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THE OSTEOPATHIC PHYSICIAN

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Non-Suppurative Congestion A Study Based on Experiment

By Dr. William D. McNary, Spinal Neurologist, Milwaukee, Wisconsin.

WITH any new method of treatment it takes years to determine its true place and value. Its advantages are apparent early, but only after the improved method has been utilized for some time can its limitations and contra-indications be understood. The pendulum swing of hearty approval is too often followed by a swing in the extreme opposite direction of disapproval, or even condemnation. Eventually, however, the true mean position in regard to any treatment is reached.

Osteopathy has been saved from swinging too suddenly into public approval by the opposition of the practitioners of medicine: consequently the pendulum will not have to swing into the attendant condemnation. However, no therapeutic agent or method is wholly without any points of disapproval, and there was a time when we, as practitioners of osteopathy, had to assemble in conventions, rehearsing what could and what had been accomplished by manipulation, instead of whistling to keep up our courage. That time is past; the scientific principle being now permanently established, we convene rather to consider the weak points, and methods by which what was once poorly done can be better accomplished now, as well as how new fields may be explored. On this basis I have chosen the subject, "Non-suppurative Congestion."

Weak in Diagnosis: Strong in Treatment.

From the standpoint of treatment there is no other field in which osteopathy is so strong: from the standpoint of diagnosis no field so weak or the source of greater mistakes. Personally, I was almost cheated out of my belief in the valuable truths of osteopathy by a mistake along this very line; an osteopathic physician had diagnosed an appendiceal abscess (a suppurative congestion) as an ovarian congestion (a non-suppurative congestion). Treatment resulted in the rupture of the pus pocket, death resulting in less than seventy-two hours from septic peritonitis.

You say "that was nothing against the truths of osteopathy, but ignorance on the part of the operator." True, and I agree with you heartily. Therefore, let us strive to discover and rectify wherein we are ignorant, and liable to make just such mistakes that bring the principle into disrepute as *truly* as though the basis were *untrue*.

No statement, in my belief, is more erroneous—yes, false, regarding osteopathy, than to say: "Well, if it does *no good*, it surely will do *no harm*." I have seen a fatal case of pyaemia produced by an over-stimulation of the renal plexus, together with other manipulative treatment, in an instance where the case was one of abscess of the hylus of the kidney, instead of an "impingement of the renal nerves at the point of their spinal origin, with the supposed attendant congestion of the kidney"—a conclusion too often reached regarding the condition of an internal organ.

How I hate to see ALL organic disease classified under "*impingement of nerves or circulatory obstruction!*"

For instance, the kidney just referred to. Disease can gain access by infection through the urethra, bladder, and ureter, thus irritating the peripteral fibres of the renal plexus, where the lesion, whether bony, tendinous or muscular, at the spinal center is a *result*, a *symptom* and not necessarily a *cause* at all.

Boundary Line of Suppuration.

This illustration suggests the question: Where does "non-suppurative congestion" end and "suppurative congestion" begin? *Here is the borderland between osteopathy and sur-*



DR. WILLIAM D. McNARY,
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gery. The practitioner who crosses this line will be guilty of criminal negligence, in my belief, and deservedly should lose his reputation and practice.

The question at once asked is: How are we to tell? By diagnosis! By being *real* diagnoses!—not lesion finders alone! There is no short cut to this ability. It lies in a correct realization of the importance of "*objective* and "*subjective* symptomatology." What is the essential difference? some might ask. The "*objective*" symptoms are those perceptible to the senses of the physician, and may or may not be to those of the patient. "*Subjective*" symptoms are those perceived by the patient alone, and *not* perceptible to the senses of another.

The osteopath is prone to pay too much attention to the "*objective*," at the expense of the "*subjective*."

The practitioner of medicine reverses this and pays too much attention to the "*subjective*" at the expense of the "*objective*" symptoms.

Let me cite you an illustration of the value of each. A case, supposed to be pleurodynia, associated with intercostal neuralgia, was not responding, and the physician in charge, fearing lest angina pectoris complicated conditions, advised a consultation. In talking with the physician I learned that his *chief* reason for the consultation was because the "*objective*" lesion did not correspond to the organs, or parts involved, being at the twelfth dorsal. By adding to the knowledge gained through the "*objective*" examination, that obtained through the "*subjective*," the discovery was made that the patient was suffering from a case of gonorrhoea! The thoracic pains that were so marked a feature of the case, being pseudo-pleurodynic ones, were due to an irritation of the middle branch of the twelfth intercostal nerve as it passes over the crest of the ilium, and along the inguinal lymphatics, which were inflamed from the disease.

A case illustrating the other phase of diagnosis, where the "*objective*" feature was neglected, was one of neuritis affecting the lower extremities, chiefly the left leg. The trouble was of two years' standing, and accompanied by some atrophy. The attending physician—who, by the way, was a professor in a medical college of good repute, and an author of standard medical works—had diagnosed the condition as rheumatism, sciatica or lumbago. Yet even a cursory "*objective*" examination portrayed the real cause to be due to a subluxation of the sacro-iliac synchondrosis, caused by the continuous jar on the tuberosity of the ischium during persistent bicycle racing.

Let me refer in passing to a case where the cause is too hidden to be discovered by either "*subjective*" or "*objective*" methods. The patient, usually female, where the pains are transitory, and the organs involved differ at each succeeding treatment. Here you will have to bring your psychology into use to discover this truly hidden malady. You will usually find it in the field of some domestic infelicity. If not, then be on the alert for some brain lesion. I include such cases so as not to omit the field of "hypochondriacs."

Now with reference to what we are going to do for these congestions when we have discovered them, and their probable cause.

A Lesion When Bony Is a Cause.

As in the case of the abscess of the kidney, we find that the lesion came *from* the organ to the spinal nerve root, being a *result*, instead of always being *from* the spine as an origin, or etiological factor, of the trouble in the organ.

How are we to tell *when* it is a *cause*, *when* a *result*?

We know that no amount of congestion of a nerve can pry a bone apart, or dislodge it, so we are safe in taking this position! When there *is* a bony lesion, with the attendant contraction and pain, then the indications are that we have found the *cause*, and the correction of the lesion will permanently relieve and cure the trouble.

When we find that characteristically exquisite pain, with the attendant contraction, *without* the bony lesion, then we are probably dealing with the *result* of some organic congestion or irritation that has reached that

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spinal nerve root, along the course of the nerve fibre, and due to some abuse of function of that organ.

