

The Osteopathic Physician

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THE OSTEOPATHIC PHYSICIAN

Volume XII.

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Number 2

HOLD FAST TO THE LANDMARKS OF CHARACTERISTIC OSTEOPATHY

By DR. CARL P. McCONNELL, Chicago, Ill.

By Dr. Carl P. McConnell, Chicago.
It occurs to us that much of the osteopathic lesion controversy for several years past has been due to a misunderstanding of one another's viewpoint. Many of us seem to believe pretty much the same thing, aside from possible relative values, when the pros and cons are thoroughly considered from a pathologic standpoint. In addition, however, there is a certain amount of imperfect reasoning, or perhaps we had better say, reasoning from a false premise.

Dr. Hart in the June *O. P.* has presented the profession with an interesting paper and upon reading it over carefully we do not concur with him in thinking that he is such an awful heretic. The doctor has simply neglected to round out legitimate conclusions, or rather, has not completed his chain of reasoning. His summary is as follows:

"But with our present knowledge of the subject we should have no hesitancy in declaring that contractures in the muscles of the back produce a collateral congestion in the spinal cord, and this in turn produces symptoms varying widely in locality, nature and degree, and that subluxation, unaccompanied by inflammation or contracture, is of little or no significance."

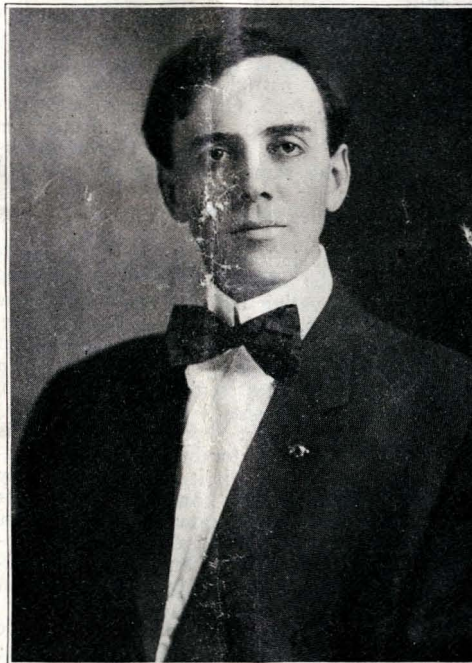
We are thoroughly in accord with this, word for word. We believe the doctor has lost sight of the fact, however, that other osteopaths believe inflammation is the dominating process in disease; not for a moment will the rib or vertebral subluxation be of great etiologic importance unless irritation, congestion and inflammation are immediate results of this physical noxa and in turn degenerative processes in the neurone and its subsidiaries and collaterals occur. The pith of the question is simply this: Will subluxation cause congestion and inflammation of the spinal nerve roots and sympathetics as well as congestion of skeletal muscles?

The doctor's article implies that the spinal foramen must be actually lessened in diameter by bony encroachment and that some other pathologic process instead of inflammation must result before the subluxation is a potent factor. It is well known that the spinal nerve at its exit is firmly anchored with fibrous tissue and it requires very little strain to disturb the nervous equilibrium. A bony pressure is not required, simply a tension of contiguous tissues. The bony displacement maintains the greater or less permanency of the lesion. No one doubts that contracted spinal muscles disturb collateral circulation, but what keeps the muscle in a state of contracture?

Aside from reflex stimuli, protracted atmospheric disturbances and direct muscular injuries there is a greater field unaccounted for. In our opinion, these are the cases due to osseous mal-alignment. The mal-adjustment is the medium through which permanent contracture is maintained. Although in a number of instances we will grant severe and continuous muscular contraction will produce osseous mal-adjustment as from severe "colds" and continuous reflex irritation, nevertheless it is the bony lesion that will probably render the disorder a more or less permanent one.

There is no doubt that relaxing muscles, inhibition, stretching, molding, overcoming rigidity, or any manipulation of the spinal tissues will influence collateral spinal cord circulation; so does any massage, as every doctor well knows; but this is not characteristic osteopathic treatment. Undoubtedly the general manipulation or pommeling will relax muscles and inadvertently adjust deeper structures, but is such work the acme of osteopathic art?

The practical as well as the scientific criterion, according to our conception of osteopathy, by which we should judge the importance of the bony lesion (and to us the bony lesion is of first importance because the bones



Dr. Frederick E. Moore, La Grande, Oregon,
Osteopathic Member of the Oregon
Medical Board.

constitute the framework of the body) must be through demonstrable proof either by animal experimentation or by most painstaking autopsies; and for many reasons the former is preferable. The crux of the matter rests here: Do osseous lesions disturb neurone integrity, sympathetics and spinal nerve roots, independently of any possible route other than via the spinal cord centres? We answer without hesitancy in the affirmative; and accordingly refer the reader to our experimental reports.

We are not posing as an oracle; far from it. Neither do we think our experiments complete in any way. But we feel confident of one thing, and that is, the experiments showed that the bony lesion is a potent etiologic factor, disturbing nervous tissue extraneous to the spinal cord proper. And with all

of our clinical experience and observation we have through each year's work become more and more confident of the primary importance of the osseous lesion. Not but that good results are secured through other than so termed specificity, but we believe directly and specifically correcting the lesion on an anatomomechanical basis will secure the best results. If this is not true, what then, characterizes osteopathic therapeutics?

No doubt any experiment that would set up an inflammation of the spinal column tissues independently of disturbing relative positions of the vertebrae and ribs would cause further disorder, but that would not prove the non-importance of the so-called osteopathic lesion any more than the fact that a person has had Potts disease and now is apparently healthy. Nature unquestionably adjusts innumerable osteopathic lesions; all we can do at best is to assist her. Before a lesion is of any consequence we have to consider other diagnostic features than mere abnormality.

Why Does Treating Lesions Cure?

Another writer, Dr. Farwell, in the July *O. P.* has presented a different viewpoint relative to the importance of the osteopathic lesion. The gist of the doctor's conclusions is that the osteopathic lesion in a very large percentage of cases is simply an effect, not a cause, of some internal derangement or disobedience of natural laws.

No doubt atmospheric changes, dietetic errors, unhygienic surroundings, mental attitude, pelvic infection, abortion, etc., are prolific sources of bodily disorder, and, I believe, every student is taught that these may be "first principles." But we do not believe that "in ninety-five cases out of one hundred the 'osteopathic' lesions are secondary and not primary." We believe, however, that in many cases the lesion is *predisposing* and not *exciting*.

The osteopathic lesion may not only be bony or muscular but ligamentous or visceral, involving a single tissue or structure, or tissue, *en bloc* or *en masse*, or several organs, in a word, "any structural defect which through pressure produces or maintains functional disturbance." Some prior strain, a curvature, a postural defect, a prolapsed organ may have so weakened an organ or several organs that all that remains for a complete collapse is a "cold," overwork, an error in diet, subinvolution, etc.

Consequently if these osteopathic lesions were not frequently also "first principles," the regular school would cure a large percentage of their chronic cases and the osteopaths have very little to do; for this is just the present attitude of the regular school—drugs are of little importance and they are devoting their attention to environment, hygiene, sanitation, dietetics and surgery and thus giving nature a greater opportunity.

At the same time there is no reason why we should not pay attention to Dr. Farwell's "first principles," and, I believe, most osteopaths do; but the signal success of osteopathy has been due to correction of the osteopathic lesion when other methods and means have failed. Upon saying this we are not depreciating the importance of common medical knowledge which is and always has been our heritage, but we do emphasize the importance of characteristic osteopathy which has given us our present importance and prestige. And we are still of the opinion the only way the relative importance of the osteopathic lesion can be scientifically settled is through laboratory investigation, for most assuredly we are then

dealing with causes, not effects, that we have absolutely at our command.

Osteopathic Etiology Our Basis.

Apropos of this subject in general (and not having reference to the papers above referred to) we are of the opinion there is not an osteopath that has perfected his art as Dr. A. T. Still has. He will get results where every one else fails; and it will not be through any hodge-podge treatment, but specific readjustment. The reason of it is Dr. Still has studied anatomy, anatomy, anatomy! Not a little of this or a little of that, but he has constantly kept down to anatomical fundamentals. He has breathed anatomy, lived anatomy, dreamed anatomy; not mere descriptive or surgical anatomy, but osteopathic anatomy. Every one of us requires a far greater profound working knowledge of osteopathic etiology, pathology and therapeutics.

Here is our stumbling block and it shows why there is not a single one of us that can equal Dr. Still. Too many of us are chasing a "will o' the wisp"; trying to "broaden" by mere veneer instead of broadening in a logical manner. The very soul of osteopathy is frequently trampled on; our ending will be by suicide if we do not draw still deeper from original tenets. The "regulars" are making a strong, subtle effort to sap our fundamentals—and the boggy man will get us if we don't watch out!

The very spirit that gave osteopathy birth is frequently misunderstood. It is osteopathic etiology that characterizes our school, not our therapeutics. There is a class that practice everything but osteopathy, but, alas! they dub it osteopathy.

The remedy is simple.

ly don't bother so long as there is a good reserve supply of nerve force on hand.

Patient goes to a D. O. who finds a bony lesion which makes possible a waste. He fixes it; patient gets well. Has he removed the cause of that patients' disease? He has removed a cause. He has stopped one leak and thereby puts the patient in possession of enough energy to run his machine.

The skeletal lesion may cause disease or it may only localize disease processes due to a general condition of lowered vitality brought about through infringing on nature's laws.

Suppose you had sent the same patient to the dietarian. The patient is told to eat foods which will supply more energy and better nourish the body cells, or foods which will require a less expenditure of energy to digest. In either case the patient has been given a reserve, or a number of units of energy in excess of that required to run his machine if it were in absolutely normal condition, anatomically, psychically, etc. Has your food-expert removed the cause of the patient's disease? No, but rather a cause.

The mental healer finds it "all in your mind," puts you in the proper mental attitude, and thereby often removes a cause of disease, that is, a cause of wasted energy.

Another fits the eyes with lenses, stops the loss of nerve force due to eye strain and errors of refraction, and cures his patient. He may not remove the bony lesion but his patient improves, which is the all essential. Another leak stopped, that's all. Patient now has a reserve fund.

So on down the line. The representatives of the several schools of healing, and individuals who differ in opinion from those of the same school, continue to make cures. Are they wrong in their teachings? No, just a bit contracted, narrow. They don't recognize that each has part of the truth and none all of it.

I don't mean to say that all these or other factors may be acting in any particular case, but I do say that in nearly every case there is an assortment of conditions which will predispose to, excite, or maintain a pathological process, and the removal of one or more of these unfavorable conditions, whatever they may be, may bring about a cure of the disease, the body being able to overcome the results of the remaining defects or unhygienic surroundings.

We, as osteopaths, make a larger per cent. of cures through the correction of the lesion than users of other systems do through the removal of their causes of disease, because in the majority of patients the lesion is more active and potent than any of the other causes of disease, predisposing or exciting.

