

The Osteopathic Physician

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The Osteopathic Physician

Volume XXI.

CHICAGO, MARCH, 1912

Number 3

Dr. Wm. Smith Died of Pneumonia in Scotland February 15th After Two Days Illness

DR. WILLIAM SMITH died of pneumonia on February 15th at his new home, No. 4 Windsor Terrace, Dundee, Scotland.

This simple announcement will prove a shock and bring sadness to the hearts of many an osteopath throughout the world.

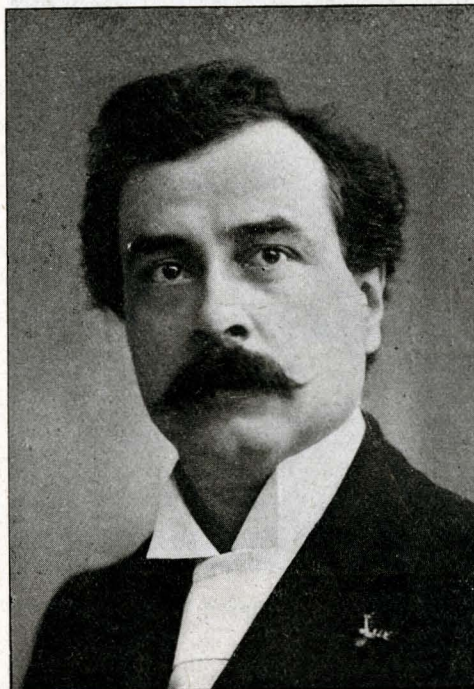
Our dear old "Bill" is no more! He who toyed so fondly and yet carelessly with "material," dissections and mortuary matters as pioneer instructor of anatomy for the osteopathic profession, and who seemed in the exuberance of his superb vitality and overflowing spirits to be a mocker of death and above accountability to disease, has at last, suddenly and unexpectedly, faced the Grim Reaper and knelt to surrender his warrior's sword and be commissioned into the vast army of the dead.

It does not seem real that "Bill" is actually gone from among us—will join with us in our professional conferences and friendly reunions no more forever.

There was that unconquerable attribute about the man's personality which somehow will abide among us as a presence rather than as a haunting memory. It was probably the same element of personality which would burn his individuality into every mind and memory at one fleeting glance. No eye ever beheld "Bill" Smith for one instant, and in turning away forgot—even years later—his physical image, his gestures, his voice. His individuality was remarkable and unforgettable.

Handsome, impressive, magnetic, eloquent, dashing, chivalrous, dramatic and withal Quixotic to the last degree, poor old "Bill" cut a very wide swath in the hayfields of this life and its labor; and much of it could not have been done as well by any other person in our profession. We could not well have realized our present goal without his aid. He came upon the scene when osteopathy needed a "front" and he gave it. The quaint and dear old "Sage of the Charitan" whose sincere soul stood in the presence of the unspeakable mysteries of life and who, without some objective discovery of himself by others and some definite suggestion and encouragement from a School Man to found a college, might never have undertaken that task, found in Dr. William Smith the inspiration and help he needed in that gigantic undertaking. Dr. "Bill" became the co-founder of our first college with Dr. A. T. Still and its earliest instructor in all branches save osteopathy and chemistry. No matter what else Dr. Smith may have done or failed to do for osteopathy, he did this: He found Dr. Still; recognized as a School Man that our revered Founder was in his own simple unpretentious way the discoverer of a new and revolutionary therapy; and he gave Father Still the encouragement that he needed. He gave him confidence to open our first college and thereby build the osteopathic profession. No other School Man in America had done this, although all the M. D.'s in Missouri and Iowa had had the chance. To "Bill" Smith be the honor and glory of becoming Dr. A. T. Still's "discoverer," first right-hand man and assistant.

"Bill" furnished the "front." He "looked good" to the people and inspired confidence in infant osteopathy. He put the seal of his approval upon it as scientific. That helped the rest of us to see that it was scientific, too. No doubt many of the early pioneers took the



Dr. Wm. Smith.

scientific aspects of osteopathy on faith merely because "Bill" Smith said so, for was not "Bill" himself a scientific man? His personality was fine. His plausibility extraordinary—even when he was wrong. His credentials were of the best. As a graduate physician and surgeon of the best schools in Scotland he brought to the infant science just that approval of respectability and classical training which is most needed by any new medical college and especially a pariah. "Bill" filled the bill. He made good by "putting up the front" without which I dare say not even our great Dr. Still could ever have accomplished all he did. It takes all kinds of people to make a world, and several kinds in combination to put over any profound and far-reaching revolution of human thought and change of conduct.

Dr. Smith saw the scientific aspects of Dr. Still's work. He could help Dr. Still explain in the idioms of medical thought the new things which Dr. Still did, the things which had come out of his inner consciousness and passed into his experience without being named and discussed. By discussion and intelligent listening and pertinent suggestions "Bill" helped Dr. Still formulate a system out of his own inspirations, observations, reason-

ings and poetic vagaries. He saw the qualities of the man and interpreted him to the people. He helped the people to understand and trust and love the "Old Doctor" as they would not have been able to do without an intermediary. Was this not a great work? It was—fundamental and indispensable.

All honor to good old "Bill" for realizing it when he found himself unexpectedly on the floodtide of intellectual fortune; and for his pioneer's courage to turn his back on his old-time colleagues and take the fame and the brickbats incidental to inaugurating a new medical system. His place must loom large in the history of osteopathy when it is finally written, as Dr. Still's medical discoverer and abettor, as osteopathy's first scientific student, as its first graduate and as its first employed teacher.

Another aspect of Dr. William Smith's life work is that while striving so hard for osteopathy through so many years that he accomplished so little. For the opportunities he had, I have always felt that his life was much a failure. While serving at the altar of the new truth, he did not seem in all respects to become a part of it. He believed, and he made others believe. Yet he was by nature fundamentally lacking in belief.

Dr. Smith was a skeptic as regards all faith and all fundamental beliefs, whether in therapy, religion or what not. He was in his heart of hearts a therapeutic nihilist. He did not know it. He believed in osteopathic principles and practices, could expound and defend them ably; and yet in common with so many men who are broadly educated in comparative therapeutics his faith was not a fraction of that of his average pupil, and his efficiency was correspondingly weak. He had voltage but not amperage. Sometimes amperage without voltage. Never both at one and the same time.

"Bill" Smith was lacking in that gift of strong moral force which enables men to write history without opportunity or assistance. He was stronger in intellect and heart both than in character. He never understood what it was to lay hold to a fundamental principle of truth as eternal and unchangeable and patiently weave its warp into the woof of daily experience until out of the loom of time came the gorgeous fabric of a new human institution. His way was hit or miss—off again and on again—following the path of easy resistance—rash experiment, unmeasured acts, revolutionary changes, hysteria, even boyish folly, disappointment, rue, pain, the gall of error, sleeplessness, good resolutions, bright hope, new courage and a fresh start at daylight tomorrow for a new plunge into the sea of experience.

Poor old "Bill." We who loved him and admired him for his large stock of good and generous attributes were not yet blind to his immaturities and lack of balance—the things which caused him so much needless bitterness of spirit at times—and not one of his thousands of friends but would have gladly given "Bill" a helping hand in guidance or counsel to avoid his personal pitfalls, had it been possible to do so. But it has been written that we

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all have to lead our own lives and answer for our own wisdom and acts. Good old Dr. Still many and many a time entered deep down into the pit of worry, sleeplessness, perplexity and despair to keep "Bill" company and get him out of the "fixes" that for one cause and another his heedlessness got him into. Likewise the Still boys and the other officers of the institution.

More than once poor "Bill" had to be cut loose for a time and let go his way, only to be taken back into the parent college (where he belonged) after trying new experiments, to his sorrow. And so much did these misfortunes of Dr. Smith trouble all his friends that hundreds were willing to intercede for him and help him get back into line any time he needed to. That speaks a volume for his capacity for friendship. His friends were countless and his misfortunes always grieved his friends and even his casual acquaintances mightily.

I have always marveled and regretted that one who had enjoyed Dr. Smith's opportunities should not have produced one single textbook on any phase of osteopathy. He might have produced a library that would live. He who had the best preparation, the greatest opportunity and the longest experience did not write one single book to interpret osteopathy or Dr. A. T. Still to the world. This is to be regretted, now that Dr. "Bill" has gone. I always hoped he would do something on this line. His not doing it is easily explained by his peculiar methods of work. In my belief the chief reason why he never did anything along the line of a book on principles or practice was his wanting in deep moral force—the sort that gets a conviction of truth and dies for it, if need be; the sort that sees a duty and performs it though the heavens fall.

Dr. Smith could inspire his students who became great practitioners and who wrote textbooks, but he could not achieve either himself. Writing textbooks was evidently not his work. He was not called to it. Yet he was the best man who ever faced an audience to expound or defend osteopathy—historically, scientifically or popularly. His function in osteopathy was that of a prism or reflector—he could collect light and focus, or dissect it and pass it on with new radiance to others; yet he could not create it himself. At least he did not. And men ordinarily do what they can—can't help doing all that they can.

It was Doctor Smith's ambition for several years to give his entire time to lecturing popularly with lantern slides to educate the people what osteopathy is and does. He delivered excellent lectures in various cities under the auspices of the local practitioners or their societies. He always made a big hit on these occasions and did much good to the cause of popular education. The scheme was difficult to finance. It is too bad it could not have been generally adopted by the profession. We all always felt so sure of our ground when good old "Bill" got up to expound our kind of "doctoring."

Dr. Smith was the best historian of the science and profession and we can all regret that he did not—so far as any of us know—commit what he knew (and told us so entertainingly in illustrated lectures) to cold type for the sake of posterity. He did photograph osteopathy in its beginnings and early adulthood, however, and has preserved this for the future historian. This is a fortunate work—one of the many invaluable things that Dr. "Bill" did for the profession, which will be more appreciated fifty or a hundred years hence than during his life.

Dr. "Bill" was one of the best—if not our very best—man to cope with medical cunning before legislatures. He knew how to present osteopathy and how to call the bluff of medical hypocrisy and many a battle for osteopathy

in the legislatures has been helped by his knowledge, wit and ready words.

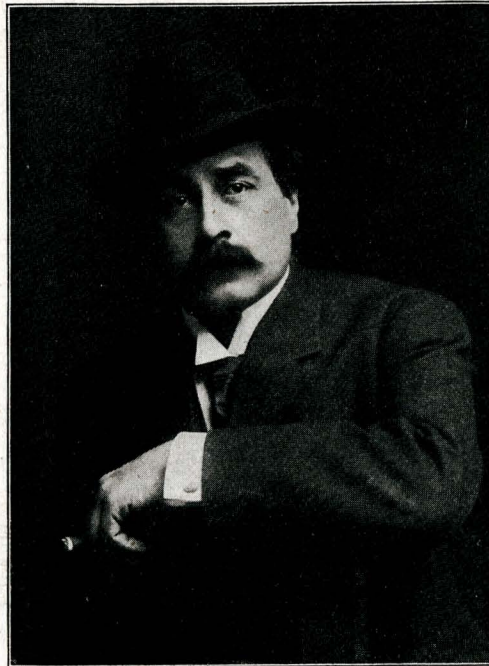
In his prime he was the most magnetic and popular teacher who ever lectured in an osteopathic institution.

His pen was ever ready to expound the science or defend the cause in our journals. Ephemeral work seemed to suit "Bill" best. He did the things that most entertained him in the doing and cut out the rest.

He put on the first osteopathic play.

"Bill" was a mighty good friend. Hours and hours I have spent with him through the late night in his den at Kirksville, quaffing the wisdom of life, reviewing science and politics and picking up morsels of student knowledge betimes, while the pipes burned friend-

In a Characteristic Attitude.



Vale! "Bill"!!

ship. "Bill" was ever ready to tell all he knew or give all he had. "Herm" Goetz and some of the other rare spirits who knew the midnight "Bill" Smith in the hours of manly confidence, with their interchange of views about things terrestrial or eternal as the case might be, will feel a thrill of gratitude as well as keen sorrow whenever looking backward to these times of fellowship with our departed brother who is no more.

One of the beautiful things in "Bill" Smith's makeup was his love for his boy. In the dark days following the death of Cuthbert's mother when "Bill," the small child and black Jerry, the little boy's temporary nurse and man-in-waiting, kept bachelor hall at the Smith home, "Bill" was as near *pia mater* to the child as a big rough man could be. When the cyclone descended upon Kirksville "Bill" was driving a mile or two out of town. From his position it looked as if the cyclone were making direct for his home and motherless boy.

"Drive like hell for my boy!" he commanded hoarsely to his driver, and with features rigid and whip to horse he strove madly, wildly, to outrun the cyclone to his own door and share what he believed to be the impending fate of his little boy. The path of destruction passed a mile away—but Dr. Smith, in his own resolution, had rushed for the storm's embrace to keep company with the child, to do battle with the Erl King for the boy or yield up his own life also is the child's were to be required.

Dr. Smith experienced his own full share of troubles, disappointments and sorrows. No one ever heard him complain. I have seen him—in one of the abysses of despair which overtook him in midwinter—burn newspapers in his stove to create the impression upon his callers that his rooms were warm. The guests did not speak of the deception, nor did "Bill." He was "down and out" for the time—and as the result of bad advisers and his own rash impulsiveness—but he was taking his punishment like a man, nor was he blaming those who contributed to, if they did not directly cause, his dilemma. This forbearance seemed the greater virtue because those who were joint authors of this rashness had deserted him and did not then lack for food and fuel, nor yet were giving him of theirs. In a just estimate of the big, bizarre, impulsive fellow these excellencies must all be taken account of as well as his eccentricities.

Best of all, "Bill" never claimed perfection. He was quick to see his own faults, when he could no longer argue his friend over to his own position, and he did the best he knew how to reverse his mistakes and retrieve his errors.

Dr. Smith's illness was very brief. He was confined to his bed but two days. He was attended by a local M. D. the first day—Tuesday—and by Dr. MacDonald (an M. D., D. O.) on Wednesday evening. His spirit passed beyond at 5 o'clock Thursday morning.

The *Dundee Advertiser* of February 16 printed this obituary notice:

Death of a Noted Physician.

There are many in the city and district who will learn with genuine regret of the death of Dr. William Smith, which occurred at his residence in Windsor Terrace, Dundee, yesterday, after a very brief illness. Dr. Smith contracted a chill a few days ago, but was able to attend to his professional duties up to Monday evening. Pneumonia supervened, however, and he passed away yesterday morning.

Dr. Smith, who was one of the pioneers of osteopathy in the United States, was born in Jamaica in 1863, and was the son of a civil engineer, who, among many important undertakings, constructed the first railway in Jamaica. Having a bent for medical science, he came to Scotland, and, graduating at Edinburgh and Glasgow Universities, became a Licentiate of the Royal College of Physicians and of the Royal College of Surgeons, Edinburgh, and of the Faculty of Physicians and Surgeons, Glasgow. Soon afterwards he proceeded to New York, and there carried on an extensive and successful practice, so much commending himself that he was appointed an honorary member of the New York Medical Society. In the early nineties he became interested in osteopathy at Kirksville, Mo., now the mecca of osteopathy, where he met Dr. Still, the first worker in the field. Becoming associated with him in the present college, Dr. Smith conducted the first classes in anatomy, and, in the early days of the movement, he taught every subject in the school with the single exception of chemistry. In 1896 the school at Kirksville had become famous, and the pioneers began the work of building up a truly scientific institution. Then there were some fifty students, but within a couple of years there were over 700 students in attendance, with a score of Professors, every subject in a medical school, save materia medica, being taught. The students came from all parts of the United States and Canada, from South America, from Continental countries, and from the United Kingdom, and not a few of them were doctors who had given up practice in order to take the three or four years' course in osteopathy at the Kirksville college. For a time Dr. Smith left the college, but he was recalled in 1902, and his return was hailed with satisfaction by the old graduates, many of whom gave public expression of their pleasure at the return of a professor by whom they had been greatly helped. In the works of osteopathy Dr. Smith is described as a lecturer and demonstrator of anatomy whose skill and magnetic eloquence won for him the high admiration of colleagues and students alike. That he had implicit faith in osteopathy was proved by the sacrifices he made and by his devotion to the work.

In response to a requisition from the east of Scotland, Dr. Smith was asked by the Kirksville college chiefs to settle in Dundee, and in the two years or so during which he had been in practice in the city he made many friends and built up a noteworthy practice, many patients coming to him from distant quarters.

In the United States he took keen interest in questions of prison reform, and many of the senators and leading politicians were in regular communication with him concerning cases and phases on which he was fully informed.

Courteous and kindly, yet candid, he quickly won the confidence of his patients and the esteem of others with whom he came into contact. He is survived by a widow and two sons.

(Continued on Page 15)

Shall We, or Shall
We Not, Have a Militant
Field Literature?

Both Sides of the Referendum
Vote of the Profession is
Fully Given Here on
this Important Issue

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

I AM taking the whole profession into my editorial confidence this month by printing both sides in full on this important question of militant osteopathic journalism.

As I have been accustomed to do off and on for ten years when I felt that the gravity of a situation warranted taking counsel of our whole people, I have *applied the referendum*. For sixty days I have been polling the profession. The ballot box is still open and will stay open until the last D. O. who desires my ear has been heard and received due consideration.

Primarily this vote was designed to help me form just and wise conclusions. There is wisdom in a multiplicity of counsel. When I want to know how right or wrong my views are I seek the counsel of those who disagree with me and beg of them to hammer away as hard as they are able. If my views get clearer and stronger as the forging of logic goes on to white heat, I know that my position is sound. If my combatant proves to have better logic, I endeavor to get right. I shall convince him or he must convince me. There is always a right and it can be discovered.

Now that this referendum vote has become fairly representative of the profession, I recognize that it may have a further usefulness than toning up the editorial mind and warming the cockles of the editorial heart. It belongs to those who show their great interest in osteopathy's welfare by pondering over its problems. It belongs to the profession. I give it back to the profession, duly classified for analysis and comparison. And in submitting the opinions of all who have done me the honor to answer in specific words on this important issue, I ask of you this favor:

Read the whole discussion studiously and READ BOTH SIDES or DON'T READ either. Try and use this poll—as I am doing—not to strengthen preconceived ideas (which may be based on narrow views, misapprehensions or prejudice), but to get a sane and practical view of the whole issue and form the very best conclusions for the advancement of osteopathy.

Then, if you have not already gone on record, give me the benefit of your honest opinion. I want to know what every person in the profession thinks about this matter.

At the outset I went on record fully and forcibly in advocacy of my own views about a more militant field journalism. Those convictions have become strengthened in the past sixty days. I am more convinced that I am right than ever. Yet I admit fully THE DISCUSSION HAS HAD THE EFFECT OF HELPING ME TO BECOME MORE CAUTIOUS. I realize more

than ever before how loosely the average reader construes exact language. Thus its benefit is established, should it go no further.

But as strong as my views are, and as often as they have been fired through the crucial test of experience, in this work for osteopathic propaganda running through fifteen years of constant study and application, I hold no views which are dearer to me than finding out still better views if they exist or can be developed by combining our united intelligence and experience.

I am ready now—as I have always been ready—to submerge my individual views beneath the will of the majority—should the majority view prove to be against me—and to modify my editorial policy to whatever the profession thinks is in accordance with its best interests.

If the profession should show me it is willing to follow my lead in promotion matters, nothing would give me greater pleasure than to formulate the policy of its educational campaigning. I would joyously accept full responsibility for that work and would wager my life that I would make good completely. My conviction of competency in this line is absolute today—just as it has always been absolutely serene and sure since I espoused the cause of osteopathy and began the formulation of its propaganda.

And yet if my campaign leadership does not carry the brain evidence, as well showing the objective pocketbook evidence, to the practitioner that it is right—as is to be indicated by its fruits—I am willing to appeal to the referendum and let the average wisdom and wishes of the profession rule. I can lead or follow equally well. But I like to know which is expected of me.

So far as the poll has proceeded the vote still stands about three to one in support of my views and policies. That, of course, is assuring, and yet there is a chance to be mistaken in one's conclusions. It may be that many of the "opposition" or "negatives," for reasons of their own, have refrained from balloting. If so, I want now to call them out. I make this last appeal to them. Please write me.

Dr. A. T. STILL Says

“Reformations are the results of an educated laity: therefore talk to them.”

This is no frame-up or stuffed ballot. It is not, I repeat, to obtrude “Bunting's ideas.” It is to ascertain fairly and as completely as possible just what our representative practitioners *think and want*. Bunting is their servant—able and *willing* to give them what they want if they can only agree upon the program.

You will recall two things: I first said what I *believed* to be best for the profession straight from the shoulder. I then asked you *what you believed*.

In my dedication of the front page of *The O. P.* to this *great issue* last month, I was careful not to try to influence your mind to meet my mind but to draw out of *your mind* just what *you thought*. After a dozen years devoted to this cause and feeling new strength rise within me I wanted, candidly and accurately, to see where I stood, to measure my support; to ascertain if I were in harmony with your views, and, if not, to see how far apart we are—who is right, and whether we can not harmonize our views, “get together.” If wrong, I want to be right. I believe you do, too.

I believe the profession has not been so stirred up on any issue in ten years as by this question of what constitutes right or wrong publicity. It is admitted to be of fundamental importance to the profession. Many think it the paramount issue, going hand in hand with the necessity for careful research work. Surely we must look after our political fences just as carefully as our scientific fences, since even the right to practice is the stake of political alertness and cleverness under many circumstances.

We want to settle this professional policy as wisely as we may and to that end I want to hear from *you, Doctor*. I want *your vote*. Send in your views by either formal ballot or letter.

Now for what those who have spoken say on this subject! It's a rare treat for you—full of instruction. It has helped me very much. It will help you. Please read every word of it.

I print these letters and wish to let them tell their own story. But where I have been misquoted by friends who criticize my writings, I feel bound in the interests of fairness and truth to correct wrong premises and prevent the issue becoming clouded. I do this by footnotes referring to editorials. It is natural in the rush of practice for a doctor to glance at a thing hastily, throw it down and afterwards criticize the distorted idea in his own mind, rather than the thing he thought he was reviewing fairly. This was done in several instances. It was sincerely done. I know it. There was not the least intent to do violence to my article. But it did, just the same. I, therefore, correct these friends and know they will do me the justice to go back and read the “Death Watch” article and see for themselves where they misquoted it in their own minds.

One thing further. I respect fully every one's opinion on this subject—and the right to hold one's own opinion. I respect one's right to exercise individual preference, taste, even whim. Believe me, I am taking your whims into account, as far as I am able. You *have* to do it with your patients. So do I with my patrons. Maybe I ought not to have to do it; and maybe you ought not to have to do it—but *we both do*. So you ought to see I am not trying to ram my policies down your throat, but rather I wish to confer with you, learn your ideas, and see if we cannot harmonize our views by exchanging confidences and opinions.

To be sure of being perfectly fair I quote from *all* the letters that criticize, but only a part of those that approve. For the total vote cast the side of the “negatives,” therefore, gets more space than their proportionate share. So no one can feel that “pacificos” have not had as fair a show as the “militants.”

These Osteopaths Believe the "Death Watch" Article Was Wise and Beneficial

Who is Right?

Dr. E. C. Pickler, Minneapolis, Minnesota.

Allow me to offer you congratulations on your article, "Is the Physician a Death Watch or a Life-Saver?" In my estimation it is the best contribution to osteopathic literature in the past ten years. I believe thoroughly in a "militant" osteopathy. In fact, to my mind, there is no other kind of osteopathy. When we quit fighting we quit breathing. Every advance we have made has taken a fight, and any laying down or compromising with medicine has always been followed by retrogression. A good fight can never harm osteopathy. If we cannot uphold our principles in arguments and meet "all comers," we have not a proper conception of our science. We do not need spread eagle oratory or high sounding phrases, but we certainly need the truth, plainly stated, early and often, and without regard to consequences.

Dr. M. C. Hardin, Atlanta, Ga.

I endorse your "Death-Watch" editorial to the last analysis. It really marks an epoch in osteopathic advancement every time such a fearless, true and just presentation of osteopathy reaches the public. We need many more such revelations to put the public wise. Then "medics" would have to abandon their habit of going into print, going into court and going into legislative halls and "putting it over" us and the people both by making it appear that osteopathy is a fake and that its practitioners are charlatans and not really physicians. How in heaven's name will the people ever know the difference if we haven't the brains and force of character to rise and expound our system and defend it against calumny? And to prove the animus of these medical misrepresentations we have got to tell the truth about our system and the plain truth about theirs, too.

There can be no compromise between truth and error and in fighting to advance the right. If we are right it is our duty to fight. If we are wrong, let us give up the fight and sink into the beckoning arms of oblivion. I am a "militant osteopath" and will hold up your hands in this wise publicity effort to my last moment.

Dr. Nettie Olds-Haight, Los Angeles, Cal.

Please write my name, with a heavy emphasis mark under it, in the column with the "affirmatives." Cut loose from the old hulk of "conventional apology" and get out into the deep waters of the Living Truth. Our craft has been proven sea-worthy. A certain amount of ballast is necessary, but the osteopathic profession has an over-supply. I very much appreciate your thoroughness and ability.

Dr. Asa Willard, Missoula, Mont.

I see no objection not entirely overbalanced by advantage in the publication of the "Death-Watch" article in the February issue of *Osteopathic Health*.

Dr. Austin Kerr, Salt Lake City, Utah.

Good stuff—old boy. That February article is skillful and effective. Offense better than defense to get anywhere. Carry the ball hard and hit the line hard.

Dr. Joseph H. Sullivan, Chicago.

You ask my vote on the wisdom of your editorial articles for the profession. I guess you know my attitude toward you and your work fully. I endorse everything Bunting has ever put out for the profession, these past twelve years that I have been using your service without interruption. I can but repeat what I have often told you before: You have helped my practice in Chicago very much. You did it in the old days when we were weak. You are doing it yet. I am grateful to you and feel that we practitioners should one and all give might to your pen by using and circulating your writings as generously as we can. I endorse your "Death Watch" article. Regard it as a masterpiece. Give us more of them. Several prominent persons have discussed it with me in the treatment room, thought it fine, and asked for copies to be sent to friends whom they thought it would interest. The one or two criticisms leveled at it was easily able to answer and reconcile. All people don't think alike and we can't ask you to appeal to radically different types of minds in the same article. If you stir any of my patients up by saying anything that does not appeal to them without a challenge, leave it to me to set them right. Better an argument than no interest at all. It's apathy that kills. We need a militant journalism now as never before to keep interest wide-awake and enthusiasm moving forward. I can't understand how any real osteopath would doubt this or fail to use your good offices in their professional advancement.

Dr. Ernest B. Humphries, Holyoke, Mass.

Your letter commenting on the vote about articles for *Osteopathic Health* after the style of the February number has just reached me, and I hasten to add a few words more that I had not the time to write when the vote itself was sent in.

To be perfectly frank, I have been opposed to that type of article until recently and the change has come

simply from the number of favorable comments made by my patients. "Is the Physician a Death-Watch or a Life-Saver" brought me more patients than any two other issues and has been spoken of with enthusiasm by more patients than all the others I have sent out put together. Mine is only one case, of course, but the evidence has been sufficiently conclusive to convince me. Results have changed my preconceived ideas.