How can we correct these conditons?

I will suggest four plausible channels of attack. May I enumerate them before applying them to any definite disease?

Three Principles of Treatment.

First, the adjustment of parts that might in any way interfere with, or interrupt, the nerve or blood supply of the organ involved.

Second, counter-irritation. Let us look to nature for proof of the efficacy of our second mode of attack. Here we see the housewife with her flowers, the farmer with his corn, and the gardener with his grapevines, all *digging around the roots* of their respective products, and why? They have found that by so doing the flower, the corn, and the grapevine will *all* thrive, especially if they follow this process up by the nourishing effects of water. What is true in the vegetable kingdom, *in this regard*, is true in the animal kingdom as well, and can be applied to the nerve-root of an organ that is not thriving.

Counter-irritation around this nerve root will automatically furnish the nourishment derived from watering the plant or vine, by drawing to the affected root an extra supply of blood through the anatomical principle of the migration of the blood to the part most active.

Third, this brings us to the relief of congestion in the organ, and I have found no better way to relieve a congestion of a *VITAL* organ than to establish a congestion of a *non-vital* part (as muscular tissue), just as near the seat of the trouble as possible. The degree of counter-irritation applied should vary in accordance with the severity of the congestion treated, but should be stopped entirely if the

case develops an abscess of any nature, more especially one of a tubercular origin, *where I believe we will do positive harm.*

Fourth, the remaining step is to eliminate from the system the excess waste products resulting from the disease, through the emunctories or eliminating organs.

Application of Principles to Pneumonia.

I have been asked to outline more particularly the application of these principles to pulmonary congestion—*pneumonia* of various types and stages.

An effort which I made to take a hundred cases experimentally was interrupted by increasing duties along my own regular line, that of "spinal neurology." However, I succeeded in securing eighty-seven cases, special attention to which was aroused in a very curious way. While still interested in surgery at the steel plant, I heard of the serious illness of one of the men who happened also to be a neighbor of mine. I called, in a purely unprofessional way, to inquire regarding his condition. The attending physician being present, I was asked to examine the case with him.

I found the case on the 11th day presenting temperature of 106½; pulse, 143; four lobes practically consolidated; color, an ashen gray; cold, clammy skin; and respiration a mere pant. Knowing, as the attending physician did, that I had studied osteopathy, and that the case seemed beyond the reach of drugs, the outcome was that he and the family joined in sanctioning the use of manipulation. All will recognize the stage of the disease as the third, or stage of gray hepatization. I will simply state *what* I did, my *reasons* for doing it, and the *consequences*.

The Treatment as Given.

Treatments were given at intervals of four hours, night and day. The four layers of muscles of the back were taken as a point of

attack, and the third principle of treatment was utilized in order to establish a muscular congestion or myalgia in this location, in order to attempt to relieve the engorgement below. Whatever gain was made in this way, by the principle of migration of the blood to the part most active, in re-establishing normal surface warmth, relaxation and moisture, was held between treatments by the application externally of what I have found to be a very valuable home remedy. Equal parts of pulverized charcoal and cornmeal, mixed with enough glycerine to make a thin paste, applied *not* from the hips up, and covered with absorbent cotton and a flannel bandage over this. This dressing was removed and the surface sponged with hot alcohol, then rubbed well with crash towel before each treatment.

Congestion very Noticeable in Muscles.

The cervical and dorsal segments of the spine in such cases you will find simply matted together. This condition was relieved by the first and second mode of attack. By slight extension, combined with torsion, the deeper ligaments were relaxed, leaving bunched areas of contraction over vasomotor and trophic ganglionic nerve centers. These were further broken up and relaxed—just as the hard, dry earth is mellowed around the roots of a plant—by the use of the second method—by fairly digging around them. No other word expresses just what you *really* do. Thus was accomplished *everything* that would aid elimination.

Some have asked me: "What about sustaining the heart?" What better method of sustaining the heart than to lighten its work, by giving it relaxed blood-vessels, rather than contracted ones, to pump the blood through? This is done, of course, through the knowledge of the vasomotor nerve centers.

Now in regard to the *result*.

When the external application was removed for the ninth treatment, the patient had broken out in a greenish-gray blister from his hips clear up into his hair, and extending laterally from axilla to axilla.

A Dilemma—But Great Betterment.

Here was a dilemma indeed! The only redeeming feature of which was the fact that the man was better beyond a doubt, as was proven by the fact that his temperature was 99 $\frac{1}{4}$, pulse 105, respiration 41 to 47.

After consultation it was decided to treat the blisters surgically: incise the surface, and apply hot boracic acid dressings, covering this with gauze and oiled silk, changing to a dry dressing later. The only apparent discomfort the patient suffered was the necessity of remaining on his stomach, which was free from any external irritation.

Just a word of warning right here. I have described a case where application of the principle of applying counter-irritation, enough to produce a myalgia, involved the muscles of the back. Don't, *except in meningitis*, apply this method nearer the spine than the outer border of the erectorspinae muscles. If you do you will produce a congestion of the cord, as can be figured out from the anatomy of the circulation of the part. The lateral spinal branches of the posterior spinal artery send a branch into the cord, then continue as the muscular artery to the adjacent muscles. Therefore, in congestion of these muscles, the blood backs up into the branch that runs to the cord and congests it. From this same anatomical knowledge, and the proper application of it, the blood can be drawn away from the cord in meningitis.

But to return to the case in hand, I will say that it went on to an uninterrupted recovery, free from any of the sequelae of pneumonia, during the seven years that have elapsed. A peculiar coincident in the case was the fact that the contents of these blisters contained Frankel's diplococcus of pneumonia. How it came there I am perfectly free to admit I do not know. Naturally, this experience aroused an interest in these principles as applied to the other stages of the disease.

First Stage Aborted.

An opportunity shortly presented itself to treat, during the *first* stage, a case presenting the following symptoms: (1) Sudden onset, (2) chill, (3) pain, (4) fever, (5) cough, (6) rapid respiration, (7) rapid pulse, (8) coated tongue, (9) excessive nervousness, and (10) crepitant rales. Surely a typical case. The same course was pursued as before described, except that treatments were given every *six* instead of every *four* hours. The case was aborted before the development of the second stage. A slight "prune juice" expectoration being the only symptom that indicated the second stage. The treatment of this stage is accompanied by a *superficial erythema*.