THE QUESTION OF CAUSE.

By Warren Taylor, D. O., Santa Barbara, Cal.

TO search and investigate is an evidence of progress. All that has been done furnishes a platform, from which to board the train and go on, and it is a pleasure to see so many osteopaths going on.

Cause is always out of sight; we see only effects; but there is no reason why we may not search for that which lies beyond the veil.

It may not be possible to find and define cause, to set it within the metes and bounds of a definition, but we may get a yet more comprehensive knowledge, if we search and think.

Think, brethren think, and ever think; stop not where the earth and sky appear to meet, but think out to the brim of the universe and there find yourselves in the centre of a new circle of your own projecting.

For the greater part, we, as physicians, are raking over the ground with Galen and his three causes; Predisposing, exciting and containing, which tell us a "cold" is the cause

DON'T FORGET THAT DISEASE HAS MORE THAN ONE CAUSE

By DR. RILEY D. MOORE, Grand Junction, Colo.

I HAVE been much interested of late in the articles on the cause of disease, published in *The O. P.* Some D. O.'s contend that "95 per cent. of all disease is due to our lesion"; by our lesion, I mean the definition of the word, as commonly understood by the osteopath. This statement may put us in a bad light in the "scientific world," but is the scientific world capable of judging? How many of the dwellers in that world could recognize a bony lesion if you bared a back and placed their hands right on that lesion? And won't our theories come much nearer holding water, defective though they may be, than the ones advanced by those popularly-styled scientists?

No one desires to see osteopathy put on a scientific basis more than I, but first, I think it will be necessary that osteopaths broaden out a little. What do I mean by that? Vibrators, traction-couches, drugs, etc.? No, not a bit of it. What then?

Here comes a D. O. who says, "95 per cent. of disease is due to the lesion." Along comes another who says that "most of this 95 per cent. are effects of infringement on nature's laws." Then the food expert is your next man. He says he can improve your health by having you use a different kind of fuel. The Christian Scientist tells the patient, "It's all in your mind." Along comes another who fits the patient's eyes with lenses and straight-way your invalid begins to mend.

Who is right? Well, let us see who is right. Send your curable patient to any one of them. The chances are that he will improve—perhaps get entirely well. Whichever one treated that case will tell the patient, if he recovers, that the cause of his disease has been removed. They can't all be right? Yes, they are right—every mother's son of them! Broad osteopathy, with a vengeance," I hear you say. But surely, they can't all be right? Their statements are conflicting! No, I think, not altogether. Each knows part of the truth. As I said before, they must broaden out a little. They must learn that in 95 per cent. of all disease there is more than one cause.

When this idea becomes fixed in their heads they will not consider these statements conflicting, but rather will be able to reconcile the apparently conflicting claims of these different healers into one harmonious whole. Now then, our argument with the advocates of these different ideas is not to show that "I'm right, and therefore you must be wrong," but rather to learn which factor or cause is of the most importance in any particular case.

Remember that the average body has an

excess of energy or nerve force, this excess making it possible for it to overcome many bad conditions therein, so that, until such time as you go beyond the limit of adaptability of that body, it remains in apparent good health.

For example, here is a case of "stomach trouble." Inquiry discloses the fact that your patient has about as much regard for his stomach as an ostrich or McGinty's goat. "Billy" Rogers, A. S. O., '07, would say, "eats everything." This is your "first cause" in this particular case, perhaps. If the others who eat at the same table are not affected in a like manner with "stomach trouble" you can't be too sure that it is your first cause. It's a cause.

The constant irritation of the indigestible contents of the stomach starts pathological reflexes, aggravating old or resulting in new muscular lesions, in the stomach area. These, in turn, are soon followed by shortening of the ligaments and a bony lesion, after which stage relaxing muscles won't correct the lesion, though it may help some. Who can say now that this lesion, effect though it may be, is not also a cause or factor in that stomach disorder, just as much as if it were produced by a fall or sprain? We now have a vicious circle and an effect may now react as a factor in maintaining a pathological process primarily set up by other causes, but, not withstanding, that lesion is now no less a factor than if it were primary.

How will you treat that patient? Correct his diet and fix his spine. If you find that patient broods and worries over his condition, do all possible to allay his fears. The worry may be a great factor in this particular case. Psychic disturbances can cause functional disorders, which in time may bring about organic disease. So his indigestion may be partly "in his mind."

Well now, let us suppose that it takes so many units of nerve force to run this body of ours, or if you prefer, so many pounds of steam. In the average healthy body there is enough reserve to overcome any small defect in the machinery whereby there is a waste of energy, or this waste may be brought about by poor engineering of the machine, as by worry, loss of sleep, wrong diet, rough usage, excesses, etc. As long as there is reserve energy to run everything in good order in spite of this leakage we are in good health, but when the demands on the organism become so great as to dip into our reserve supply too heavily, then there exists a state of disease. Bony lesions, unhygienic conditions, abuses, troubles that are "in your mind" usual-

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C H I C A G O

of the fever, and fever the cause of the quickened pulse. This is arguing around a small circle and getting nowhere.

Cause is a force outside of the individual, and disease may be the result of not one but many causes; and cause itself acts under the majesty of law; hence the misdirected or distorted intelligence, as well as ignorance or selfishness, may furnish the cause of disease, but the law exacts the penalty; the vital resistance is lowered, and the result we call a "cold."

Let us suppose the vital resistance is strong enough to resist the cold; there are no resultant lesions, either muscular or bony; again suppose the "cold" overcomes the vital resistance until we name it influenza, and leaves in its wake contracted muscles and displaced bones, which interfere with blood supply and nerve force; and we have disordered physiological function. If it be the stomach, we find tender points along the spine and at once tell our patient we have discovered the cause, and will just replace a vertebra and end his trouble. We may do this but we have not done our duty until we try to inform him as to the actual cause, and teach him something as to the laws of life so that he may avoid falling into the same error again.

The spirit of fair play is a strong factor in gaining us the recognition which we enjoy; and we certainly have grown and are growing rapidly. But have we a loyal and consistent following?

Inquire and note how few among those who have taken and are taking osteopathic treatment, there are who depend upon the osteopath at all times and under all circumstances. Many patients still carry their favorite prescription from their favorite M. D. and look upon the osteopath as a manipulator and bone-setter, and to be employed as such. This idea is kept to the front by many of our best writers, maintaining that most diseases are due exclusively to bony lesions—a statement which many intelligent people doubt, to say the least.

We are physicians—students of life; teachers, and as such must seek knowledge and apply it—must get a clear perception of the agreement, or disagreement of ideas; assimilate fact to fact until we have a scientific basis of explanation for all we do.

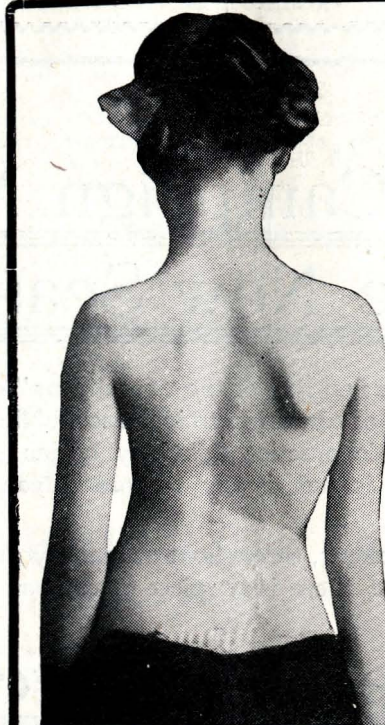
Perfect health is due to cause working through law, and any deviation is due to a violation of law; cause remaining the same always.

Let us leave the cats, the dogs, the guinea-pigs, the frogs, to live their lives, and let us cease the study of morbid and moribund conditions; but rather study and seek knowledge of life, that we may have it more abundantly.

THE TRUE OSTEOPATH MUST BE A LESIONIST

By DR. LUCIUS A. BUMSTEAD, Delaware, Ohio.

IN the June 15th issue of the *Medical Record* there is the report of a paper read before the American Medical Association by Dr. J. E. Goldthwait of Boston on "Subluxations of the Pelvic Articulations, especially the Sacro-Iliac Joint." He handles the subject in a true osteopathic manner without, of course, giving osteopathy credit. It is a discovery (?) of Dr. Goldthwait's. The same issue of the *Record* contains a review of an article published in the *British Medical Journal* calling attention to "unnoticed lateral curvatures." Dr. W. J. Summerville is the author and says he "has been surprised to find how seldom deformities of the back are recognized by the family physician. He calls attention to the dire results from spinal curvatures and urges closer attention to the spines of patients, especially children. He recommends that such



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cases be given "suitable medical gymnastics under medical supervision."

The medical fraternity is being deeply, though unwillingly, influenced by osteopathic principles and teaching. A prominent physician at the head of a large hospital in Columbus, Ohio, recently told me in his office that he believed osteopathy, hydrotherapy and electrotherapy would, in ten years time, almost entirely displace drugs in the treatment of disease. What true A. T. Still osteopath doubts that prediction for a minute as far as osteopathy is concerned?

I note the discussion in *The Osteopathic Physician* between the so-called "lesion osteopaths" and the "broad" osteopaths. To my mind an osteopath must be a "lesion" osteopath, he can be nothing else and rightly claim the degree of D. O. I believe the difference arises in the conception of what a "lesion" is. I have observed that the most successful practitioners are those who hunt for and remove lesions. As Dr. Clark says, produce normal motion in every joint and you have a perfect machine. Let us all practise "pure osteopathy" and if we fail on some cases blame our own ignorance rather than the science for where one has failed another manipulator often succeeds.

Yours truly,
L. A. BUMSTEAD.

NOTES ABOUT JAMESTOWN FROM SECRETARY'S OFFICE

THE profession, at least that part of it east of the Mississippi river, never had a better opportunity to attend an annual meeting than the coming one. The railroad rates are low, for the most part one fare or less for the round trip, and allow of much variety of route. For instance, tickets through Boston, New York, Baltimore, or Washington may be had either by rail or boat from those points, and these are all good boat lines.

Where the journey is begun west of Chicago, St. Louis or Memphis, I think it will be best to purchase tickets under the special arrangement made by the transcontinental passenger lines to these points, as Chicago, etc., and from there purchase the Norfolk ex-

ursion tickets, ten-day ticket or thirty-day ticket, as may be desired, or obtainable. It would be well to notify your ticket agent at least a week or two in advance, as sometimes they do not have these tickets on hand.

At Norfolk.

The stay at Norfolk should be very pleasant. Nights there will be cool in August, and the location of the exposition on a point in the ocean makes it a pleasant spot even in hot weather. Hotel arrangements are very satisfactory. The Inside Inn, within the grounds, as at St. Louis, will be our headquarters, and the forenoon sessions will be held at the Convention hall, only a block or two distant. We have at our disposal at the hotel ample rooms for committee meetings, reunions of societies, etc. The hotel is a permanent building, very desirably located.