My earlier point of view was not purely an arbitrary one but I did honestly believe that very much more good would always come by taking a positive position as to what our work will do rather than knocking the other methods of treatment and being very careful never to exaggerate. That was about the line of thought carried out last year as editor of the Bulletin of the Atlas Club. Now the position is changed, and I am very glad to cast a vote in favor of the occasional appearance of articles of the sort.

Dr. Charles W. Hills, Dover, New Hampshire.

Your article, "The Day Has Come When We Need a More Militant Osteopathy," is just the kind of a poking up I need. We are too prone, I believe, to let the pleasant social relations with the friendly individual M.D. blind us to the fact that the "organized medical profession" has always fought us, and always will, and that that organization gets its power through the membership of just such individual "friendlylies." The liberal (?) individual M. D. composes the bulk of the A. M. A. but that same majority allows the society to be dominated by the few, and, therefore, each one should expect to be held personally responsible for the altitude of "organized medicine." As a further evidence of my opinion send me an extra 100 copies of the February *Osteopathic Health*.

Dr. Herbert Bernard, Detroit, Michigan.

Yes, I am a "militant osteopath"—always have been—always shall be. More power to your pen! We owe it to the people to tell the plain truth and make them understand their peril. To tell the truth is not "knocking." If the truth hurts the party on the wrong side, that is not through any fault of the party that advances the right. The man who defends the right owes no apology to the man who upholds the wrong. Let the wrong side get right. In social economy men get right—after blinding their eyes persistently to the truth—only by getting smashed. The point is, have we the truth on our side? And have we sufficient of brains, character and able leadership to do whatever "smashing" is needed to drive the truth home to the hearts of mankind? I think so. If it is so, we owe a duty to truth and posterity to fight it through and win! I owe competitors nothing. I owe humanity everything. I feel it a duty with you, Bunting, to do whatever I can to rescue the people from their plight. They need light. The prosperity of the "medics" and their peace of mind do not weigh with me very much in comparison, so long as they thrive by keeping mankind in bondage to the drug fetish and seek to keep osteopathy down by cunning, political intrigue, social ostracism, blandishments, and willful misrepresentation to their patients. That is "knocking" in the full meaning of that term. And God knows it hurts osteopathy every moment of the day.

The osteopath who quotes the slang aphorism about this sort of "knocking" being a "boost" and a "boon" to osteopathy ought to sit down and analyze the situation better. About one time in fifty this sort of knocking does drive somebody (who is already "sore" at drug and adjunctive medicine) away from an M. D. and into fellowship with an osteopath. What of it? The other 49 times out of fifty it keeps people from investigating osteopathy, makes them fear it and avoid it as dangerous, keeps people in thrall to dope, sends them to the hospitals for some (yes, many) needless operations; and it has the majority of mankind still holding to the idea (sedulously implanted in the public mind by the wily M. D.—God bless him!) that osteopaths are only "finished masseurs" and really sometimes do some good by their "rubbings."

And to think that some of our own kind—our brother and sister osteopaths of first rank and good judgment in all other respects—"dislike" to unmask this aggressive hypocrisy—fear to state, even a great therapeutic truth mildly and establish a comparison between osteopathic and medical treatment, and state tersely what each is, does and fails to do, because, forsooth, they fear to hurt the feelings of the M. D.! Or be called a "knocker" by the M. D.! Of course HUMAN LIFE, THE PAWN, DOES NOT COUNT! Help the M. D. perpetuate his monopoly of healing, get "state medicine" established and crush out osteopathy! Truckle, keep silent and let him put it over you and for sure he will then love you! He will love you so he'll eat you alive. If you will let him strangle your school and consign the name of A. T. Still to oblivion he will even recognize you socially, Brother D. O.—at the club, you know, and perchance some day will call you "Doctor" in public! Oh, ye gods!

Wake them up, Bunting, to good common sense and to a realization of their danger! Lead them in the right way in spite of themselves! Never mind the criticisms and cancelled orders. You will win them all back some day—and more. I have endorsed your good work un-

qualifiedly on every possible occasion for fifteen years and I hope to be doing it still in the Year of Our Lord 1950.

Dr. L. A. Bumstead, Delaware, Ohio.

At first sight, I did not like the February issue of *O. H.* but after more careful reading I became filled with the same spirit which you possessed when you wrote that article; and I have sent the magazines out with the result that many of my patients to whom the papers were sent have asked me for additional copies which they might send to their friends. Hence, I would like another hundred copies if you have them. My patients say they are glad to have some red-hot ammunition to fire back at those who question or ridicule them for being "rubbed" instead of taking medicine.

Dr. Geo. J. Helmer, New York City.

It was only today that I found time to read THE OSTEOPATHIC PHYSICIAN and in doing so remembered that I had forgotten to order the February number of *Osteopathic Health*. Have telegraphed for 400 copies—"one for each of the 400" in New York—Ahem! We need just such articles as yours and if I were only sure of getting just that kind of literature each month, I would sign a contract; but I will make it up in some way for you before the year is up. You ought to have the support of every D. O. in the field. You are doing a good big work for the profession and I for one appreciate it. Yes, I am a "militant" osteopath. Always have been one.

Dr. A. G. French, Syracuse, New York.

The February number of *Osteopathic Health* contains one of the best articles you have ever published, and I will be mighty glad if you will send me at once 500 copies. I also want to thank you for all the help you have given me in my practice.

Dr. Franklin Fiske, New York City.

I have added one valuable new recruit to osteopathy and my list of patients as a result of your "Death-Watch" article. He is executive manager of one of our big and well advertised "trusts." He had long resisted the advice of friends to try osteopathy but never even took the suggestion seriously until after reading this article. He had his wife read it aloud to him and they discussed it together. He formed his own conclusions—radical, to be sure, and, to a considerable extent, not justifiable; but, anyhow, they served to arouse him from his lethargy and blind trust in old ways. It sometimes takes dynamite to break the tyranny of custom and make people sit up and take notice. The next day he came in. His case is chronic and serious but he is showing improvement.

Personally, I would caution you against the temptation to speak too strongly, or claim too much. Yet, "the proof of the pudding is the eating," and in this case, at least, you show your editorial ability to make people think and that you win valuable recruits for osteopathy has been demonstrated. One concrete victory like this is worth hours of theorizing and ballyhoo from those among us who may be expert physicians, all right, but admittedly are amateur publicists. The old saying is that he who acts as his own attorney has a fool for a client. I guess that applies to the practice of publicity also. Be as cautious as you dare in your utterances, yet without emasculating the force of your appeal, and I will be proud to continue my reliance upon your service.

Dr. J. S. Baughman, Burlington, Iowa.

I am more than pleased with the February issue of *Osteopathic Health*. It is something that is timely and good; just what is needed in the field of education. Send me 500 copies.

Dr. F. M. Barker, Wellman, Iowa.

Yours in regard to balloting on the article, "Is the Physician a Death-Watch or a Life-Saver" duly received. Can say it is one of the best articles I ever saw. Yes, sir, I am in favor of "militant osteopathy." We have worked on the neutral or defensive line too long already. When we have a system so superior to the "regulars," why not let the people know of it?

Dr. Geo. E. Perkins, Boston, Mass.

In response to your inquiry in THE OSTEOPATHIC PHYSICIAN about the use of the kind of literature containing articles like those published in the February *Osteopathic Health*, I will say that I can not see how there can be any doubt in the mind of an unbiased osteopath that this is the proper kind of literature to place in the hands of the laity. I am distinctly in favor of the use of this kind of literature. It is absolute truth and being interesting I believe that is the proper way to prevail upon the people to investigate osteopathy.

Dr. Susan Orpha Harris, San Francisco, Cal.

I find that my patients like the February issue of *Osteopathic Health* very much and I feel that some of the more radical literature is very valuable when mixed with the excellent articles which you have been publishing.

Dr. F. C. Lincoln, Buffalo, N. Y.

Your article, Militant Osteopathy, and "Is the Physician a Death-Watch or a Life-Saver" is the kind of goods we need for public absorption. Let us have more of the same kind.

Dr. Ella L. Meyers, New York City.

The February number of *Osteopathic Health* is fine. "Is the Physician a Death-Watch or a Life-Saver" is a wonderful article and we should not lose an opportunity to place it before the public.

Dr. Geo. F. Wagoner, Creson, Iowa.

The profession voting on the article in the February number of *Osteopathic Health* is to me in this light. A salesman for a neck-wear concern had shown his samples to the senior member of the firm who had ordered what he thought would sell. The junior member (a son) came in, looked at what had been ordered. "Well, we don't want this, and this, and this—I don't like them." The salesman said: "Young man, what are you buying them for, to look at or to sell?" Now, Doctor, while we ourselves haven't used very many "Healths," I think that this February article is just what's needed; and I think the above illustration will show why I believe it—because it appeals to the people and convinces them—sells them osteopathy whereas they hitherto have been accustomed to buy medicine as treatment. I would welcome such editorials for the laity oftener.

Dr. Andrew McCauley, Fairmont, Minnesota.

The advance copy of *Osteopathic Health* for February came this morning and was read with much interest, also your sermon on "militant osteopathy" in *THE OSTEOPATHIC PHYSICIAN*. The February number of *Osteopathic Health* is truly one of the best that has come from your pen. I am entirely in favor of this class of educational matter, and believe we should never neglect an opportunity to tell the public the truth.

Up to the present time I have been somewhat conservative in my views as to condemning the old school methods, but since last October when our most prominent M. D. got up before our commercial club and said that osteopaths were ignoramuses who never studied or knew anything about physiology, pathology, or bacteriology, I have changed my mind and have taken the aggressive side. The meeting referred to was for the purpose of raising enough funds to buy a piece of property to be used for a hospital, and the doctor made the statement in reply to a question "Who are regular physicians?" which was asked by the president of the commercial club. The doctor had previously stated the hospital would be open to all "regular physicians."

It was a great opportunity for me to get up and give a history of osteopathy and our recognition and rights and privileges. As a result the club stood by me and refused to raise the money unless I was admitted to the hospital. The M. D. refused to give an option on the property granting that privilege so we are still without the hospital. Now it's me for telling the dear people all about the fallacy of drug medication, not by word of mouth only but by sending out a liberal supply of *Osteopathic Health* every month.

Dr. J. W. Robinson, Erie, Pa.

Please send me an extra 200 copies of the February issue of *Osteopathic Health*. I am hearing many comments on this issue, and may order more later if the demand for them keeps up. Please ship as soon as possible.

Dr. F. P. Millard, Toronto, Ontario, Canada.

Your article appearing in the February *O. H.* is most timely and accurate, as well as logical. I am possibly biased in your favor, as I am fully appreciative of the majority of articles you write, but for timeliness I think the article you have just written on the "Physician as a Life-Saver" is the best yet.

I believe in "militant" tactics, and in dittoing the ethics handed to us. I have always believed in this and have carried it out to the letter. We are not only fighting for liberty of conscience in that, but we have a still nobler purpose as fighting for the welfare of humanity at large. From clinical experience we have proven beyond doubt that we are able to relieve suffering humanity in a scientific manner in many of the gravest crises of life without serious after-effects, with no danger of taking life from over-dosage, or untoward drug reactions; and as we are, at least, as familiar with the mechanism of the human body as any physicians existing, we cannot be referred to as "groping in the dark;" so we are at least working along rational lines. We should publish these facts boldly, honestly, ceaselessly. And I want again to congratulate you on the able article you wrote in the February issue of *Osteopathic Health*.

Dr. A. K. S. Calvert, Ponca City, Okla.

I want to go on record by saying, "You did exactly the right thing when you printed in February *Osteopathic Health* entitled, "Is the Physician a Death-Watch or a Life-Saver?" That is just that kind of an article to put out every so often. Such articles should be printed more often than you seem willing to write them.

It is a strange thing to me why some people persist in beating around the bush. Why not come out straight from the shoulder? I have the supremest contempt for a man whose spinal column is made of tallow, and whenever a man objects to the truth being told—well, I don't want to be too hard on him, but I'll say that he is not much good to society or his profession.

Any osteopathic physician can put out an article like that with perfect safety. No honest M. D. would take offense at that article. I am on friendly terms with all the M. D.'s in my town; but they all know where I stand, as I have made that point clear to some of them in the sick room. I make no personal fight on any Doctor unless he opens his batteries first, but when he does, I come at him straight from the shoulder. I never go around the bush, and I never have suf-

We are Both Working for the Same End

YOU, doctor, by your strict physical examinations must discover the appalling prevalence of spinal troubles and diseases. In your practice, adapted to giving efficient aid in all such cases, doubtless you have discovered the need of some practical appliance designed on scientific principles, as a substitute for the old, cumbersome and painful Plaster, Leather and Starch Jackets, as an adjunct to your treatment of spinal deformities.

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We hope also to interest you in our plan of co-operation with you in reducing the enormous total of sufferers from Spinal troubles which are producing a generation of hunchbacks and cripples. Write to us.

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fered defeat at the hands of any M. D. I fight their principles and their acts as a body, but not the M. D. individually.

Some months ago, you published in "O. H." quotations from some of the medical writers, these and like quotations should be put out in the hands of the laity more often. I would say every three of four months any way. There is nothing in these publications that any honest M. D. would take offense at, because he knows that they are true.

Dr. G. Landis Triechler, Logan, Kansas.

I say, "Yes, give us more militant osteopathy: it is the only kind that will open the eyes of the laity. It will, quicker, than anything else, do away with the old drug superstition.

Dr. W. H. Bruce, Houston, Texas.

I am heartily in favor of militant osteopathy. I greatly favor your idea in this matter, and like yourself, think the February issue of *Osteopathic Health* is one of the best ever. It is, in fact, par excellence. I believe you are driving the coach in the right direction.

Dr. Earl S. Willard, Philadelphia, Pennsylvania.

I am much pleased with the general appearance as well as the contents of the February number of *Osteopathic Health*. Please send me 300 copies. Use same professional card as before.

Dr. Paul M. Peck, San Antonio, Texas.

I endorse the need of "Militant osteopathy" today as being greater than ever before. I endorse the inspirations of your pen as fitting that need for the profession better than any other agency I know of. You know so well, Bunting, how to get the ear of the people and convince them. Your "Death-Watch" effort was excellent. Dr. Mary and I enjoyed it and it took well with our patients and friends. More of that sort!

Dr. L. E. Wyckoff, Los Angeles, California.

In reply to your request for opinion of the profession on the article, "Is the Physician a Death-Watch or a Life-Saver?" I am always pleased when my own thoughts are substantiated later by some one in authority. I remarked to Dr. Grace Wyckoff when I read the circumstances of the death of Admiral Evans, "What a shame he could not have had a good osteopath!" and when I read of his living for two and three-quarter hours after the attack began, I said, "I would have given anything for a half hour of that time!" Your article is grand. No one could have written a better one on the subject. You were the "Man of the Hour" who was doubly equipped with the knowledge of "osteopathy" and "journalism" to write it. I still remember vividly your article on "pneumonia" inspired by the death of Theodore Thomas. I use the word inspired advisedly because I believe you are chosen by God to do a great work for osteopathy and mankind by just such inspired writings. May he spare you to give the world many more "Militant Osteopathy" articles.

Dr. Warren B. Mitchell, Newark, N. J.

I treated a man last spring, case broken clavicle, patient pleased. In February his wife has sore throat; family doctor administers anti-toxin; case runs three weeks; constant cough, loss of sleep and progressive loss of strength; her ladyship's friends talk osteopathy—husband opposes. February *Osteopathic Health* comes and tips the scale to osteopathy as diphtheria or tonsillitis is spoken of in that number. It got me that patient. Such literature suits me, and if you give us such articles frequently I shall be tempted to double my order.

Dr. Geo. H. Merkley, New York City.

I have neglected answering your letter on the February issue of "Osteopathic Health" as I always take my patients into consultation on such matters and await their decision, and that is largely what governs my views. I have found that the majority of them think well of the February issue, while quite a number object to it.

I find that each practitioner's office, like all active offices, is a law unto itself. You have to study the patients and find out their likes and dislikes. What will "go" in one office will not "go" in another. Also what will "go" in one city may not go in another city.

I personally am in favor of telling the truth and the whole truth in any subject, and believe if done in a diplomatic manner it is bound to win out eventually. I always press the efficiency of osteopathy upon all my patients and the deficiency of the drug treatment as far as I dare do so without incurring disfavor.

Dr. C. L. Sheppard, Owosso, Michigan.

Your articles on "militant osteopathy" reminds me of the kind of paper you used to publish eight or nine years ago, and I think it is working along the right lines. The medical men are much inclined to instruct the laity that osteopathy is good in some things, but the truth that it is good for all kinds of things has to be driven home forcibly and often by our own efforts.

Dr. N. C. Hawes, Gouverneur, N. Y.

In regard to the article in the February "O. H." "Is the Physician a Death-Watch or a Life-Saver," I think it is a fine article, and none too strong, and just what we need occasionally. The only thing I would say, is that with a copy like that, we should use a little more discretion perhaps as to whom we mail them to. That is what I did.

But with the attitude that most of the M. D.'s assume toward us today—and from my own experience, it does not get any better with time—I think we are justified in doing all we honestly and truthfully can to let the people know what we can do.

Dr. Nora Haviland Moore, Grand Junction, Colo.

I am enclosing my vote on the "militant osteopathic" idea. We are a radical school and why should we not announce ourselves as such? Osteopathy, pure and undefiled, as given us by the founder, can be heralded from the house tops and will make good every time. I believe osteopaths make good every time. I believe osteopaths are too much inclined to let the medical profession take the lead, take the cases, and then just quietly slip around behind and that what's left. Our profession is founded as strongly as the Rock of Gibraltar.

THE OSTEOPATHIC PHYSICIAN

We know what we can do. Let us tell the people about it—tell them the whole plain truth, as you say, and if it precipitates a row with the "Medics" all well and good. They're making their last stand, anyhow, and the sooner that's understood the better.

Dr. Kent L. Seaman, Fort Wayne, Indiana.

I certainly do believe it to be best for the profession to print the sort of articles which appeared in the February *Osteopathic Health*. My measure of appreciation is this: Send me 500 copies.

Dr. M. C. Robinson, Rochester, New York.

To my notion, the February issue of *Osteopathic Health* is the best number ever published. More of this, I believe, is what we want, and you surely "did it well."

Dr. C. W. Eells, Redding, Cal.

I hasten to send you my endorsement of militant osteopathy. I fear that any D. O. who doesn't endorse the February number of *Osteopathic Health* must be a "dead one" or else a "mixer." It is possible that some of our good people disapprove of it. I cannot see their viewpoint. Send me at once 100 copies of the issue, and if the March issue is as good, double my usual order and keep it up until further notice.

Dr. D. E. Catlin, Mankato, Minn.

Your February number is a decidedly straight from the shoulder, non-compromising, out-and-out osteopathic piece of literature. Too many osteopaths have white-washed the M. D.'s faults, to the detriment of osteopathy. As I have discovered, the M. D.'s "like it" and, being professional "salve" artists, have in every instance "smeared" the D. O. out of his just rights. The only instances I can recall when the M. D.'s "turned" any patients to a D. O. were "dead beats" or what they supposed were "incurables." This is mighty poor bribery to the D. O. for covering up medical failures and is sure of little assistance to stave off the grocer when his bill comes due. It does not make friends fast for osteopathy either.

In reference to *O. H.*, as a "practice and live-saver": I had a few old *O. H.*'s on my book shelf that I had been hoarding—since, I believe, the late war. A thought came to me to put them out and get rid of them. As a direct result, I received three new patients. One of them has been the best "booster" for me that I ever had. Every man needs once in a while a little jolt to get him out of the rut. You give it to us.

Dr. James C. Snyder, Philadelphia, Pa.

Please send 200 additional copies of *Osteopathic Health* for February, as soon as possible. That's my answer.

Dr. C. W. Sherfey, Watertown, S. D.

You win. When you persist in putting out osteopathic literature of the kind of January, February and March "*O. H.*" (and the kind that April promises to be) why, you win—that's all! And I also think that when I send this kind of literature out to the people that I win, too. Anyway, I am giving them the chance to know the truth. Then it is up to them.

Dr. Charles Hazard, New York City.

I believe in aggressive editorial campaigning and think we ought not to leave it to the M. D.'s to mould the public mind for their own aggrandizement. We need militant osteopathic education and lots of it. Your writings are timely and helpful.

Dr. Gilman A. Wheeler, Boston, Massachusetts.

The February *Osteopathic Health* is certainly a fine number, and it will no doubt start people to thinking, and that is just what we want them to do. Yours for more numbers like it.

Dr. J. A. Herron, Minneapolis, Minn.

I consider it my duty to tell my patients the truth. I want you to continue doing it for me in *O. H.*

Dr. J. Marshall Phillips, Hattiesburg, Mississippi.

I do, most assuredly, think *Osteopathic Health* should publish such subject matter as appears in the February number. It contains the most interesting article I have ever read, published for the laity. It is osteopathy coupled with current news, and will appeal to people more than just dry scientific facts. The "Death-Watch" is a terrible indictment.

The laity need just such articles to shock its gray matter. It is astonishing how much faith the people still put in drug treatment. It is heart-rending to know of the indiscriminate use here of calomel and quinine.

Your article on the "Death-Watch" is not too early. Pneumonia and typhoid have caused many "death-watchers" here in this community.

"Life-Savers" from the osteopathic point of view are practically unknown in this part of the south. The people have not enough confidence in osteopathy to try it as a "Life-Saver." Osteopathy, in Mississippi, as in all other places on its first arrival, is misunderstood, misconstrued, and misrepresented. To people in such places osteopathy is rubbing, massage, and—to many—mere fakery.

The life of the pioneer osteopath is rough. He has many hills to climb. He has to accept the bitter with the sweet. The old school physicians are given the preference. Numerically they are stupendously more numerous; their methods have been practiced for hundreds of years; they do not have to "disgrace" themselves by going to any physical exertion to cure their patients; they have more influence in councils and legislatures; they are, therefore, universally accepted as

the type of the true physician and they play this for all it is worth. Against their wholesale array, the pioneer osteopath has "to labor and to wait."

Your article "Is the Physician a Death-Watch or a Life-Saver?" in the February *Osteopathic Health*, I repeat, is a very timely and excellent article and has my fullest endorsement.

Dr. W. W. Stewart, Detroit, Michigan.

I have just read your splendid article in the February number of *Osteopathic Health*, and wish to say that it is the best osteopathic literature ever printed. We need just this kind of common sense material to put into the hands of our patients, and I know it will get results. You are doing good service for the profession, and should receive more co-operation from the individual practitioner in the field. You deserve great credit for the splendid educational work you are doing for osteopathy. You have persistently kept at it until our people begin to realize that you are right, even though you do sometimes seem to make strong statements regarding osteopathy.

Dr. Alice N. Willard, Norfolk, Virginia.

In reply to your "Do you approve or disapprove," I will say that as the years go by each issue of "*O. H.*" seems better than the last. I like you to wake us up this way. These surprises you "spring" are just what is needed to "correct lesions"—the lesions of apathy and ignorance. Had I not unbounded faith in your ability to give us just what is needed in osteopathic literature for our patients, I would not keep my standing order with you. Yes—most emphatically, I believe in whatever you give us.

Dr. W. C. Dawes, Bozeman, Mont.

Didn't get to read all of the "Death-Watch" article as a patient asked for a copy of *O. H.* before I finished reading it, and that was the last copy I had left, but if it continued as it started, it was *O. K.* I think we need strong articles. One man who has never taken treatments commented to me favorably on that particular article.

Dr. S. W. Wilcox, Oakland, California.

Since January 1st *O. H.* has contained the character of articles which convince skeptics of the merits of osteopathy. It suits yours truly.

Dr. Franklin Hudson, Edinburgh, Scotland.

I want 250 copies of the February *Osteopathic Health*. I like militant numbers. I am in hearty accord with you in this move to educate the laity as to the inefficacy and danger in the use of drugs. It is as much our mission to educate the people how to keep well by living in harmony with the laws of nature and avoiding the bad effect of drugs—which we must combat every day in our treatment—as it is to point out to them the way to get back health after they take sick.

Dr. E. J. Breitzman, Fond du Lac, Wis.

You are doing a good work well. You deserve all kinds of praise and the fact that you do not get more of it is simply because a whole lot of us are too busy to tell you about our appreciation of your splendid efforts in the field of osteopathic publicity. From the small number of "kicks," however, you should be able to make this deduction. I like militant educational literature.

Dr. Frank A. Keyes, Castella, California.

Please send me 100 extra copies of the February number of *Osteopathic Health*. I have read that article, "Is the Physician a Death-Watch or a Life-Saver?" and I want these extra copies.

Dr. L. O. Howes, Minneapolis, Kansas.

The February number of *Osteopathic Health* is *O. K.*, and I believe that your suggestions are just right. I have been thinking of that for a long time, and the journals are getting more for my idea as the months go by. I do not see why we, as D. O.'s, should not proclaim our merit and come squarely out with it. The M. D.'s do it and they are not afraid to hit us every time they get a chance in public; so we should not be afraid to present our side. If so, pray tell me, what are we afraid of?

Dr. Arlowyne Orr, St. Louis, Mo.

I most certainly do approve of the article published in the February *Osteopathic Health* and believe that it is good for the cause of osteopathy to circulate such literature.

We need some means of educating the public to a fair knowledge of osteopathy, and the distribution of articles on the subject seems to be the best way. In my own practice this has been a success, for patients who read the *Osteopathic Health* are constantly giving me the names of friends, saying: "Send them some of your magazines, for they do not seem to understand what osteopathy is." In this manner I reach people that I could not come in touch with in any other way.

The average individual of today needs something unusual and startling to wake him up or even to interest him. The conservative form of article is passed by with a glance, but an article such as "Is the Physician a Death Watch or a Life-Saver?" assures his interest and holds it because it is the truth plainly and forcefully told.

I am strongly in favor of a more militant osteopathy.

Dr. M. C. Burrus, New Franklin, Mo.

About the time the February issue of *Osteopathic Health* arrived I was preparing to move to town and did

not read it until I received *THE OSTEOPATHIC PHYSICIAN*, so looked it up and read it through and, commenting on same, must admit it is the most reasonable and most pointed in showing the M. D.'s errors that has been my privilege to read for many a day. Give it to the M. D.'s if they don't tell the truth and act honorably. Let our light shine.

Dr. H. M. Stoel, Houghton, Mich.

I have read your article and heartily agree with you as to its wisdom. Send 500 copies of the February *Osteopathic Health* to my mailing list. By all means point out the truth. This ethical advertising is all right, I am sure, and the ones who cry "unethical" are the M. D.'s whose system cannot stand investigation. So come out of your own shell of conservatism and go after them. What can we lose? Command attention for osteopathy. The closer and harder they investigate the better for us. Why hide our light under a bushel at the expense of countless lives we might save? Come out with the truth plainly and bluntly again and again and I am with you at all times.

Dr. S. D. Pemberton, Brooklyn, New York.

Your article in the February number of *Osteopathic Health* is the style I delight in reading. You have the correct idea: "we have the goods," therefore we must deliver the idea to the public." Let your pen flow on.

Dr. L. H. Bell, Story City, Iowa.

I must say you are getting more to the front each year. We surely have got to assume a more militant position than we have the past few years if we ever expect to show the other fellow up and put our therapy where it really belongs. He will not put it there for us.

Your February *Osteopathic Health* is the best ever put before the profession. Every osteopath that happens to be in a community where people read is making a mistake if he does not double his monthly order. We have surely got to do the educating ourselves and boldly, too, as the laity has got to a stage where they think all people know about osteopathy and, as a result, when we do some exceptionally good work, they do not herald it as they were wont to do ten years ago. Surely more articles like this are wanted.