It was months before I had an opportunity to test the treatment during the second, or red hepatization, stage of the disease. Let me warn you here that you will lose faith in *every* kind of treatment while caring for a case during this stage—more especially if you attempt to abort it at *this time*. It is like trying to hasten the healing in any superficial abrasion by pulling off the scab every four to eight hours. Remember that the lining of the alveolar walls are "raw" and that *one* of the reasons why the serum oozes into the air sac is to protect it—to act as a lubricant to prevent friction due to the increased respiratory activity from injuring the epithelium.

Good Advice in Treating.

Be patient and persistent in doing all that will aid in the *elimination* of the *pyrogenous ferments*, the absorption of which is so dangerous in this stage. This is accomplished chiefly by stimulation of the kidneys through

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Our Field Practically Unlimited.

Some have told me that I limit the field of osteopathy by the position I take. It is laughable for us to talk of limitations when the field of chronic work is practically the only one yet touched upon. The great field of acute diseases, like the one we are discussing, is still in the experimental stage, and the question of specializing, for instance, in obstetrics, gynecology or spinal diseases, is still in its infancy.

The field is limitless. That I believe in this statement is proven by the fact that I have for four years limited my work to diagnosis and treatment of the "spine" alone.

Others object to the description of what we attempt to do as "too simple." The greater the

the renal center, thus preventing the congestion of these organs, which so often proves a fatal complication. Also watch the heart for collapse. Don't be in too big a hurry for apparent results. Be content to sustain the system, and prepare it for the strain of the third stage. You will be rewarded by finding the last stage will be of shorter duration, and resolution surprisingly rapid.

The treatment of this stage is accompanied by quite a rash over the part where the greatest degree of counter-irritation is applied. The only warning I feel should be given here is: *Don't try to abort the second stage*. The time between treatments will depend upon the severity of the case, ranging from *twice* a day, to every *four* hours, night and day.

truth the simpler, and the simpler the greater. If the application of a simple truth succeeds in accomplishing results, I say the simpler the better. I wish it was simple enough so we could show a trained nurse, for instance, what to do and how to do it.

Happily Simple—But Hard Work.

But to those who consider the methods too simple, all I have to say is: If you are afraid of good, hard work, you had better not try to put these methods into practice, for the application of them is anything but easy or simple. However, I can truly say that you will have the satisfaction of seeing patients recover, who would otherwise in all probability succumb to this dread disease, and you will be a factor in reducing the now increasing death rate of pneumonia.

In a few words, let us sum up the practical deductions that may be a benefit to us in our every-day work. Be always on the alert lest a non-suppurative congestion develop into a suppurative one. In diagnosis, let us not overlook the value of "subjective" as well as "objective" symptoms. In treatment, let us first reason from an apparent principle, one that is applicable in a case not so apparent. When one's hand is benumbed from pressure on the brachial plexus, in hanging over the back of a chair, we intuitively remove the pressure by change of position; then by counter-irritation we re-establish normal blood and nerve pressure. As a result, the symptoms soon disappear.

In treating the lungs, or any other organ, this same condition may be true. In fact, you usually find pressure from contractions somewhere along the nerve or blood supply to the affected organ; therefore the first thing to do is to discover it, if there, and remove it. Often times an organ is treated—and even removed!—when the irritating pressure is somewhere along the trunk of the nerve, or at its spinal root, instead of in the peripheral branches of the nerve located in the organ itself—a procedure just as rational as it would be to cut off one of the fingers to cure the tingling in the case cited.

Pneumonia May Be Surely Diagnosed.

A scientific anatomical knowledge will enable us to locate the pressure on the nerves involved in pneumonia as surely as in the case of brachial pressure. When once found the manipulative principles of osteopathy will enable any skilled operator to remove this impingement. Follow this by counter-irritation over individual nerve roots that in any way affect the circulatory or trophic function of the lungs, and you will find that the organ will be stimulated to a renewed resistance against the invasion of infective bacteria, and when victorious will regain its normal vigor in a surprisingly rapid degree.

In the meantime, don't forget to relieve the engorgement by establishing a proportionate congestion in an adjacent *non-vital* region. This is another way of saying: Don't overlook the value of the old-fashioned idea of our grandparents in the judicious use of the principle of the mustard plaster, other than for the relief of abdominal congestion known as "stomachache."

Hold the ground gained by the treatment by keeping the surface warm, relaxed and moist with some dehydrating external application.

Always, from the very first, keep all possible channels of elimination open.

Diagnosis and Treatment—Not Results.

I have not spoken of the results attained in all my cases. Just diagnosis—diagnosis—diagnosis—and treatment—treatment—treatment. *What* we do, and *why* we do it. The reason why I have omitted the question of general results is: If our *diagnosis* and *treatment* are correct and scientific, the *results* will take care of themselves.

Confessions of an Old Time Migratory D. O.

By Chas. E. Huelett, D. O., Topeka, Kans.

I SAW in *The O. P.* where some one said that osteopathy was introduced into Wisconsin in 1897. A mistake has been made by somebody. Dr. Chas. E. Still must have practiced in Diamond Bluff, Wis., as early as 1893, and Dr. Chas. Hartuppee about then, too.

I went to Red Wing, Minn., in May, 1896, and took the Dr. Still & Hartuppee's office for thirty days, so Dr. Chas. Hartuppee could go to Des Moines, Iowa, to open up the first regular osteopathic office in Iowa. I stayed in Red Wing, practicing there and in Diamond Bluff until June 1st, 1896. Then I opened the first regular osteopathic office in LaCrosse, and was there until late fall, as Dr. McConnell can testify, for he called on me while there. I treated several people there who were firm believers in Dr. Still's theory as they called it. I had the friendship of Dr. McConnell's brother, who was the state's attorney in La Crosse at the time. I think he helped the D. O.'s in getting the law they now have.

I seem to have been one of the "movers" in that day, looking back over my itinerary I was in about ten or fifteen different places for practice between February 4th, 1896, and May, 1898, when I moved here. I hope I did the cause nothing but good and made friends for osteopathy, as I have always tried to hold up for the teaching received from Dr. A. T. Still and the others who taught genuine osteopathy in the early days.

I see so few of the old pioneers in print I thought I would say a word for Dr. Ammerman. He was a hummer. Also Dr. Gaylord whom I was with in Canton, Ill., in 1896.