Mr. Harry Watcham, who was the manager of the Inside Inn of St. Louis, is manager of the Inn at the Exposition grounds, Norfolk. This will be good news to many osteopaths, who will recall the good treatment we got at his hands at the Inside Inn, St. Louis, in 1904.

I am free to say that I had been very dubious about conditions at the Inn and Norfolk, but I am now convinced that everything, not only at the Inn, but at the Exposition in general, will be very satisfactory. I shall be entirely frank and say that the matter of changing the place of meeting to some other city was seriously considered, but after a fuller investigation and more time allowed them to straighten things out we are convinced that there is no reason for a change of place for holding the meeting. I mention this because we, as many others, have seen in the newspapers many notices giving an unfavorable report of conditions in connection with the Exposition. Now all the buildings are completed and everything about is likewise except the immense pier of the United States government is not quite completed, but will be before we arrive there. We have made every effort to get the truth of conditions there and now feel justified in saying that everything will be all right. The United States inspector says that everything is sanitary and healthful and that there has been at no time any disease about the exposition

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or city. Our attendance should be first class, especially from the East, as we have never had a meeting further east than Cleveland or Chattanooga, and it will be a number of years before a meeting is held so far east again.

Rates and Reservations at the Inn.

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European plan, which includes breakfast and admission to the grounds after registering at the hotel, two to room, \$2.50 each per day, and up, according to location of room, etc.

American plan, including admission to grounds after registering at hotel, which includes breakfast, luncheon and evening dinner with wines, \$3.50 per day each person, two to room. One dollar more in each case where but one person occupies room. Rooms with bath and en suite may be had at prices above these here given. The hotel also conducts a first-class restaurant.

Our people, in writing for reservations, need not make a deposit, but the reservation should be made before August 15, as there will be other meetings there about the same time as ours. Better attend to it now.

In the City.

For those who, unlike the officers and trustees of the association, who will of necessity have to be at the headquarters on account of frequent meetings, wish to be quartered in the city, it may be done at prices somewhat less than these. Private homes and many hotels in the city have rooms for a dollar per day and up. The city has a number of first-class new hotels, and accommodations, whether at the Inn or in the city, will be convenient and reasonable in price. In addition to the quarters already mentioned there will be at the Exposition, just at few minutes walk from the gates, a camp of tents under military management and patrol. These are likewise under the same management as the camp at the St. Louis Exposition, in which the writer spent several very comfortable nights there. The tents are roomy and dry, and very cool and cleanly kept, and are patrolled by the militia, making it perfectly safe to leave clothing, etc. These cost 75 cents per day and breakfast can be had on the grounds. There is also a bath tent, the use of which is free

to the occupants of tents in connection with the camps.

This arrangement gives our people the widest range to suit the fancy and convenience of all, but it will be very sociable and convenient for as many as can be quartered at the headquarters at the Inn.

Now a word about attendance. The average member does not begin to realize the amount of work that is put on this program and the details for our entertainment and comfort. The program will be an education. The reunions will be inspiring; and the reunions will make you young again. But apart from this, these meetings are not a picnic or an outing. They may be made such secondarily, but it is the stern duty of the profession to attend these annual meetings and do this much to place the profession where it should be, and only co-operation and unity can do this. This does not need to be enlarged upon, but it does need to be impressed! Arrange now to be in Norfolk August 26-30 next.

H. L. CHILES, Secretary.

Auburn, N. Y., August 1st.

Regarding Insurance Discriminations Against Osteopaths.

Editor of "The O. P.":

THE July issue of the *Journal of Osteopathy* contains an editorial to the effect that osteopaths have not been rated by insurance companies "until the new book of the Continental Casualty Co." and in that, our rating is unsatisfactory.

To me the question of rating is of minor importance compared to one that has just been brought to my attention in connection with this same company. Their local agent wanted to write a policy for me. I said that I would not take any policy in a company that would not accept an osteopaths' certificate in case of accident or sickness, a position every D. O. should take, it seems to me.

The agent wrote to the company on this point and received the following eye-opener

as to the Continental's real attitude towards us:

Chicago, July 26, 1907.

Mr. _____
Dover, N. H.

Dear Sir: I am in receipt of your favor of the 20th enclosing the application of Charles W. Hills, a doctor of osteopathy. I also note yours of the 19th requesting information relative to the acceptance by us of certificates from doctors of this profession.

* * * would say that we would not accept such physicians' certificates nor would we recognize on it a claim of a policyholder who did not furnish to us a certificate of a legally qualified physician, the certificate of a practitioner of osteopathy not being so accepted by us.

This is a rule not only with the Continental but with any other reliable company writing accident and health insurance. While we are not prepared nor do we intend to pass upon the merits or demerits of osteopathy which no doubt is of much benefit in some cases, yet in this profession our experience shows us that there are many frauds and for that reason, on account of the fact that they are not legally qualified physicians, we cannot give them any standing on our claim banks.

Referring to the application of Dr. Charles Hills would say that we would not be willing to accept his application in Class A; the best rating that we would be willing to give him being Class B, and even at that we would not be especially anxious to issue a policy on this risk, although we do so upon receipt of a Class B application from you. Understand me Brother ———, it is not our intention or desire to make any personal insinuation against Dr. Hills or anything of that kind, our decision in these matters being based entirely upon our experience in the past with this class of risks in general.

Yours truly,
Gerald Bunker,
Manager Eastern Dept.

Now, isn't that a work of art for you? It is my purpose to hold converse with Mr. Bunker and I hope that any D. O. acting as examiner for an accident insurance company will send me particulars of his company and appointment. Just at this point the local agent, having immediately taken up the matter with Mr. Bunker, has brought in the following letter which makes further comment superfluous, but I send the whole along, thinking that possibly you may deem it advisable to publish the letters for the benefit of D. O.'s in the "unrecognized" states, in their dealings with other companies as well as the Continental.

Chicago, July 31, 1907.

Dear Sir: Your favor of the 29th inst. relative to Dr. Hills duly to hand and noted. Perhaps you took my letter a little more literally than it was intended, or possibly I wrote you stronger in the matter than I meant to. * * * While under our contract we are not legally bound to accept the statement of an osteopath unless he is in a state where they are legally qualified, yet I find by consulting the claim department in the matter that it has been the habit of the company to accept the statement of an osteopath, providing that the general facts in the claim are supported by the evidence of our representative. While as stated in my letter we find a number of osteopaths whom we do not feel are as reliable as we might desire, yet we have no doubt that there are many of them who are entirely reliable, and I am ready to believe that this is the case with, etc. * * * Upon your recommendation we would be willing to accept Dr. Hills' certificate on any claim that might arise in your field, with the understanding that you will keep personal track of them.

Yours truly,
Gerald Bunker,
Manager Eastern Dept.

At the time of making this application I was solicited by the agent of the Peerless Casualty Company of this state and raised the same point. They at once sent a written waiver signed by the secretary of the "legally qualified" section, to the effect that "attending physician may be an osteopathic physician." As by the policy itself that is the only way the company is legally liable, it is not difficult to imagine which I took.

Of course the letter would probably do as well for since it has been a recent matter of newspaper notoriety that all insurance companies and officials are not as reliable as we might desire, yet there is no doubt that there are many of them who are entirely reliable, and personally I am ready to believe that this is the case with the Continental.

Yours very truly,
CHAS. W. HILLS, D. O.
Dover, New Hampshire, August 5th.

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One Month of History and Wit

Texas Osteopaths Blush for Collins.

TEXAS osteopaths have had a deep mortification settle down upon them during the month of August. Gov. Campbell, on August 6th, appointed to the Board of Medical Examiners, in the state of Texas, one Dr. Ira W. Collins, of El Paso, as the osteopathic member. Since the secretary of the State Osteopathic Association was instructed to refuse further membership dues from Dr. Collins for membership in the osteopathic society of the state, the impropriety of the governor's act will be manifest.

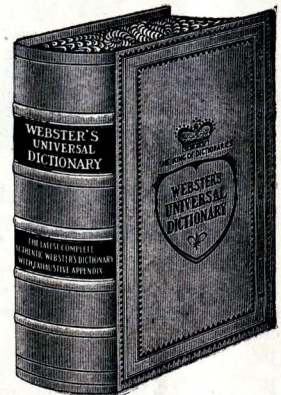
At long range we scarcely feel disposed to criticise Governor Campbell, for we believe from all we can learn that permitting the governor to make a mistake of this kind was due entirely to the apathy of our own people. It was not to any "popularity" or "strength" of Dr. Collins in the premises. It seems that after getting the new law passed, each of our stalwarts who had worked for the common good, settled down to attend to his own practice, and there was not a representative osteopath in the field as an avowed candidate for the place. Each osteopath seemed satisfied to let the other fellow get the honor if he wanted it, and all seemed to believe that Governor Campbell would do the right thing in making the appointment.

It was very different up El Paso way. Dr. Collins, who has spent large sums of money advertising with the El Paso News, got the minions of that paper to write to various other papers in the state requesting them to write the governor urging the appointment of Dr. Collins as "the newspaper candidate for the entire state." The argument used—which we published some weeks ago to warn our Texas brethren of this El Paso peril—was that "Collins believed in newspaper advertising," and that "his elevation to the State Board would have a great tendency to popularize department store advertising with the osteopathic profession," and that his success in his ambition meant the ultimate winning of many shekels from the osteopaths for newspaper advertising. With that interest at stake, no wonder the country editors of Texas jumped into the race with a vengeance and used their influence to have Collins "elevated" to office!

Such was the story that we received from Texas a full month before the appointment. We published it, believing that it would put our Texas brethren on their guard and cause them to unite on a representative osteopath who would be the association's candidate, enjoying the full sanction of the profession. Had this been done there is not a doubt but that Collins would have been defeated, and it is lamentable that he was left in an open field.

"I do not think that Collins will stand much in our way, or that we as a profession will be hurt much by his presence in the State Board," wrote a representative state osteopath August 10th, "as I am told that two members of the 'regulars' whom the Governor saw fit to appoint are not even graduates from any medical school. However, it is a shame that the one member appointed for our profession was not one fitted to look after osteopathic interests."

This misfortune in Texas should be a warning to other state osteopathic associations, and whenever a law has been passed, it should be remembered that the work is not completed until a proper board has been appointed. We can only hope for Collins that his association with the State Medical Board will have a softening and refining influence upon his colossal nerve and that his contact with official life may lead him to repent and reform his quack methods, which constitute such a stench



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to the nostrils of the profession to which he claims allegiance and which much more enthusiasm repudiates him.

Chiropractic Trial at LaCrosse.