Dr. G. A. Gamble, Salt Lake City, Utah.

I want to assure you that I endorse every word of your "militant osteopathy" number and you have never put out a copy of "*O. H.*" in which I have taken greater interest and pride in handing out to my patients. It is the knocks we get that prevent people from investigating osteopathy. Only a small per cent of the cases that need us come to our notice. The hundreds who are carted off to the hospitals have been scared within an inch of their lives and we never know what a strong influence has been brought to bear to prevent them from trying osteopathy. Such articles tend to wake the people up to their peril and that means investigation. Then osteopathy, as well as themselves, get benefit.

Dr. Minnie C. Heath, Sioux Falls, S. D.

I heartily co-operate in and approve of aggressive editorial work for the laity so long as we keep within the bounds of truth and reason, and that should be offensive to no one. Give us that which will convert but not make enemies.

Dr. Leo E. Channell, Leavenworth, Kansas.

This militant number is, in my estimation, the best booklet on osteopathy for the public that has been published.

Dr. J. G. Morrison, Terre Haute, Indiana.

Just imagine I am handing you my hand, for that is what I would do if I were close enough to you to do so. January, February and March *Healths* are all so very fine. If it hurts the M. D.'s to speak the truth about osteopathy, its principles, and what it can do in disease—especially those diseases in which the M. D.'s can do so little—we must hurt them a bit. It is due the good people. The exigency of the people's case require it. You can't make a Christian out of a sinner by compromising with the devil. So tell the plain and full truth. We want to convert unbelievers to believe in osteopathy. Now we must tell what osteopathy is, is not and can do.

Dr. D. O. Thompson, Sycamore, Ill.

Your present campaign is too good to miss. People will not read dry stuff, and even an osteopath himself wearies of it in time. Give us some more of that real live osteopathic talk such as February's article.

Dr. W. Orrin Flory, Minneapolis, Minnesota.

I am thoroughly in accord with the article in the February number of *Osteopathic Health*, and I believe the time has arrived for us to come forward and let the laity know the truth about relying upon drugs and old-time methods of combatting, even the most common diseases, and telling them of, and showing them, the more reliable system. It is a coincidence that I have had two families come back to osteopathy within the last week, after having wandered away from it (one of them for two years and the other about one year) and they have both announced that they are done for all times with old style methods, and feel perfectly

satisfied now to rely upon osteopathy. It makes one's heart glad to have instances like this occur, but the people must be shown, and educated to it. I wish you all success with *Osteopathic Health*.

Dr. A. W. Rhoads, Providence, R. I.

That February number of *Osteopathic Health* is a "hummer"—just the sort of stuff I have advocated the publication of these many years, and I heartily advocate frequent articles along the same line, from your facile and trenchant pen.

If a physician does not cure in a reasonable share of his cases his system is inadequate or he is incompetent. Let the people decide which. To give emphasis to my opinion of the February number, you can double my order.

Dr. Cora G. Hemstreet, Galesburg, Illinois.

I have been a user of *Osteopathic Health* for years but this last year had not used it because there seemed to be too much rehash of old ideas that had been advanced from the old angles over and over and I feared they would prove tiresome to my old patients. But when I saw the February number I sent in my order; and when I read THE O. P. and understand you were ready to take a bolder stand for our profession I sent in a contract for the rest of the year. This will show you very plainly what I think of the difference; and I am right with you in all that you do along this line, I hope the spirit will guide you to make it forceful and clear and give us plenty of it.

Dr. John A. Cohalan, Philadelphia, Pennsylvania.

With six year's experience in the practice of osteopathy, sans adjuncts, I heartily endorse your article in the February *Osteopathic Health* entitled, "Is the Physician a Death-Watch or a Life-Saver?" I have treated many cases of acute indigestion and without a single exception got quick and lasting results and the gratitude of the patient. The ages of the patients ranged from a few days to four score years.

Dr. Della B. Caldwell, Des Moines, Iowa.

You are doing a grand work for the profession, and should receive the encouragement of every practitioner as well as their support. My influence will be given to get others to see the good to themselves and to the profession in having such a representative paper.

Dr. Joseph Ferguson, Middletown, New York.

February *Osteopathic Health* certainly hits the nail on the head.

Dr. Geo. A. Still, Kirksville, Mo.

Your "Militant Osteopathy" article in your last issue of *O. H.* appealed to me as quite good, and I want to congratulate you on it.

Dr. E. C. Byersford, Wilkes Barre, Pa.

"Slogan," keep it up. Just such talks boost osteopathy to its true place and worth. Dr. A. T. Still's and your own judgments should be paramount as to what successful field literature is. I'll follow your light.

Dr. Albert Thurlow Hunt, Omaha, Nebraska.

To me the February issue of *Osteopathic Health* is by far the most inspiring number of this delightful little magazine that you have ever issued. The two numbers, referred to in THE O. P. on pneumonia have given me more satisfaction in their disposal than any others that I call to mind. Together with an explanation of various diseased conditions as handled by osteopathy, as you have been doing, and carry on a vigorous campaign into the enemy's stronghold—as the February issue does—it would be impossible, it seems to me, to improve upon it for propaganda.

The ringing, defiant, clarion call "to arms!" That's the stuff! Get their blood circulating—they are too busy making money. Let them imitate Artemus Ward's hero, and "get their blow in first." You see many patients think the local "Doc" writes all this stuff—keeps me half the time proving an alibi—so it will make us all get our fighting duds on to make good. Please double my order for February, and I hope its "militant spirit" reappears very often.

Dr. T. H. Morrison, Fort Jefferson, Long Island.

I thoroughly endorse your position in regard to "militant osteopathy." You can send me 400 copies of the February issue of *Osteopathic Health* and enter my order for 100 copies a month thereafter for one year. Wishing you increasing success.

Dr. Coyt Moore, Baton Rouge, La.

I think as you do—that we should not shrink from telling people the faults of medicine. This is a subject that I have always tried to "preach" to every one that asked me questions in regard to osteopathy, the difference between "our" and M. D.'s treatment, etc. I do not believe that we should say that we can do better in certain particular cases than an M. D. did, for the simple reason that there are lots of factors that have to be taken into account which we may not know of. I do believe we should take the cases of prominent people who have died, and discuss, in a general way, our method of treating such a case, and pointing out the difference between it and the M. D.'s way. We might say that "generally," or "usually," osteopathy saves those cases, etc.

I think we need to have more "up-to-the-minute," progressive and vigorous (as you put it) articles for distribution to our patients and prospective patients.

If we wait for the M. D.'s to inform themselves regarding osteopathy or inform their patients, we'll always be "waiting."

Dr. J. M. Diehl, Elmira, N. Y.

I have just read the February number of *Osteopathic Health*, and I think you have "hit the nail on the head." It is time that the truth be told. I have been talking to my patients along these lines for six years, and I don't think we should hide the light of truth just because some M. D. might be offended. It is time for D. O.'s everywhere to wake up and proclaim the truth vigorously.

Dr. W. J. Seaman, Huntington, West Virginia.

I believe in "militant osteopathy." Please send me 400 extra copies of the February number of *Osteopathic Health*. Enough said.

Dr. S. C. Matthews, New York City.

Osteopathic Health for February is fine. It is exactly what is needed. By selecting and writing and "airing up" cases with names, circumstances, etc., as you have done in the cases of the late Mr. Dickens and Admiral Evans it really puts the breath of life into the magazine.

Dr. A. G. Willits, Minneapolis, Minnesota.

In placing my order for the February number of *Osteopathic Health*, I feel that I am not only doing myself and my patients a good turn, but also that I should encourage in a substantial way, the man who has the faculty and "guts" to say something worth while and to the point. In short, I want to compliment you for having side-stepped the "hifalutin" scientific idea of trying to interest and educate the masses with stuff that would not interest the average osteopath, let alone would-be-patients and seekers after information. You certainly have "said something" in the February number of *Osteopathic Health*, and I hope you will continue to indite fearless truths in the future and keep closer to the "fix it" idea.

Dr. U. M. Hibbits, Grinnell, Iowa.

I give it to you as my personal opinion that such articles shall not be issued too frequently, but should occasionally be sandwiched in when demanded, as this "Death-Watch" article seems to have been.

Dr. A. B. Church, San Antonio, Texas.

I believe in "militant osteopathy." Enclosed find my vote of thanks (a check on account.)

Dr. E. B. Sprague, Hemet, California.

Two or three issues of this kind during the year will do a world of good in advancing our plea for sane and scientific methods of combating disease. Kindly send me 100 extra February copies.

Dr. William L. Grubb, Pittsburg, Pa.

I consider the subject matter of the February number of *Osteopathic Health* as being along right lines. I have wondered why you have not given us something of this character of matter long ago. The February number ought to make the most skeptical "sit up and take notice." I hope you will give us this kind of material often and strong. If you do, I shall be compelled to increase my annual order.

Dr. Earl A. Nelson, Phoenixville, Pa.

The February number of *Osteopathic Health* is fine—just what we need. I have long thought that we should go out and tell the people how we are being maltreated by the M. D.'s and show, by comparison, how superior osteopathy is as a system of healing. I think every number of *Osteopathic Health* should be just as aggressive as this one.

Dr. Burton J. Jones, Monroe, Michigan.

Have just read the February issue of *Osteopathic Health*. It certainly will hold the attention of the lay reader, and will surely cause some thinking. Kindly send me 200 copies.

Dr. Frank Hunter Smith, Kokomo, Indiana.

It's me for some "militant osteopathy"—not too offensive in tone, but live enough to make the reader sit up and take notice. You serve it up in the right proportions.

Dr. C. B. Atzen, Omaha, Nebraska.

Just a word in qualifying my opinion with respect to the February *O. H.* article "Is the Physician a Death-Watch or a Life-Saver?" I am not in favor of attempting to win advantages at the expense of some other practitioner's failures, for I believe that every physician worthy of the name is doing the best he knows how in each particular case. But in the sense that the system of medicine stubbornly refuses to give recognition to our efforts—even in cases where the truth of our theories have been repeatedly proven—it becomes our duty as honest practitioners to speak out fearlessly about proven facts, let it strike where it may, for the world is entitled to know the truth.

Dr. R. P. Evans, Binghamton, New York.

I am very much pleased with your article, "Is the Physician a Death-Watch or a Life-Saver?" so much so indeed that I would like to have it reproduced in our local daily, which has a circulation of about 25,000. I consider the article a gem, and with your permission will be glad to put it before the 100,000 people who read the *Binghamton Press*.

Dr. J. B. Wright, Hutchinson, Kansas.

The February *O. H.* lies before me, read. It's a dandy, too. Your article, "Is the Physician a Death-Watch or a Life-Saver?" is able, timely, conclusive; it ought to strike the thoughtful reader and stick in his brain as long as he lives.

I had treated a banker here the day before these magazines came, for acute indigestion. He had been suffering the entire afternoon and went home thinking he could "doctor" himself up and wear it out. By seven o'clock it was about to wear him out. He sent for me. I found him in all sorts of distress. Complained of his feet and hands being cold, too. In twenty minutes I had him easy. It was gratifying to hear him tell how quickly relief followed the deep steady manipulation of the spine. At the end of the treatment he said he felt good and was ready to go to sleep. So ended this case of acute indigestion. Next day I gave him your article to read. He did so with appreciation; then he said: "Well, when I have these attacks, believe me, doctor, I'll send for you."

Dr. J. C. McGinnis, Aurora, Illinois.

You ask if we are militant osteopaths. Yes, in all that that implies. I believe in giving to the people as much enlightenment as they will take.

Dr. Homer E. Sowers, Sharon, Pa.

I believe in "militant osteopathy." Keep up the fight all along the line, for we are gaining ground every day we do it. My practice is growing steadily.

Dr. E. H. Somers, Cottage Grove, Oregon.

Please send me fifty copies extra of the February *Osteopathic Health*. It is great. You can put me on record as one who thoroughly believes in the militant osteopathic articles you are printing in *Osteopathic Health* of late. We can so positively and forcibly maintain our position in the therapeutic field that I can see absolutely no reason why we should not boldly assert it to the world. If we do not proclaim the worth of our own system it will never be proclaimed—that is certain.

Dr. A. W. Berrow, Hot Springs, Arkansas.

I want to let you know that I am in favor of "militant osteopathy." I believe the majority will agree with me, but if we do not put ourselves on record, you will not know the general opinion. As State Committee man on Legislature, I am up against a proposition of indifference myself. I write to the D. O.'s but get no response to my letters. Wishing you much success.

Dr. Frank A. Collyer, Louisville, Ky.

I have carefully read your article, "Is the Physician a Death Watch or a Life-Saver?" and while the article is rather strong relative to the two deaths, yet I cannot find any fault with it as a whole, and can only say that it is well written and forcible—sans any attempt at oratorical flights—but one that is bound to give the reader the impress of truth.

I believe the time has come for us to be more on the defensive, or rather place our system of therapeutics before the public in a way that will stand the most rigid scrutiny, and kept free of any personal reflections that will lower our dignity or lessen the respect of not only the public but our opponents as well, for by pursuing a dignified course we are bound to command respect.

Let the other fellow howl. That is what gave osteopathy the prominence it has today and did more to place it before the public than anything else.

Set a standard and live up to it. Let the little barker "bark" and "yap" at your heels. They will attract attention to you and you can simply stand and smile at them; in fact, be indulgent.

When I hear some of the assertions made by the M. D. I try to show how ridiculous his argument is, and nothing hurts a man like ridicule. Just saying it is so and no argument, if you make an assertion and someone asks why, and your reply, "Because it is"—that does not signify a truth.

I feel that we owe the medical fraternity a debt of gratitude, for had it not been for the fight they waged against us we would not be as well known as we are. Merit and truth will always win.

If you will observe whenever you talk against "the other fellow" he is the gainer; when the medical man fights us he, as a rule, advertises us. Now, understand me, I do not mean to lay down and let them walk over us. By no means! When it comes to fighting them in the legislature and standing for our rights at any "stage" of the game, I say fight—and fight hard.

When anyone tells me what Dr. So-and-So said against osteopathy I smile and say, "I don't blame him. We are tramping on his toes pretty hard." And when I have occasion to say anything against medicine I try to state plain facts in a rational way so as to impress my hearer, and back some of the facts, as Marcus Aurelius says, "Never condemn anything without first having thoroughly investigated it."

I have always stood for my rights, but in a straightforward way—never made any war on the medical fraternity; never took a case that an M. D. had without a consultation, nor would I keep a case that one was called in and refused to consult with me.

I never was ashamed of my profession and am proud I am an osteopath. Because the M. D. acts the "cad" is no reason that I should. In the start I gave them to understand they had to recognize my professional, social, financial and physical standing.

By pursuing an independent, dignified course in time you will command not only the respect of the enemy, but

what is of far more importance—that of the patient and the general public.

Not a leading M. D. or surgeon has ever refused to come to our treating rooms for consultation when we asked him. We have been in cases with "Medics" and had the same courtesies extended us that they showed their own profession.

If you are a physician—and I mean by that not a title—you will be recognized not alone by your own brother but by your opponent, and I want to say right here that physicians are born, not made. Each one's personality has its bearing.

We had in our city a herb doctor that was doing a small business and the M. D. undertook to run him out—had him arrested, etc., and failed to make a case against him, but did not fail to give him the advertisement of his life, and now he is coming money. Had they ignored him and left him alone he would, like a great many others in his business, gradually have "died out."

I quote another case that happened in Bowling Green, Ky., several years ago. A man was sent there from the country to have his leg amputated. His physician could not accompany him, but gave him a letter to a surgeon,

These Osteopaths Believe the "Death Watch" Article Was Unwise and Harmful Who is Right?

Dr. Arthur Taylor, Stillwater, Minn.

You wish an expression, from as many of the practitioners as will respond to your query, regarding the character of field literature to be sent out among people. I have kept still for some time, but here are my views: "A knock is a boost for the other fellow." Then let the M. D.'s do the "knocking." Dr. Bunting, how do you feel whenever you hear anyone say bitter things about osteopathy? Then you know how the M. D.'s and all their special friends feel toward us and any literature which runs the M. D. down. Can you imagine how many friends and relatives of the M. D.'s would be made enemies of ours, instead of friends, under the use of the wrong kind of educational literature? Who can hope to build up, by tearing down some other method?

There are so many beautiful truths to be told about osteopathy, that we have not time to waste in telling about the fallacies of the drug medication; we have not time nor money to waste in telling about the other fellow's mistakes. These truths about osteopathy will not "throw stones" at any one and will have the essential educational features, which the lay people need today.

If drugs and their use are such a curse to the human beings, then it will be found out in due time.

Is it not disgusting to go to a church and hear the Rev. pick out the faults of the other churches and pose as being in the only right pulpit there is? Is it not equally disgusting to the lay-people to hear like talk from us through literature? It is and I know it. How do I know it? Because I have heard the expressions from many people who read this kind of literature. It has made enemies for osteopathy and for me, consequently I steer clear of any field literature which attempts to belittle the other fellow. Just so long as there are articles which run down drugs and drug medication, I will not send it out. I cannot because I know what it will do. It is mighty poor policy to say ill things about your opponent in any line. It drives people away from you, while it may suit some. Yet the good things about osteopathy, minus the "knocks" does not drive anyone away, but drives the truth home without a wound.

Why do patients come to us for treatments? Because they have heard of the things we can do. Then let us tell them what we can do and keep on telling them, but by all means let us use proper methods in so doing.

The UP-TO-DATE OSTEOPATH is going to handle emergency cases; he is going to attend obstetrical cases; set fractures; dress wounds; do surgical work and he is certainly going to use antiseptics, antiseptic douches; in minor surgery he is going to use cocaine hypos, etc. He is going to use some drugs, he is going to use them externally. Barber's itch and a number of the skin diseases call for lotions and ointments. There are various occasions where you are going to use drugs in your treatment, even though they be used externally. Would you want anyone to brand the osteopath as being incompetent to treat any of the above conditions, as well as a case of poisoning—say carbolic acid? If we continue to curse drugs and any one having anything to do with the same, just so long as we are going to make the lay people think that we are mere bone-setters and nothing more. It gives the lay people reason to think that we are not physicians capable to cope with all cases that might come to us.

Now, this picture is not over-drawn, it is taken from actual experience, with my patients after sending out some literature that attempted to run down drugs and drug medication. We are wielding the ax that is going to fall on our own necks if we continue to send out more of this "knocking" literature. If we never care to do more than the Chiro, who needs only to administer his vertebral thrust, and needs no more than that—well and good, but we aim to be physicians, in the full sense of the word; consequently, we cannot be satisfied with merely a bunch of old chronics, who need no more than simply spinal adjustment.

I am as much of a believer in all tissue lesions as anyone and know they must be corrected, but for

etc., with strict injunction not to have anything to do with the osteopaths. Now, he had never heard of "such people" and had no idea of hunting one up, but chanced to meet an old friend on the train and told him why he was going to Bowling Green, and, more from curiosity than anything else, told him what the M. D. had said about osteopathy. As it happened, this friend was a believer in our work and promptly guided him to one, and today the man has his leg. So you see the fight the M. D. made against osteopathy helped us; had he kept quiet the chances are the man would have known nothing of osteopathy.

Now, I am in favor of militant osteopathy, but of the right kind, and not by calling the other fellow names. Understand, this has no reference to your article, which is clean and to the point, but to prove our system correct when the other is wrong.

I have little use for the M. D. or D. O. that refuses to call in someone else when he is convinced that his system or therapeutics cannot save the patient's life for fear someone will think he is not competent, or that the other physician knows more than he does, and one that pursues that course should be classed as a criminal.

Heaven's sake let the dear people know that we do something more besides this. If we are going to use drugs in any way, let us not be so anxious to run them down; they have their place, even though it often be the slop-bucket; the people will find this out soon enough and they will find it out far sooner if we do not kick up so big a "stink" trying to stir things up. We can win their good will and confidence far quicker in other ways than by "knocking." You will find many, many other D. O.'s who are of the same mind as I am, if they will speak up. They have told me so and should not be afraid to tell it to anyone else, especially to the Editor of *O. H.*

P. S.: Dr. Bunting, I hope that you will give the above letter a good prominent place in the next issue of *The O. P.* You have published like articles on the other side of the fence, now give the other side a chance to speak to the profession. It is due us.
[*Please read editorial note No. I.]

Dr. W. A. Settle, Berlin, Wis.

Speaking of this February number, I hate to set my ideas against such eminent authorities as Dr. Bunting, who has certainly given us some of the most clever promotion literature ever gotten out, nor any of the other prominent D. O.'s who sanction this number, but I do think it is a decided tactical error.

It may be barely possible to put a thing like that across once or twice and get away with it, but I fear very much our public would not stand for a regular diet of such.

I find that they have a very definite idea of just what the M. D. can or cannot do, and what they especially wish to know is, what *we* can do.

Wherever and whenever the M. D. has attacked us in this way, it has proven such a boomerang that they have abandoned that mode of attack, as a general rule. Now why should we have to take up their cast-off weapons?

I certainly shall await the returns from this February edition of the *O. H.* with something more than a passing interest. I shall most assuredly be highly pleased to see just how "yellow" a piece of advertising we can put across and duck away unscratched.

I say these things in all courtesy to Dr. Bunting, for I have a most exalted opinion of his ability as a writer, and a deal of confidence in his judgment as to what really constituted good "copy." This February number of the *O. H.* simply shows in my belief that even he is fallible.

Let us simply stick to our own little text: *OSTEOPATHY—IT CURES*; just keep on telling them and showing them what osteopathy will do. They will make all our comparisons for us; and they will be a deal less invidious.

The medical profession as a whole, have abandoned the open places and taken to the bushes; they are now carrying on an essentially "bushwhacking" campaign; and there is only one way to fight a "bushwhacker" and that is to become one; remain in the clear and annihilation awaits you. Throw away your shilalah and slip a stiletto up your sleeve; it is quite, if not more, effective and does not make near the muss.
[*Please read editorial note No. I.]

Dr. G. P. Burlingham, Rochester, N. Y.

Propos to the February number, I think it too drastic. No doubt it is the very essence that lurks in the spleen of most D. O.'s, but it is my opinion that such literature is harmful to the profession. The text, I believe, in many respects, creates in the minds of thinking people a repugnance for our school. Certainly after the manner in which we are wont to batter away at old school dogma, it is not becoming in us to dogmatise in specific cases, as friend Bunting has done in reference to Dickens and Evans. Let us stick to our own woodpile. In that way and in that way only,

can we hope to ultimately establish the truth of our philosophy.*

[*Please read editorial No. II.]

Dr. J. E. Bullard, Marshalltown, Iowa.

I am positively, first, last, and all the time opposed to such articles as "Is the Physician a Death-Watch or a Life-Saver?" I have not and will not distribute that article. I am a firm believer in educational literature for distribution and have used *O. H.* for a number of years, believing that magazine to be the best published for that purpose. As near as I can remember I have failed to distribute in the past ten years only one issue previous to the one appearing last month.

Dr. Ernst C. Bond, Milwaukee, Wis.

Neither Dr. Davis nor myself feel that we care to circulate the February number of *O. H.* Your article, "Is the Physician a Life-Saver or a Death-Watch?" is decidedly too strong. You virtually make the statement that had an osteopath been called in the two cases cited that they would be alive now.* Our enthusiasm for osteopathy should not cause us to lose sight of the fact that man's years are three score and ten and that he is allotted a time to die. I have heard that Senator Dolliver died while an osteopath was working over him.

Very likely a careful examination in the case of Evans and Dickens would have revealed an organic heart lesion (or at least an advanced arteriosclerosis) and as you are no doubt aware, when a heart ceases compensation and really begins to fail one of the first things to take place is a stoppage of digestion and elimination due to lowered blood pressure. I venture the assertion that in practically all cases of acute gastritis that result fatally, the heart has been in a serious condition for some time.†

Now Dr. Bunting, if you will look up your files you will discover that we have complimented you on *O. H.* more times than we have found fault with it, but you will find we voted against circulating just this sort of articles and you know us well enough to know that we are not "luke warm" osteopaths either. Just an honest difference of opinion, that's all. If you can use the shipment of *O. H.* sent us, we should be glad to have you take them off our hands.
[*†Please read editorial notes Nos. II and IV.]

Dr. M. E. Cayless, New Brunswick, N. J.

As you asked for an opinion upon the February *Osteopathic Health*, I feel at liberty to say I am greatly opposed to it. In fact, out of the 300 that I have, I have only sent fifty, the rest I will destroy. Among other objections that I have is that it reads exactly like a patent medicine advertisement; and I would rather not antagonize the M. D.'s any more than possible. My policy is to let the M. D.'s do the knocking and I will deliver the goods.

Later Letter from Dr. Cayless.

I gives me great pleasure to write you that I have completely changed my opinion of the February issue of *Osteopathic Health*. When I wrote you before saying I was not in favor of it, I did so without trying them. Since then I have given them a try-out, which is bringing better results by far than expected. I am now in position to say that you have given us what we have long been in need of, and every osteopath should use "militant osteopathy," both for his personal benefit and for that of the profession in general.

Dr. Wm. W. Hutchinson, Detroit, Mich.

You have asked for an expression of views on the subject of "militant osteopathy" and, while I seem to be one of the minority, I will take the liberty of giving my humble opinion.

I do not believe that the best interests of osteopathy are to be gained by this kind of field literature. There are several reasons. First: Without knowing all particulars and complications of a case, which we do not get in newspaper reports, no man has a right to say about a person who died under some one's else care, "With my treatment that man would be alive today." Patients die under osteopathic care and we have no right to pick individual cases that die and say positively that those people would have recovered with our treatment.* That seems to me one of the things we object to with the so-called regulars. They say that patients that we lost would have recovered under their care. Do we like that? Why should we turn around and do the same thing?

Second: "By their works (not words) ye shall know them." Let us do our work so that it will be bound to attract attention, and in that way favorable comment. That, to my mind, is the best kind of advertising and publicity.

Third: Every knock is a boost—to the one who is being knocked—and the more we use these tactics towards the regular school the more people are going to think we fear it—and we have nothing to fear by comparison—so why decry the use of drugs?† Every system has its good points. Of course, as osteopaths, we feel that we have a few more than the drug system, but that does not mean that the drug system is all bad. I feel that one of the greatest helps and stimulants to osteopathy was the early opposition of the drug systems. Let them do the opposing and we will reap the benefits. I do not mean by this to stop fighting, not by any means, but just stop "knocking," and let the other fellow do that. Neither do I think that we should make extravagant statements about what might have been, with peo-

ple who are dead, where we have absolutely no way of proving our claims in the individual case.

Let us proclaim loudly what we can do, not what some other system cannot do; that will take care of itself. To make it short—"live and let live," and remember the Golden Rule.

I am an osteopath first, last, and all the time, but I do not like this class of articles. I should like to hear what some of the minority have to say. Thanking you for the opportunity to express myself and hoping for continued prosperity for all.

[I agree with you, Doctor Hutchinson. You must read that article through again, however, and see that I positively said no such positive thing. I said the likelihood was—the probability was—that we osteopaths believed it. I am strong enough, but don't make me stronger than I really am!—Editor.]

[*Please read editorial notes II and I.]

Dr. W. O. Merkle, Brooklyn, N. Y.