I crossed the Mississippi river fifteen times in the years 1896 and 1897 changing locations. I was the first D. O. in several places in Iowa, Missouri, and Illinois, and yet I outgrew the migratory habit at length, for I have now stayed in one place over eight years—at Topeka, Kansas. I hope this will interest some of the old boys.

We Osteopaths Should Be Proud of Our Dogma

By Ralph Kendrick Smith, D. O., Boston, Mass.

DOGMA (Century Dictionary)—Derived from words meaning that which seems good, an opinion, view. A settled opinion; a principle, maxim, or tenet held as being firmly established.

DOGMATIST (Century)—One of a sect of ancient physicians founded by Hippocrates and named in contradistinction to Empirics and Methodists. They based their practice on conclusions or opinions drawn from certain theoretical inferences which they considered might be logically defended or proved.

METHODISTS (Britannica)—They "agreed with the Empirics on one point, in their contempt for anatomy."

EMPIRIC (Century)—From the Greek for "mere experience or practice without knowledge, especially in medicine."

Harris in his "Hermes" says: "The empiric instead of ascending from sense to intellect (the natural progress of all true learning) hurries, on the contrary, into the midst of sense, where he wanders at random without any end, and is lost in a labyrinth of infinite particulars."

"Gould's Medical Dictionary defines empiric: 'One practicing medicine without philosophic or scientific principles, simply from the results of his own experience, or that of others.'"

Lord Bacon in the "Advancement of Learning," says: "It is accounted an error to commit a natural body to empiric physicians."

Now the point I wish to make from these quotations is that the so-called "regular," or old school, or allopathic school and the osteopathic school differ fundamentally in this respect—that the former is without dogma (and they are proud of it, you understand) while we proudly assert that *we ARE DOGMATIC!*

Now let us look at it in the light of these definitions. Dogma means a *settled opinion*, a *PRINCIPLE*, one logical, consistent reason underlying all that we do and upon which rests our entire philosophy and practice. To be a follower of the allopathic school and to be eligible to its organizations—the state medical societies and the American Medical Association, you have to declare in writing that *you have no dogma!* Think of it! You have to sign a statement that you have no settled opinion, no fixed principle upon which you confidently risk the lives of your patients, but that, on the other hand, you are liberal and broad.

The Massachusetts Medical Society (allopathic) last spring made a most radical move-

ment regarding therapeutic dogma. It proposed to admit homeopaths to membership. This was loudly heralded in the press as a most commendable demonstration of the broadness and liberality of the preponderant school, a proof positive of the approach of the medical millennium, a movement for the good of humanity, etc., etc.

But hold! There was a string to it.

The applicant must sign a statement to the effect that he no longer held himself as a practitioner of an exclusive dogma! At the next meeting of the Massachusetts Homeopathic Society this offer was publicly spurned by the most prominent homeopaths, who laughed at the idea of even considering the signing away of their principles. They have a dogma and they are proud of it. It is their all! We Osteopaths have a dogma and it means to us what the stars and stripes mean to the soldier, what the cross means to the priest, what *similia similibus curanter* means to the homeopath!

The following report of the June 5, 1906, session of the American Medical Association is a striking commentary of the situation in a school without dogma:

Dr. Arthur T. Cabot of Boston, president of the Massachusetts Medical Society, laid the blame for the proprietary medicine evil almost entirely at the door of the medical profession. Their practice of administering "placebos," or prescriptions given merely to satisfy patients who are really not ailing, Dr. Cabot declared, was responsible for the public belief that for every symptom they must have a drug. This sentiment, he said, accounted wholly for the great vogue of nostrums.

"We not only feed the demand," said Dr. Cabot, "but we create it. Right in our Back Bay drug stores 44 per cent of the prescriptions by physicians are for patent medicines. In using these preparations we prescribe things which we know nothing about. We ought to know better. We are apt to say to the uneducational public you must give drugs and you must change your drugs pretty often or you will lose your patients. Who creates this belief? You and I, partly through old women and nurses, to whom we give the idea that every symptom demands a drug. In

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Organization

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400 shares	40.00 cash or	5.00 cash and	7.00 per month for 5 months
500 shares	50.00 cash or	10.00 cash and	8.00 per month for 5 months
600 shares	60.00 cash or	10.00 cash and	10.00 per month for 5 months
800 shares	80.00 cash or	10.00 cash and	14.00 per month for 5 months
1,000 shares	100.00 cash or	20.00 cash and	16.00 per month for 5 months
2,000 shares	200.00 cash or	40.00 cash and	32.00 per month for 5 months
5,000 shares	500.00 cash or	100.00 cash and	80.00 per month for 5 months
10,000 shares	1,000.00 cash or	200.00 cash and	160.00 per month for 5 months

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my experience the leaders of the profession give just as many drugs as anybody else and do just as much harm to the public. This habit is one of the great causes of the patent medicine evil. I have given placebos, gentlemen, and I am ashamed of it."

Dr. Woods Hutchison said that when boys will cease to play with new knives, the medical profession will stop trying all the new things to find out which are good.

"The credulity of the medical profession," he said, "is something horrible. The United

States Pharmacopœia is a relic of mediaeval barbarism, and is still crowded with things which belong with the stuffed alligator."

Not only in union is there strength, but in dogma is there strength. Let us not be afraid of being called narrow by those who admire the broad liberality of the allopaths and prefer the title of empiric and the definitions that go with it. We are not afraid of dogma; we are proud of it. Here's to our dogma—"read-justment"—may her standard never be lowered!

Should the Osteopathic Year Book Be Continued

By A. L. Evans, Editor of the Association Journal.

I HAVE read with interest and a fair measure of approval your article in *The O. P.* for November on "Year Book Considerations Past, Present and Future." I believe your position is correct, that the work of issuing this publication should not be put on a competitive basis, and that no one should be asked, or expected, to do it at a loss. It is true, however, that up to this time the Association has merely accepted offers made, and that those who have undertaken the work have done so with their eyes open.

One of your statements contains an error of fact, and the possibility of an inference, neither of which I am sure, was intended by you. The editor of *The Journal of the A. O. A.* does not get a "net salary of \$1,200 a year." Out of the \$1,200 received he has to pay for his clerical help. I am sure that one of your experience in editorial work would not consider, as others might, that \$1,200 a year is an excessive salary, even though it were "net," and part of the matter for publication is furnished.