LaCrosse, Wis., witnessed a very hard-fought contest between the State Board of Health, aided and abetted by osteopathy on one side, and a Japanese chiropractor, backed by the Palmer crowd of Davenport, on the other, in which the chiropractors won their case. A Japanese, S. Morikubo, was charged by Dr. W. T. Sarles, president of the State Medical Board, of practicing osteopathy without a license. The Wisconsin State Board, of course, compels the licensing of osteopaths, physicians and surgeons who are in practice. The State Board and Dr. Jorris, the osteopathic member, contended that the practice practiced was a crude and rough form of osteopathy. Dr. Franklin Fiske of the American School of Osteopathy, and Dr. Edythe F. Ashmore of Detroit were witnesses for the prosecution. Dr. B. J. Palmer of Davenport and Dr. Chas. W. Lineker, of Oakland, Cal., a graduate of the California College of Osteopathy, as well as of the chiropractic school, were witnesses for the defense.

It was set up by the defense that chiropractic "differs from osteopathy in that it is a metaphysical science, and in that respect is not like osteopathy." They substituted the new term "insulation" for "subluxation." It was claimed that Dr. Palmer had discovered a brand new set of nerves not known to any branch of medical science, and that in this particular also his system was distinct!

Careful notes made at the trial, which endeavored to define what chiropractic is and to differentiate it in any way possible from osteopathy, failed to give the editor any slight understanding of wherein and how chiropractic does differ from osteopathy in the least. After the trial Dr. Lineker called upon the editor when passing through the city, and was invited also to state one fact or principle wherein chiropractic was in any way original or different from osteopathy, except as to being coarser work and having less regard for deft manipulations. The doctor was unable to suggest anything wherein his new cult was original, but promised to send it in writing if he ever found anything that put chiropractics on record in a rational manner.

Dr. Sarles, of the State Board, said that in spite of this defeat he would continue the prosecution of chiropractors in Wisconsin until it has been definitely determined by the Supreme Court whether chiropractors are physicians in the meaning of the law, and as such require to be licensed. He had already prepared another complaint against Mr. Morikubo, charging him with practicing and receiving money as a physician, and the document was all ready to be signed by the court when attorneys for the defense interjected a bit of peanut politics in aid of their client, charging the state board "with persecution of the Japanese!" This buncum was given enough weight by Dr. Sarles at the moment to cause him to say he would select some other member of the cult to make a further attest case if one could be found in the state. If a Caucasian chiropractor is not found in the state, however, it is announced that the case will be continued against Mr. Morikubo.

Get Out of the Rut.

"The difference between a rut and the grave, is the length and breadth of it."

Willing to Judge.

Daisy—"Do you think, dear, you would love me any better if my hair were some other color?"

Tom—"I don't know. What other colors have you?"

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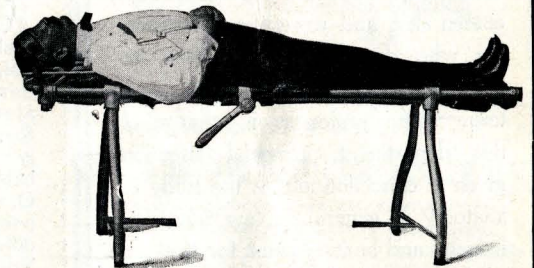
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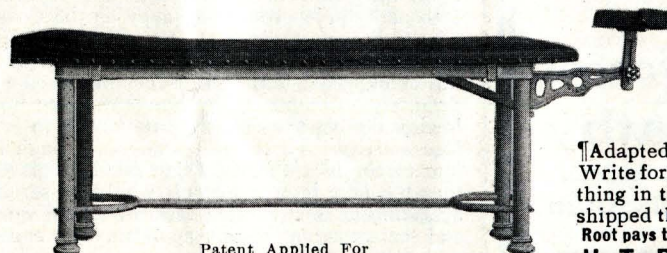
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**Post-Graduate Medical School Recognizes
P. C. O.**

Dr. Lillian M. Whiting, Professor of Obstetrics in the Pacific College of Osteopathy, was admitted to the New York Post-Graduate School and Hospital in July. This is a very significant fact respecting the status of education at the Pacific College of Osteopathy.

First New York License.

Dr. Mae V. D. Hart of Albany, N. Y., enjoys the distinction of receiving the first New York State Osteopathic license issued under the new law which came to her on August 9th. This distinction is a fitting recognition of the stalwart work which Dr. Hart's lamented husband, the late Dr. Sylvester W. Hart, did to put osteopathy on a stalwart basis in the Empire State.

Medical Advice.

"Is it true, doctor," asked the summer girl, "that eating cucumbers will remove freckles?" "Of course," replied Dr. Kidder, "under certain circumstances." "Really! What circumstances?" "Well, provided the freckles are on the cucumbers."—*Philadelphia Press.*

Dr. and Mrs. F. E. Moore Visit East.

Dr. and Mrs. Frederick E. Moore, of La Grande, Ore., started on their vacation July 31st, visiting Seattle until August 8th, when they left for the East to visit Dr. and Mrs. S. E. Ellis, of Boston, before going to Jamestown. Dr. and Mrs. Moore called upon the editor while in Chicago. It is certainly loyalty worth special mention which brings practitioners like Dr. and Mrs. Moore on practically a week's journey to professional gatherings year after year, and there are no more faithful workers in the osteopathic vineyard than this estimable couple.

From a Glad Father.

On July 18th, at 5:45 a. m., little "Dorothy Helen" arrived and all doing well—father doing exceptionally well. You may mention this in your news items if you care to, as we always enjoy letting others know of our good fortune, and we can say she was osteopathically ushered into this world and is an osteopathic baby pure and simple. Hope to be at the A. O. A. convention, but fear I may be disappointed. *Osteopathic Health* is keeping my office well filled with patients, so that may help to account for my absence at the convention.—*Dr. H. W. Maltby, Mankato, Minn.*

Dr. Sawyer Looked Sour.

"Even with flattery," said Mark Twain at a dinner, "you can't please some men. I remember when I was a reporter in Virginia City there was a doctor I liked—I had camped once on Lake Tahoe with him—and in an obituary I decided to give him a little card. I wrote: "Dr. Sawyer was called in, and under his prompt and skillful treatment the patient died on Monday." "But Dr. Sawyer, somehow, wasn't pleased."

Dr. York Visits Chicago.

Dr. Effie E. York of San Francisco called upon the editor the past month and reported osteopathy prosperous and happy on the Coast. The California College of Osteopathy has suspended work for another session, although it is not expected that it will remain closed indefinitely. Conditions in San Francisco following the big fire are still unfavorable to college activity. There were students enough in line to continue the work, but it was believed that the best interests of all would be served by giving at least another term of school work and encouraging school applicants to enroll with the other colleges.

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Off on a Surgical Junket.

Dr. William Smith and Dr. George Still, of the A. S. O., are making an extended journey this month through the big eastern surgical centers, including Philadelphia, Baltimore and New York, where they go to get in touch with the latest ideas and operations of surgery. About a month is being devoted to the trip. The program will not wind up at Jamestown, either, as Dr. Smith, after the big meeting, will go to Toronto, where he addresses a big meeting, in addition to holding a clinic in the afternoon, then returning to Chicago and on to visit the surgical factory of Drs. Mayo at Rochester, Minn.

Drs. Tasker Seek the Hills.

Dr. and Mrs. Dain L. Tasker write that they will not be able to attend the national meeting this year since the doctor's arduous work in behalf of the State Association and securing osteopathic legislation, as well as hard practice, have made it necessary for him to take more of a rest than would be possible in crossing the continent twice and attending sessions of the convention crowded into the brief time at his disposal for a vacation. They will go into the hills. I understand that the demands on Dr. Tasker's time have been so burdensome that he will resign his position on the State Board, and that Dr. Allison is slated to succeed him.

Driven to It.

Nervous Old Lady (for the seventh time)—"Oh, captain, do tell me, is there any danger—shall I be drowned?" Exasperated Captain—"I'm afraid not, ma'am!"

Los Angeles Wants the Next A. O. A. Meeting.

We are going to have a record-breaking class in September, as students have announced their determination to be with us from states scattered all over the Union. This is not a campaign lie, for publication, but a conservative statement. The additions of Drs. Bowling and Ruddy to our faculty are widely appreciated.

Dr. Forbes and probably Drs. Spencer and Bowling will greet you at Norfolk. I will be too busy matriculating new students for L. A. C. O. to get away this year, but will hope to have the pleasure of participating in the entertainment of the A. O. A. in Los Angeles next year.

You have doubtless been advised by Dr. Effie York, secretary of the California Association, of the resolutions recently passed extending an invitation to the A. O. A. for the next meeting. In doing so, the State Association does not wish to become opponents of the other excellent cities that are extending similar invitations, but rather, we, like them, have desired to extend a courteous invitation, indicating that they will have the parlor carpet swept and the front stairs dusted and a colored boy at the front door, ready to extend the "true Southern hospitality," in the event that our friends of the profession would enjoy a California house party. Indeed, it will not be limited to our homes, although they are included, but the ranches and the beaches, the yachts and the launches will all be open to their entertainment. Even the little fishes will have their mouths wide open to receive the osteopathic bait.

Dr. Warren Hamilton, who has just visited us, can tell you something of the attractions of our fishing smacks; of the hundred pound Jew fish he caught and the three-hundred-pound one that got away. Then there is the ocean bathing and the mermaids and the mountain trips up Mt. Washington and to Mt. Lowe; all of these furnishing interesting anatomical studies from the backbone of the mermaids to the backbone of the mountains.—*Cordially yours, A. B. Shaw, Secy. and Treas.*

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VOL. XII. CHICAGO, AUGUST, 1907. No. 2.

Fairness! Freedom! Fearlessness!

EDITORIAL

"How to the line, let chips fall where they will"

THE FUN AT JIMTOWN!

Program of the Eleventh Annual Meeting of the American Osteopathic Association at Norfolk, Virginia, August 26-30, 1907.

Monday, August 26.