I cannot understand why a man of your acumen should spoil a first class article like the February issue of *Osteopathic Health* by such an expression as "death watch." I do not see how you expect to tolerate such an expression even though it be true. You simply antagonize sincere people who wish to recognize good wherever found. Another criticism I would offer is that it is sufficiently osteopathically egotistical to put the osteopath in the class of the Pharisee who thanked God that he was not as "other men are." While you have spoken truthfully you must be reminded that work, not words, count. I cannot use this issue and will esteem it a favor if you will not send me any more booklets with expressions of the above type.

Dr. J. T. Young, Fremont, Nebraska.

No doubt the osteopathic profession needs advertising, but I fear the progress of osteopathy suffers much at the hands of its friends. No doubt exaggerated claims and unwarranted statements bring patients for a time, but the reaction comes and that hurts.

I have spent almost one hundred dollars during 1911, advertising osteopathy in my comparatively new field. I should like to have used your literature because of its low cost and because it is gotten out in attractive form; but I do not want my probable patron to get the exaggerated idea of the almost if not quite miraculous ability and skill of the osteopath that they would get from "O. H." There is altogether too much of the flamboyant style and not enough careful statement of principles. You assume things that you have no logical right to assume. For instance, you recently said in one of your articles that you know "an osteopath could have saved the life of Robley D. Evans."* Now, Doctor, I believe you call ridicule down on our profession by making a diagnosis prescribing treatment and making a prognosis merely from newspaper reports. I grant it is very probable that an osteopath could have saved Admiral Evans, but no man who reasons carefully should pretend to know.

Would it not be wise for you to be more careful in your claims and more careful in your statements of fact? I think we shall make a more substantial growth when your methods, which I admit are very common, are changed to more conservative ones. I am not a conservative by nature. I am a staunch osteopath, a medical heretic, a religious nonconformist, a political progressive even to the recall of judges.

Whether these suggestions are worth anything to you, they are written in a spirit of kindness. I should much prefer to help you in your business than to injure it.

Later: You will remember that about a month ago I sent you a letter objecting to some of your publicity methods. Since that time I spent an evening where there were three intelligent osteopaths and myself. Your literature was discussed. Two of those present were very positive in their commendation of your methods and work. I and one other, while not denying the usefulness of your literature, think you are too often tempted to exaggerate the claims of osteopathy. Perhaps my comments are worth nothing to you, but I am writing this simply hoping to be fair.

[*Please read editorial note No. II.]

Dr. A. C. Paul, Buffalo, N. Y.

I take exception to your letter. I believe there is enough good in osteopathy without exaggeration. I wonder sometimes if you always see or endorse the things you print. If you know that osteopathy will cure acute indigestion without knowing the cause, I must say I do not. I will become a regular subscriber to your literature if you say it contains that information.

Dr. E. B. Waters, Wichita, Kansas.

Article in question too personal. Show up drug therapy all the time. Quote authorities on toxicology.

Dr. L. L. Phelps, Santa Paula, Cal.

I am not wholly in favor of your articles similar to "Is the Physician a Death-Watch or a Life-Saver?" etc. I do not think we are yet in position to give osteopathy to the public in just such form.

Dr. L. Curtis Turner, Boston, Massachusetts.

Referring to the February number of *Osteopathic Health* and its attitude toward the old school, also your article on "Militant Osteopathy." I wish to say most emphatically that I am not in favor of this sort of advertising. I do not believe that you or I or anybody else can say that Admiral Evans or Mr. Dickens could have been saved if they had been in the hands of an osteopath, and I do not believe that this kind of advertising appeals to the thinking public.*

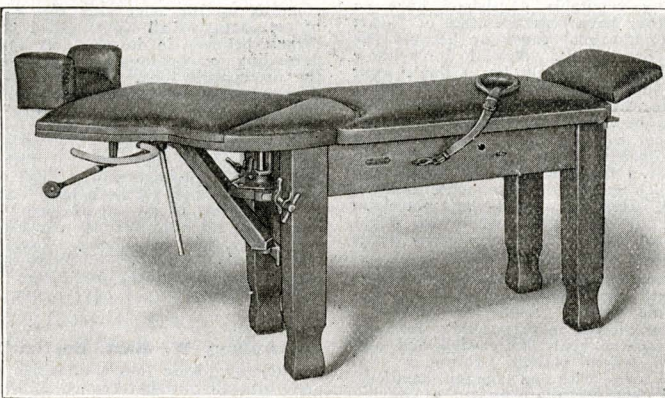
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I am not sending out the February *Health*, and if this is to be the style of the articles in the future, I would be glad to know it, as I shall feel obliged to cancel my order.

[*Please read editorial note No. II.]

Dr. H. E. Leonard, Philadelphia, Pa.

Personally, I like this article in question in the February *Osteopathic Health*, but I am wholly opposed to an article having any semblance of "knocking the other fellow."* It is bad, bad policy, and I believe is the cause in Pennsylvania especially of the feeling existing between the osteopaths and the M. D.'s.† I do think the laity should know more about osteopathy as applied to acute diseases, but give it to them in a dignified, unbiased, unprejudiced, clean style without involving, criticising, assuming, or reflecting upon the other fellow in any way. "By their words ye shall know them."

[*Please read editorial note I.]

[†Your memory is short, Brother Leonard. The bad "feeling" of the M. D.'s towards osteopathy in your state (and every other state) antedates our field literature some years. It is a fundamental feeling—the dislike of extinction.—Editor.]

Dr. H. E. Reed, Porterville, California.

You ask for a candid opinion about February *Osteopathic Health*. "Do we want a more militant osteopathy?" It seems strange in these days when so much is said about universal peace for the osteopaths to be preparing to carry the fight into the enemy's camp. I believe in being prepared for war, but not the aggressor.

I am as enthusiastic as anyone could be, and believe that osteopathy is the very best thing in the line of treatment today, and I believe in shouting its virtues from the housetops, and so long as you do that I am with you, but let the other fellow alone. If there is such a thing as "the meanest man in the world" it is the fellow that tries to gain his advantage at the expense of the other fellow. In other words, the "knocker." Let the other fellow alone; he is not all bad. In fact, I notice that you like to write "M. D." after your own name.*

I believe an osteopath could have handled both cases that you mention in February *Osteopathic Health*—probably better than anyone else—but it is presuming too much to say that they would have recovered under such treatment.† We have no way of knowing, so let us at least be charitable, and instead of "knocking" the other fellow tell people about the good things we have for them. That keeps me busy.

[* and †Please read editorial notes I. and II.]

Dr. Sarah C. Wardell, Asbury Park, New Jersey.

I cannot circulate among my patients such views as you set forth. I do not believe in such a method.

Dr. R. V. Kennedy, Charleston, S. C.

The "militant" number has arrived—it almost took my breath away. Say, how about the note in our own eye—are we perfect? Isn't it a safe bet that if we deliver the "goods" we will get the business. My home is Rochester, Minn., the home of the world-famed Mayo Brothers—they have hung in their office this quotation from Emerson: "If a man can write a better book,

preach a better sermon or make a better mouse-trap than his neighbor, the world will make a beaten path to his door." Do you catch the idea?*

Again I call to mind a saying of my friend, R. L. Stephenson: "There is an idea abroad among moral people that they should make their neighbors good—one person I have to make good; myself. But my duty to my neighbor is much more nearly expressed by saying that I have to make him happy—if I may."

I shall promise to burn my hundred copies of the February number as soon as they arrive, and ask you to please cancel my contract forthwith.

[*Please read "Mousetrap Philosophy" in this issue.]

Dr. O. P. Streight, Wapakonetta, Ohio.

I do not approve of the article in the February *Osteopathic Health* and am sure that a large distribution of this booklet in this territory would absolutely kill osteopathic business. I think it poor business.* Any time that you have an issue that talks osteopathy from cover to cover, as some of them do, I will want some of them. But when you take a case, as you have in this issue, after a man is dead, and try to tell the people that if we had been able to treat the case he would not have died, this sounds too much like quackery; it is merely an assertion without any possibility of proof;† the men are dead, we only know by the newspaper clipping what was the matter with them, and in the case of at least one of the men mentioned, he was an old, crippled, diseased and worn-out man, all ready for the first malady that hit him, and everyone knows that a death certificate very seldom tells the cause of death. Besides this is just like the surgeons; if the child that the osteopath has been treating for appendicitis had been operated on he would not have died, just as though none of them died after an operation. Many a time you hear the remark that every knock is a boost; the reason the osteopaths have grown so fast as they have is because of the open knocking of the M. D., and now they are hurting us worse than they ever did because they are not saying a word; just smile when asked about osteopathy. Now I, for one, do not want to build up the M. D.'s by knocking,‡ as he built up in the past. If we could make people believe what you say, it would be all right, but I have been dealing with them just long enough to know that they do not believe anything you say if said in this way. And they simply think you are trying to tear down their old family doctor; this does no good. My idea is to talk osteopathy first, last, and all the time. It is an old saying that you find the most clubs under the best apple tree. I do not want to help the people think that is the medical tree.

[*†Please read editorial notes III, II and I.]

Dr. Geo. H. Tuttle, Portland, Maine.

I believe it is the truth you write in the February *Osteopathic Health*, but I do not believe we should name individuals who have died and say they would have recovered by our treatment.* A short time ago I was with a trained nurse three hours with acute indigestion. I told her she could have a regular, but she said osteopathy was good enough for her. In the morning she told me she was never so sick in her life and she never saw a case handled better, and she did not dare to have a regular, for if she was going to die, she wanted to know it. Our patients talk, but if we blow our own horn, these conservative people holler fake.

[*Please read editorial note No. II.]

Dr. J. E. Hodgson, Spokane, Washington.

Did you ever know any one in previous good health to die of acute indigestion? I mean not only those fortunate enough to have osteopathic treatment but under any other school or method of treatment. I have never known such a case and at least a dozen osteopathic and medical friends say they have not. I'm sure we have all heard of many cases so reported in the press and I doubt not many reputable physicians have so reported cases just as they have reported cases of "heart failure" either to cover the real cause or because the diagnosis was obscure or difficult. Now I don't know why Admiral Evans died so suddenly but I don't want my friends to think I am making the claim that had I been called in to take the "welts" out of his spinal muscles, he would now be enjoying good health. I am persuaded that he had some chronic ailment which needed only such an attack to bring a fatal termination. I can easily conceive of a ruptured gall bladder, setting up acute infection which might simulate acute indigestion and be so reported. Here's my point—let's not claim too much. It makes our case weak, where we might be strong, and the exact facts are all osteopathy needs to maintain its established reputation.

[Your counsel is good, doctor, and your views moderate. Of course, you will agree with me that if Admiral Evans had some chronic ailment smoldering beneath a calm exterior, there was all the more necessity for controlling a sudden and severe acute indigestion and preventing that aged and infirm patient fighting a vital deadlock three hours long with an opium handicap. My article emphasized that the more infirm a sufferer the more he needs prompt and sufficient treatment. I didn't say these men died of "bellyache" alone but that uncontrolled "bellyache" caused death must be true whether it worked to stop a leaky heart, or in any other way.—Editor.]

Dr. J. R. Miller, Rome, New York.

I am not in harmony with the character of the "militant osteopathy" you set forth in some recent numbers, and especially the February number. I consider myself a militant osteopath; although for ammunition, I want good sound osteopathic principles, not the other fellow's shortcomings. It is time enough to use the latter when I run short on the former. Teach osteopathy, not drugs. I have found by experience that I would not gain a favorable audience by a skeptic in attacking drugs and especially in the manner of the February *Health* does it. On the other hand, I would command his interest and finally support by carefully telling him about Dr. Still's discovery.

Dr. Leon B. Hawes, Adrian, Mich.

You asked for a vote on the February number of *Osteopathic Health* and while I did not sign your vote blank, yet I will give you my opinion of the subject as best I may. First I want to say the number was a good one in many ways, and generally speaking I am not sorry it was sent out. However, here is where I feel like criticizing. Part of it reads too much like an attack on the old schools for losing cases, and I don't believe we can possibly afford to do that—no matter how true the charge might possibly be; and there again is where you are weak. It is not at all certain you were right, especially about the case of the admiral, for I am free to say that while osteopathy in my opinion leads the world in handling acute indigestion, yet in that particular case, personally I would not have cared for it and here are some of the reasons: First, I am satisfied it is a fact that army life, and especially the officers, are what we would call high livers and very high at that; and while I know nothing of that particular case, yet that would be my judgment with a man of his age if he had lived as the majority do live. I doubt very much if any physician could have saved him, and if an osteopath had been in charge, we would never have heard the last of it. And that was the criticism of one of my patients on that article, that while it might be true, yet there was no provision made about the manner of life of this man, and that while the number as a whole was good, yet she said she thought that part of it had much better be left out. For the same thing is true of the whole as is true of a part. We can help ourselves along much faster by telling and showing what we can do and the reasons for it so much faster than by telling where the other fellow fails, and so while I believe in telling out of their own mouths of the failure of drug giving, yet I can not approve of saying anything about special failures which possibly we might have made ourselves.

Dr. Warren B. Mack, Lynn, Massachusetts.

You asked for an opinion on the February number of *Osteopathic Health*. I am somewhat undecided, but don't like it quite so strong. It seems to me that these prominent people might have died, even under osteopathic care. Probably the acute indigestion was heart trouble.* I shall use the February number, but I do not like it quite so well as some others you have issued. [*Please read editorial note II.]

Dr. Helen Giddings, Cleveland, Ohio.

We cannot refrain from expressing to you our unwillingness to send to patients or have go out of our office some of the material contained in the *Osteopathic Health* for February, 1912. The subjects of our disapproval are "Is the Physician a Death-Watch or a Life-Saver?" The first open page holds the bold assertion that with scarcely a doubt both men would have recovered with osteopathic physicians. Speaking of Admiral Evans and Mr. A. T. Dickens, we believe this is too strong an assertion to admit of publication. Our practice is sufficiently large and successful to show us

most conclusively that people die under osteopathic treatment, as they do under both medical and surgical. We cannot seem to endorse what is "unethical."

Dr. F. E. Jorris, Minneapolis, Minn.

In reply to your request for an honest opinion in regard to militant osteopathy, will say that I believe in standing up for osteopathy, for we know the philosophy of osteopathy is all right, and I believe every intelligent person believes in it when he understands it. But in defending osteopathy and in educating the public to the osteopathic idea, I do not think it is either necessary or wise to assail others who are trying to heal the sick. The personal reference as made in the February *Osteopathic Health* seems offensive to me and I believe such references are offensive to the average mind. And if they are so, they will do more harm than good. Talmage said: "The man who never makes mistakes has not yet been born" and as that is no doubt true, it seems to me, ill advised to throw stones. However, let us continue to educate. Those who know osteopathy, take osteopathy. Everybody believes in osteopathy only they don't all know it, because they do not know what osteopathy is. Your March number is an excellent educator. I have a bunch of them.

Dr. Aubury W. Hart, Boston, Mass.

Enclosed please find slip, which it had been my intention to mail you before.

I believe in an active, dignified campaign in the interest of osteopathy, for the more I practice it the more I am convinced that we "have the goods," as they say in business parlance.

There is, however, this that does not appeal to me as best, and that is too hasty or unwarranted criticism of the medical profession. To be frank, it does not seem dignified or fair to accept a newspaper report alone as the basis of attack upon another school of practice. Newspaper articles are too seldom reliable.

How do we know Admiral "Bob" Evans did not have an organic heart trouble with failing compensation and a chronic kidney trouble back of that, etc., etc.?

You may have all the particulars of his attack of "acute indigestion" and his physical condition in detail, but if not, is it entirely fair to go after the other fellow too strong? Perhaps our best osteopath could have done no better.

This is not my own opinion alone, but several have criticized the article on that basis—not unkindly, but with the thought that it was hardly fair.

I admire your earnest spirit and the articles in *Osteopathic Health* are usually timely and well written; in fact, the magazines, like good wine, seem to improve with age.

Wishing you every good thing you could wish for yourself.

Dr. Ernest Sisson, Oakland, Cal.

You ask me what I think of militant osteopathy. If your February number of *Osteopathic Health* is a sample, I will say that after reading the articles concerning Admiral Evans the supply I had of *Osteopathic Health* went into the waste basket.

We are buying *Osteopathic Health* in order that our patients may be told in a careful and well stated manner what osteopathy is, and what and how it expects its beneficial results, and I do not wish to circulate any literature to my patients that has for its only recommendation abuse of the other fellow and that abuse based on distorted facts.

I will refer to the point I have in mind. The cases stated concerning the death of Admiral Evans, etc. Most intelligent people who read know that Admiral Evans has been an invalid for years, and that for more years he has been a generous indulger of champagne; also that when he brought the fleet around the Horn it was doubtful if he would live until he reached San Francisco, and that after he did reach San Francisco he was in a precarious condition with "Bright's" for he has not at any time since been in good health. And then to state that osteopathy could have cured him of any attack that was severe enough to cause death in a few hours! Now, Bunting, does that sound good to you? Would you stand for it?

There is no argument in abuse, and if the other fellow is wrong he will hang himself. How do you feel when some M. D. calls you a fakir and a charlatan? Well, I feel sorry for him, and I also feel sorry for myself when I find I have passed out such stuff.

We cannot use the militant osteopathic numbers, as they are not suited for the uses for which we are purchasing *Osteopathic Health*, so please cut out those of our orders, especially those numbers where statements are made that are not and cannot be fully substantiated. The question is, What is *Osteopathic Health* for? The line of argument for a journal where it is a publication such as *THE OSTEOPATHIC PHYSICIAN* may be all right and in proper place, but it does not appeal to me and in time will react on us.

We have too many shortcomings to be telling of the other fellow's faults. Goodness, what would happen if the mistakes of some of us were embellished and painted up, say by a "Bunting" for the other side! None for mine.

Dr. Albert J. Molyneux, Jersey City Heights, F. J.

The last two editions of O. H. do not appeal to us as the best thing for our locality; in fact, we feel that they injure the profession, judging from the impression they make on us and from the expression of our patients and prospective patients.

We feel that talks on osteopathy's application to the various diseases such as have been received previous to these two last editions are what we need, believing that by such articles and results obtained more substantial and rapid progress can be made. Please do not send us any similar numbers, but rather an assortment of your old editions, the month of issue making no material difference as long as osteopathy's application to the various diseases is well covered.

What is "Knocking"?

[EDITORIAL NOTE I.]

ONLY criticisms that are unjust and untrue are "knocking." It is not "knocking" to speak the truth about anything. It is our duty as scientists to speak the truth always, and an honest opinion, advanced with moderation, making an appeal to facts and using logic and reason to prove that that opinion is right, is never "knocking." To be a "knock" a thing must be slanderous. A "knock" is a willful perversion of truth, having its origin in envy and malice.

This definition of what a "knock" is and is not answers fairly and fully—it seems to me—each of the allusions to the subject in the several letters which appear in this "negative column." I believe our brethren err in attributing the word "knock" as a criticism of our position when we venture to tell a small part of the living (and dying!) truth. We should not misuse plain terms.

Should we criticize the wrong and crusade against it? Should we advance the right by explaining the wrong? That's the question. It is a broad question of morals and expediency both. Let us decide these questions on their merits. I vote "yes" on both grounds. I may be wrong, but that is my view. But let us cease this talk about "knocking" when we discuss these broad principles of right and expediency, for it has nothing to do with the case. When an osteopath "knocks" he is as contemptible as every other "knocker." But when an osteopath is a reformer and a teacher of new truth he is not a "knocker." The Man of Galilee railed bitterly at the Scribes and Pharisees. He not only showed where they were wrong, but He denounced them blisteringly as rotten to the core. Would you call that "knocking"? Answer the question: Was Jesus of Nazareth a "knocker"? There's a world of difference between battling for the right, or what one believes to be the right and slandering what is true and right, whether one understands and believes it to be true and right or not. A slander is a knock and, whether uttered maliciously or through ignorance, does not matter. A knock hurts the knocker. It reacts. It often boosts the person who is maligned and misrepresented—but not always. A truth told hurts whatever and whoever stands for error; and it helps the victory of right and whatever and whoever stand for right.

Now, then, to say that it hurts osteopathy and osteopaths to tell the truth about drugging is wrong. It is not so. And to say that it boosts the M. D.'s to show wherein they are in error is equally untrue. The reverse is true in both instances. It is demanded, however, that osteopathic crusading be wisely, moderately, opportunely done or it may defeat its own ends, although it represent truth. In other words, we must use expediency, as well as being on the right side, to advance the cause we represent.

I wish you would read carefully the comment of Dr. Herbert Bernard on this subject in the "Aye Vote Column" this issue.

The Difference Between Stating Facts and Opinions

[EDITORIAL NOTE II.]

IT is due me to add that I said only that if competent osteopathic physicians had been called in on these cases the LIKELIHOOD is the patients would have recovered—recovered, of course, not from "old age"

or "valvular heart trouble," but the paroxysms of "acute indigestion." I still think so.

As several of my friends have quoted me erroneously and criticized me for things I really did not say, while others have drawn very broad and loose inferences from my words, I shall ask to be allowed here to analyze my own statements. My words were: "THERE IS SCARCELY A DOUBT that both men would have recovered if they had been attended by osteopathic physicians. It may seem unkind to STATE THIS OPINION," etc. You see, I did not pretend to know or say this was a FACT; nor did I say (as some of the boys wrote me I had said): "There is absolutely no doubt that these men would have been alive today if they had been treated by an osteopath." There is a very wide difference between asserting a "fact" and offering "opinions" about "likelihoods."

A later paragraph in the Dickens discussion said: "Do you realize that an osteopathic doctor IN ALL LIKELIHOOD would have corrected that early acute condition in Mr. Dickens' anatomy while he was resting up in Boston," etc. Again, it said, "IT IS ALTOGETHER PROBABLE * * * there would have been very little expectation of again being stricken with acute indigestion; but, if he had been, the osteopathic management of his case WOULD HAVE BEEN EXPECTED to correct the condition again," etc.

As a summary these words were used: "Both deaths APPEAR to have been unnecessary and MIGHT have been prevented." You see, that is still stating an "opinion" and stating it as an "inference," and is not asserting it as a broad, unqualified claim.

I make this explanation because I do not wish anyone to conclude from these criticisms applied by friends and patrons to this Dickens-Evans article that I state things to be "facts" when I offer them as "opinions," or that I put them forth *unqualifiedly* when I am careful to speak *qualifiedly*.

However, I am free to say if I were putting that article out today—after this excellent and helpful discussion—I would modify some of those phrases considerably. I would say on the first page, for instance, "There is fair likelihood," instead of "There is scarcely a doubt."

This discussion among ourselves and the tendency of some of my own friends to read stronger claims into my lines than I actually wrote emphasizes the responsibility resting upon me to speak *clearly* and *moderately*, and say things so absolutely plainly and fairly that he who runs and reads may not be able to get any wrong inference from them whatsoever.

The Difference Between Theory and Practice

[EDITORIAL NOTE III.]

ONE conspicuous fact stands out in these good letters: Among those who say that the "Death Watch" article "injures osteopathy" and "drives away patients" are those who did not use that number. Some would not order it. Others say they burned their copies! These are they who, as a class, say that it was a mistake. Of course, they were honest about their opinions, but in the main they were *theorizing*.

Those who did use it say it was a surprisingly good number for winning new patients. Among them are half a dozen who admit they were convinced of this fact considerably against their own wills. They confess to having been afraid of it and opposed to it at the start, but agreed, after correspondence with us, to make the test. The test changed their views and they admit it candidly.

Such a situation is significant. It shows two things: (1) That a good deal of the objection is purely subjective and arises out of preconceived opinions; (2) that even though an individual osteopath—or many of them—might have a strong, even violent, antipathy to a certain article, it might yet be the means of doing a

vast amount of good for the science and profession.

I have a lot more faith in demonstration than mere speculation. I put more reliance in the advice of a man who says, "I tried it out fully and therefore I know" than the one who says "I wouldn't try it because I'm perfectly sure I know in advance." It's the difference between theory and practice.

I recommend that you re-read the letters of Dr. Ernest R. Humphries, Dr. L. A. Bumstead, Dr. Franklin Fiske, Dr. Joseph H. Sullivan and Dr. Geo. F. Wagoner on this phase of the subject.

Complications Make Opium Giving Even More Dangerous

[EDITORIAL NOTE IV.]

REASONING from cause to effect, and effect back to cause I cannot see where giving opium—the confessed treatment in these cases—and withholding attention from the congested spinal centers is anything but manslaughter and I would to God I could stand before the American Medical Association and hurl this indictment into the teeth of the 100,000 M. D.'s who trust life to such treatment!

Manifestly, the weaker and more diseased the old Admiral's heart and kidneys were, the more imperative the necessity to relieve his spinal dead lock so that the invalid organs would not be put out of commission by the unchecked acute indigestion. This was not done. The doctor let the heart battle nearly three hours against its burden, plus opium, before the heart gave way. I surely made it plain in that article that the more danger from a diseased heart, the more the necessity of correcting the indigestion.

The Physician Who Treated Mr. Dickens is Quoted

SOME of my friends have criticized my "Death Watch" article on the assumption that I had only assumption for premises as regards the real conditions and treatments of these two famous personages. "Did I know what was actually wrong with these patients?" and "Did I know what kind of treatment they got?"

The physicians in both cases spoke for themselves. They told their own stories. The Associated Press reporters did not diagnose these cases for the physicians, nor fake the treatments given. The physicians were immediately interviewed and, as usual at the hour of the serious illnesses or deaths of prominent men, gave out their own statements, which were duly published. Later—after death—were changes of diagnosis to cover the inadequate treatment as given.

As they diagnosed their patients by symptoms, rather than by tissue conditions and treated them by drugs and "expectantly" rather than by affording anatomical relief, you and I probably know about as much as they knew of real conditions, after we find that they confess they were

puzzled and didn't really know themselves, but suspected this and that thing was the matter, etc. From osteopathic inference we may be fairly sure we know important factors in both cases which the attendant physician wholly disregarded.

After Mr. Dickens was dead his doctor said his trouble was probably angina pectoris. Read his words and analyze for yourself how much he probably knew about his case before death eventuated. Can you fancy a doctor letting an angina case of that gravity get out of bed and travel if he even *suspected* it was angina before death? And do you believe morphia and atropia and a hot bath met the demands for sane relief? Are you familiar with angina pectoris pains in the hypogastrium? You see the man's at sea yet—did not diagnose his case, and did nothing but stupefy the pain sense and at the same time still further deadlock the vital machinery of his patient.

I submit for your judgment the signed *statement* of Dr. Stephen Smith Burt, who treated Mr. Dickens. He wrote this out over his own signature for the *New York Sun*:

When Dickens Died His Doctor Grieved

(Letter to The New York Sun.)

To the Editor of the Sun: Inasmuch as I was one of the last persons to converse with the late Alfred Tennyson Dickens, a short account of that interview and of his death may be of interest to you and the readers of your journal. Summoned to his room at the Hotel Astor on Monday evening, without knowing the occupant, I found a man in great pain. He told me that he had gone to a theater, but owing to a sudden attack of what he thought indigestion he was obliged to return. I told him that nothing short of a hypodermic injection of morphia would relieve such acute suffering and hastened to get the necessary implement.

After a moderate dose of morphia and atropia I gave him a hot bath and the pain soon disappeared. As he lay there in the bath tub he said to me:

"I have been on a lecturing tour and I presume I am a little worn out; but I must pull myself together, as I have an engagement to lecture tomorrow evening at Kingston, and I should be sorry to disappoint my audience."