The editor of *The Journal* is not merely an editor, he is business manager, editor, proof-reader, book-keeper, mailing clerk, and fills every other place pertaining to a publication office. He has to prepare the manuscript for the printer, read the proofs, oversee making up forms, see that the mailing list is kept accurate and that the wrappers for the 1,200 copies mailed monthly are properly addressed for each of the 12 issues, and the edition

mailed. In addition to this he has a directory, with one-third of the names which appear in the year book, to keep up and revise quarterly.

You will understand that no man could do all this work and conduct an osteopathic practice, and he must conduct a practice as he could not live on the salary. If he hires help he has to pay for it. This is not written to create sympathy for the editor—he is not obliged to do the work unless he wants to—but in order that the truth may be known.

Now in regard to the Year Book. It is becoming a question whether any part of the money of the 1,200 osteopaths, who by membership in the A. O. A. give evidence of an active interest in the advancement of osteopathy and its welfare as a science, should be appropriated for the purpose of listing and advertising those who do not thus show the interest which we think they should.

It would seem that the time is near when we should seriously consider whether it is quite fair for the A. O. A. to use its means and machinery to keep track of those, quite a number of whom, it is said, will not even reply to the requests for information in regard to their locations. I believe that in the past the Year Books have helped the A. O. A., but might it not be well for the future for the A. O. A. to consider getting out but one directory, and that of its own membership? Every reputable osteopath has the opportunity to have his name appear in this list: a list that is revised not once, but four times a year.

Chattanooga, Tenn., Dec. 15, 1906.

Improbable Relations.

If Mr. Tendo-Achilles went forth for a ride, Could he, perchance, unite with Miss Patella as bride?

Would his friends, Gastrocnemius, Soleus and Plantaris his choice lament, Leave him, and each take a Cuneiform sister, with like intent?

And then, when all were thus united for life, Would the neighbors about them be aroused unto strife?

Would fat Miss Astragulus (a close friend to all concerned) Quickly call on the Scaphoid and Semilunar girls to impart what she learned?

Would prim Miss Fibula, long, lean and lank of frame, Quietly tell Mr. Tibialis Anticus that "such doings" were a shame?

Would old Mr. Pollicis, an Abductor, well known Talk of the occurrence, should he call at Miss M. Digitis' home?

Then, dear friends, with such an inharmonious relation Could you wonder at the degree of the neighbor perturbation?

—F. W. Treshman, D. O.

Another Good Pneumonia Article.

The excellent article by Dr. McNary in this issue will be followed by another about the results secured in pneumonia. We expect to receive it in time for our next issue. It will suffice in advance to say there was not one fatality in the whole 80 or so cases treated, many of which were bad cases of pneumonia.

This article will encourage many D. O.'s, no doubt, who have had but limited experience with pneumonia and non-supportive congestions of the lungs, to seek the care of such cases more eagerly.

In our January issue of *Osteopathic Health*—already in circulation for ten days—we give a very sprightly yet strong article on pneumonia which it would profit every D. O. in practice to give wide circulation. It is entitled "An Insurance Policy Against Pneumonia." It is written in the personal and newsy style that will first of all secure a reading wherever the article travels and which will next make a convert to osteopathy every time it is read. Think of the potency of such an article for good in your locality! You ought to use one or two hundred of this number by all means. See page 16.—Editor.

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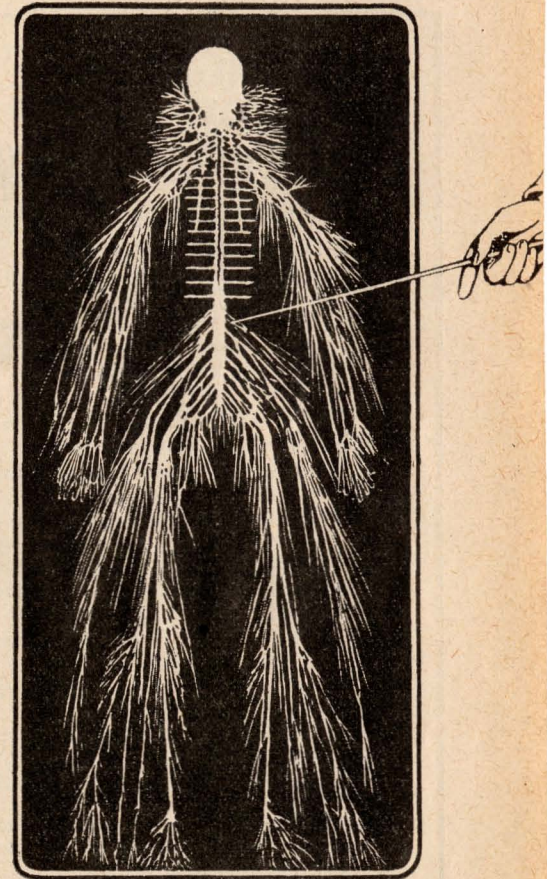
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Man's "Nerve" Skeleton.

Through the courtesy of the Philo Burt Manufacturing Company, one of our advertisers, we are able to present the accompanying drawing of the human "Nerve Skeleton," showing just how man would look if all his tissues were "removed" but his nerves. As helping to indicate the seat of the vital dynamos, this illustration will be productive of much study. The osteopath will be quick to observe that the sympathetic system is not shown to any extent. The great abdominal brain seems wanting. Indeed it would take a separate and larger drawing to show the infinitely complex sympathetic system. Invert this picture and how like the structure of plant life this nerve skeleton appears with its root, trunk and branches! This picture is not a fanciful drawing. Various anatomists have separated the nerves of some portion of the body but it remained for Dr. Rufus B. Weaver, of Philadelphia, to prepare a complete "nerve skeleton," using as the material actual nerves.

How They Fake It Abroad.

Dr. H. H. Walpole sends us the following very funny want ad from the *London, England, Chronicle*, showing some new way they seem to have discovered for faking osteopathy abroad:

OSTEOPATHY, the New Profession—Vacancies for one or two ladies with small capital. Interesting and most lucrative work. Full particulars from Secretary, 10, Bentinck st., W.

What on earth can they do with those "ladies" and their small capital? Probably open shops and dispense the new profession as bottled goods. We consider osteopathy strictly a profession here at home; but the English sharper seems to find it negotiable as an article of commerce.

Enough.

Knicker—Did they probe for the bullet?
Bocker—No; the victim was a financier who said he was sick of investigation.

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Mrs. Evans Had Typhoid.