- 9:30 a. m. Call to Order. Invocation. Response—C. W. Proctor. Address of Welcome. President's Address.
- 11:00 a. m.-1 p. m. Demonstrations of Technic—
 - (1) Cervical Region, F. A. Turfler and Virgil A. Hook.
 - (2) Thoracic Region, George Helmer.
 - (3) Costal Lesions, H. L. Russell.
- Section in Practice—Kendall L. Achorn, Chairman.
 - (1) Pulmonary Tuberculosis, F. D. Parker.
 - (2) Malaria, Ellen B. Ligon.
 - (3) Chronic Valvular Disease, E. C. White.
- 2:30 p. m.—Open Parliament—Topic, Diseases of Children. Conducted by Tuesday, August 27.
- 9:00-11:00 a. m. Section in Research—Dain L. Tasker, Chairman.
 - (1) Sectional Anatomy, A. Still Craig.
 - (2) Experimental Pathology, H. W. Glascock.
- 11:00 a. m.-1 p. m. Section in Gynecology (continued Wednesday)—Edythe F. Ashmore, Chairman.
 - (1) The Menopause and Its Treatment, Marie Neely Adsit.
 - (2) Prolapsus Uteri and Its Treatment, Eliza Edwards.
 - (3) Pelvic Tumors Requiring Surgical Interference, George A. Still.
- Section 2. Demonstrations of Technic (concluded)—
 - (3) Lumber Region, J. H. Sullivan and Chas. H. Ervin.
 - (4) Sacrum, Innominate and Coccyx, W. W. Steele and F. E. Moore.
- Section in Practice—Clinical Demonstrations
 - (4) Eczema, W. A. Merkley.
 - (5) Bright's Disease, R. K. Smith.
 - (6) Chronic Prostratitis, F. P. Millard.
- 2:30 p. m. Open Parliament—Topic: Diseases of the Respiratory System. Conducted by C. C. Teall.
- Open Parliament—Topic: Diseases of the Digestive System. Conducted by C. E. Achorn.
- 8:00 p. m.—Open Session of the Associated Colleges of Osteopathy. Wednesday, August 28.
- 9:00 a. m.-1 p. m. Report of Treasurer. Report of Board of Trustees.
 - (a) Report of Committee on Education.
 - (b) Report of Committee on Legislation.
 - (c) Report of Committee on Publication.
 - (d) Report of Committee on Endowment.
 - (e) Report of Board of Regents.
- 2:30 p. m. Section in Gynecology (concluded)—
 - (4) Versions of Uterus and Treatment, Percy H. Woodall.
 - (5) Flexions of Uterus and Treatment, Frances A. Dana.
 - (6) Lateral Displacement of Uterus and

- Treatment, Julia Foster.
- Section in Practice—Clinical Demonstrations (continued at 11 tomorrow)—
 - (7) Neuritis, Charles Hazzard.
 - (8) Epilepsy, E. W. Cully.
 - (9) Locomotor Ataxia, Jerome Knowles.
- 8:00 p. m.—Grand Ball, Hezzie Carter Purdon Moore, Floor Manager.
- Thursday, August 29.
- 9:00-11:00 a. m. Section in Obstetrics (continued tomorrow morning)—Marion E. Clark, Chairman. Topic: I. Antepartum Treatment.
 - (1) Spinal: When Indicated; Where and How Administered, E. H. Cosner.
 - (2) Stomach: Diet, Emesis, Treatment of Hyperemesis Gravidarum, R. C. Dugan.
 - (3) Affections of Lower Limbs, Innominates, Etc. (Including Varicose Vein, Sciatica, "Stitch in Back"), E. R. Proctor.
- Section in Research (concluded)—
 - (4) The Osteopathic Pathology of the Extra Spinal Cell and Its Relation to Treatment, T. J. Ruddy.
 - (5) Epithelial Invasion of Connective Tissues, C. A. Whiting.
 - (6) Graphic Representations of Spinal Curvatures, H. F. Goetz.
- 11:00 a. m.-1:00 p. m. Clinical Demonstrations (Continued).
 - Section 1. Osteopathic Orthopedics—
 - (10) Scoliosis, H. W. Forbes.
 - (11) Pott's Disease, Geo. Laughlin.
 - (12) Flat Foot.
 - Section 2.
 - (13) Constipation, C. W. Young.
 - (14) Neurasthenia, J. A. De Tienne.
 - (15) Rheumatism, G. E. Smith.
- 2:30 p. m.—Election of Officers, and other Business.
- 8:00 p. m.—Alumni and Class Meetings. Friday, August 30.
- 9:00-11:00 a. m. Section in Obstetrics (concluded)—
 - (4) Bathing: When Indicated, and Kind of Bath, Why? Marie Neely Adsit.
 - (5) Bowels: Constipation, Diarrhea, Hemorrhoids, H. C. Maxwell.
- Management of a Case of Normal Labor. Marion E. Clark.
- Section in Practice—Causes and Treatment of Chronic Headache—
 - (1) The Osteopathic Lesions.
 - (2) Headaches Due to Pelvic Disorders.
 - (3) Headaches Due to Digestive Disorders.
 - (4) Headaches Due to Eye Strain.
- 11:00 a. m.-12:30 p. m.—Section 3, Open Parliament. Topic: Some Acute Conditions. Conducted by O. J. Snyder.
- 2:00 p. m.—Unfinished Business. Adjournment.

fied success. This was in part due to the visiting osteopaths and their friends from Boulder, Fort Collins, etc., whose presence made everything still more pleasant. All, for the time, laid aside their professional dignity and went in bathing.

Afterwards the Mrs. Drs. and Drs. Mrs. spread all kinds of eatable things on the tables in the pavilion. These above mentioned good things received the same careful attention that an osteopath is bound to give to every serious phase of life. After lunch our Dr. Stauffer took us all up to a rocky spot in front of the dancing pavilion and shot us camera-wise. We give you the shot herewith. When our faces had recovered from their unwonted good looks we took advantage of a tug-of-war rope which Dr. N. A. Bolles had thoughtfully supplied. The gentlemen of the party were chosen up and after a most violent contest the—well we are not going to say which side won, but it was ascertained the winning side had unanimously decided to consider the rope as a purse string, which, of course, accounted for their victory. Following this the doctors separated, some dancing in the nearby pavilion, others climbing up the five-hundred steps of the crazy stairway to the most delightful of views, which, by the way, was "spiced" by a snow storm, while still others mounted the festive Burro to ride to the beautiful Harmon Falls.

Then we went home in our own private car. The consensus of opinion seems to be that there have been few pleasanter times spent by any of us, not only on account of the outing but even more because of the degree of brotherly friendliness engendered.—Vere Stiles Richards, D. O., Denver, Colo.

MEDICINE AS A BUSINESS PROPOSITION

By G. Frank Lydston, M. D., Chicago.

AS A general proposition it is safe to assert that the practice of medicine from a business standpoint is a failure. The successful exceptions merely prove the rule. It is also safe to assume that the elements of financial non-success are cumulative in their action—a fact that is easily proved by hospital and dispensary statistics. The average income of the physician is less than that of the high-class artisan, the telegraph operator in an im-

THAT GREAT DENVER OUTING.

The Denver Osteopathic Association meeting for July, instead of being held in town, was made the occasion for a picnic at Eldorado Springs, Colo., and was a most unquali-



Denver Osteopathic Outing at Eldorado Springs.

portant office, and far less than that of the wide-awake commercial traveler. This, like many other points that will follow it, is threshing over old straw, but such threshing is unavoidable.

The practitioner of medicine, like every man who relies on his own hand and brain for a livelihood, is entitled to a bit of earth that he may call his own, at least a modest competence, and a well-earned rest when his sun begins to set and the twilight of his life approaches. How many doctors are in a position to enjoy or even render less awesome their twilight days? As city doctors are all supposed to be rich—at least by the public, that does all it can to prevent their becoming so—it would be interesting to know what proportion of them, even in metropolitan medical centers, own their own homes or have property investments. A far smaller proportion than is just, I fancy.

Mawkish Sentiment vs. Business Sense.

The assertion has been made that the general poverty of the medical profession is due to a lack of appreciation and a contempt for the rights of the medical man on the part of the public at large. This, however, is a secondary matter which, being self-evident, overshadows the primary cause—the asinine stupidity of the profession itself. As a broad, general proposition the reputable profession as a whole has about as much sense as the dodo, and, unless signs fail, will, sooner or later, meet the fate of that remarkable bird. How the profession can expect the respect and appreciation of the public when it has no respect or appreciation for itself is difficult to conjecture. The public cannot be expected to keep clean the nest of the medical dodo. Furthermore, the public quite rationally values the stupid thing according to its self-appraisal.

Primarily, the practice of medicine is supposed to be founded on a mawkish, blanket-

like sentiment of philanthropy, which is expected to cover both God's and the devil's patients—the pauper and the dead-beat—the honest man and the rascal—the rich and poor alike. The doctor is expected to wallow eye-deep in the milk of human kindness, scattering it broadcast for the benefit of humanity, but he is in no wise expected to even absorb a little of it, much less to swallow a gulp or two occasionally for his own benefit.

The Doctor Has Good Object Lessons.

By way of piling Pelion upon Ossa, the public, having discovered that the doctor sets little value on his own services, proceeds to eye him with suspicion; the tradesman is very careful how he trusts doctors. Of course, the tradesman has his own family physician "hung up" for a goodly sum, but—knowing doctors to be poor business men—the tradesman often cheats them in both the quality and price of goods. It is a great and goodly game that plays from both ends and catches the victim in the middle. The tradesman has one redeeming feature, however; he does his best to teach his doctor patrons a lesson. He either sends his goods C. O. D., or, if the doctor be one of the favored ones, he finds the bill in his mail bright and early on the first of the month. I often think my tradesmen must sit up all night in order to get their bills in bright and early on the first. If not paid by the 15th, a collector is usually at the doctor's office to see about it.

Yet the professional dodo—my apologies to the shade of the "sure enough" dodo—will not learn. He goes on and on, neglecting his accounts, mainly because he is afraid of offending his patrons and driving them off to some other doctor who isn't so particular; and the worst of it is, there are plenty of contemptible fellows who draw their own salaries promptly when due, or present their bills for goods with frantic haste, who consider a doctor's bill a flagrant insult. Will nothing ever inspire the doctor with courage enough to despise and

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ignore such contemptible trash? Does he prefer the role of a lickspittle to that of an independent and self-reliant man?

Total Charity Work Appalling.

As illustrations of the value the profession sets on its skill and learning, the amount of gratuitous work done is striking. Our pauper—or pauperized—patrons are divided into several classes, viz.: 1. The free hospital, clinic and dispensary class. This is on the increase. According to Dr. Frederick Holme Wiggin, 51 per cent of all cases of sickness in New York City are now classed medically as paupers, as against 1.5 per cent twenty years ago! This is appalling. Of these alleged paupers it is safe to say that 75 per cent are able to pay full or at least fairly good fees. Why should pauperism be shown so prominently in the matter of medical bills, as compared with other necessities of life? And why should the profession carry a burden that belongs to the public? 2. Free patients of the private class: (a) those who can pay but will not, i. e., dead-beats and swindlers; (b) persons whose circumstances are such that the doctor feels in duty bound to render no bills; (c) persons who presume upon social acquaintance with the doctor to "hold him up" for friendly, perhaps informal, consultations.

How the Profession is Sandbagged.