Thereupon I asked him what he was lecturing about, and he said the writings of his father. "What is your name?" I then asked, and he replied, "Dickens." Then for the first time it dawned upon me that he was the son of Charles Dickens.

"You know, it did not affect me," he said, meaning peculiarly, "but I was astonished at the size of the audience at my last lecture, which was in Indianapolis. My manager told me there were quite 5,000 people present." I said it must have been very gratifying, and he replied, "Yes, I was simply delighted."

"The English people," Dickens continued, "do not really know and fully appreciate the Americans. I have found them charming and delightful."

"Yes," I replied, "you would be apt to meet more of this kind on such an errand as yours than the casual tourist. There are groups in this country almost everywhere of as refined and cultivated people as are in existence."

Then I told him of having heard his father read in Albany on his last visit to this country and of the delight, to a boy, of seeing and hearing the author of the books that had been so much to us all in this country. I told him that I was in part an Englishman, eight generations removed, and something of my ancestry which seemed to interest him, and as I was taking my departure he said, "I am very glad to know you." I answered "And I am very glad to know the son of your father."

The following morning I found that though free from pain Mr. Dickens had passed a restless night. He complained that he was not even able to read. While consenting to remain in bed until noon he felt that he must

"M"

DR. HENRY STANHOPE BUNTING,
Editor "Osteopathic Health"

I believe that it $\left\{ \begin{array}{l} \text{is} \\ \text{is not} \end{array} \right\}$ our best policy as a profession to print the sort of articles in our field literature that appears in February "Osteopathic Health" entitled "Is the Physician a Death-Watch or a Life-Saver?"

I $\left\{ \begin{array}{l} \text{believe} \\ \text{do not believe} \end{array} \right\}$ in "militant osteopathy" and $\left\{ \begin{array}{l} \text{would} \\ \text{would not} \end{array} \right\}$ welcome such editorials for the laity oftener.

Signed Dr.

Date

Town State

endeavor to go to Kingston, much against my better judgment. He dreaded to disappoint his expectant audience and his manager.

About noon he came downstairs, having given up his room, intending to take the train to Kingston. In the lobby of the hotel he was taken suddenly with pain and faintness and breathlessness. I was immediately called. We got him to bed at once, and the pain, which was most severe, was again very soon alleviated. Several times that afternoon I saw him and he remained comfortable. I told him that I had an engagement for the evening, but that I should not be at all out of his reach.

With a consideration that bespoke the kind of man he was, he said: "I certainly shall not disturb you unless things are imperative." Later in the afternoon, shortly after conversing with one of his managers, he suddenly raised up on his elbows, placed his hand over his heart and fell back dead. And I felt that I had just gained and then lost a friend.

It was not so much acute indigestion, which is so often given as the cause of death of those past middle life, as the sudden giving out of the heart muscles that had gradually become degenerated. In the case of Mr. Dickens, in my opinion, the pain, though not directly in the region of the heart, was, nevertheless, referable to that organ rather than to the gastro-intestinal tract, and was what is known as angina pectoris.

STEPHEN SMITH BURT,
New York.

You will see, just as I stated, that Dr. Burt gave his patient opium for a "cure" and a hot bath for good measure, and let it go at that. Instead, then, of taking off his coat and ascertaining "what in the Dickens" was wrong anatomically and physiologically, he was content to mask it behind opium and then engage in a beautiful sentimental conversation with the dying man about his lamented father! As this helpless and careless physician confesses, he found a new friend and lost him the same day!

Would to God that a competent osteopath had had his opportunity to endeavor to save that valuable life!

Now, in view of these admitted facts, please go back and read my article again and tell me if Dr. Burt, in his social visit and gossip with a dying man, acted as a "life-saver" or a "death watch"? What do you think?

Of course, it is all very well to spare the good doctor's feelings now, for I am sure he is a gentleman and a man of soul, but Mr. Dickens had his life at stake—and lost! Are one man's "feelings" of greater concern than another's existence?

Do you believe with me that you and I are somewhat responsible for the lives of those who are still to come into similar jeopardy? And that by speaking out now our abhorrence of giving a man at the brink of death opium to save him that we may, perchance, save someone else from dying? Is this stake worth while? Or is the M. D.'s pride of opinion and peace of mind paramount?

Osteopathic Technique After Two Decades of Development

By Herbert E. Bernard, D. O., Detroit, Mich.*

OSTEOPATHIC technique: The "Old Doctor" called it "fixing disordered anatomy"; we call it technique. He called it "setting bones"; we call it anything and everything but that. He, through years of study, so developed his fingers that he knew instantly how to use this "fixing" ability. We, by the study of descriptive and surface anatomy, develop our many forms of manipulative technique.

I believe we all have an abiding faith in our particular form of technique, with a hope that it is specific. Although I often wonder how much of it is really specific and how much is a general loosening of tissue, with the hope glued fast to the manipulation, that one will hit the right spot and fix it! Unintelligent, to be sure, but the results seem to prove, nevertheless, that it is a good method. Not so good as the Old Doctor's, because he knows what he has done when he cures a case.

*Read before the Chicago Osteopathic Association.

"Mousetrap Philosophy"

[From *Printer's Ink* of March 21st.]

PERHAPS the most inaptly used quotation for advertising purposes is the one about the man who, if he builds a better mousetrap, makes a better this or better that, the world will make a beaten track to his door though he lives in the woods, or words to that effect.

Then after this quotation is always the name "Emerson."

Now, I haven't done much reading in my time, but when it comes to Emerson I am somewhat at home. I have read and re-read everything Emerson ever wrote (that is in print), but I've never run across this piece of "mousetrap philosophy" because *Emerson never wrote it*.*

The peculiar, distinctive and unusual trait about Emerson is that whatever he wrote was as truth, and this "mousetrap absurdity" is not.

A man who lives in the woods, though he makes a better article than anyone else is making, will have a romantic, slow and sure death by starvation unless he lets the world know in just what part of the woods his shop is located and what is the quickest and easiest way of getting there.

There's but two ways of making that "beaten track," and that's by advertising and by continuing to make better mousetraps.

"The hearing ear is always found close to the speaking tongue," says Emerson in his "English Traits."

Advertising is the "speaking tongue" that arrests the attention of the "hearing ear" of the world.

If there is no advertising, if the tongue of information is silent, the world does not receive the message, and your mousetrap friend, be he ever so skillful, will perish.

The time-worn fallacy that a good article needs no advertising should be taken out in the air, laid over a line and beaten.

To use the words of my advertising-philosopher friend, A. S. Bryan, "The man who does not advertise pays the bills of the man who does."

Waiting is a poor game—and a long one. Advertising will carry the goods from where they are sold to where they are wanted.

"Mousetraps"—oh, perish the thought! Do you hear, Clarence? Desist!

[*Elbert Hubbard has confessed to the authorship of this phrase, which he attributed to Emerson as a joke. He has been laughing up his sleeve ever since at the search of Emersonians to locate the quotation.—Editor.]

new food medicine handed to them, etcetera. Gee! They certainly know all about osteopathy then, and they can explain it to their friends in such a way that it helps the rest of us!

It isn't my kind of technique—this conglomerate mass of medical ideas and non drug methods. My kind of technique is mechanical, purely mechanical. My kind of osteopathy is the study of the mechanism of anatomy; developing the touch so that one may be able to recognize an abnormal anatomical condition; and the understanding of anatomical mechanism so that one may be able to correct such anatomical disorder. That is my idea of Andrew-pure osteopathy and its technique.

It is, to be sure, rather hard to study and know the human machine. Takes a lot of hard work to know and remember the intricate machinery of the human body so well that one may instantly recall the musculature, blood and nerve supplies of an anatomical area upon which he wishes to work. It may be that this is the real reason for so many osteopaths advising other methods. It is much easier to understand how to hold a light over the sciatic nerve in the gluteal region than to study this nerve's origin and distribution. Laziness? Maybe that's it. Who knows?

Now for osteopathic technique as I understand it: The first and greatest rule is always to get as much relaxation of tissue as possible. This can be done by so placing the patient upon the operating table in a position that will tend toward relaxing the area upon which one wishes to work. Relaxation is necessary for both examination and treatment. Although I will consider examination first.

The second rule is to locate and determine the kind of a lesion which may be bony or tissue contractions, or tissue relaxation. The history of the case will usually determine as to whether the lesion was caused by trauma, abuse of function, wrong mental attitudes, infection or exposure to cold.

The third rule is where there is more than one lesion discovered—which is usually the case—to determine, if possible, which is the primary lesion. It is hardly possible, however, to decide which is the primary lesion at the first examination. My experience has been that it takes several treatments to determine this very important fact. And it is important, as it is very necessary to give more attention to a primary lesion than to a secondary one. *A secondary lesion can never be corrected and stay so unless the primary lesion is corrected first.*

Now for treatment: Remember relaxation first. As I said before, put the patient in a position that obtains relaxation. In other words, overcome the natural tonicity of muscles as far as possible and it will be much easier to locate and treat contracted or mal-adjusted tissues. All osteopathic lesions are tissue pressure in effect. Even in a bony lesion, the bone is displaced, it is true, but it is displaced only in its own articulation. It is the deranged and congested soft tissue that cause the pressure, *never the bone*. If a bone should press a nerve against another bone, it would destroy the integrity of the nerve.

In reducing an osteopathic lesion all tension of tissue must be worked on until it is normal, or nearly normal. This is hardly possible at one treatment, as great care should be taken *not to overtreat*. The tissues involved in an osteopathic lesion are so easily stimulated through mechanical irritation in some cases that it demands the very lightest treatment to obtain the result necessary. In other cases a much harder treatment can be given.

When the tension has been taken out of the tissues, or exhausted tissues have been strengthened, all the movements possible to that area should be made to the limit. The movement that is limited is the one that should be forced a little beyond the limit, if possible.

at each treatment. In this way nature may line up the articulation without any further work. If it becomes necessary to overcome a pull exerted by some deep tissue which you have been unable to reach, always "break the articulation worse," so to speak, which means work hard against the greatest resistance, then, with a movement that will stretch or extend the vertebrae, rotate the spinal column toward the same side (if a lateral displacement) to which the vertebrae has been drawn or crowded when the lesion was formed. During the same time that this movement is being made, a sufficient pressure upon the spinous process of the vertebrae will push it back into place.

If the displacement is anterior or posterior the movement must be modified to suit, always remembering that there must be extension and rotation at the very same instant the vertebra is moved. In this way the ligaments surrounding the articulation help in replacing the bone.

If you have to deal with a soft tissue lesion only, slow deep pressure is all that is required. I always avoid quick, sharp pressure, as it has a tendency to make the muscles resist, thereby

defeating the very purpose for which the treatment was given.

In acute diseases, and in cases where relief is wanted before the tissues are in such condition that a lesion can be fixed, it is a good and safe procedure to treat the nerves by "manipulative irritation." In treating nerves in this way, however, it really takes a very intimate knowledge of anatomy and a very intelligent handling of the blood stream. There is only so much reserve blood in the body and it should not be drawn all over the spinal area when it is only wanted in one place.

Let us say that you have a case of typhoid fever and want to stimulate the blood supply of the intestinal wall. The small intestine is supplied by the mesenteric arteries which get their vaso-motor nerves from the splanchnics. Therefore by "irritating" the posterior spinal nerves in the splanchnic region more blood is brought to the spinal nerves which transmit their stimulant through the rami-communicans to the vaso-motors of the mesenteric arteries.

We must develop this form of osteopathic technique more carefully than we have done in the past.

Dr. Earle S. Willard Urges Academic Revision of the Principles of Osteopathy

BY academic revision of the principles of osteopathy, I mean not only restatement of the anatomical facts and physiological principles fundamentally and directly related to osteopathic practice, but also elimination from accredited expositions of osteopathy of all abstract, irrelevant, foreign and non-essential matters—that is to say, all matters that serve to mislead, mystify and confuse the reader rather than to convince him of the rationality and soundness of the osteopathic therapeutic position. Let me state at the outset that the views herein set forth were not arrived at only recently. On the contrary, they are firm beliefs that I have held and acted in accordance with for many years. To show that they are older than this occasion, I ask you to read the editorial on Principles of Osteopathy, which appeared in the *Philadelphia Journal of Osteopathy*, August, 1909.

As previously stated, I have acted in accordance with these beliefs concerning osteopathic fundamentals for many years. As my students in osteopathic practice will attest, I have for over six years taught, in direct opposition to generally accepted or established teachings, that pressure upon a spinal nerve—a condition that obviously will be followed by serious consequences—is seldom found in practice. In other words, that the pernicious effect of spinal perversions or "lesions"—conditions that every osteopath finds many times each day in practice—is not brought about and maintained in the vast majority of clinical cases, as taught from the beginning in our profession, by "pressure on nerves"; that is to say, pressure resulting from vertebral displacement. Likewise I have taught in elaborating this contention, that the baneful circulatory disturbances associated with pathological conditions of the spine is not, as generally believed, due to direct arterial or venous obstructions, i. e., obstructions occasioned by a displaced vertebra; but that the articular perversion, when it exists, involves the microscopic tissues of the muscles and ligaments adjacent to the immobilized vertebral joint, and, thereby, retards or impedes the circulation or flow of lymph in all nearby structures, including the sympathetic ganglia and the nerves emanating therefrom. In the practical application of this theory, I have laid great stress upon articular immobility as the most constant and conspicuous physical sign of spinal lesion. (In the following articles I have specially stated my

views and findings regarding the diagnostic significance and importance of spinal joint mobility as well as immobility: "Lectures on the Practice of Osteopathy," copyrighted 1909; and "What Osteopathy Proposes For the Prolongation of Life," a paper read before the Maryland Osteopathic Association, October 10, 1908.)

These theories, which I have taught in the class room for the past six years, were elaborated in a series of four articles which appeared in the *Journal of the American Osteopathic Association*; the first of the series beginning in the December, 1909, issue. For a succinct statement of these views I refer you to this series, March, 1910, beginning on page 286, col. 2, 10th line from the top.

I have cited here certain passages in former writings of mine because the conclusions expressed in them have been established as basic principles by findings made in the laboratory of the A. T. Still Research Institute, so that I can conscientiously regret that they are not set forth today in accredited or authentic expositions of osteopathy. Nor am I alone in this; they have been endorsed by the highest scientific body in our profession. And let me emphasize still further, that two years have lapsed since the announcement was first made by the Research Institute of these findings that should have revolutionized didactic handling as well as popular explanations of osteopathic principles.

As we all remember, Dr. Carl P. McConnell, at an impressive and representative gathering of osteopaths in New York, March 26th, 1910, announced the result of six years research conducted by him and Dr. Frank C. Farmer, under the auspices of The Research Institute. His conclusions, given at that time, appear as follows on page 321 in the April, 1910, issue of the *A. O. A. Journal*. "In conclusion the following points are submitted bearing upon the theoretical and practical interpretations of the osteopathic lesion. It seems that the explanation of the lesion rests upon something more than mere pressure of mal-adjusted tissue upon nerve fibre or vascular channel; this at best can be only part of the physiological disturbance of the muscular, facial, ligamentous, and osseous tissue which causes interference with the normal afferent influence to the spinal cord centers, and this is more or less permanently maintained by the lack of freedom of the joint movements. . . . Neither macroscopic

or microscopic findings in the tissues passing through the spinal foramen warrant the assumption that the osteopathic lesion is the result of mechanical pressure per se in this region."

These words of Dr. McConnell (the italics are mine) need no comment as they are themselves sufficient indorsement of the position I have all along held regarding the clinical physiology of spinal lesion. To illustrate that those high in authority in our profession appreciate the revolutionary nature of these views, I quote from an editorial that appeared in the same magazine with the foregoing conclusions:

"Dr. McConnell has come and gone and his visit has left an imprint on the public mind like no other event in our history. He gave in outline his six years work. * * * As a result of Dr. McConnell's work our ideas must undergo a change, for our old explanations will not stand."

To summarize: Thus far I have pointed out that there are to be found vulnerable points in our arguments generally advanced in support of osteopathic practice. I have quoted from an editorial that appeared in the *A. O. A. Journal* nearly two years ago, to show that the official organ of our profession has long recognized that revision of our principles generally is necessary. And yet, nowhere can we find evidence of revision taking place. Thus, we are forced to conclude that our profession at large not only needs a firmer, clearer, and more comprehensive grasp of fundamentals, but fails utterly to rise to a sense of the duties and responsibilities that devolve upon it in placing before the public mind explanations or expositions of fundamental osteopathic matters.

Thus we are brought face to face with a question of great practical importance, to wit: "What is to be done to arouse the profession as a whole to a broader acceptance and interpretation of the principles of osteopathy, or, in other words, to rehabilitate the vital issue in osteopathy, namely, ground principles."

In the December, 1911, issue of the *A. O. A. Journal* there is an editorial appeal for the publication of more books treating of osteopathic principles and practice, although in the same breath the editor confesses that, with the exception of Dr. Still's books, "few of them have gone over one or two editions of 500 or 1,000 copies, and many of them are now out of print." In other words, the great majority of osteopathic books are failures; and this despite the fact that osteopathic books are everywhere needed; as the editor admits, the cause of this failure does not lie with the osteopaths themselves; they are, he says, "liberal buyers of medical books." On the other hand the fault does not rest entirely with the publications in question, for as we all know, many of our osteopathic books are works of considerable merit. Nevertheless, the fact remains that the profession at large, including our colleges and our practitioners everywhere, refuses to look upon the matter contained in these books as practical and helpful. In other words, the profession as a whole lacks confidence today in the books, meritorious though they may be, written by individual practitioners; and I fail to see how the situation can be materially changed by bringing forward other writers to possibly share the fate of their predecessors. The remedy, I believe, lies in another direction.

In the last few years I have questioned hundreds of osteopaths concerning our text-books, and I find existing a strong and growing sentiment favoring the production of an osteopathic book on ground principles, not by some one busy practitioner, but by a number of men, eminently qualified, collaborating in the work. Thus, as the prevailing sentiment had it, there is more likely to be presented views that are broader in their application than would be the case if one man alone handled the subject from an individual point of view.

Now I believe that this is a matter that the *A. O. A.* should give serious thought to, with

Address of Dr. Willard before the Osteopathic Society of the City of New York.

THE OSTEOPATHIC PHYSICIAN

CHAPTER I.

The Innate Weakness and The Developed Deformity of Every Man's Spine.

CHAPTER II.

The Rational Criteria of Normality of the Spine; and the Relation of Curves and Contour to Health.

CHAPTER III.

The Connection or Relation Between the Defensive Mechanism, the Nervous System and the Spine.

CHAPTER IV.

Pathological Findings that Demonstrate the Existence and the Nature of Spinal Involvement in Disease.

CHAPTER V.

A Working Definition of Osteopathy.

CHAPTER VI.

Spinal Immobility as a Cause of Active Organic Congestion.

CHAPTER VII.

The Clinical Physiology of Certain Pernicious Reflex that Have Their Origin in Perversions of Spinal Tissues, e. g.:

Spinal Joint Displacement as a Cause of Reflex Disorder.

Spinal Joint Sprain or Strain as a Cause of Reflex Disorder.

Spinal Joint Immobility as a Cause of Reflex Disorder.

Foreign Deposit Around Spinal Joints of Reflex Disorder.

Spinal Muscular Perversions as a Cause of Reflex Disorder.

CHAPTER VIII.

The Clinical Physiology of the Spine in the Acute Infections.

CHAPTER IX.

The Clinical Physiology of Pain and its Etiological Relation to Congestion of Spinal Tissues.

CHAPTER X.

Local Manipulations to Promote Lymphatic Drainage, Increase Metabolism and Regulate Blood Flow Generally; and the Reflex Effect of Such Procedure upon Spinal Perversions.

CHAPTER XI.

A Discussion of Therapeutic Stimulation and Inhibition of Spinal Nerve Centers.

Apropos of the matter of authenticating original discoveries, and of acquainting the practitioner as well as the public with accredited osteopathic findings, is the fact that those high in authority in our profession are entrusted with the vigilance of all matters pertaining to research and investigation. In a general way there is reposed in these men the duty of stimulating and encouraging original thought and observation among practitioners everywhere. And we are all so familiar with their untiring efforts in behalf of osteopathy, that I need not dwell upon that aspect of the subject. But notwithstanding their zealous, vigilant, skillful and unselfish handling of the situation, our profession as a whole has made a deplorable display of indifference to scientific advances made in our own ranks. This has been true, please remember, despite the fact that the conclusions and findings in question, many of them revolutionary and fundamental in character, have been set forth clearly and prominently in our leading periodicals. In other words, the fault has not been failure on the part of our journals to publish all such writings; it has been want of concerted, continued, and specially directed effort in impressing upon individual practitioners the importance and practical value of the advanced interpretations of ground principles.

As a result we find that, on the one hand, unwarranted, extravagant, and often ridiculous

claims have been sent broadcast without occasioning so much as a word of protest; on the other hand, findings of a practical and helpful nature likewise have been ignored; and, worst of all, there is no provision in osteopathy today whereby we can hope for any departure from this prevailing, loose, incomplete system that permits of practice that withdraw so much from the dignity and success of our profession. Our colleges, local organizations, state societies, National Association, Research Institute, and professional and scientific magazines and journals have their own individual functions to perform; but none of them have been organized and maintained for the specific purpose of putting prominently before the world the discoveries we ourselves have made. And in consequence of our not having this stated task assigned to some official body, many of our original conclusions and findings have passed unnoticed, while the credit and honor for priority in these matters have not been placed where they rightfully belonged. Indeed, many of the discoveries made within our ranks have served chiefly to enrich medical literature, and thereby our own literature has suffered inestimable and irreparable loss.

In conclusion, I propose that we tonight inaugurate a movement for the establishment of an academic body whose duty it shall be, first, to investigate and to pass upon the claims of all research workers, and, second, to act in recording as well as in disseminating all accredited matters pertaining to osteopathic principles and practice. Thereby will our practitioners at large be dealt with fairly so that the profession as a whole may broaden and develop its theoretic conception and strengthen its position in practice.

Proper Revision Desirable—A Free Press and Free Speech Best for the Profession—The Good Only Will Endure

By Charles Hazzard, D. O., New York City.

I QUITE agree with the gist of what Dr. Willard has said to us. We must not, of course, forget to adhere closely and unflinchingly to the fundamental principles of our science as laid down by Dr. Still, but it is nevertheless quite true that we should keep stimulated the interest of all the members of our profession in the advances and improvements that are continually being made in our knowledge, and our technique by various individuals here and there throughout the profession.

We can hardly prevent the publication of, or the exploitation of certain freak ideas and theories by various individuals within our ranks. I am inclined to think it would not be well to make an attempt so to do. Let everyone who thinks he has evolved a good idea, or who has made what he thinks is a discovery, have free access to our prints at all times. We need not fear but that the wheat will be separated from the chaff as this matter is winnowed by the discriminating intelligence of our profession. Then, let us, as Dr. Willard suggests, make a special effort for the preservation and use of all the new knowledge thus elaborated as it is found to be useful and valuable.

The Research Institute is most anxious to assist, in all possible ways, the stimulation of interest in the development of new ideas. Possibly some would prefer that a special body, representative of the profession, should be charged with the duty of collecting and preserving, for the profession, such new ideas and discoveries as may seem to possess sufficient merit, and of bringing the same prominently to the attention of the profession, urging their use and further development. The more there is done along this line the better.

No doubt the statement of the principles of our

the end in view, if deemed practical, of selecting a number of capable men to collaborate in writing such a book. I think that a book written by a number of our ablest practitioners, and published by the A. O. A., would carry tremendous weight not only among our own brethren but throughout the therapeutic world as well. For it would be a book that would not need the endorsement of use in any particular college to insure its sale; it would be the one book to contain the authentic and accredited principles of osteopathy treated in a manner acceptable to the leaders of thought everywhere in our profession.

For five years I have been collecting and arranging material for a text-book on "The Osteopathic Rationale." I have had much to encourage me in the preparation of this work and have received several flattering offers from well known publishers to bring out the book. But now that I have the manuscript nearly completed, this question constantly confronts me: "Is it fair to osteopathy for me or any other man to label personal thoughts and opinions, 'Principles of Osteopathy,' when the most that could reasonably be expected of me or any one man working alone, would be an elaboration of merely one aspect of the question?" I believe any one taking a broad view of the situation will answer in the negative. And I state my belief in this to you, the members of the metropolitan osteopathic association, feeling that through your influence and position, I can get the ear of the whole profession.

To repeat: I urge that those high in authority in the American Osteopathic Association consider seriously the matter of academic revision of the principles of osteopathy; and that as a practical means of bringing about such revision, The American Osteopathic Association invite all experienced writers in our profession to assist in this work. In other words, I urge that we at once take steps toward establishing in the A. O. A. a permanent body of qualified men, whose duty it shall be to put before the world the principles of osteopathy on a broader and more comprehensive plan than obtains in the profession today. I urge that we make this a united effort, regulated and controlled by our official organization because, as every true philosopher of the common life will understand, the most that one man can accomplish in any reform is at best only a small part of the work needed to insure the permanency of the movement.

To still further emphasize, and to better illustrate my position, I cite the following resume of natural phenomena discussed in my "Lectures on the Principles of Osteopathy." Now, all will agree that these captions state vitally important truths that are essentially osteopathic in nature. And yet—as I have elsewhere elaborated them—they treat of matters not prominently and clearly set forth in osteopathic text books. *Nine of the eleven chapters mentioned below treat of matters not touched upon in exposition of osteopathy heretofore made.* Why, then, is it not reasonable to suppose that there are many other men throughout our profession who have done work of an original nature, which, if understood and accepted by the profession at large, will strengthen our therapeutic position; but which, if not officially incorporated into the osteopathic rationale will be made practical use of by other schools of curative practice.

As a matter of fact, we all know that the medical profession today is everywhere making practical use of our distinctively osteopathic methods, without giving to osteopathy any credit whatsoever for their discovery. And so I urge, not only for the welfare and repute of osteopathy, but also for our own self-preservation as individuals in a new field of practice, that an academic body be empowered to act in recording as well as in disseminating all accredited matters pertaining to osteopathic principles and practice.

science, as embodied in present text-books, very much needs academic revision. This should be done, and I am glad that Dr. Willard is making a move in this direction. We should cordially second and assist in this purpose.

Revision Needed, But Care Required Not to Confuse the Original Conception

By J. A. De Tienne, D. O., Brooklyn, N. Y.

I AM somewhat surprised to hear from Dr. Willard that the philosophy of the osteopathic lesion is so little understood as to require specific attention being called to it. That he is right in contending that the greatest effect of the lesion is to decrease mobility of the articulation and adjacent structures involved we believe. From a fledgling struggling in college with the propositions of our science, I have always been taught that the irregularity of the lesion was not of so much importance as the immobility of the area involved. I had thought that proposition generally understood. If it is not, then I am for a revision which will include such a conception.

I am not in favor, however, of a revision that will exclude the conceptions that "Pressure on the nerve endangers functional activities" and "obstruction to a blood vessel impedes the circulation in the obstructed vessel." For those, also, are truths. The effect of what we call the osteopathic lesion in the great majority of cases probably is not to directly cause impingement of nerves and blood vessels, but that it is possible is capable of proof.

"Abnormal structure produces abnormal functioning" is a truth fundamental in osteopathic reasoning. It is a stock phrase, I grant, but a revision of our principles must include it, amplified, of course, or we will wander away from the conception of our illustrious founder.

The fact that there has been added to the philosophy of the lesion the question of mobility or immobility of the joint or organs is another evidence of our progress. It is another step in our evolution and bodes well for our future.