Mrs. A. L. Evans of Chattanooga, Tenn., is just recovering from a spell of typhoid fever. Dr. Evans took her to Florida this week to recuperate.

The Next Step.

The Field Mouse—Hello, Doc! How's business?
Old Dr. Stork—Pretty darn slow. In fact, I've about decided to give trading stamps.—*Puck.*

Dr. Gravett Changes Location.

Dr. Wm. A. Gravett who has been practicing a number of years in Troy, Ohio, has moved to Dayton, Ohio, where he has opened new and elegant offices at 1003-4 Conover building.

Division of Profits.

Automobilist (recovering from injury)— "Isn't that a pretty stiff bill, doctor?"
Surgeon—"You don't suppose I'm going to let the repair men do all the getting rich out of this business, do you?"

His Professional Manner.

"Dr. Jones always seemed to be very earnest, at any rate."
"Oh, very! Why, he can say 'How are you?' and give you the impression that he really wants to know."—*American Jour. Surg. and Gyn.*

Dr. Jorris Got His Deer.

I note Dr. Fisk's little item in the last issue of *The O. P.* While deer hunting I only secured one deer. This was probably due to the fact that Dr. Fisk was not with me to assist me in my quest.—*Dr. A. U. Jarris, La Crosse, Wis.*

Texans to Keep Up the Fight.

Texas osteopaths are to renew their fight for a law at the next legislature. The new committee on legislation selected at a called meeting last month at Ft. Worth comprises Drs. J. F. Bailey of Waco, T. L. Ray and M. B. Harris of Ft. Worth.

A Great Privilege.

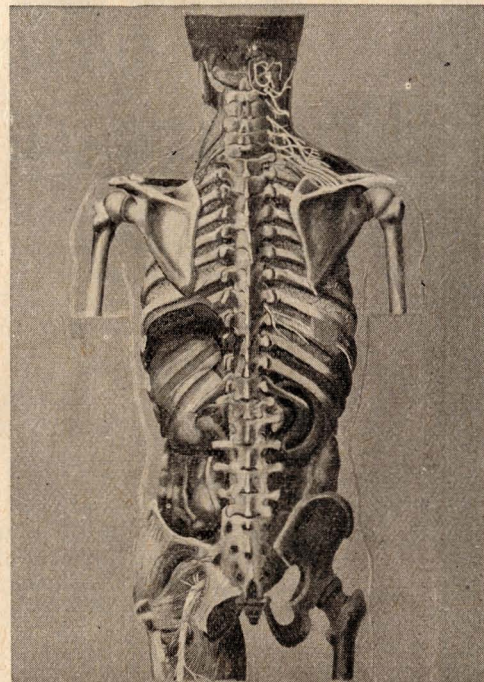
A most estimable lady of foreign extraction remarked, apropos of the visit to Denver, of the representative of an English college of heraldry: "Isn't it nice that you can have some one look up your gynecological tree for you and tell you about what you come from?"—*The Colorado Medical Journal.*

Discuss Illinois Bill.

The Chicago Osteopathic Society held a good meeting at room 505 Trude building, December 20, when Dr. Hamlin made a talk on post mortems and chemical research. There was had a free discussion of the proposed osteopathic bill that will be presented in the Illinois legislature this coming session.

Osteopaths Save Their Own Backs.

H. T. Root, of Kirksville, reports steady sales for his excellent treating table which is becoming famous for making the lumbar "break up" so easy. D. O.'s are finding that it is no longer necessary to break their own backs, as in the good old days, lifting 200-pounds patients off the table in order to get pressure at the right spot, and surely Mr.



\$25 a set of three charts. Cost but \$5. Will teach you anatomy unconsciously. Will be a valuable adjunct to your office when you engage in practice. Write for illustrated circular. Address,

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Who Are This Bunch, Pray?

The National College of Osteopathic Physicians and Surgeons has been organized and papers for its incorporation were filed yesterday in the office of the register of deeds. The five directors are W. E. McCormick, David E. Anthony, Harry G. Palmer, R. S. Knapp, and S. L. Rockwell.—*The Washington (D. C.) Star, Nov. 21st.*

Osteos Dissect a Camel's Hump.

The recent death of a camel in the local zoo at Los Angeles has furnished some valuable dissecting material which is being worked up in the Pacific College to the best advantage. Dr. Whiting is doing some work on a portion of the nervous system and Dr. F. C. Clarke is preparing the cervical vertebrae for the Museum of Comparative Anatomy.

Dr. Addie Fish Married.

Frank Price and Dr. Addie Fish, both of Moscow, Idaho, were married at 4 o'clock October 18, at the residence of Rev. Charles E. Gibson. Mr. Price is a prominent merchant of Moscow, and his bride is a successful osteopathic physician and formerly resided in this city. Mr. and Mrs. Price will visit a few days in this city before returning to Moscow, where they will reside.—*Spokane Intelligencer.*

Dr. Bartholomew Lectures.

Dr. E. J. Bartholomew gave his excellent stereopticon lecture on anatomy and the cause and cure of disease at the Maywood Presbyterian church last week, which, despite bad weather, was well attended and well received. The doctor puts up a strong plea for osteopathy thru his popular and interesting talks about the nervous system. He will delight any audience, popular or scientific, who have the chance to hear him.

Chiro's First Court Victory.

Chiropractics has scored its first victory in the courts. At Aberdeen, S. D., December 13, Dr. A. H. Brunning, a chiro, was acquitted in the Circuit court of wrong in using the term "Dr." and practicing in the state without a certificate from the state board of medical examiners. Judge J. H. McCoy presided and instructed the jury he would set their verdict aside if they did not bring in a verdict of acquittal. The issue was whether chiro was the practice of medicine.

Boston Women's Osteopathic Club.

The Women's Osteopathic Club of Boston, has issued a neat and attractive program of its monthly meetings for the season 1906-7. The club is to be congratulated on the fine program arranged. The topic for December 22 was "Amenorrhoea," with the paper by Dr. Clarke and the demonstration by Drs. Ada A. Achorn and Sheehan. The club is having very interesting and enthusiastic meetings. Dr. Edith F. Child is president, Dr. B. Rees Conant, vice president, and Dr. Ellen Bird Nott, secretary-treasurer.

Mr. M. E. Clark to Enter Practice.

