Joplin, Mo.
 Dr. J. W. Robinson, from 926 Peach street to 147 W. 11th street, Erie, Pa.
 Dr. Garfield Inwood, at 202 Trude building, Chicago, Ill.
 Dr. D. D. Young, at McMinnville, Ore.
 Dr. A. B. King, from 1008 to 1718 New Third Natl. Bank building, St. Louis, Mo.
 Dr. Albert F. Steffen, from Worthington to Wauseca, Minn.
 Dr. A. S. Dowler, from Wahoo to Hebron, Neb.
 Dr. C. W. Eells, from Redding to 1-2 First Natl. Bank building, Woodland, Cal.
 Dr. R. F. Hinman, at 159 N. State street, Chicago, Ill.
 Dr. Fred W. Clark, at Exchange Bank building, Marysville, Kans.
 Dr. Chas. B. Doron, from 33 Vick Park B., Rochester, N. Y., to 522 Central Natl. Bank building, St. Louis, Mo.
 Dr. Irving Colby, from Mohican Hotel to Marsh building, New London, Conn.
 Dr. John Buehler, from 18 W. 34th street to 381 Fifth avenue, New York, N. Y.
 Dr. H. H. Somers, from 6th and Vermillion streets, Edmonton, Alta., to N. Battleford, Sask., Can.
 Dr. O. W. La Ploum, from 217 Third street, Wausau, Wis., to State Bank building, Albert Lea, Minn.
 Dr. E. E. Long, from Albert Lea State Bank building, Albert Lea, to Anoka, Minn.
 Dr. Nellie M. Fisher, from 606 1/2 Third street, Wausau, Wis., to 547 Wick avenue, Youngstown, Ohio.
 Drs. Wilson & Bowden, from 410 to 610 Palladio building, Duluth, Minn.
 Dr. Mayme Williams, from 3555 to 3549 Olive street, St. Louis, Mo.
 Dr. E. W. S. Howard, from 509 Fifth avenue to 235 W. 102nd street, New York, N. Y.
 Dr. A. S. Piper, from Anna, Ill., to 102 1/2 E. Main street, Shawnee, Okla.
 Dr. E. C. Brelsford, from 230 to 224 S. Welles street, Wilkesbarre, Pa.
 Dr. Maude Tupper, from Aiken, S. C., to 111 8th avenue, Nashville, Tenn.
 Dr. G. F. Lathrop, at 312 Broadway Central building, Detroit, Mich.
 Dr. C. E. Abegglen, at Colfax, Wash.
 Dr. Chas. E. Gostick, at Ochsner building, Oak Park, Cal.
 Dr. Edward W. Myrick, at Kinsley, Kan.
 Dr. Bruce E. Fisher, at Ida Grove, Iowa.
 Dr. John W. Ferrett, at 200 York street, New Haven, Conn.
 Dr. Edgar B. Otts, at Shreveport, La.
 Dr. Iva M. Caruthers, at 242 Hunter street, Peterboro, Ont, Can.
 Dr. J. I. McCormack, from 5405 Carpenter street, Chicago, Ill., to 829 N. Ninth street, Sheboygan, Wis.
 Dr. Percy E. Roscoe, from 10408 to 10605 Superior avenue, Cleveland, Ohio.
 Drs. Polmeteer & Polmeteer, from Harlan to Marengo, Iowa, box 375.
 Dr. Edward H. Fritsche, from 706 N. 19th street to 1832 W. Girard avenue, Philadelphia, Pa.
 Dr. F. Le Roy Purdy, from 9 Hakes avenue to 218 Main street, Hornell, N. Y.
 Dr. Lucy A. Wright, from 502 W. 139th street to 609 W. 137th street, New York, N. Y.
 Dr. Mary S. Crowell, from Los Angeles, Cal., to Farmington, Me.
 Dr. S. L. Gants, from 19 Franklin street to 205 Broad street, Providence, R. I.
 Dr. Mary M. Cox, at 160 Noble avenue, Crafton, Pa.

Dr. Ray L. Davis, at 116 1/2 W. Oklahoma avenue, Guthrie, Okla.
 Dr. W. W. Palmer, at Peragould, Ark.
 Dr. W. M. Barrett, at 404 Colonial Trust building, Reading, Pa.

Osteopathic Health for December

CONTAINS:

- An Osteopathic Christmas Wish.
Poem by Wilbur D. Nesbit
- Why Mr. Jones Praises Osteopathy.
Pustular Eczema Mastoid Abscess
Typhoid Spine Postural Curvature
- To Cure Gallstones Go at the Cause.
- How to Ward Off a Stroke of Paralysis.
- Medical Professor Condemns "Tonsil" Slaughter.
Dr. A. T. Still taught this twenty years ago
- "Says Patent Medicines Worse Than Dynamite."
- The Proper Relief of Hemorrhoids.
- "Golftis" the New Disease.
- Dressmakers Have Discovered what Physicians Overlooked.
- Osteopathy is, Oh, so Good for Babies.

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Married

Dr. R. C. Ghostley, of Edmonton, Alberta, and Miss Isabel R. Colquhoun, of Jersey City, New Jersey, September 3d. Miss Colquhoun was a well-known church soloist, and niece of a prominent M. D. of Jersey City, with whom she had resided for several years.

Born

To Dr. and Mrs. Edward Norton Hansen, of Pittsburgh, Pa., October 30th, twin daughters, Catharyn and Cornelia.

Died

Dr. Elmer T. Hall, October 17th, at Atlanta, Ga.

Want Ads

FOR SALE—Practice established 12 years, fine city of 6,000, Eastern Nebraska, average over \$5,000.00 cash income for years. Office and residence combined, nine large rooms thoroughly equipped, second story in business block. Rent very reasonable. Will sell for price of equipment, \$2,500.00. Place best for married man. Man and wife both osteopaths could enlarge business very much. This is a splendid opportunity for some one to get a good location. Address 332, care The O. P. Co., 215 S. Market St., Chicago.

FOR SALE—\$3,600 practice Indiana county seat, no opposition. Steam heated flat and office together. Total expense \$24. All good furniture alone worth price asked. Quick sale \$600. Elegant opportunity. Address No. 334, care The O. P. Co., 215 S. Market St., Chicago.

WANTED—To buy a good practice in Illinois or Missouri. Prefer a city between four and eight thousand population. Write full particulars and terms for cash sale. Address No. 335, care The O. P. Co., 215 S. Market St., Chicago.

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PRACTICE FOR SALE—Good Nebraska city, average \$400.00 per month. Moving on account of family to California. A snap for a live doctor, male or female, or both. Address "Topsy," care The O. P. Co., 215 S. Market St., Chicago.

Will share a well equipped office with a regular graduate osteopath. Address Dr. J. W. Banning, Citizens Trust Bldg., Paterson, N. J.

WANTED—To communicate with an osteopath who would consider locating in a Florida town of 8,000. Have a patient who wishes to return home and continue the treatment there.—Address Dr. R. D. Woodmansee, 51 E. State St., Columbus, Ohio.

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