Dr. Willard has leded for the revision necessary for establishing our system before a scientific world. Might I not plead, also, for a revision that will secure a more uniform method of diagnosis and treatment, which is essential to establish our science before a suffering world? Might we not, also, in this revision, discuss frankly our limitations? I am with Dr. Willard heartily in the suggestions for an academic board of revisers. It will do us good more rapidly than if we should not, but I do not entertain his fears that if it is not done our theories and methods will be absorbed by practitioners of other methods. The scenes, methods, and results of our encounters with stricken humanity will be emblazoned upon human hearts to generations yet unborn. The keynote to the propagation of our species of healer is how we relieved the sick and not what we said to scientific bodies.

Convention Dates

Spokane, Washington, April 5th, annual meeting of the Washington State Osteopathic Association and annual meeting of the Eastern Washington Osteopathic Association.

Topeka, Kansas, April 5th and 6th, eleventh annual meeting of Kansas Osteopathic Association. Headquarters, National Hotel.

Sacramento, May 16, 17, 18, regular meeting of the Osteopathic Association of the State of California.

Kirksville, Missouri, May 24th and 25th, annual meeting of the Missouri Valley Osteopathic Association.

Boston, Massachusetts, May 24th and 25th, eighth annual convention of the New England Osteopathic Association. Headquarters, Hotel Vendome.

Peoria, Illinois, June 15th, thirteenth annual convention of the Illinois Osteopathic Association.

Dr. Wm. Smith Died of Pneumonia in Scotland, February, 15th

(Continued from page 2.)

An Edinburg newspaper printed this tribute:

A Pioneer in Osteopathy

The announcement of the death of Dr. William Smith, of Windsor Terrace, Dundee, came as a startling and sad surprise to his many friends, who regarded him as one of the stalwarts secure in robust health and un-failing vital energy. A remarkable man with a brilliant record as student, doctor, and pioneer in osteopathy, Dr. Smith won the admiration of men of affairs in many communities in this country and in the United States. He was a Licentiate of the Royal College of Surgeons, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, and his early record gave promise of a noteworthy career as a conventional physician. But Dr. Smith possessed initiative and daring, and after making careful investigation of the then little-known science of osteopathy he threw in his lot with the pioneers, and became an important factor in a movement which has achieved overwhelming influence in America, and is making good progress in this country. Dr. Smith found that the course he mapped out for himself was beset with myriad difficulties but he was a man of indomitable spirit, and the students who came under his care at the College of Osteopathy at Kirksville—many of them medical men of wide experience from all countries—gave eloquent expression to their high appreciation of the helpful service of Dr. Smith as a lecturer and demonstrator of anatomy. I had opportunities of examining the letters of whilom students of Kirksville sent from all parts of the world bearing testimony to the great abilities and skill of Dr. Smith. Dundonians and others who heard Dr. Smith lecture in the Queen's hotel on osteopathy must have been impressed by his magnetic eloquence. Dr. Smith made bold claims on behalf of osteopathy and there are many in Dundee who gladly testify that he made good. His pioneering service in this quarter of Scotland was not wasted effort, for the work will be carried on, as in Edinburg and in Glasgow, and will win public support.

I am indebted to Dr. William H. Jones of Adrian, Mich., for one of these clippings. Likewise for a letter from Mrs. Smith in answer to one from the doctor which reached Dundee only a day too late to find Dr. Smith alive. With apologies for printing this correspondence I shall do so for the interest these details will hold for the profession.

Dr. Jones shows how the many friends of good old "Bill" grieve at the news of his going. It is viz.:

Adrian, Mich., Feb. 12, 1912.

Dr. H. S. Bunting,
Chicago, Ill.

Dear Doctor:—

Herewith find a full account of Dear Old Bill Smith and his passing to The Great Beyond. Rest to his ashes and peace to his soul! You will see that my intention was all right in the letter I sent to him, and I regret that my letter did not reach him in time to be read by him before he passed out. The sentiment expressed to him may seem just a little gushy to you—but after all, Harry, is it not a fact that we generally underdo before death and overdo after death when it comes to the saying of kind words? I think so; and, knowing Bill's disposition—a radically noble and generous one, but clouded and overshadowed by superficial foibles—caused me to write as I did for his peace of mind and it was not all lost, even if too late for him, for Mrs. Smith, as you will see by her letter, derived some little comfort from it.

In writing his obituary none can do him justice better than yourself. You knew him so well; and I will look forward to the next issue of *The Osteopathic Physician* with especial interest, because of your eulogy of this man, who was a peer among his equals, and the first graduate osteopath.

I know you will well recollect his favorite motto, which for years was: "The faults of our brothers we write upon the sands; their virtues upon tablets of love and memory." You will mention his motto in your writings.

Fraternally,

WM. H. JONES.

Dr. Jones' belated letter to his old professor was in part as follows:

Adrian, Mich., Feb. 5, 1912.

William Smith, M. D.

4 Windsor Terrace,
Dundee, Scotland.

Dear Old Friend:—

Several times lately we have wondered about you, and wished we knew just how things were with you in the Old Home Land, and whether you were prospering as you deserve to do, or not.

It has been quite a while since we saw each other, yet the friendship I have always held for you has not dimmed in the least. I am the president of the Michigan State Osteopathic Association this year, our meeting will occur at the time of the next National Association meeting at Detroit, and, should you find it convenient to be in the vicinity of Detroit at the time of the next convention, you will be called upon to give us an address. May I have your acceptance now, if you expect to be in this country then, and an attendant at the National meeting?

Many things amusing, and many things not so amusing, have occurred in osteopathic circles since you left the country. . . . You have lost your old friend Warren, as you no doubt know, his death having occurred recently.

Say, Bill, why do you not spend your spare time in writing a boiled-down history of osteopathy? You could give the sunshine and shadows of the progress of the science with a ring that would arrest the attention of both friends and enemies of the practice and prove to be attractive enough to be a money-maker for you.

Do you think you will ever return to the school, or at least, feel you would like to? Will you open up your mind to me, and tell me just how it is with you, and what you would like some of your old friends to do for you, if anything? Let me hear from you, at your convenience. With best wishes and with the hope that you are comfortably situated and not desirous of any change, I am,

Most truly yours,
WM. H. JONES.

To this Mrs. Smith replied in a courageous letter giving some of the facts which will interest the whole profession, viz.:

Windsor Terrace, Feb. 22, 1912.

Dear Dr. Jones:—

It is with a sad heart that I have to write tonight. Oh! if your letter had come twenty-four hours earlier how happy 'twould have made poor Dr. Bill, and I want to thank you from the bottom of my heart of hearts for writing it. The enclosed clipping speaks for itself. We were very happy here, but of course not long enough for Bill to accumulate any fortune, and you know his business side of life: Make ten dollars—spend fifteen. So Cuthbert and I have been left nothing at all but his love. I'm staying on here and getting an Edinburgh D. O. to take over the practice. I, too, have worked hard for osteopathy and am still going to work for it, not only for its own sake but for poor dear old Dr. Bill's sake. I've all the pictures (early ones) and the first diploma ever issued. Hold on awhile and maybe I can celebrate with our great Kelman Macdonald and write you something really scientific and interesting. With my kindest regards, I am,

Sincerely,

LENORE B. SMITH.

"Good-by, old friend," will rise up with choking emotion from thousands of osteopathic throats as the profession reads the news of Dr. Smith's demise. And adding the words of Dr. Jones, "Peace to his spirit!"

The first graduate osteopath has passed into memory and the profession has lost a stalwart expounder and defender.

We shall not see his like again.

Resolution by Osteopathic Society of the City of New York.

A cablegram was received at Kirksville on Monday last, announcing the untimely death of Dr. William Smith, at Dundee, Scotland. Perhaps there are those here who in recent days had intimate knowledge of his condition and knew that the end was imminent. But to the thousands of his friends on this continent the sad message came as a painful shock. Your committee is not in possession of data for a proper obituary, but desire to bear testimony to the esteem and affection in which a great teacher, physician and friend is held in loving memory.

Dr. Smith was truly a pioneer in the growth of Osteopathy, having been the first demonstrator and lecturer on anatomy in the beginning of the American School of Osteopathy and having the distinction of having received the first diploma conferred upon anyone by the first osteopathic school ever established.

In the early days, when the work was necessarily chaotic, Dr. Smith, with rare versatility and ability as an organizer, with his brilliant intellect, radiant enthusiasm and tireless energy, proved to be the man for the hour. With those rare gifts in such abundance he was an ideal teacher and fortunate indeed was the student privileged to attend his lectures. He unselfishly and unstintedly gave himself to the work of the school with untiring devotion, even jeopardizing his personal liberty in his efforts to make possible at that early date the work of dissection in the college. Every osteopath, of every age, owes him a lasting debt of gratitude.

Therefore, be it resolved, that in the early death of Dr. William Smith, the world has lost a man of rare intellect and princely attributes; the cause of osteopathy a most ardent defender, and every practitioner of osteopathy privileged to know him, a deep personal loss.

Resolved, That a copy of these resolutions be spread upon the minutes of this society, and copies be sent to the different osteopathic publications and to the members of his bereaved family.

CHLOE C. RILEY,
ERNEST W. ROBSON,
CECIL RUFUS ROGERS,
Committee.

A Health Hint

Tattered Tim—I've been trampin' four years, ma'am, an' it's all 'cause I heard the doctors recommended walkin' as the best exercise.

Mrs. Prim—Well, the doctors are right. Walk along. —Presbyterian of the South.

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Editorial

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

VOL. XXI. MARCH, 1912. No. 3.

Regarding Two Life Insurance Bids for Osteopathic Support

Dr. Bunting wishes to state that an article printed in this paper in the February issue regarding the efforts to put the Chicago and Mid-West Life Insurance Company into the running, and its praise for recognizing osteopathic examiners, was not in any way a reflection of his opinion and did not have his personal endorsement—which is ultra-conservative in insurance matters.

This article came to us through one of our practitioners and got into the paper in a week when Dr. Bunting was away from the office. He did not, therefore, get a chance to read it until he read it in the paper.

The article was carefully worded, stated merely the situation as reported to us and definitely stated that we were not endorsing its claims, but printed them for what they were worth. Yet some of our readers have assumed, from the appearance of this notice in our paper, that it was endorsed by the head editor.

Without now making any reflection on the company, which he knows almost nothing about—except that it is still in the incubation period and may "hatch" or may not—Dr. Bunting wishes to be on record that he has *not* endorsed this company and is not boosting it, or any other. We will print the news about insurance matters as we get it, and let the profession form its own opinion.

Personally, Dr. Bunting carries insurance only in the oldest, strongest, and best administered companies, like the Mutual Benefit Life of Newark, New Jersey; the Provident Life and Trust Company, of Philadelphia; and the New York Life, and the Mutual Life of New York, which two latter giants since the insurance "house-cleaning" are able to claim conservative management. He never had insurance in companies of lesser rank and never will.

Yet we all believe the time is ripe for some company—new or old—to recognize the osteopathic profession as examiners and to realize a wonderful support as the result of it. THE O. P. wishes to give due regard to the claims of all aspirants to this honor as news, but does

not feel qualified to "pick the winner" and does not wish to carry any such responsibility as giving an endorsement involves. That is properly a business matter for every man to consider for himself, just like investing in bonds or real estate.

We are glad to print a communication from Dr. Charles E. Still on this subject this issue in advocacy of another new company, the American National Assurance Company, which we understand has already won generous support from osteopaths both as subscribers to its stock and as applicants for policies.

As in the former case, Dr. Bunting has not had time or inclination to investigate this company; and, therefore, does not personally endorse it; but is glad to print the news and the claims its promoters make for it, as far as we think these things will be of interest or help to the profession.

How the Homoeopaths Feel About Composite Boards

EVER since the osteopathic profession of this State gave the A. M. A. and the Colorado State Board of Medical Examiners that painful sensation felt so keenly by both just prior to adjournment of the Legislature last year there has been a marked tendency on the part of the latter and others to form more friendly relations with the aforesaid osteopathic profession. Under ordinary circumstances, say when there was "nothing in it," any move of this sort would be considered very much beneath the dignity of the so-called ethical ones.

Now, however, that indications point to renewal and increased effort on part of the osteopaths to secure that which was denied them by the last Legislature, the State Board of Medical Examiners, and those more or less interested in monopolizing medical matters of the State, have begun a campaign of concession, the activity of which, compared with osteopathic energy, places the latter in the light of nervous prostration.

We learn that osteopaths have been approached with the proposition to give them representation on the present "mixed" board. The homoeopaths have that and—what does it amount to?

Osteopaths have been assured, if they will take the State Board examinations (paying the fee therefor, of course), that the said examinations will be satisfactory, etc., etc. Several homoeopaths, graduates from accredited homoeopathic institutions, have been *denied license*. Yes, but that is different; the homoeopaths have a *representation* on the board. *Marvelous!*

So far very few osteopaths have taken the bait thrown out by the State Board, the object of which is to head off further efforts towards securing a separate board of examiners. The homoeopaths, at one time, had a separate board in Colorado, but it was submission to just such solicitude on the part of the old school, now being worked overtime on the osteopaths, that brought about the downfall of homoeopathy in this state. There is no further need for placating the homoeopaths; they have swallowed bait, rod, reel, line and all and have been "landed."

Just whether the State Board of Medical Examiners has authorized Mr. Geo. W. Sibbald, 1414 Tremont street, Denver, to act as its agent or not we are unable to say, but we have heard that this gentleman has solicited members of the osteopathic profession in Denver to take a course under his direction, the object of which was to familiarize those participating in this program and paying the stipulated fee of fifty dollars, with State Board requirements, and assuring all such that none of his students *were ever turned down* by the said State Board.

Osteopaths do not pretend to use or understand the action of drugs; this they will admit, and why anyone should desire a license to practice *medicine* under these conditions is almost as much of a mystery as why any State Board

should prostitute its high position by issuing a license to those whom they know utterly unprepared for such public service. There is some little excuse for the latter, however; examination of applicants on subjects pertaining to *medicine* does not enter into the game, as this feature has been entirely eliminated from the inquisition. This is another brilliant example of what "mixed" boards have accomplished; the only fault in the mixing being that the principle most prominent in homoeopathic practice has been dispensed with entirely to suit—the other fellow. But, you say, "wha'cher kickin' about; haven't the homoeopaths a *representation* on all mixed boards?"

The Critique is glad to know that the more conservative element of the osteopathic profession look upon the loving-cup exhibitions of the State Board with more or less suspicion, having observed with no small degree of penetration that what has been the undoing of the homoeopaths in this State, if accepted by themselves, is quite likely to prove equally disastrous to them in the long run. We do not look for them to "bite."—The Critique, Denver, Colo., for March.

Meeting of State Secretaries at Detroit

DURING the Chicago convention an announcement was made from the platform requesting all state secretaries in attendance to get together and discuss subjects which be of interest to one holding the office of secretary.

The thought prompting this call for a meeting was primarily to promote a more uniform basis upon which each association is, or could become, organized or re-organized, to the best interests of all concerned.

Three state secretaries responded to the call—Dr. F. E. Jorris, Minnesota; Dr. Rebecca Mayers, Michigan; Dr. E. J. Elton, Wisconsin. There being such a small response for this meeting at the time—occasioned perhaps because there was so much to see and do at the convention—these three decided that it would be best to wait another year before attempting to form a permanent organization among the secretaries.

Others have become interested in the definite formation of such an organization and we have therefore issued this call for a conference of state secretaries at Detroit. The board of trustees of the A. O. A. have heartily approved of the plan and have requested the undersigned to act as a committee on organization.

The state associations whose meetings will take place between now and the date of the Detroit meeting will please arrange to have their secretary in attendance. Those states which have already held their annual meeting will please arrange for the sending of their secretary through such means as their by-laws may direct.

We urge and recommend that where practicable the state association plan to send to Detroit its secretary as a delegate. The delegate association having practically been abandoned so far as its original purpose is concerned, the most benefit any state association can receive this year from an investment of the usual expense incident to the sending of a delegate will come from the secretaries' conference. Some arrangement is therefore urged upon the state associations to pay at least a part, if not all, the expenses incident to the attendance upon this meeting of secretaries.

"A Word to Members" is the subject of a pamphlet issued some time ago by Dr. Chiles, and among other things he said: "A few years back our dangers were more easily recognized, more immediate and tangible. Then, the problem confronting us was a field of practice; to see that legislative action or court decision did not shut us out of a state. We had not then been taken notice of by the outside world. We were not counted as a competitor by the other schools of medicine, and we were not called upon to meet

their standards of preparation. Today all these conditions and the supreme effort of the American Medical Association to establish state medicine stare us in the face. Absolutely the only hope for the profession is through its national organization, and the place the practice occupies when it comes out of these mists and conflicts will depend on the strength and vigor and good sense of this organization."

We quote the above, as illustrative of one of the strongest arguments in favor of the permanent organization of state secretaries. We know with what positive and definite effort the American Medical Association and all of its allied associations (state, county, district and local organizations) work in harmony.

This is not to say that the state associations do not now work in harmony with the A. O. A., but it does mean that the state associations can and should be more closely allied with the A. O. A. in every department of its work.

We understand that a time will be arranged upon the regular program of the convention, so as not to interfere in any way with the scientific part of the general program, for a thorough discussion on the propriety of this permanent organization of state secretaries. The committee thus far suggests that we have discussions on secretary's duties, membership, publicity, etc., with the main objects of the conference as follows:

(1) The secretaryship being recognized as the most important office of any organization, to suggest to the associations that they endeavor to secure the best available person for this position and retain that person in office as long as practicable.

(2) To devise ways and means to solicit membership in the associations and retain them.

(3) To find means of discovering the best persons to appear on our programs for meetings, and organize itinerancies of the best material.

(4) To get the best ideas as to how to conduct an association, and teach uniform office methods for secretaries and delineate their precise duties, etc.

The committee request that any interested, especially the secretaries communicate, after reading this call, with Dr. E. J. Elton, 306 Matthews building, Milwaukee, and make further suggestions regarding the meeting, and state if it is probable that they will be at Detroit and offer any topic which may be of value for consideration.

DR. F. E. JORRIS, Minnesota.
DR. EDGAR D. HEIST, Ontario.
DR. REBECCA MAYER, Michigan.
DR. E. J. ELTON, Wisconsin.

American National Assurance Co.— Now Being Promoted—Will Give Preference to Osteopaths Examining Physicians

By C. E. Still, D. O., Kirksville, Mo.

I HAVE received THE OSTEOPATHIC PHYSICIAN for this February and note that you have quite a good deal to say about insurance companies and osteopaths being selected as medical directors. I suppose you are familiar with the insurance business and the active part that the writer has been trying to take for the last three or four years. You know that our boys and girls have been turned down by the old line companies for a long time.

I am a stockholder in an old line company in St. Louis and also am well acquainted with some of the directors and stockholders of one or two other companies, and have tried hard to get our people recognized as regular examiners, and in a small way, they have been recognized. Dr. Laughlin was appointed here by the Missouri State Life and also the International Life, of St. Louis. But we also notice that there were other examiners appointed by these same companies, and most of the applicants for insurance were examined by our medical brothers.

I am sending you, under separate cover, a prospectus of an insurance company that is being organized in St. Louis. There is enough capital behind this company to make it a success. It is the desire of the ones that are trying to organize the company to interest the osteopathic profession as individuals. They do not ask any school, nor the profession as a profession, to endorse them, but they would like to have individuals subscribe for stock. They are going to offer to the osteopaths positions as their examining surgeons. They will also have an osteopath as their medical director.

Dr. Harry, Dr. George Laughlin, and the writer are going to be associated with this new company in such a way that I do not believe the osteopaths can feel that there is any possible chance of the name of osteopathy becoming tarnished.

We sent out five thousand circular letters, and so far have received about three hundred answers, and of the answers that we have received only three have been opposed to the proposition, and these three are all our good friends, but they are wise and are only opposed to it for one reason and have come out flat-footed and have expressed that reason. They did not want the osteopaths as a profession to get behind and boom some insurance company that would after awhile bring osteopathy into disrepute. We feel very kindly toward these men for expressing themselves as they have, as that, of course, will help us safeguard the future of osteopathy and osteopaths as connected with this American National Life Assurance Company.

If this company is never organized, it has accomplished enough up to the present time to pay us for any active part that we have taken in organizing it. So far, four insurance companies have made direct overtures to us, stating that they would appoint the osteopaths as examiners.

Now, Dr. Bunting, the statistics show that only thirteen per cent of the insurable people of the United States are carrying policies. There is a place for just such a company as the American National Life Assurance Company, which will write three policies—life insurance, accident insurance and liability. There is also a place for the Chicago and Mid-West Life Insurance Company, providing there is no promoting scheme expense attached to the organization.

Now, we feel that the insurance companies taking up the fight for, osteopathy will do as much for the cause as anything possibly can. Father is extremely interested in the company and asks every day or two how we are getting along. Now, I feel that we can not as individuals turn down the proposition. As several of our good friends have said, as a profession, we do not feel like it should be endorsed, but as individuals "Yes."

A Full Opportunity for Investigation Offered

IN soliciting osteopathic physicians to buy stock of The Chicago and Mid-West Life Insurance Company, Mr. Theodore F. Ruhland, the president, wishes it distinctly understood that subscriptions for stock can be signed with the provision that no payment will be required until May 1st, when the company expects to secure its license, and that not more than 10 per cent of the amount of each subscription will be used for promotion purposes, and that before making any payment whatsoever, the books of the company will be open to the inspection of any person who has subscribed for stock, who desires to make a personal investigation.

New York State Meeting Eminently Successful

THE New York Osteopathic Society held its semi-annual meeting at the Hotel Ten Eyck, Albany, N. Y., March 9th.

Dr. Carl P. McConnell of Chicago gave a report of the results of his later experiments,

Glyco Thymoline



CATARRHAL CONDITIONS

NASAL, THROAT INTESTINAL STOMACH, RECTAL AND UTERO-VAGINAL

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

proving the correctness of the osteopathic principles.

Dr. S. A. Ellis, of Boston, presented radiographic slides of definite bony lesions covering his more recent experiments.

The morning session was devoted to a consideration of the Heart and Circulation. Dr. Charles Hazzard, of New York City, discussed at length organic and valvular defects of the heart, showing clearly the effect of osseous lesions upon valvular conditions. Dr. E. C. Link gave an address on Arterio-Sclerosis. The value of osteopathic treatment in the much-discussed axiom, "A man is as old as his arteries," was handled in an able manner. Dr. Claude Bancroft, of Penn Yan, presented a paper on Blood Pressure. Dr. J. A. De Tienne, of Brooklyn, N. Y., discussed Physical Care of Cardiac Diseases. Dr. L. J. Bingham, of Ithaca, followed with Osteopathic Treatment of Cardiac Diseases. The addresses were enthusiastically discussed from the floor of the convention. At the business session, reports were presented of the prosecution of unlicensed practitioners. Several convictions pseudo-osteopaths were reported and resolutions were passed unanimously to vigorously prosecute all people who were undertaking to practice osteopathy without having complied with the educational standards established by the Board of Regents of the State of New York. This is the first time that prosecutions under the laws of 1907 have been undertaken. The meeting was largely attended from all eastern states, and resolutions were passed commending the excellent work of the A. T. Still Research Institute and endorsing the scientific facts so established.

A Thought for Every Day

By Frederick M. Steele.

If you, my friend, just you and I,
Should smile instead of worry—
If as the days and moments fly
Amid Life's stress and hurry,
We aim to make our thoughts more kind,
Our hearts and words more tender,
To be to other's faults more blind,
For evil, good to render:
Then what a change would come about
In all this dark world's story
If thus the Christ in us shone out,
Revealing there His glory!

The Mental Side of Treatment.

By R. F. Weeks, D. O., Owatonna, Minn.

(Continued from page 10 of December issue.)

WE have not time to discuss development of character in this article, but want to emphasize briefly the importance of the subconscious in this relation. A person either has character or lacks it, according as his subconscious is being continually impressed with good ideas or bad ones. Nothing can tempt a man to go wrong but the perverse tendencies which are expressed by his subconscious.

Unity Between Conscious and Subconscious.

The mind is a unit and the conscious and subconscious are fractional parts whose sum makes the unit. The interdependability of the two is apparent in any discussion of mind.

The role of the subconscious in the control of physical and mental acts is as applicable to the treatment of disease as to the development of personal power and efficiency.

Our discussion thus far has been explanatory of the nature of the subconscious rather than the conscious, as necessary knowledge before intelligent treatment can be given the subconscious for the cure of pathological conditions over which it has control.

Pathological Conditions of the Mind.

You may more easily grasp my meaning if I speak of the pathological conditions of the mind as lesions in the thought process. I have classified these lesions under four heads: (1) Thoughts tending to weakness, as fear, anxiety, worry, grief, anger, envy and hate; also thoughts of inability and personal imperfections. (2) Fixed attention on some diseased portion of the body. (3) Over susceptibility to adverse suggestions (due to ignorance of the nature of the subconscious and one's ability to prevent the development of the adverse suggestions.) (4) Lack of self control (which should be more subconscious than conscious).

The presence of one or more of these lesions in illness is so common as to make its absence the exception, and this fact gives occasion for the frequent use of intelligent suggestive treatment.

Suggestion as a Treatment for Disease.

Specialists in mental treatment adopt our doctrine of "Nature's power to heal," and, like us, teach their patients that cures are within their own bodies.

Mental healers adopt, as a fundamental principle, the theory (1) that every subconscious reaction is the result of a corresponding conscious action. (2) That everything that is expressed through the personality was first impressed on the subconscious, and since the conscious mind may impress anything upon the subconscious, any desired expression may be secured, because the subconscious will invariably do what it is directed and impressed to do. (3) That to constantly and persistently impress thoughts of health means health.

This fundamental principle is used by all varieties of mental healers in treating disease.

They further maintain that the subjective is always amenable to treatment. Sufficient proof for this being that cures are constantly being made by those who instruct their patients that a denial of matter and of the reality of disease is necessary to recovery. These ideas obviously meet with unbelief from the reasoning mind, but once accepted by the subjective mind aid in a cure. Treatment by suggestion awakens the Great Within and makes the patient feel his strength and unlimited possibilities. The patient must be in a condition of perfect passivity and receptivity in the mental system.

Hypnotists deserve the credit for first demonstrating the power of the unconscious when under the influence of the strong suggestions of another mind, and by some today hypnotism is used as a therapeutic agent. But certain facts in connection with hypnotism, such as its use for the purpose of amusement, the unnatural condition of the hypnotised patient, and suspicions of injurious after effects has brought the use of suggestion into discredit with some people instead of reflecting discredit on the practice of hypnotism itself.

Varieties of Healers Using Suggestive Treatment.

Hypnotism was merely the first step in the development of suggestive methods, and now greater permanent results are accomplished through the direction of the subconscious without hypnotism than are accomplished with hypnosis.

Mental treatment is now practiced most openly by a class known as doctors of suggestive therapeutics, but is also practiced by Christian Scientists, mental science practitioners, magnetic healers, herb doctors, and various others, as well as by the allopathic, homeopathic, eclectic and osteopathic professions.