Dr. Marion E. Clark, the well-known osteopathic gynecologist and obstetrician, announces that he has presented his resignation as a member of the A. S. O. faculty to take effect February 1st, and will locate immediately for the practice of his specialty at Indianapolis, Indiana. Scarcely a man in the profession is wider or more favorably known than Dr. Clark. He has visited half of the states in the union to address association meetings. It is a foregone conclusion that he

(Continued on page 11.)

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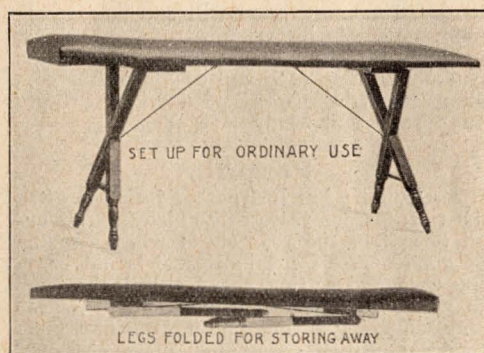
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Vol. X. CHICAGO, DECEMBER, 1906. No. 6.

Fairness! Freedom! Fearlessness!

EDITORIAL

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

California Law Unconstitutional.

Just as we go to press we receive this telegram from Dr. Harry W. Forbes of Los Angeles: Sweeping victory for Los Angeles College. Osteopathic law declared unconstitutional. Decision and letter follow.—December 29th.

Thanksgiving.

The O. P. opens the New Year—the sixth in its career—with thanksgiving for the blessings which have come to osteopathy during the year just closed and with a prayer that the profession will not witness another family fight in the twelve months about to ensue.

Greeting!

With the mailing of this issue the world is folding the covers upon Volume 1906 of the Book of Time. It is a time of general rejoicing, happiness, good will and new resolutions. We join in this spirit of the hour and send our greeting to every D. O. in Christendom, wishing each and every one the compliments of the season and a bright, prosperous, useful and happy New Year!

Prosperity.

The country has just passed thru one of the most prosperous years of its history. We may all hope that the year ahead will be another as good one. If the individual is not breaking even and getting ahead a little he ought to stop and study his system. There is probably something wrong with it. Business seems to be unusually good for most everybody and all who work hard have a right to share in the general prosperity.

Peace.

Say, fellows, let's all try and be good during 1907 and see if we can't live thru the year without anybody jumping on anybody. The O. P. is willing and anxious to dwell in peace and exchange good will with everybody who is entitled to receive it and who will accept our blessing without fighting back. We will also be glad to receive anybody's blessing who feels as if he would rather bless than curse; and by all of us having this high thought for amity and concord during the year ahead may be we can get along without recording some brand new outbreak of hostilities among the children of Father Andrew. For our part we shall carry no chip on our shoulder and we will try to turn a blind eye to the fellow who does; we'll pass him if we can without a scrap, even if we have to walk around him. This does not mean any sac-

rific of the high principles for which we have fought from our foundation, nor any winking at the practices that we have so insistently condemned; we shall never quit our trenches for the reforms we stand pledged to secure; but we want peace mightily in our own professional family and will offer to stack arms with the next fellow who will sign an armistice for 1907. Volunteers for the Army of Peace, speak up!

Do We Give Due Importance to Mind Cure?

The plea of Dr. Bartholomew in a recent issue of "The O. P." to give more attention to mind "leakage," thought and emotion "combustion," so to speak, as a potent and not usually absent cause of disease is a profitable proposition for our practitioners to think over, discuss and apply in practice. Too often, perhaps, we osteopaths—like all other branches of the medical profession excepting the purely psychological healers, accept the fact as a theory, well established scientifically and not disputed by any branch of the profession, that mind lesions are myriad, hydra-headed, more or less ubiquitous and omnipotent—when they are at all—and yet do we not fail to apply this knowledge as often as we should to diagnosis?

We often say merely "the mind is at fault in certain cases" or "in many cases" and let it go at that. Vague statements always save one the need of being precise, specific, statistical. But in *how many cases?* In probably *what percentage?*

Dr. Bartholomew will surprise many of us by believing and boldly asserting "a good majority." He thinks the mental lesion more common as a primary causal factor of disease than even purely mechanical ones, accepting both together as constituting practically the Alpha and Omega of disease as ordinarily met with.

What do the rank and file of our practitioners think about this?

Dr. Bartholomew's article was published by "The O. P." to focus attention upon a subject not given any too much thought in our councils and to secure a free interchange of opinions. Its mission was not to place any limitation upon our distinctively osteopathic pathology of lesions, but to place due emphasis upon disorders of thinking on the part of our patients, if, as Dr. Bartholomew believes, we have given this factor of illness too little attention.

The osteopathic practitioner is entitled to make full use of mind cure as a rightful—although not original, distinctive or exclusive—part of his own system of practice. If he does not understand mind cure fully, *then let him*. Possibly some of our best "lesion" results are secured by mind cure when we

little suspect it and when there is ample data to support the mechanical lesion theory.

Let us not ignore that man has both a body and mind. Let us not become such strict and exclusive lesionists that we shall ever be "as harps with but one string" and find ourselves able to treat but one class of cases and according to but one principle.

Based upon the thoughts suggested by Dr. Bartholomew's article, we wish to give emphasis to the fact—alike a matter of congratulation for our profession and patients—that whether disease arises in the department of the physical or mental the practice of osteopathy is perfectly adapted to remove the lesion successfully—more so, I believe, than any other system of treatments, if our practitioners will but lay hold upon their rightful possession of the territory of mind. Why?

Because, first, osteopathy is a specific treatment to overcome physical lesions when they do exist and it has an empire of pathology and therapy all its own in that field in which none can rival or dispute its success; secondly, because in treating mental cases we have a better, easier and more practical way to cure than even out-and-out suggestionists and mental therapists. Patients sick mentally are not strong enough mentally to know their own state and to realize the fact that their main cure must be in "ideas" and "beliefs." To tell them that you will cure by suggestion or by regulating the drain upon the mind mainly will often—if not usually—offend, estrange or limit the physician's influence.

Therefore, any formula of cure which such patients accept that will become a foundation upon which to reconstruct well-ordered thinking and living will more or less answer, be it a medical treatment, a religious belief, a philosophy, a routine set of movements, hard work, rest or what not. Our physical lesion theory gives the thinking patient the most scientific and most common sense and satisfying explanation of disease and its cure ever advanced; and rightfully explained and understood, it never fails to give the patient confidence. Our treatments—specific if required, simply general if nothing more is to be done—certainly stimulates and coordinates the functions of life—circulation, nerve tone, digestion, sleep, etc., thus actually making any nervous patient better.