It requires no great mental effort to see the terrible load the profession is carrying—self-inflicted, and often for fallaciously selfish motives, it is true, but none the less heavy. The college and free hospital may be the professional "old man of the sea," but so much the worse for the medical Sindbad. Whatever the explanation, private practice is on a par with dispensary practice with regard to the impositions practiced on the doctor. It is safe to say that, of the sum total of surgical and medical patients of all kinds and social conditions under treatment in Chicago at the present time, over one-half are paupers—honest or dishonest. Pay the doctor for the work involved in this wasted and misapplied charity, and the medical profession would plunge into a sea of prosperity that might swamp it. And it is not only the rank and file of the profession that suffers. Ye celebrated professor, reaching out for glory, yea, into infinite space, clutching frantically at everything in sight, no matter how profitless—providing the other fellow doesn't

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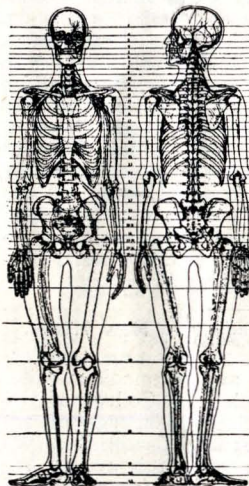
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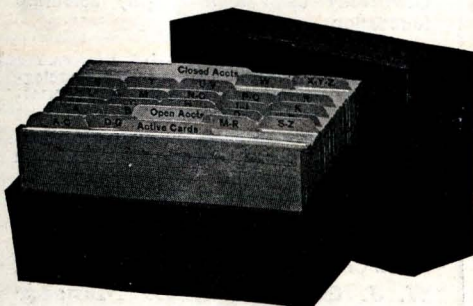
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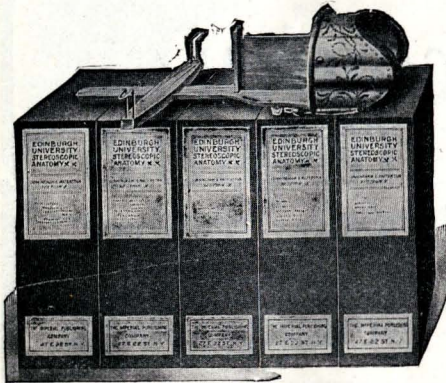
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And his poor soul hath passed away,
Some friendly scribe in tearful mood
Will tell the world how very good
The dear departed doctor was—
And thus win for himself applause.
(To be continued.)

"Your Office is Closed" He Learns by Wireless.

Dr. Charles F. Bandel, the noted osteopath, and president of the New York State Osteopathic Society, sailed for Europe yesterday on the Hamburg-American Kaiserin Auguste Victoria. A short distance outside Sandy Hook he passed his friend, Dr. George W. Riley, on the White Star liner Adriatic, inbound. Dr. Bandel had taken Dr. Riley's practice in New York while the latter was in Europe, and now the compliment will be returned.

The outgoing physician sent a wireless message to Dr. Riley, on the Adriatic, that the latter would have difficulty in getting to his apartment in the Pierrepont, on West Thirty-second street. The building is closed by reason of dispossess proceedings started against its manager, and Dr. Riley's apartments, as well as all the others, are in charge of the courts.—*New York American, Aug. 9th.*

To Oppose Autocracy in Medicine.

To the Editor: On Labor Day, September 2d, in Chicago, there will be a national meeting of physicians, who are opposed to the autocratic methods of the American Medical Association, for the purpose of organizing a national society. There will be an "official journal," but its office will not be to monopolize subscriptions or advertising; it will be to keep the membership informed of current events, professional and otherwise, and it will quote freely, with proper credits, from all other medical publications. The society will not attempt paternalism, but will encourage fraternalism, and endeavor to promote professional as well as lay education in a rational, liberal direction. The meeting will be either at the Sherman House, Clark and Randolph streets, or at the Auditorium, Congress street. Hoping you will find it convenient to be present or at least send some suggestions and invite your readers to do the same, I am, yours sincerely, *Charles McCormick, M. D., Temporary Secretary.*

Massachusetts College Has New Home.

"We desire your congratulation upon our acquirement of beautiful and commodious buildings," says the Massachusetts College of Osteopathy. "Please notice our change of address to 15 Craigie street, Cambridge. We have long looked forward to this event. We desire a large freshman class for a send-off in our initial year in our new home. We shall, however, be more than ever particular in regard to the qualifications of our applicants and graduates. We want only the right sort—mentally, morally, physically and educationally. It is our intention to keep our standards high, and moving higher. We appreciate the good will and co-operation of our friends in the field of practice. We will be glad to send our catalog to all who request it. If you can use more than one of our catalogues we shall be pleased to send them—as many as you need."

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Central Kentucky Organizes.

The osteopaths of the Blue Grass region of Kentucky met at the office of Dr. E. O. Vance, Lexington, August 7th and organized the Central Kentucky Osteopathic Association. This initial meeting proved to be very interesting and instructive. Dr. O. C. Robertson of Cynthiana gave an interesting talk on tuberculosis of the lymphatics. Dr. Virginia Lee Amos of Georgetown presented a clinic, with tubercular hip. Interesting discussions followed. There is much need in Kentucky of association work, and it is hoped that each osteopathy within the limits of the Central Kentucky Osteopathic Association will feel the necessity of his individual work to make it a success. The following officers were elected: President, Dr. H. T. Lee, of Carlisle; vice president, Dr. O. C. Robertson, of Cynthiana; secretary, Dr. Martha Petree, of Paris; treasurer, Dr. E. O. Vance, of Lexington. Directors, Dr. S. W. Longan, Paris; Dr. Virginia Amos, Georgetown; Dr. A. D. Brodsky, Mt. Sterling; Dr. Josephine Hoggins, Frankfort; Dr. Irvine Craig, Versailles. The next meeting will be held in Paris September 24th, at the office of Drs. Petree and Longan. All are invited to attend.—*Dr. Martha Petree, Paris, Ky., Aug. 10th, Secretary.*

Good Practice and Home for Sale in Ohio.

Here is a bargain for the osteopath who wants to buy a beautiful home and a conservative practice in a prosperous Ohio town. Dr. Effie Koontz, of London, Ohio, writes that her strength is not equal to her practice, and that



she wishes to retire. In giving up her practice she wishes also to sell her home. The right osteopath with the cash can have the home and practice both for \$6,000.

At the request of Dr. Koontz, we show herewith a picture of the house and give a description of it. She states that the first cost of the property was \$12,000. It has stone foundations on a cobblestone trench. It has five rooms in the basement, 8-foot ceilings, cement floors, stone partitions, excellent hot air furnace, a 250-barrel cistern, brick wall filter, natural gas lighting and good fixtures; five rooms up-stairs; the house contains ten rooms, bath, lavatory and halls; plate-glass windows, seven grates, hot air furnace, cherry, pine and oak woodwork. All work done on the house was hired by the day, therefore it is first-class in every respect. The home is in an excellent neighborhood with good transportation. It is located midway between Columbus and Springfield.

Dr. Koontz states that her health is too poor to take care of so large a place. Her practice has run about \$2,500 a year, and she has not been strong enough to take care of all the patients that came to her, having had to turn away a good number, she says. This looks like a bargain for some osteopath.

We understand that Dr. Koontz will sell part cash and part time, giving her practice as a bonus on the real estate at the price which she asks, \$6,000.

Dr. Bandel Seeks Rest in Europe.

When the Kaiserin Augusta Victoria, of the Hamburg-American Line, sailed from this port before daylight this morning, she took among her cabin passengers Dr. and Mrs. Charles F. Bandel of the Ardsley, who are going to spend a month abroad. Dr. Bandel, who is one of the best known osteopathic practitioners in the East, has worked hard all winter in the fight for legal recognition of osteopathy by the state, and when the battle at Albany was won Dr. Bandel was almost exhausted. In addition to making nearly thirty trips to the state capitol between January 1 and May 1, he worked hard at his practice and he will take a much needed rest with Mrs. Bandel in Europe. While Dr. Bandel and Mrs. Bandel are gone the mansion that the doctor erected in New York avenue will be left in charge of a caretaker.—*Brooklyn (N. Y.) Eagle, August 8th.*

Is Another Trust About Due?

Dr. Warren Hamilton, of Kirksville, found time during the vacation season to steal out to the Pacific Slope and fill his lungs with Rocky Mountain ozone en route as well as bathing in the pellucid waters of the Pacific ocean in the vicinity of Los Angeles. We have not heard that Dr. Hamilton purchased any osteopathic colleges on the month's trip, but doubtless school stocks advanced several points on the mere mention of his coming. About the time that Dr. Hamilton was in Los Angeles the editor received a significant motto post card from that town bearing this legend: "If you can fool half the people all the time, that is enough. Don't be a hog." Suspicion points about equally strong to Warren, Col. Shaw and Professor Whiting as the perpetrators of the joke, but as the handwriting was very scrawly the editor is not sure just whom to thank for the little token.

Osteopath Drowned in the Sea.

Dr. James M. Smith, who is an A. S. O. '07 graduate, located at Portland, Ore., for the practice of osteopathy, was drowned in the surf at Long Beach, Wash., August 7th. Dr. Smith and his son, a boy of 13 years of age, were in bathing when the boy got beyond his depth in a crab-hole that is about 100 feet in width between the beach and a sand bar. Dr. Smith went to the assistance of his son and grabbed him by the arm, but the strong undertow tore them apart. The lad managed to reach the sand bar, but the father was left struggling in the water. Dr. Smith's body had not been recovered at our last report and the boy is in a precarious condition.

Maine's Quarterly Meeting.

The Maine Osteopathic Association held its quarterly meeting at the Somerset, Portland, Me., July 13th. The meeting was well attended. The afternoon meeting was devoted to business at which session they elected Dr. Lillian P. Wentworth of Augusta, Me., as delegate to the national osteopathic convention to be held at Norfolk, Va., beginning on August 26th and closing on August 30th. At 6 o'clock the members of the association and invited guests had dinner at the Columbia. Dr. Ralph H. Williams of Rochester, N. Y., member of the examining board of the state of New York, conducted a clinic at the evening session. A discussion of the clinic cases occupied the remainder of the session.—*Portland Argus.*

Drs. Moellering Locate in Germany.

Mrs. Moellering and myself are now located in Dresden, Germany, for the practice of osteopathy. We are very much encouraged by the situation here and are in love with the city and its beauties. We had a very pleasant trip and saw some of Holland and the Rhine before coming here. Please send our *Osteopathic Physician* to our new address, Munchnerstrasse 8, Dresden, where we are located for business.—*Fraternally, H. H. Moellering.*

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Tainted.

The big touring car had just whizzed by with a roar like a gigantic rocket, and Pat and Mike turned to watch it disappear in a cloud of dust.

"Thim chug wagons must cost a heap av cash," said Mike. "The rich is fairly burnin' money."

"An' be the smell av it," sniffed Pat, "it must be thot tainted money we do be hearin' so much about."

Gallery of Osteopathic Pioneers Publisher's Department

Dr. Wm. R. Laughlin Develops a Splendid

DISTINGUISHED success in one profession is so comparatively rare that few persons indeed make the unique record of scoring marked success in two or three different fields. Such has been the achievement of Dr. Wm. R. Laughlin, one of our pioneers, dwelling at Los Angeles, California. It is getting to be a hard thing to say for which this osteopath is most distinguished—whether as a teacher, author or practitioner. Dr. Laughlin has been and is equally distinguished in each field.