Though the use of suggestion may seem obscure in the medical and osteopathic professions, yet it cannot be obscured. Watch closely the methods of the medical man, and you will be surprised to see to how large an extent he depends for permanent success on his power to impress the subconscious of the public with confidence in his knowledge and his methods, and for success with his sick patient, likewise on confidence in his ability and faith that the medicine will cure (no matter whether it be a placebo or not). And if an observing eye is turned on a typical representative of our own profession, about the same condition will be found to exist. But many who practice suggestion to this extent are unaware that suggestion plays a part in their achievements and are among those who ridicule its value. However, such use of suggestion as above referred to is a very small part of an intelligent system of mental treatment, and I sincerely believe is used less by the osteopathic than the medical profession, for in the case of the sick patient we administer a treatment which will be effective, all faith cures being disregarded. We admit the value oftentimes of suggestions ignorantly given, though they are quite as apt to have a harmful effect, but what the professions need is a system of mental treatment which will stand inspection and be adequate to the need for such treatment.

Principles to Be Observed in the Use of Suggestion.

No rules can be laid down for use in the individual case. For some the subtle suggestion will be most helpful. For others a direct, forceful suggestion and often repeated will bring the desired results. Very crude suggestions may be necessary for the uncultured. We recommend the frank, open method of mental treatment in most cases. Our system, osteopathy, has already rolled away many clouds of mystery, has explained many things and we say, let the patient understand our treatment of the mind as well as of the body. While it is true to a certain extent that methods must be devised by him who wishes to apply them, the general principles are alike helpful to all.

Four ways mental therapeutics may be applied to disease: (1) By direct active power of the unconscious mind inherent in the patient. (2) By the unconscious mind influenced by surrounding personalities or other unconscious agencies acting as suggestions. (3) By the unconscious mind

of the patient influenced indirectly by his conscious mind, which has faith in persons, systems, places, etc., or by direct influence of his conscious mind. (4) By the unconscious mind acted on by the conscious of another person.

Proper conditions for recording an impression on the subconscious: (1) Deep feeling (not emotional). (2) Strong desire. (3) Conscious interest. (4) Faith.

But every impression which is deeply felt enters the subconscious whether we desire it or not. This explains the importance of the conscious mind controlling its feeling. It is necessary in treating disease successfully. In case wrong impressions have entered the mind opposite impressions must be made to take their places. They cannot be removed by mental force, or denial. The right impression must be substituted.

Defective methods of thinking in a patient can be cured by the intelligent direction of the subconscious.

A sick person is made sicker by thinking thoughts of sickness.

Likewise such a one should avoid conversation about sickness.

It is very important to eliminate all undesirable thoughts and feelings before going to sleep, as the conscious acts on the unconscious during sleep, and all thoughts and ideas not discarded are impressed on the subconscious self.

The continuance of subconscious processes during sleep makes it important that we give the subconscious full directions what we wish it to accomplish before we go to sleep.

It is a fallacy to resist a weakness or bad habit. Those who do so do not succeed well, for both negative and positive thoughts of weakness and bad habits make about the same impression on the subconscious, and the result of continued weakness and bad habits will be produced.

Our slang phrase, "Forget it," is epigrammatic when properly applied to the thought process. To do so substitution of ideas is again necessary.

Substitute thoughts of (1) Love and kindness for anger. (2) Confidence in success for fear and worry. (3) Gratitude for living for thoughts of one's own imperfections. Impress the subconscious with mental sunshine. In my office I have the following helpful motto neatly designed:

Smile awhile;
While you smile
Another smiles,
And soon there's miles
And miles
Of smiles;
And Life's worth while
If you but smile.

Substitution can correct mental lesions, and combined with our mechanical corrections means a cure of mind and body.

Faith in the law that the subconscious properly impressed will invariably do what it is impressed to do will eliminate anxiety and is extremely important for this reason. However, this faith need only be subjective faith and is attainable upon the cessation of active opposition on the part of the objective mind.

A friend from Montana recently told me of a lady osteopath who was nearly a failure in the town he was from because she tried to make every one who came to her think he or she was seriously ill. One must also use great care if he undertakes to contradict a patient's convictions. It is usually best to maintain harmony and work in the line of least resistance. Appeal to his beliefs, prejudices and habits of thought.

Three important ideas a physician should impress (1) That the case has his whole and undivided attention. (2) That he thoroughly understands it. (3) That he believes he can cure it.

Power and Value of Suggestion in Treatment.

The power and value of suggestion is being demonstrated daily in thousands of ways by those who practice it, and still it seems certain

that the power of suggestion is as yet not fully understood. This seems true, that every thought is suggestive of another, and each in turn is a constructive or destructive contribution to our well being. A knowledge of the power of suggestion is always a protection against these destructive contributions. Unwise suggestions have kept patients in bed for months who, if made to feel their own strength, would have been living active lives during most of that time. Patients have been saved from being chronic invalids by keeping them optimistic.

We wish to give a few simple illustrations of the power of suggestion by showing how accurately the subconscious directly impressed reacts to the impression: A man in our county, 84 years old, told the day and hour of his death, correctly, three weeks before the time. I once knew of a woman who had had the time of labor set correctly by her obstetrician some days in advance twice previously who refused another doctor her third labor case because he would not set a day. I have a patient who regulates the bowels when irregular by suggestion. A time for a movement of the bowels is set one hour beforehand, and at the set time the anticipated result is realized. Another patient whom I occasionally treat for constipation, even though she may have missed several days, always has a movement of the bowels within an hour after an osteopathic treatment. I attribute the quick results in the last mentioned case at least in part to the workings of the subconscious.

A system which works with such machine-like accuracy and power, limited only by our power to use it, is of inestimable value to mankind and it is all due to the power of the subjective mind over the physical organism.

The use of suggestion is of value as an aid to cure by mechanical adjustment. Aid of this kind is procured by the physician who impresses the patient with an optimistic view regarding his recovery, and is given by the former patient who uses every opportunity to tell that the treatment was of great benefit to him. Moreover, under these conditions the cure is bound to be more rapid. The patient at once acquires a mental attitude of non-resistance, and soon his mental force is working with your physical force to effect a cure.

A knowledge of the subconscious mind and the suggestive treatment is of value to any one who possesses it, for it can be used without the assistance of another as a protection against further illness and breakdowns. Favorable suggestions breed contentment and health.

Disturbing Influences.

Conditions are not always found to be favorable at the start, and every effort should be made to remove barriers in the way of the use of suggestion when that treatment is indicated. The patient who comes with the firm belief that nothing can be done for him by our treatment, unless his mental attitude can be changed within a few treatments, will likely prove to be an incurable and our time will be wasted on him if we continue treating him. Such a patient is his own worst enemy. He is constantly furnishing his subconscious with adverse auto-suggestions, inimical to his health. The home surroundings are sometimes depressing to the mind to an extent which makes isolation and removal to a health sanatorium the best course to pursue. When this is not possible the whole family may need some mental treatment to change their point of view.

Indifference is not an infrequent mental condition to be met by the conquering mind of the physician. The degree of susceptibility in a patient is a factor in treatment, to be considered, and those with slight susceptibility will at times present puzzling cases. There is a condition of over-susceptibility which is more dangerous until the patient acquires better self-control. Also, all lesions in the thought process referred to under pathological conditions of the mind, although they make necessary an intelligent mental treatment,

may be regarded as disturbing influences in giving mental treatment.

Diseases Treated by Suggestion.

Lesions in the thought process are found so often associated with physical disease that we may safely say that impressions made on the mind of the patient have some effect in curing (or possibly making incurable) nearly all diseases. The efficiency of suggestive treatment is usually considered greatest in treating the so-called functional diseases—the neuroses—trophic, infectious, motor, fatigue, traumatic and psychoneuroses (from classification by Church and Peterson). Cases of granular kidney, diabetes, cancer, jaundice, anasarca, epilepsy, urticaria, angina pectoris, apoplexy, anemia and others have been said by prominent M. Ds. to be caused by such mental conditions as shock, anxiety, fear, mental strain, emotional excitement, etc., and to be cured by mental treatment. A remarkable success for mental treatment is recorded in a London hospital. A case of pernicious vomiting in the hospital had been operated on several times for the purpose of examining the abdominal viscera, which were found in a healthy condition. All surgical attempts to relieve the vomiting had failed, and the patient was given suggestive treatment, which resulted in recovery.

The gross pathological condition of the mind, insanity, is not generally considered as amenable to suggestive treatment, the explanation being that when the mind is really unsound the psychic element on which the suggestions should act is itself disorganized.

Extent to Which Suggestion Has Been Generally Used by Osteopaths.

To me, it is almost axiomatic that our profession has not given suggestion its proper place of usefulness in general practice. The popular mind seems more ready to receive mind treatment than ever before, and it is not too late for us to recognize its importance and use it accordingly. We can now use suggestion without fear and still be sufficiently conservative in our methods to increase our efficiency in using mental therapy without ponderous blunders. Lack of confidence in the system will be overcome as we come to understand it better.

Since we all use suggestion to some extent, either consciously or unconsciously, a proper understanding of our power in that line can be a great help to many of our patients whom we might make worse through ignorantly using suggestion and impressing the subconscious or subjective mind with an idea which would develop there until, e. g., the patient would feel that he had an incurable disease, in this way counteracting all good effects of mechanical adjustment.

Extent to Which We May Use Suggestion with Benefit Both to Our Patients and Ourselves.

I have tried to make clear that the mind may have mental lesions as well as the body may have tissue lesions; that the osteopathic principle of adjustment applies equally to both; that we should use mechanical or mental means according as we have a tissue lesion or a mental lesion to correct; that lesions of the mind (defects in the thought process) are often responsible for disease of the body as well as tissue lesions are often responsible for an unhealthy mind; and that because of this close inter-relationship more attention should be given to the mental side in osteopathic treatment, for the sake of our patients as well as our own sake, that we may be physicians in the highest sense. Some of our profession will interpose the idea that we should be specialists, in gynecology or obstetrics or children's disease or chronic or acute or what not, or possibly call osteopathy mechanical adjustment and that alone, and still call himself or herself a specialist, which may be right and proper for that member of the profession, but for the profession generally those who would be complete physicians should be specialists only in the

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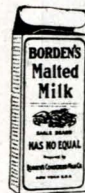
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The Wisconsin News Column

Address all communications to this column to Dr. E. J. Elton, Secretary, 306 Matthews Bldg., Milwaukee.)

The attention of all practitioners is called to the following letters:

Dear Doctor.—Now is certainly the time to make application for membership in the A. O. A. The fee of \$5.00 paid now with the application will cover membership from April 1st to June 30th, 1913, including a handsomely engraved membership certificate, which is an ornament on the wall of any D. O.'s office, which he or she would be proud of; besides it is a recommendation to any one entering your office that you are a member in good standing in your chosen profession, and proof to the public and our profession that you are sufficiently interested in your work to want to keep up with, as well as contributing towards the general advancement of your profession.

This we must do, or retrograde. We cannot stand still, therefore let us all put our shoulders to the wheel and push in one direction. Without your doing this, you are on the other side of the wheel and retarding the general progress.

By joining now you also get the A. O. A. Journal for fifteen months which you cannot afford to be without at any price, because it is always full of the best articles from the pen of our brightest and most progressive members of our profession.

There is frequently one thought impressed upon you in some single article that you would not have missed for the small fee of \$5.00.

The A. O. A. is really doing a wonderful work in moulding the future of osteopathy and how much more could we accomplish if we had your support and interest—a great deal more in preventing adverse legislation and your suggestions along general or specific lines. Our whole is made up of the thought of the masses.

The A. O. A. is now conducted along strictly democratic lines at its meetings; every member has an equal voice in its transactions.

Fill out an application blank today and return to me with \$5.00 and note the improved feeling inwardly that you will experience in feeling that you are doing your duty with the rest towards this great cause. Do this today for the sake of osteopathy and lay aside any personal prejudices if you have any. This question is too large to permit any small personal feeling to block the good of the general cause. Thanking you for an immediate reply, I remain. (signed) F. N. Oium, State Committeeman.

Dear Fellow Practitioners.—It may be of interest to the profession to know that during the past year the Wisconsin Board of Medical Examiners have taken decisive steps to advance the requirements of practitioners coming into the state and to protect, not only physicians of good standing, but the public at large, from unethical and unwarranted claims of pseudo-practitioners.

During the past year the board has passed resolutions demanding: First, That all candidate for a license submit to the board documentary evidence of a four years' high school education or its equivalent and that "practical examination" be required in anatomy, chemistry, physical diagnosis, pathology, bacteriology, histology and urinalysis.

Within the past year the board has prosecuted in the neighborhood of thirty cases of illegal practitioners including six chiropractors, who were all convicted and found guilty of practicing medicine, surgery, and osteopathy without a license. Heavy fines were repeatedly imposed in every case until the chiropractors finally sought other fields of activity outside of Wisconsin. Other cases against chiropractors are still pending.

The board has also entered applications for the revocation of the licenses of several men found guilty of criminal practices.

We solicit the encouragement and support of our fellow practitioners in maintaining our present high standards of requirements.—Wm. L. Thompson, Osteopathic Member of the Board.

The time is drawing near for our annual meeting. The last convention passed a resolution providing that it be held "some time after May 1st." It is proper to assume that this means somewhere near that date. Someone has suggested that it be held during the month of June. The convention also arranged with Dr. Wm. L. Thompson to address the Green Bay meeting on a topic of his own choosing, and in talking with him recently I find that the month of May will be a very busy

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time for him and difficult to get away. Probably the first week in June would meet the convenience of most all of us. The board will gladly receive and consider any suggestions. At any rate, "preparation tends to make perfect" and we desire to begin planning for the annual meeting of 1912 so that we will have an unusually good attendance and effective results.

Report on 350 Cases of Drink, Drug and Tobacco Habits

OF the number of these various additions which have come under my personal care the first 85 cases were treated by a long time treatment—a time advertised to require from two to four weeks but in reality from three to six weeks. These treatments were made up largely of belladonna, hyoscyamus, ergot, chloral hydrate and capsicum, together with nux vomica and bromides given in generous doses. Anyone familiar with materia medica will appreciate the conflicting action of these drugs and will understand that there is great danger of creating a belladonna intoxication together with ergot poisoning, which the writer observed on many occasions. It was not a cure in any sense. It required locked doors, barred windows, padded furniture and straps for confining these delirious patients in bed.

The drug habit cases were kept in a state of wild delirium for 4 or 5 days and then released. If any signs appear of pain in the back or legs—due to suppression of urine and maniacal overstraining of muscles during this delirium the victims were subjected to 3 days more of this hypodermic "hot shots" and then allowed to come out—more dead than alive, unable to sleep a moment for days, weak and exhausted beyond imagination, with herpes covering mouth and lips and sordes on teeth and tongue. One poor victim was under this treatment (torture) 25 days out of the 35 days he was an inmate. The long term treatments for the various drug habits are no better than this. I have treated many people who had first tried these long term treatments, and they all agree with the patient who remarked of the 3-day treatment—"It is heaven when compared to the old line treatment." As near as I could estimate there is about a 5 per cent mortality—it may be more, I am only approximating—attending the belladonna-ergot-strychnine-treatment.

Of the 265 treated by the 3-day method there has not been a fatality; there has not been an alcoholic delirium lasting over two hours; there has not been a day but the patients could write and read and hold intelligent conversation with visitors. They were never locked up; the windows needed no bars; the furniture needed no pads and the patients were in no way confined; they ate three square meals a day and were ready to sleep all night from the first. This removes all craving, desire, demand or need for either drink, drug or tobacco. This report finishes the one in an earlier issue of THE OSTEOPATHIC PHYSICIAN, giving ten cases of women who were treated for the drink habit.

Anyone who can read English and tell the time by the clock can administer the 3-day drink habit treatment with assurance of perfect and positive results, and the tobacco cases can take the treatment without help.

Many of these cases of both drink and drug habits have begun the use of these stimulants and sedations because of some pain or loss of organic functions which would have yielded in a very satisfactory manner to the skilled touch of an osteopathic physician and nearly all of these cases need this readjustment as soon as they have been cured of their habit.

One case in point—a lady, age 35, began the use of morphine eight years ago because of pain in lumbar region on right side. The obliging country doctor used a hypodermic of morphine and thus started the habit. Last July I treated the case by antidoting the morphine (25 grains a day) and corrected a twisted rib and she has been relieved of the pain and horrible habit.

Many cases of drink habit are due to a mistaken idea that alcohol will assist a weak stomach or steady a trembling hand. These conditions are readily amenable to osteopathic treatment—as soon as the habit has been corrected.

It has been my observation that a 3-day treatment using supplementary opiates and chloral hydrate and other sedatives, etc., is likely to prove unsuccessful.

The clear cut method—dispensing with all these poisons and simply antidoting the poison and eliminating it from the system—is the ideal treatment and in my hands has never encountered failure. After treating a case you should never let the patient go until you see that his structure is in line and functioning properly.—*Edward E. Edmondson, M. D., D. O.*

"What I Have Found Out"

This is another new department we hope will prove of permanent interest. In the course of years of practice every osteopath discovers methods and means that prove of considerable aid in his or her work. Now here's an opportunity to tell "What You Have Found Out," for the benefit of others. We shall be pleased to receive short contributions for this department.

BESIDES our stimulation of the kidneys, our neck treatment in cases of diphtheria, and fevers, owes its success not merely to the increased flow of the stagnant lymph,—which, of course, is very essential, as it carries away the debris and accumulated toxins,—but very great benefit is derived from the stimulation of the thyroid and para-thyroids, causing an increased flow of the colloid secretion,—thyroidin, or thyroglobulin,—which acts either as a humor, stimulating other organs, pituitary, spleen, etc.—to greater activity; or the thyroidin acts as an alexin, directly on the tissues. At any rate the result is an opsonizing of the cells of the body, which is immediately noticed in the larger, plumper size, and more vigorous activity of the leucocytes.

The increased leucocyte activity depends on the amount of stimulation of the thyroid and lasts up to about 24 hours after each treatment.

The effect on the leucocytes is somewhat similar to that produced by anti-toxin. But the effect on the disease is greater because the remedy is normal to the body, and the treatment brings an extra amount of blood, laden with these unusually vigorous leucocytes, to the seat of the disease where they overwhelm and destroy the toxine forming bacteria.

The "Medics" claim that anti-toxin has reduced the mortality in diphtheria from 60 to 15 per cent. I believe osteopathic methods have done much better. I know of no case of diphtheria, osteopathically treated, in this city, during the past 14 years, resulting fatally.

I suggest that, instead of the empirical treatment given merely with the object of bringing more blood to the diseased tissues, that attention be given to this specific thyroid and parathyroid treatment to improve the phagocytic power of the leucocytes.—*F. J. Feidler, D. O., Seattle, Wash.*

In D.O. Land

Seattle Meeting.

The February meeting of the King County Osteopathic Association at Seattle, Wash., was largely attended and was very enthusiastic. Many things of interest were discussed, the chief event of the evening being a strong paper by Dr. James T. Slaughter on "Osteopathic Treatment of Mumps and Measles."

Dr. Robert H. Long Has Not Changed Location.

In the February issue of THE OSTEOPATHIC PHYSICIAN a notice appeared that would indicate that Dr. Robert H. Long, of Jamaica, New York, had changed his office address. To correct any wrong impression that may exist we desire to say that Dr. Long is still at his old office address, 309 Shelton Avenue, Jamaica, N. Y.

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Miami Valley Meeting.

At the regular monthly meeting of the Miami Valley Osteopathic Society, held March 7th at the office of Dr. E. H. Cosner, Dayton, Ohio, Dr. H. H. Gravatt, of Piqua, delivered an address on "The Osteopathic Treatment of Nervous Diseases." After the address, several clinics were held.—*W. A. Gravett, D. O., Secretary.*

King County (Wash.) Meeting.

Dr. Weaver was hostess to the March meeting of the King County Osteopathic Association. Dr. Claude Snyder presented some interesting case reports and Dr. Walter Jay Ford demonstrated Osteopathic technique in cervical, dorsal and lumbar regions. Drs. Nelle Evans and James T. Slaughter were elected treasurer and secretary, respectively, to fill vacancies caused by resignations.—*James T. Slaughter, D. O., Secty.*

Third District Illinois Meeting.

The third district I. O. A. held a very enthusiastic meeting at Galesburg, March 13th. Diseases of the throat, treatment, diet, hygiene, etc., were discussed after very able papers were read. A banquet was given at the Elks club rooms. The toasts were especially interesting, and the association adjourned at a late hour, feeling that they had enjoyed one of the most successful meetings on record.—*M. P. Browning, D. O., Secretary.*

After "Irregulars" in Virginia.

Dr. J. Meek Wolfe, president of the Virginia Osteopathic Society, and Dr. R. W. Martin, president of the State Board of Medical Examiners, are going after a number of fake doctors who are practicing without license under various names such as naturopaths, mechanotherapists, mental healers, chiropractics, etc. They have issued a warning in the public press that these people must take the state board examination and secure a regular license, or they will be prosecuted.

Utah Osteopaths Elect New Officers.

The Utah Osteopathic Association held a meeting March 19th at the Hotel Utah, Salt Lake City. A clinic was held, the subject being "Anterior Poliomyelitis." Officers were elected for the year. President, Dr. Austin Kerr; vice-president, Dr. J. F. Morrison; secretary, Dr. Grace Stratton; treasurer, Dr. Alice Houghton; trustees, Dr. A. P. Hibbs, Dr. G. A. Gamble, and Dr. Harry Phillips. All the officers are residents of Salt Lake City except Dr. Hibbs of Utah Hot Springs and Dr. Morrison of Ogden.

S. S. Still College Reunion at Detroit Convention.

The convention committee of the A. O. A. has set aside Tuesday evening, July 30th, as the date for the graduates of the S. S. Still College of Osteopathy to have another rousing good time, similar to the meeting held at the College Inn, Chicago, last summer. It is desirous that every graduate of this college be on hand at the convention, and plan to meet their friends and fellow practitioners at this informal meeting, where we can spend one of the most delightful hours of the 1912 National convention.—*Dr. George H. Carpenter, Chicago, Class 1901.*

New York Court of Appeals Decides Against Dr. Bandel.

On March 8th, at Albany, the New York State Court of Appeals upheld the validity of the New York City Health Department Ordinance that death certificates must be signed by physicians who are M. D.'s. That means that if any of our practitioners in New York City are unfortunate enough to lose a case, they will have to call in a "drug doctor" to sign the death certificate, or otherwise the case will go to the coroner. Evidently, something more is needed in the way of legal recognition for osteopaths in New York state.

Des Moines College May Get City Help.

The city of Des Moines makes an annual appropriation to Drake College to help cover medical and surgical services given to the poor of the city. The Des Moines Still College of Osteopathy is doing a great deal of this kind of work, and it has made application for a similar appropriation from the city which would amount to \$2,500 a year. Mr. E. M. Hubbell is taking an active part in helping secure this appropriation for the college. He has written a personal letter to the city council, and the matter is being advocated in the newspapers, and it appears that the college has a good chance of recognition from the city in this way.

Features and Facial Blemishes Corrected.

The well-known Dr. Pratt methods of facial surgery alter and correct deformed and unsightly features, both congenital and acquired; remove blemishes of the skin, such as moles, birthmarks, warts and wrinkles; and help unfortunates—tortured by over-sensitiveness about such facial handicaps—to gain peace of mind and happiness.

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Health Commissioner Fights Vaccination Law.

Passaic, N. J. Health Commissioner George Michels of this city was arraigned in the police court on the tech-

nical charge of disorderly conduct. The complaint was brought by the board of education, which accuses Mr. Michels of refusing to allow his daughter, Dorothy, a school girl, to be vaccinated.

"I would move out of the state rather than be compelled to vaccinate my child," said Mr. Michels. "My father died of smallpox after being vaccinated, and my sister was crippled through being vaccinated, and there are many cases on record in and out of this city of great harm and even death caused by vaccination."—*New York Times.*

Something Snaps in Neck; M. D.'s Mystified.

Frank Melville of 1805 North Fourteenth street, St. Louis, is under treatment at the city hospital for a "crick" in his neck. The doctors have no other name for it.

Melville called at the hospital Monday afternoon to be treated for what seemed to be a swelling of the mastoid gland behind his left ear. A bottle of liniment was given to him. Three hours later he returned to the hospital. He said that while he was washing his face something seemed to snap in his neck, and after that he was unable to move his head. If ordinary means do not serve, the hospital physicians will use the X-ray to learn the nature of the injury.

Faculty Women Elect Officers.

The Faculty Women's Club of the Pacific College of Osteopathy held their regular annual meeting at Christopher's on March 1st. After an excellent dinner the following officers were elected: President, Dr. Helen Cunningham; vice-presidents, Dr. Lillian Whiting and Dr. Mary Crosswell; secretary, Dr. Barbara Mackinnon; treasurer, Dr. Grace Shilling; reporter, Dr. Louisa Burns.

Dr. Barbara Mackinnon read a paper upon "Pelvic Lesions." She showed the relationship between the bony lesions of the pelvis and the lesions of the soft parts. The paper was discussed by several other members present.—*Louisa Burns, D. O., Secretary.*

Sacramento Valley Meeting.

The Sacramento Valley Osteopathic Society held its fifth annual meeting in Sacramento, February 17th. An address was made by Dr. C. E. Fenner on hydrotherapy, and Dr. E. B. Palmer spoke on hysteria. A clinic demonstration was given by Dr. H. F. Mills, Dr. E. B. Palmer, Dr. W. E. Willi, and Dr. L. R. Daniels. Dr. Ernest Sisson, of Oakland, acted as toastmaster, at the banquet which was held in the evening. Officers elected were: President, Dr. L. F. Daniels, Sacramento; vice-president, Dr. E. B. Palmer, Sacramento; secretary, Dr. C. E. Turner, Sacramento; treasurer, Dr. Carrie Slater, Sacramento; trustees, Dr. J. L. Suare, Modesto; Dr. H. F. Miles, Sacramento, and Dr. W. C. Williams, Lodi.

Dr. Riley D. Moore at Washington.

Dr. Riley D. Moore, of Grand Junction, Colo., has accepted a position with the United States National Museum at Washington, D. C., in the department of Physical Anthropology. He was a visitor at the office of THE OSTEOPATHIC PUBLISHING COMPANY on his way east, and has since written us that he arrived safely and is hard at work. He says he has marked, catalogued, and classified, anomalies on about 250 skulls from Pachacamac, Peru, in one week, and has about 2,500 still to classify. From this it would appear that he certainly has "some job." Dr. Moore says he expects to look up Washington, D. C., osteopaths, just as soon as he gets time, and that meanwhile he would be glad to have any or all of them look him up in his quarters at the National Museum.

Boston Society Meeting.

The Boston Osteopathic Society held its regular meeting February 17th. Dr. Emily G. Wilson read a very interesting paper on "Venereal Diseases from a Woman's Standpoint." Dr. Wilson gave the members present plenty of food for thought, and a discussion followed, by Drs. Francis E. Cave and Dr. Helen G. Sheehan. An open parliament in technic was then held with Dr. F. A. Dennette as the leader. A discussion of the work as set forth by leading osteopaths at the A. O. A. convention in Chicago last summer followed and some exceptions were taken as to certain lesions especially those of the anterior dorsal. Taking part in this part of the programme and demonstrating their ideas on live subjects and on the skeleton were Drs. John J. Howard, G. E. Smith, Mary A. Small and Kendall L. Achorn.

Dr. Frank A. Parker Still at Champaign, Ill.

In the February issue of THE OSTEOPATHIC PHYSICIAN under the department of "Locations and Removals" the name of Dr. Frank A. Parker, of Champaign, Ill., was listed as at Madisonville, Ky. This was an error due to confusing Dr. Frederick A. Parker, formerly of Springfield, Tenn., with Dr. Frank A. Parker, of Champaign, Ill. Dr. Frank A. Parker, of Champaign, has not changed his location and does not intend to do so, but Dr. Frederick A. Parker, formerly of Springfield, Tenn., has removed to Madisonville, Ky., where he is temporarily looking after the practice of his brother, Dr. Geo. W. Parker, who is spending a holiday in Florida. Dr. Frederick A. Parker, last December, successfully passed the examination of the Kentucky State Board, and on return of his brother from the south, he will select some permanent location for himself in Kentucky.

Prevention of Deformity in the Young.

It is the duty of every osteopathic physician to watch over the progress, growth and development of the young in families under his care. The fact that proper examination is not made permits the development of a serious spinal deformity before becoming outwardly apparent. The fault in our opinion is chargeable, not

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- THE UNIVERSAL JOINT.
- The spring adjustment. (One-half inch spiral spring.)
- The friction clutch.
- The traction device. (Traction with manipulation. The only one in existence.)
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- Anchor strap.
- Gynecological feature.
- Stability.
- Durability.
- Appearance. (Many parts are nicked.)
- Valuable aid in detecting rigidity in an individual joint or in groups of joints.
- Complete relaxation of patient during treatment.
- The procuring of forced relaxation by approximation of vertebrae, aiding the effectiveness of treatments given.
- The absolute lack of discomfort to patient while being treated. This in part accounts for the marked relaxation secured.
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Illustrating the use of the UNIVERSAL JOINT. The section swings in a complete circle and requires very little effort on part of operator. Weight being supported by a central spring.

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only to the physicians, but to the parents of the children who neglect to present their growing children to the family physician for examination. Often, however, when children are brought to the physician he fails to strip the child and make a thorough examination. Congenital deformities of the spine cannot be detected unless the naked back is thoroughly examined. Prompt and proper treatment of congenital lateral curvature depends on early diagnosis. Such curvatures are also produced by a faulty manner of carrying the infant by the nurse or mother, the use of the small uncomfortable carriage or perambulator. These carriages are often too short for the child. Pillows are used to bolster up the shoulders, a forward bend of the spine is produced and the abdomen and contents pressed downward, gradually causing enteroptoses. The results of this condition and also through pressure on the important nerve roots emerging from the spine and supplying the different organs of the body, gives rise to many other pathological conditions so commonly found in the young. The importance of watchful care of children by parents, school teachers and physicians cannot be overestimated.

New York City Meeting.

The regular meeting of the Osteopathic Society of the City of New York was held at the Astor House, New York, February 24th, about ninety being in attendance. The program consisted of an address by Dr. Earle S. Willard, and a clinic by Dr. J. Ivan Dufur, both of Philadelphia, Pa. The subject of Dr. Willard's address, "Reasons for Urging Academic Revision of the Principles of Osteopathy," is one of much importance to our profession, and his conclusions in favor of this proposed revision were followed with keen interest by all. The able discussion following his address was an evidence of the vital import of this subject. The following members were the discussors: Dr. L. Mason Beeman, New York, Dr. John A. DeTierre, Brooklyn, Dr. Ernest E. Tucker, New York, Dr. Horton F. Underwood, Brooklyn, and Dr. Charles Hazzard, New York. Dr. Dufur conducted a clinic in nervous diseases and diseases of the heart. He gave a very able demonstration of osteopathic and physical diagnosis in presented cases of scoliosis complicated by a pre-existing empyema, spinal irritation following complete hysterectomy, and hysterical epilepsy. The demonstration of mitral insufficiency in the second case presented was made with the help of a special multiple stethoscope, enabling sixteen of the members to hear the abnormal heart sounds at one time. The meeting was a very successful one in every way. The continued large attendance at these meetings is an evidence of the desire of our practitioners to work together to advance the interests of osteopathy in every way, through our society's endeavors.—*Richard Wanless, D. O., Secretary.*

A remarkable Letter from a Chiropractic Inventor.

The following letter was received by the Still College of Osteopathy. We print it to show the type of men that are being turned out by the chiropractic schools and their total unfitness by education for professional work. Still College of Osteopathy.

1422 W. Locust St., Des Moines, Ia.
Dear Brother Osteopaths.—I had the name of your College handed to me, saying perhaps I could interest you in buying some of my New Tables and Cots, I

have invented this Table and Cot for the use, to we Chiropractors and Osteopaths which is the greatest Table every made for are Science, I will send you a letter like I sent out to the Brother Chiropractors, so I wont have to explain the workmanship of the table over again and if there is any questions pertaining to the Table and Cot, you would like to ask about, I would be Pleased to answer same. Know about the bench In place of too as we Chiropractors need there is only One for Osteopaths which is well padded This Osteopath bench is made so if you wanted your patient to lie on his adomian and his head lower down on the bench, and his feet lower on the other end of the bench, For the work of your Science, as you will see by the pictures I will take my pencil and mark on the bench how it will look on the Osteopaths Table, I hope I may rard some orders from your College, and I sure would be pleased to give you a Commission on ever Table you would sell, If you will advertise In your journals of such a Table for the use to the Science of Osteopathy, you send me your Order, and we will send you the Commission for same,

Hoping to hear from your College stating if you would like to take the matter up or not, and how you like the looks of such a nice Table for the use to your Science, Wishing you the best kind of success with your work I remain, Yours Truly, J. S. Embree, D. C. S. C. O.

Notes from New England.

Arrangements for the eighth annual convention of the New England Osteopathic Association are rapidly being completed. The programme has been filled and among those who will talk osteopathy to the eastern osteopaths are some of the best known in the profession. Application for rooms at the Hotel Vendome, where the convention is to be held are being received daily and the committee of arrangements will leave no stone unturned for the comfort of all those who attend the convention. From the present outlook this meeting promises to be by far the best ever held by the New England members and a large attendance is expected from New York, Pennsylvania, New Jersey, Maryland, and other states. The convention will open Friday noon and continue all day Saturday, closing with a banquet in the evening. The banquet will be conducted differently than those of other years. Doctor Mark Shrum, of Lynn, one of the best known osteopaths of the country, will talk on typhoid fever. Doctor Lallah Morgan, of Providence, will have charge of the gynecological clinic. The other features of the programme will be announced later. Dr. Mark Shrum was the host at the A. T. Still Osteopathic Association of Massachusetts at its meeting February 24th, in Lynn. Doctor Shrum presented a case of gastralgia and outlined the diagnosis and treatment of the same. A discussion then followed on diagnosing lesions and each member was required to examine the case, find the lesions, write them on a piece of paper, fold it and lay it down. After all present had made their examination in this manner notes were compared so as to see how many agreed by using this method. At the suggestion of Dr. Shrum it is proposed at each meeting to follow it out so that each member may become more skillful along osteopathic lines. A good-sized delegation of the New England osteopaths attended the New York state meeting in Albany, March 9th. They feel well repaid for that trip for the New York osteopaths always put up a scientific and attractive programme and their hospitality is supreme.



Splendid "Woman's Number" of "Osteopathic Health" for April

WE ARE pleased to announce the issuance of a new brochure devoted to the "Diseases of Women" as the April issue of *Osteopathic Health*. It is, we think, the best presentation of what osteopathy does for woman ever printed. At least, it is thoroughly popular in its style, technical in nothing, and any woman who can read and has suffered will understand it.

Taking it as a whole, this "Edition for Woman" is moderate, dignified, simple and convincing. It is a conservative number. There are no statements in it to offend anyone.

It would be a great blessing to the women of the land as well as our practitioners if a million copies of this little messenger of light could be sent into the homes of this land. Will you see to it that the women of your community get the opportunity to read it and know about osteopathy?

Here is the contents of this issue. You will see that it is very comprehensive. Do you believe there are many women of this land who would not be interested in one or more of these chapters? It must appeal to mother, wife, sister and daughter and that's 50 per cent of our population!

Osteopathy the Haven for Suffering Women; Constipation in Women; Backache in Women; Headache and Neuralgia; Ovarian Ills; Menstrual Suppression; Profuse Flow and Flooding; Painful Menstruation; The Cause and Cure of Leucorrhoea; Curetting the Uterus; Uterine Displacements and Flexions; Prolapsus of Uterus; Bladder Trouble in Women; Piles or Hemorrhoids in Women; Nervousness, Neurasthenia, and Brain Fag; Gowns Worn During Treatment; Sterility; Nausea in Pregnancy; Osteopathy Reduces the Hours of Labor; A Case of Uterine Tumor.

In past years, we have usually had more demands for our "Woman's Numbers" than we printed copies to supply. We expect that to be so again this year. Therefore, you will not delay your order if you appreciate the value which women patients hold to osteopathic practice as both patients and boosters.

THE OSTEOPATHIC PUBLISHING COMPANY.

Henry Stanhope Bunting, D. O., Editor.

Considers "The O. P." Indispensable.

Continue THE OSTEOPATHIC PHYSICIAN for two years and send me the table time piece. I cannot get along without "The O. P."—Dr. L. H. Cathcart, Peru, Ind.

Are You Neglecting to Inform Your Public.

Enclosed find contract for 100 copies of *Osteopathic Health* a month for one year. I had gotten out of the habit of using literature, and had on my shelves, a few old copies of *Osteopathic Health* that I had been hoarding, since, I believe, before the war. The thought came to me to put on new covers and get them out. As a direct result, I secured three new patients. One of these has been the best "booster" for me that I ever had.—Dr. DeForrest B. Catlin, Mankato, Minn., February 12th.

Asking for Magazines in St. Louis.

Please send me seventy-five January, fifty February and ten November *Osteopathic Health*. I have never noticed that my patients took any interest in *Osteopathic Health* until the last few months, but now they are calling for the magazine.—Dr. French P. Wood, St. Louis, Mo., January 16th.

Lively Interest in Salt Lake City.

Enclosed please find \$2.00 for which please send me an assortment of *Osteopathic Health*. I have never used the magazines as an advertisement, but so many are asking for literature on various diseases treated by osteopathy, that I could think of no better method than to supply them with copies of *Osteopathic Health*.—Dr. Grace Stratton, Salt Lake City, Utah, January 12th.

Finds Need for More Magazines.

Enclosed fine new mailing list with 194 names. I am going to stir things up for a while. I was called a few miles out of the town a few days ago to see a man that had been down on his back for five months, and he said he did not know anything about osteopathy, or he would have sent for me sooner. That set me thinking I had better do a little more pushing in the educational line, and so I want my order for *Osteopathic Health* increased from 100 copies to 200 copies a month.—Dr. A. E. Hook, Cherokee, Iowa, January 18th.

"The Best Field Literature."

I wish you to know that I consider *Osteopathic Health* the best osteopathic field literature on the market. This last year it has been strikingly excellent. We all enjoyed the new cover pages so much. The Christmas cover page was so attractive that everyone who came into my office walked away with two or three, to read the contents and to hand to friends, and while I do not use them in large quantities, those I do use are sent only to a select number, whom I am sure, read them and then pass them on.—Dr. Carrie A. Bennett, Denver, Colo., February 28th.

Undoubtedly a Correct Estimate.

Congratulations on the unique and fascinating manner in which you declare true unadulterated osteopathy. Next to curing my cases, I believe *Osteopathic Health* to be the best medium to promote and hold business.—Dr. Curtis H. Muncie, Brooklyn, N. Y., March 2d.

Just What Is Needed Now.

The March number of *Osteopathic Health* is very good indeed, and very appropriate for this time of the year, when there is so much la grippe, and so many other diseases, due to the changeable weather.—Dr. G. Laudis Treichler, Logan, Kan., March 6th.

Says Osteopathic Health Wins.

Enclosed find order for 100 copies of *Osteopathic Health* a month for one year. You win. When you publish on publishing osteopathic literature of the kind of January, February and March of *Osteopathic Health* and the kind that April promises to be, why you win, that's all, and I also think that when I send that kind of literature out to the people that I will win.—Dr. C. W. Sherfey, Watertown, S. D., March 6th.

Is Tempted to Double Order.

I treated a man last spring, case broken clavicle, patient pleased. In February his wife had sore throat, family doctor administers anti-toxin—case runs three weeks—constant cough, loss of sleep and progressive loss of strength; her lady friends talk osteopathy—husband opposes. February *Osteopathic Health* comes and tips the scale to osteopathy as diphtheria and tonsillitis are spoken of in that number. Such literature suits me, and if you give us such articles frequently I shall be tempted to double my order.—Dr. Warren B. Mitchell, Newark, N. J., March 6, 1912.

Chiropractor Selling Field Literature to Osteopaths?

CAN this be true? It hardly seems possible, and yet it appears to be the case. We have received copies of a sheet called *Osteopathic Proofs* with professional cards on the second page, and some of our correspondents have mentioned this publication in a way indicating that they were using it.

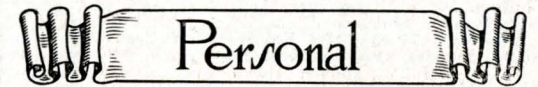
We have received a circular from John J. Henderson, the publisher of this pamphlet, setting forth its merits, and quoting prices and soliciting orders. Quite evidently the entire profession has been circularized in this way.

John J. Henderson, of Charleston, West Virginia, is not a graduate of any recognized osteopathic college, but has a diploma as a chiropractor from a Davenport school. He has a license to practice osteopathy in West Virginia, but it is alleged that he secured his license from the state board by improper means.

"Doctor" Henderson has never been permitted to secure the service of *Osteopathic Health*, and doubtless other publishers of recognized field literature have refused to supply him, hence he has produced this sheet of his own, and is apparently trying to "turn the tables" on the

publishers of the osteopathic profession by selling his pamphlet in their own field.

The sheet is cheap in appearance, and we hope no real osteopath will descend to the use of such material, or will be guilty of patronizing a man who has no standing in the profession.



Dr. Arthur Taylor, of Stillwater, Minn., has opened offices at Red Wing, and will practice there Tuesdays, Thursdays and Saturdays.

Dr. J. Dalton De Shazer, formerly of Durango, Cal., has removed to Cincinnati, Ohio, and opened offices at 201-202 Neave building.

Dr. Myrtella B. Wheeler Noonan, widow of Dr. William E. Noonan, who died December 18th last, has decided to continue the practice of osteopathy. She reopened the old offices at 405 Scanlan building, Houston, Texas, last January.

Dr. L. J. Dellinger, of Bucyrus, Ohio, has purchased property at 328 S. Walnut street, and after April 1st, his office and residence will be at that number instead of at 209 S. Walnut street, as formerly.

Dr. John B. Stow, graduate of the Los Angeles College, the class of January, 1912, has located at Newark, N. J., having offices at 93 Roseville avenue.

Dr. C. R. Mitchell, formerly at Long Beach, Cal., has located at Saskatoon, Saskatchewan Province, Canada. He is located at 228 Twenty-second street, East.

Dr. Ray L. Park, A. S. O., January, 1912, graduate, has located at Neosho, Mo., having offices in the Haas office building.

Dr. Josephine Armstrong, graduate of the Des Moines Still College of Osteopathy, January, 1912, has opened an office at No. 14 Holmes building, Kansas City, Kan.

Dr. T. T. Jones, graduate of the Des Moines Still College of Osteopathy, is assisting Dr. Mabel Cleaveland, at Wayne, Neb.

Dr. Carolyn Barker, formerly of Carroll, Iowa, has moved to Fort Dodge, Iowa, and has opened offices at 601 First National Bank building.

Drs. Barker & Barker, of Liverpool, Eng., announce that they have opened a branch office at Albany Chambers, Manchester.

Dr. Arthur Still Craig, of Kansas City, Mo., has removed his office and residence to 3030 Tracy avenue.

Dr. C. F. Frazer, formerly of San Diego, Cal., has sold his practice there to Dr. Louise Caroline Heilbron, and is now associated with Dr. M. L. Ward of San Bernardino.

Dr. Louise Caroline Heilbron, of San Diego, Cal., has purchased the practice of Dr. C. F. Frazer.

On Valentine's Day, the stork visited the home of Dr. Charles E. Getchell, of Baraboo, Wis., and made a present of a fine eight pound baby girl, Margaret Anne.

Dr. William E. Waldo, of Seattle, Wash., has removed his offices from 201-202 Northern Bank bldg., to 327-29 the same building.

Dr. Elmer P. Ireland, formerly in partnership with Dr. Harry M. Ireland, at Kearney, Neb., has severed his connection with that office, and is now located at Norfolk, Neb.

A baby girl, Marjorie May, arrived at the home of Dr. and Mrs. A. H. Wolfe, Owosso, Mich., December 3d. The doctor is reported as wearing the smile that won't come off.

Dr. Kendall Achorn, of Boston, has been performing duty with the Massachusetts militia at Lawrence where a textile strike is in progress. Dr. Achorn is a prominent member of the First Corps of Cadets, popularly known as the Governor's Guards.

Dr. Marie Steere will spend the summer in Wenatche, Wash.

The State Journal of Lincoln, Neb., February 25th, published a half-tone proof of the members of the State Board of Osteopathic Examiners, being Dr. C. B. Atzen, of Omaha; Dr. E. M. Cramb, of Lincoln, and Dr. T. M. Kilgore, of York; and Dr. W. H. Cobble and Dr. J. L. Young, of Fremont.

Dr. J. G. Dawson, of Jackson, Tenn., will give up practice in Jackson, and locate in Tampa, Fla.

Dr. Albin H. Doe, graduate of the Little John College of Osteopathy of June, 1911, has been taking P. G. work at the Los Angeles College of Osteopathy, Los Angeles, during the fall and winter. He expects to open an office at Racine, Wis., this spring.

Dr. Frank N. Plummer, of Orange, N. J., was an expert witness in a damage case at Newark, February 19th. The suit was for \$10,000 damages, and was brought by Mrs. Catherine E. Laine against the Public Service Railway Company. To the surprise of everybody, Dr. Plummer brought a human skeleton into the court room, and used it to demonstrate just where the plaintiff's spine is injured, and the consequent result to her health.

Dr. Frederick A. Webster has removed his New York City office from 1269 Broadway to 1002-04 Marbridge building, corner Broadway and Thirty-fourth street.

At the regular session of the Men's Bible Class of the Lafayette Avenue Presbyterian Church of Brooklyn, New York, held March 10th, several papers were read on men who have risen to great prominence from obscurity. Dr. Edward B. Hart presented a paper on the life of Dr. A. T. Still.

While Dr. George Still, of Kirksville, makes many outside operating trips, the seven days ending with January 27th made a record. In those seven days, he operated in five states, ending with five operations at Bluffton, Ind. All the cases have done well, "In spite of osteopathic after care."

Dr. J. C. Calhoun, Des Moines Still College of Osteopathy, January, 1912, has located at Jackson, Minn.

Dr. G. E. Elliott, and Dr. Loren Green have formed a partnership, and have located at 1685 Dundas street, West Toronto, Ont., Canada.

Location and Removal

Dr. O. H. Cramer, from 131 S. Beaver street, York, to West Chester, Pa.

Dr. Lillie M. Benning, from 817 Fourteenth street, to Octavia Apt., Washington, D. C.

Dr. Chas. F. Winbiger, from 1321 Fairmont street, to the Alabama, Washington, D. C.

Dr. M. R. Spafford, from Johnstone bldg., Bartlesville, Okla., to Akron, Iowa.

Dr. Emily C. Dole, from Elkan Gunst bldg., San Francisco, to 1418 Park street, Alameda, Cal.

Dr. W. S. Rowe, from David City, to 324 W. St. Paul street, University place, Nebraska.

Dr. O. R. Meredith, from 1234 S. Olive street to 1044 Overton street, Los Angeles, Cal.

Dr. Martha Benion, from 1533 N. Fifteenth street, to 439 Mint Arcade bldg., Philadelphia, Pa.

Dr. Fred H. Buntin, from Havre, Mont., to 3911 Walnut street, Kansas City, Mo.

Dr. H. M. Ireland, from 22 Opera Block, Kearney, to over Hay's jewelry store, Norfolk, Neb.

Dr. Herbert T. Cooke, from Clayton, P. O., Ohio, to Bicknell block, Ft. Atkinson, Wis.

Dr. Adella Moyer, from Grand, Okla., to Baker City, Ore.

Dr. Wilbur H. Clark, from San Luis Obispo, to Upland, Cal.

Dr. W. E. Waldo, from 201 to 328 Northern block, Seattle, Wash.

Drs. C. T. and H. E. Kenney, to Electric Light bldg., Laredo, Texas.

Dr. H. N. Lacy, at 501-2 Northwest bldg., Portland, Ore.

Dr. Harry M. Goehring, to Diamond Bk. bldg., Pittsburgh, Pa.

Dr. Agnes Madden, at 1364 Franklin street, Oakland, Cal.

Dr. Mary V. Stewart, at 1728 Franklin street, Oakland, Cal.

Dr. J. C. Calhoun, at Jackson, Minn., P. O. Box 178.

Dr. John D. Gearhart, to Rushville, Ill.

Dr. G. C. Flick, at 317 High street, Pottstown, Pa.

Dr. C. E. Medaris, to 414-15 Masonic Temple, Rockford, Ill.

Dr. E. D. Warren, at 117 W. 4th street, Joplin, Mo.

Dr. F. E. Moore, to 908 Selling bldg., Portland, Ore.

Dr. Josephine de France, to 404 Commercial bldg., St. Louis, Mo.

Dr. F. H. Martin, at Highland, Kan.

Dr. Norman L. Sage, at Carona Hotel, Edmonton, Alta., Canada.

Dr. Katherine Loeffler, at 403 Lindley-Skiles bldg., Minneapolis, Minn.

Dr. S. G. Semple, at Benton Harbor, Mich.

Dr. Sam Bordon, to Golden, Ill.

Dr. Inez Wells McAnally, at Mathis, Texas.

Dr. Walter J. Dale, at 6236 Lexington avenue, Chicago, Ill.

Dr. R. H. Slayden, to 720 Fidelity bldg., Tacoma, Wash.

Dr. C. A. Wohlferd, at 1140 Cherokee street, Denver, Colo.

Dr. Delia B. Randel, from 219 W. Hancock street, Ottumwa, Iowa, to Canton, Miss.

Drs. Barker & Barker, from Carroll, to 601 First National Bank bldg., Fort Dodge, Iowa.

Dr. A. Still Craig, from 3039 Forest avenue, to 3030 Tracy avenue, Kansas City, Mo.

Dr. Frank Van Doren, from 16 North avenue, East N. S., Pittsburg, Pa., to 880 1/2 Belmont st., Portland, Ore.

Dr. H. R. Bell, from Ft. Atkinson, to Dunlap Square bldg., Marinette, Wis.

Dr. Frederick A. Parker, from Springfield, Tenn., to Madisonville, Ky.

Dr. Albert Cleland, from 717 Marion street, Elkhart, to 609 J. M. S. bldg., South Bend, Ind.

Dr. John T. Elder, from First National Bank bldg., to 401 Trust bldg., San Angelo, Texas.

Dr. C. R. Mitchell, from First National Bank bldg., Long Beach, Cal., to 228 Twenty-second street, Saskatoon, Sask., Canada.

Dr. Horace J. Richardson, from 744 E. Kiowa street, Colorado Springs, Colo., to General Delivery, Redlands, Cal.

Dr. Nora B. Pherigo, from 836 to 942 S. Fourth street, Louisville, Ky.

Dr. J. B. Stow, at 93 Roseville avenue, Newark, N. J.

Osteopathic Health

FOR APRIL

Special Edition for Women

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Nausea in Pregnancy

A Case of Uterine Tumor

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Dissolution of Partnership.

Dr. Harry M. Ireland, and Dr. Elmer P. Ireland, at Kearney, Neb. Dr. Harry M. Ireland retains the Kearney office. Dr. Elmer P. Ireland locates at Norfolk, Neb.

Born

To Dr. and Mrs. A. H. Wolfe, at Owosso, Mich., a baby girl, Marjorie May, December 3d, 1911.

To Dr. and Mrs. Charles E. Getchell, February 14th, at Baraboo, Wis., an eight pound baby girl, Margaret Anne.

To Dr. and Mrs. Herbert Aldrich Thayer, of Rochester, N. Y., March 3, a son, Harold Eugene.

To Dr. and Mrs. Earnest B. Guild, of Escanaba, Mich., March 17th, a daughter.

To Dr. and Mrs. H. C. Kirkbride, of Norristown, Pa., February 21st, a girl, Jane Mills.

To Dr. and Mrs. F. L. Antes, of Detroit, Mich., February 23th, a son.

Died

Dr. W. M. Watson, of Oregon, Mo., February 16th. Death attributed to heart failure.

Want Ads

FOR SALE—Practice and office equipment in a Wisconsin city. Seven years established practice. Best of reasons for selling. Address No. 289, care of The Osteopathic Publishing Company, 215 South Market St., Chicago, Ill.

WANTED—A location in a good college town. Will buy practice if price is reasonable. Address, M. E. Bachman, 1169 Eleventh St., Des Moines, Iowa.

WANTED—Position as assistant in Chicago, by an osteopath of eight years' experience. Address No. 295, care The O. P. Co., 215 S. Market St., Chicago.

Male student, married, graduating from Philadelphia College, June, 1912, desires to take charge of practice or assist, during the summer. Will return for post-graduate course in fall. References as to character and ability. Address L. H. Yerg, 1715 N. Broad St., Philadelphia, Pa.

WANTED—Place to practice under some graduate during the summer vacation by junior student. Address No. 298, care The O. P. Co., 215 S. Market St., Chicago, Ill.

WANTED—A. S. O. male student, class 1913, would like to assist busy osteopath during summer. Satisfactory references furnished. Address Key No. 296, care The O. P. Co., 215 S. Market St., Chicago, Ill.

FOR SALE—My practice in a growing city of 10,000. No examinations to pass. Only osteopath in the city. Ill health reason for selling. Price extremely low. This will bear investigation. Address No. 297, care The O. P. Co., 215 S. Market St., Chicago, Ill.

FOR SALE—Established practice in northwestern city of fifty thousand. Splendid opening for single man or man and wife who are both osteopaths. Address "K." care The O. P. Co., 215 S. Market St., Chicago, Ill.

FOR SALE—Immediately, steady practice, established six years, 90,000 city in Pennsylvania; fine offices. Location best. Only woman osteopath in city. Will introduce successor. Terms moderate. Address No. 299, care The O. P. Co., 215 S. Market St., Chicago, Ill.

Unusual opportunity; one good light treating room; use of furnished reception room, with light and telephone. Centrally located. Rent reasonable. Address 1201 Champlain building, Chicago. Telephone Central 3319.

WANTED—A man who will buy full partnership in my practice, established seven years. References required. Address H. R. Foote, D. O., 71 Harcourt St., Dublin, Ireland.

Male graduate of Kirksville, desires position as assistant osteopath. Address No. 300, care The O. P. Co., 215 S. Market St., Chicago, Ill.

WANTED—By A. S. O. graduate, position as assistant, or to take care of practice for the summer, Colorado or the West preferred. Highest references. Address No. 301, care The O. P. Co., 215 S. Market St., Chicago, Ill.

FOR SALE—In northwestern Ohio, seven years' established practice, with office furniture and fixtures. Address No. 302, care The O. P. Co., 215 S. Market St., Chicago, Ill.

WANTED—Position as assistant or to take charge of practice for the summer, by a graduate of June, 1912. Address No. 3213, care The O. P. Co., 215 S. Market St., Chicago, Ill.