It is scarcely necessary to make such a statement as regards his successful record in the fields of teaching and text book work, for that is well known personally to the great majority of our profession. His friends of the old days and new, however, will be much gratified to learn that Dr. "Billie" has scored as great a success in practicing as he did in college work, and that he has now built up in Los Angeles one of the largest and most remunerative osteopathic practices on the Pacific coast.

Indeed, it was the growth of Dr. Laughlin's private practice that necessitated his divorce-



ment a few months back from college work, at which time he resigned his faculty position at the Los Angeles College of Osteopathy. His practice has grown so bulky and the demands upon his hours and strength had grown so great that it was absolutely impossible to do justice to either work while trying to carry both burdens.

Since cutting out one of his responsibilities and devoting himself exclusively to practice, Dr. Laughlin's reputation has continued to grow in his new field of labor until it is said that his present practice is already as big as he can well take care of. In this newer field of his labor Dr. Laughlin is fortunate in the assistance of his estimable wife, Dr. Belle Cash Laughlin, who is associated with him in practice. Their office is at Suite 508, Fay building, Los Angeles.

There is a reason for Dr. Laughlin's success as a practitioner apart from his native ability, and that is his splendid anatomical knowledge puts him in a position to achieve results that are not to be won by osteopaths whose knowledge of anatomy is more superficial. Dr. Carl P. McConnell in this issue of *The O. P.* makes reference to this fact in bearing testimony to the skill of our revered founder as a

practitioner, stating that the reason why none of Dr. A. T. Still's disciples are able to get as good results as he himself in some cases is due to the fact of Dr. Still having more intricate and profound knowledge of anatomy than any of his associates or disciples. If this is true, there is every reason why Dr. "Billie" Laughlin—for nearly ten years a teacher of anatomy to the osteopathic profession—should be to-day one of the eminently successful practitioners of the new science. It would be hard to figure out how a sincere osteopath with such a comprehension of the structures of the body, should not be able to figure out many lesions and a proper means for their correction, which the less fortunate practitioners might overlook.

Dr. Laughlin's teaching record has certainly been unique in the annals of osteopathy. He has personally instructed a probable majority of the osteopaths who are now in the field, and it is certain that he has lectured and demonstrated anatomy to more osteopathic students than any other teacher connected with our science.

Dr. Laughlin's text-book on anatomy, which appeared two years ago, was a philosophic anatomy which filled a long-felt want, and it will doubtless continue a classic osteopathic text-book for a long time. This book is unique in its arrangement, and it treats each subject systematically, dividing the whole in lessons which makes it easy for students to study. It contains 290 plates, all original, and is not arranged like any of the existing anatomies, nor does it present its case in anything like the same way.

Dr. Laughlin was born August 25, 1865. His father was a school man before him and a gentleman of rare culture and attainments, having been at the head of the State Normal School at Kirksville for years. Dr. "Billie" spent his boyhood on a farm, dividing time between hard work and going to school. He got up muscle during summer vacation working in a brickyard that he might attend school during the winter until he had achieved a good common school education. At the age of twenty he began to teach. He held a teaching position in the public schools of Kansas for four years, the high school of Kirksville two years and for one year was a member of the faculty of Beaver College in Pennsylvania. He was in the faculty of the American School for eight years and was one of the founders of the Los Angeles College of Osteopathy, with which institution he was connected until a few months ago.

Dr. Laughlin also graduated from the Normal College at Kirksville and from Hiram College, Ohio, later pursuing work at Garfield University, Kansas, and at the Christian University at Canton, Mo., receiving his degrees, B. S. and M. S., from that college in 1893. He also took a special course in the University of Missouri, and under Dr. Eckly, of Chicago. He was a graduate from the American School of Osteopathy in 1898.

Dr. Laughlin married Miss Belle Cash, of St. Louis, in 1903. Mrs. Laughlin is a graduate of the A. S. O., June class, 1904.

Dr. Laughlin possesses a keen and analytical mind, trained by careful study, and he is an apostle of the gospel of hard work. In whatever he goes at, Dr. "Billie" throws his whole heart. This will be illustrated by the fact that in all the time that he was a teacher in the A. S. O., it is stated on good authority, he was never late for a single class and never failed to meet an appointment with one of his classes during the period. Such a record is really phenomenal.

The profession of the west was quick to open its arms to Dr. and Mrs. Laughlin, and has made them feel as much at home on the coast as they could possibly have done remaining in the state of their nativity

Department

What "O. H. for September Talks About.

THE "Osteopathic Catechism" is offered the profession as the September number of "Osteopathic Health." Every practitioner who is familiar with this excellent osteopathic campaign educator will appreciate its value without further explanation. Others will serve their own interests but getting familiar with it promptly. If you did not get a sample copy of this issue you may have one on request. The following questions are answered skilfully in this copyrighted brochure:

What is osteopathy?
What does it mean?
Does osteopathy teach that the bones are usually diseased?
Do you prescribe drugs at all?
What is the fundamental conception of osteopathy?
If drugs are not used, what agency does osteopathy employ to overcome disease?

How does the osteopathic physician control vital forces so as to restore health?
Osteopathy must be some form of massage—is it not?

Is osteopathic treatment indelicate in women's diseases?

Do you have to believe in osteopathy to obtain its benefits?

What is health?
What is disease?

What theory, essentially new to medical science, has osteopathy established to be the common cause of disease?

What brings about such mechanical disturbances in the body—in other words, what causes sickness?

Are mechanical disturbances the only first causes of disease?

Has any other school of medicine recognized such mechanical disorders as causing disease?

What does the average physician say about osteopathy—about this new mechanical theory of disease?

What do other schools of medicine ascribe as the main primary, predisposing cause of disease?

What does osteopathy hold regarding microbes?

So the body is endowed by Nature with its own adequate defense against disease?

What common-sense postulate does osteopathy affirm concerning the body?

How is it that the body is so liable to "bad mechanics"?

Then osteopathy has simplified pathology, the science of diseased structure and function?

How about symptomology—the science of symptoms?

Is not osteopathy merely a form of massage?

What is a "lesion"?

Why does osteopathy make the claim that it goes back to the first cause of disease more carefully than other systems?

Is this mechanical origin of disease the only new principle in osteopathy?

What is meant by "stimulation" and "inhibition"?

Can osteopathy reduce the temperature of fevers?

How does osteopathy reduce temperatures?
Is every case treated alike?

What diseases do the osteopaths have most success in curing?

Will osteopathy cure everything?
Has it ever made the claim that it is a "cure all"?

Is osteopathy a rough, painful treatment—unsuited for weak persons and invalids?

You need a couple of hundred of this excellent brochure in your field, doctor. Order to-day.

The Osteopathic Publishing Co.,
171 Washington street. Chicago.

State Board Items.

The Idaho State Board of Osteopathic Examiners will hold the next examination in Nampa, beginning Wednesday, October 23d.

Locations.

Dr. L. V. Andrews, SC-07, at 221 Scales building, Muskogee, I. T.
Dr. Chas. E. Getchell, A-07, at Red Lodge, Mont.
Dr. H. Wesley Mackie, A-07, at 4104 St. Charles avenue, New Orleans, La.

Removals.

Dr. F. N. McHolland from 1216 N. Franklin street, to 415 S. Franklin street, Kirksville, Mo.
Dr. W. S. Dressel from Toulon, Ill., to Neagle-Cowan building, Kewanee, Ill.

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Dr. Adam Baker from Dyersville, Iowa, to 316 B. & I. building, Dubuque, Iowa.

Dr. W. H. Bowdoin from Madison, Ga., to Americus, Ga.

Dr. Frances A. R. McKey from Chicago, Ill., to Princeton, Ill.

Dr. F. J. Feidler from 1414 Second avenue, to 228-229 Peoples' Bank building, Seattle, Wash.

Dr. C. W. Kettler from The Rochambeau, to 517-19 Metropolitan Bank building, Washington, D. C.

Dr. A. C. Reynolds from Des Moines, Iowa, to Ord, Nebr.

Dr. Aurelia S. Henry from 205 Sanford avenue, to 201 Sanford avenue, Flushing, N. Y.

Dr. Herbert J. Vastine from 42 U. Ninth street, to 523 Franklin street, Reading, Pa.

Drs. Herman H. and Bertha Moellering from St. Paul, Minn., to Munchnerstrasse 8, Dresden, Germany.

Dr. Ralph M. Crane from 220 W. 59th street, to 38 West 35th street, New York, N. Y.

Dr. A. P. Kottler from San Francisco, Cal., to 5952 South boulevard, Chicago.

Drs. E. M. and C. W. Gray from 42 N. Brady street, Du Bois, Pa., to 800 N. 4th street, Steubenville, Ohio.

Dr. C. K. Hale from Modesto, Cal., to 109 Pacific avenue, Santa Cruz, Calif.

Dr. Minnie W. True from Kirksville, Mo., to Scotia, Nebr.

Dr. R. H. Armond from Vaughn block, Great Falls, Mont., to 8 Conrad block, Great Falls, Mont.

Dr. J. J. Otey from Modesto, Cal., to 10-13 First Nat'l Bank building, Ventura, Cal.

Dr. H. R. Dalrymple from Waukegan, Ill., to 4656 Woodlawn avenue, Chicago, Ill.

Dr. W. F. Chappell from 119 South Main street, Hannibal, Mo., to 310 Missouri Trust building, St. Louis, Mo.

Dr. Ernest W. Bush from Com. Nat'l Bank building, to The "Savoy," Washington, D. C.

Dr. Florence Coffland from Piqua to Circleville, Ohio.

Dr. Mary E. Gordon-Graham from Wahoo to 329 N. 16th street, Lincoln, Nebr.

Dr. C. S. Harper from Topeka, Kans., to Greeley, Colo.

Dr. W. F. Hilliard from Kirksville, Mo., to care W. O. Ross, Esq., Edgewater, N. J.

Dr. Robert C. Malcolm from Com. Nat'l Bank building, to The "Savoy," Washington, D. C.

Dr. C. T. Mitchell from Albany, Ga., to the Assembly Inn, Monteagle, Tenn.

Dr. Emma Crossland from 230 Wells building, to 1117 Main street, Quincy, Ill.

Dr. Matthias Hook from Whiteside block, to 128 N. Main street, Hutchinson, Kans.

Dr. H. R. Bell from Baraboo, Wis., to Fort Atkinson, Wis.

Dr. Chas. W. Lineker, from Wood & Sons building, Modesto, Calif., to 2161 Grove street, Oakland, Calif.

Dr. J. Lester Adams from the Severance building, to the Geo. A. Ralphs building, Los Angeles, Calif.

Personals.

Dr. J. G. Leslie of Palouse, Wash., is enjoying a few weeks' vacation at Knox City, Mo.

Dr. and Mrs. W. R. Laughlin spent a two weeks' vacation in the California mountains early in July.

Dr. Ella X. Quinn of Baltimore, has made a brief visit to New York City calling upon the osteopaths, visiting the large hospitals, sanatoriums, etc.

Dr. and Mrs. J. Albert Boyles of Baltimore, Md., closed their apartments July 29th, leaving for the Blue Ridge Mountains, where they will spend the month of August, returning Sept. 9th.

Dr. Frank Heyer, formerly of Alpena, Mich., has purchased the practice of Dr. Chester W. Gray, 42 N. Brady street, Dubois, Pa.

Dr. Louise Lewis, who has not been practicing for some time, is now associated with Dr. W. F. Englehart, 212 Missouri Trust building, St. Louis, Mo., where she will again take up active practice.

Dr. George H. Carpenter of Chicago, has returned from his summer outing and has now resumed the practice of osteopathy. Dr. Fannie E. Carpenter, who is traveling abroad, will resume practice about October 1st.

Mr. W. J. Cook, secretary and treasurer of the Pacific College of Osteopathy, purchased a fine home in scenic surroundings at Los Angeles. He says that he has lost none of his interest in old Illinois, but the climate of California has been of such great benefit to the health of Mrs. Cook and himself that they feel justified in having decided upon the Pacific Coast as their permanent home.

Dr. E. M. Olds, of Green Bay, Wis., has left for an extended trip. He will go to Norfolk, Va., where he will attend the National convention and then will make an extensive tour of the New England states. Dr. Olds expects to be away about three weeks. During his absence his practice will be in charge of Dr. George D. Chafee of Appleton, Wis.

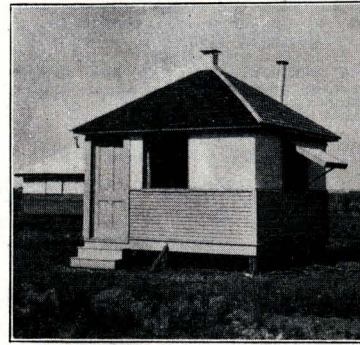
Among the out-of-town callers on The O. P. were Dr. Myra E. Sperry, of Santa Barbara, Calif.; Dr. A. D. Glascock, of Charlotte, N. C.; Dr. W. A. Cole, of Dubuque, Iowa; Dr. Chas. W. Lincoln, Oakland, Calif.; Dr. E. M.

W. A. Johnson, Pres. R. H. Kemp, Sec'y and Treas. Will Prager, V-Pres. Mary H. Parsons, D.O., Matron C. L. Parsons, D. O., Lessee and Gen. Mgr.

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Chairman of the Faculty.**

**W. J. COOK, Business Manager,
Daly St. and Mission Road. LOS ANGELES, CAL.**

Browne, Dixon, Ill., and Dr. Geo. A. Townsend, Fitzgerald, Ga.

Dr. F. K. Walsh of Centralia, Wash., is enjoying a three weeks' vacation at Sea View and Long Beach, trying to quiet his nerves by the roar of the Pacific.

Dr. Julia M. Gladman, formerly of Chicago, Ill., who has recently finished a post graduate course at the A. S. O., is spending the summer at Niagara-on-the-Lake, Ontario, Canada.

Dr. Frank C. Leavitt, of Boston, Mass., is taking a much needed rest from practice for an indefinite period. Dr. C. A. W. Howland will take charge of his practice.

Dr. Willard of Missoula, Mont., will camp out on the Pacific coast during August, taking a much needed rest, not having had a two days' successive vacation for six years. He says that ten days on the cars going clear to the east coast from the west coast is too much for him, so he chose the simple life instead of the complicated pleasures of Norfolk.

Miss Felicie Lyne, daughter of Dr. S. T. Lyne, of Kansas City, and her mother, sail for Paris on the 18th of August, where Miss Lyne goes to pursue her studies in voice culture under Marchesi. It is said that Miss Lyne has rare vocal ability and gives promise of enrolling her name among the world's prima donnas.

After September 1st, Dr. A. G. Hildreth will be located for practice in rooms 706 to 709 Century building, St. Louis, Mo. Dr. Flora Notestine will be associated with him.

Dr. Robert S. Johnson and wife, of Kahloters, Wash., enjoyed a vacation trip to Vancouver, B. C.

Dr. Warren Hamilton of Kirksville was a Seattle visitor in July.

Dr. Mary Wheeler Walker of New Bedford, Mass., spent June visiting her brother's family in Seattle.

Dr. Arnold Lindsay of Portland, Ore., spent his vacation in Seattle and Puget Sound vicinity.

Dr. Roberta Wimer toured Alaska and spent some time camping near Mt. Baker during her vacation.

Dr. Walter J. Ford of Seattle, Wash., is enjoying a fishing and hunting trip up in the Cascade Mountains.

Dr. Harry Forbes recently did two Lorenz hip operations for Dr. A. L. Goff of Tacoma. About twenty D. O.'s were present to watch the work.

Dr. Roberta Wimer of Seattle, Wash., recently entertained Dr. Janet Kerr of Guinnett, Iowa, and Dr. R. H. Singleton of Cleveland, Ohio. They all graduated together in the "good old days." Dr. Kerr is touring California, Oregon and Washington. Dr. Singleton spends considerable time in Montana and the Yellowstone Park.

Dr. Chas. Kingsbury of Boise, Idaho, was the guest of Dr. Frank Winter, in Seattle during June.

Dr. E. M. Browne, of Dixon, Ill., president of the Illinois Osteopathic Association, was in the city last week, and called at The O. P. sanctum for a hand-shake.

Father Teall wrote us July 31st that he scarcely believed that he would be at "Jimtown." It will not seem like a convention if "Teally" is not there, and we hope that the fates will ordain otherwise.

Dr. Nannie Chappell, of St. Louis, is visiting up the state and will conclude her vacation by a trip to Jamestown.

Dr. Arlownye Orr, of St. Louis, is taking an extended vacation at Macatowac, Wis., and was a visitor to The O. P. sanctum during August.

Dr. Joseph S. Amussen, A. S. O., February, 1907, called upon the editor and stirred up a very pleasant chat on osteopathic principles last month.

Dr. Ella W. Hunt, of St. Louis, is taking an extended rest in California, and her practice is being conducted by Dr. Eleanor Moore.

Dr. A. D. Glascock, of Owosso, Mich., is taking a post graduate course at the Chicago Ear, Eye, Nose and Throat Clinic. The Doctor called on The O. P. the other day and received the editor's congratulations over his prospective marriage, September 18th, to Miss Ivah C. Peterson, of Owosso.

Dr. C. L. Shepherd, of Mt. Pleasant, has succeeded to the practice of Dr. A. D. Glascock, at Owosso, Mich.

Married.

Dr. Charles E. Gitchell and Miss Evelyn Moore, July 31st, at the Moore place, Festus, Mo. Dr. Gitchell formerly practiced in Parkersburg, W. Va., from where he went to Kirksville, Mo., to take a post graduate course, graduating last June. The couple expect to take up their residence at Red Lodge, Mont.

Mr. Ulysses C. Carpenter, of Denver, Colo., and Dr. Ida Fes, of Springfield, Ill., July 15th. The wedding took place in Indianapolis, Ind., and the couple left for Denver, Colo., where the groom will attempt to regain his health, having scarcely been able to leave the sick bed, where he was confined a week previous to his marriage.

Dr. Norman J. Sickles and Miss Valeria M. Mitchell, of Philadelphia, Pa., on August 7th.

DR. A. T. STILL

Praises the OSTEOPATHIC CATECHISM

KIRKSVILLE, MO.,
Aug. 23, 1906.

Dr. H. S. BUNTING:

I received your September number—Osteopathic Health, containing your article, "The Osteopathic Catechism." I think it is one of, if not, *the best* articles I have ever received. It is pure Osteopathy except a little bosh on page 35, paragraph 3, answering the question, "how does the osteopathic physician control vital forces so as to restore health,"—which adjuncts I think are not very dangerous, but a great way from the spot.

As I had just finished my "incubator" article when I got yours yesterday, I thought I would send mine to you. Put those little eggs—dietetics, hydrotherapy, massage, etc. in the incubator and see what they will hatch. All the rest of that "Catechism" of yours is not only good, but *very good*. Amen. Let us hear from you often. I am in better health. Wish I could see you and have a good visit. Do as you like with this.

Your admiring friend,

A. T. Still

Dr. Asa Willard of Missoula, Mont., and Miss May Curfman, of Tarkio, Mo., in Missoula, on July 25th. Immediately after the ceremony Dr. Willard and his bride left for an extended camping trip in the Northwest.

Dr. Norman Dalrymple Mattison and Miss Lillian Saltonstall, September 3rd, at the First Unitarian Church, San Francisco, Cal.

Born.

To Dr. and Mrs. F. K. Walsh, of Centralia, Wash., on July 29th, a son.

To Dr. and Mrs. W. C. Bryant, of Moorhead, Iowa, July 21st, a son.

Dr. and Mrs. Herschel L. Connor, of St. Louis, were blessed on July 22d by the birth of a daughter. Dr. Connor calls her "Mike."

Died.

Dr. Myrtle Hartley, assistant to Dr. Donoghue, of Wheeling, W. Va., on August 5th, having been ill only a few days. Her remains were taken to Quaker City, Pa., for interment.

Dr. Jas. M. Smith, of Portland, Ore., on August 7th, having been drowned in the surf at Long Beach, Wash.

Clifford Combs Wilson, two-year-old son of Dr. Wm. C. Wilson of Wentzville, Mo., on July 20th, after ten days of illness.

Dr. Anna Hawkinson, of Quincy, Ill., at St. Mary's Hospital, July 4th.

Mrs. Lizzie Heberer, formerly of Monmouth, Ill., July 18th. Death was caused by accidental drowning.

Mrs. Anna M. Stablin, at Los Angeles, Cal., July 23d. Interment at Los Angeles, where the late Dr. Stablin is interred. Deceased was a sister of Drs. G. J. Eckert of Cleveland, Ohio, and W. H. Eckert of St. Louis, Mo.

Edna M. Rosencrans, June 18th, of tuberculosis, second daughter of Dr. Ida F. Rosencrans of Helena, Mont.

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YOUNG GENTLEMAN OSTEOPATH WANTS position as assistant to some osteopath. Chicago preferred. Address 177, care O. P.

FOR SALE—GOOD PRACTICE IN IOWA town; population 1,200; cheap if taken before Sept. 15th. Address 178, care O. P.

FOR SALE—AN OSTEOPATHIC PRACTICE in county seat; population 6,000; western Pennsylvania; only D. O. in county; practice has averaged \$315 per month for past year. Good offices. Present owner going west for health. Address 179, care O. P.

FOR SALE—FURNITURE AND PRACTICE for only \$200, the value of furniture in three rooms, if taken at once. California; county seat; 5,000; rapidly growing, large contributing territory; nearest osteopath 36 miles; income nearly \$3,000 yearly. Want to take P. G. work. Address H. F. Wright, Redding, Cal.

FOR SALE—ONE EDINBURGH STEREOscopic Atlas of Anatomy; cheap. Address 180, care O. P.