Lastly, our failure to deplete—or rather our scrupulous avoidance of depleting and poisoning the nervous system further by drugs is of itself no inconsiderable physiological benefit. Indeed, that alone would be sufficient to determine victory in most cases over all drug treatments.

These considerations, it seems to me, give osteopathy the best of it in treating nervous cases. So we can ill afford to be unmindful of these "mind cases" and let us not be. They are rightfully ours.

Gallery of Osteopathic Pioneers

An Enthusiastic Convert from Medicine

DR. WM. D. McNARY, of Milwaukee, was born in Columbus, Ohio, 1871; he had a grade school education at Pittsburgh and St. Louis, then preparatory education at Lake Forest Academy, graduating in 1889; took the B. A. degree at Lake Forest College, 1893; M. D. degree, Rush Medical College, 1896; for four years was assistant surgeon of U. S. Steel Co., Milwaukee. He graduated in osteopathy at the Milwaukee College of Osteopathy in February, 1899, attending school while still at the U. S. Steel Co. He took two terms of post graduate work and took his degree with June class, 1900.

While at the steel company Dr. McNary had studied spinal neurology for eighteen months—intending to make a specialty of the spine—before he ever heard the word osteopathy. He became interested in the study

of our science through Mrs. Hildreth, a cousin of Dr. A. G. Hildreth, and during a trip he took to investigate visited several osteopaths and found that their anatomical knowledge especially was beyond reproach, and that their system of spinal neurology surpassed anything he knew of in old-line medicine and surgery. So he simply stopped and studied osteopathy for the same reason he had previously stopped his work and studied electrolysis, *because he needed it in his anticipated field of labor—THE SPINE.*

For a year after graduating Dr. McNary was superintendent of the sanitarium at Milwaukee. Since then he has been at his present location, in the Matthews building, giving all his time to physical diagnosis and treatment of the spine.

So enthusiastic is he in his limited field of osteopathic work that Dr. McNary confines himself to specialty practice, terming his field that of the "spinal neurologist."

Mr. M. E. Clark to Enter Practice.

(Continued from page 9.)

will be successful in building up a very gratifying practice if experience and friends count for anything.

Dr. Bernard's New Offices.

Dr. Herbert Bernard has removed from 504 Ferguson building to suite 504-6 Fine Arts building, Detroit, where he has commodious accommodations both in operating and resting rooms for his numerous patients.

Ohio Meeting Not Yet, But Soon.

True to its policy of being early with the news *The O. P.* outdid itself last month in the case of reporting the Ohio state meeting and gave the program as history when it ought to have been only prophecy. Our Uncle Mac Hulett swears at us in this fashion: "What the — is the matter with you? Is the lid off? Our state meeting didn't happen yet. It's to be on December 29. Go to. Back up. It's all right to be in a hurry with the news but 30 days is too much of a scoop for us Buckeye people. Give us another chance to convene and catch up with your last edition."

Wisconsin Osteopathic Association.

The ninth annual meeting of the Wisconsin State Osteopathic Association will be held at Beloit, February 20 to 22. The committees are putting forth every effort to make this a successful meeting, and it is expected that every member of the association will be in attendance. President Elton is anxious that all osteopaths who can from neighboring states, attend. The watchword of the convention will be "Research." Dr. Carl P. McConnell of Chicago will lecture, and Dr. J. E. Matson of Eau Claire will present a very interesting report from his committee on therapeutics. Other well known osteopaths will have part in the program.

D. O. Is Curing Smallpox.

We have a big small pox scare on here and the board of health is trying to force me to be vaccinated. But I refuse. One of my cases was the first to have it and I have cured three up in fine shape. If you have any literature on vaccination *please send it at once to me.* There has been one case of scarlet fever and three of diphtheria from the effect of vaccination here and yet they compel me to get out of town. I have a lawyer working on it for me and he told me to stay here. I was vaccinated five years ago at the A. S. O. and fumigate thoroughly here. I don't see how they can force me to be vaccinated again.—*Yours on the firing line, W. S. Dresel, D. O., Toulon, Ill., Dec. 11th.*

By the Oneida Humorist.

I want to give you an interesting case report: My landlord had been having a great deal of trouble with his right arm, the shoulder finally becoming so lame and stiff that it was impossible to raise his hand to his head. After the third treatment he raised my rent \$5 a month. I had another case probably as interesting as the foregoing one. This was a very bad case of insomnia. All attempts to secure relief had proven futile, and it had become almost impossible for him to get any sleep whatsoever. He finally placed himself

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Dr. George T. Hayman, 317 Mint Arcade, Philadelphia

under my care and after taking five treatments he slept with his fathers. Yours for osteopathy, pure and simple—the simpler the better.—*James T. Drake, D. O., Oneida, N. Y.*

Corrected List for Washington.

In my recent letter to *The O. P.* I reported our state convention, using our King county society letter-heads. Your type-setter or some other fellow appended the King county officers to the state election. I hope you will correct the error in your next issue. The state officers for 1907 and the board of trustees are:

President, E. B. Neffeler, D. O., Everett; 1st Vice-Pres., R. H. Slayden, D. O., Tacoma; 2nd Vice-Pres., H. B. Thompson, D. O., Walla Walla; Treasurer, Roberta Wimer, D. O., Seattle; and Secretary, R. E. Chase, D. O., Tacoma. Board of Trustees: E. B. Neffeler, D. O., R. H. Slayden, D. O., H. B. Thompson, D. O., Roberta Wimer, D. O., L. M. Hart, D. O., and Wm. Snell, D. O.—*Roberta Wimer, D. O., Seattle Wash.*

Dr. Ella D. Still Visits Boston.

Dr. Ella D. Still was the guest and speaker of the evening at the regular monthly meeting of the Boston Osteopathic Society on November 29, her subject being "Uterine Displacements." In order to make the most of Dr. Still's Eastern visit a class was organized for further study on Gynecological subjects and Dr. Still gave three additional lectures and demonstrations on the evenings of November 22 to 24. Besides having given much time and careful study to her special line of work, Dr. Still is a forceful and convincing speaker and a painstaking and instructive demonstrator. As would be expected of one of our pioneers in the field of actual practice, her treatment is practical and resourceful and one cannot hear her without being more firmly fixed in one's osteopathic belief.—*Ada A. Achorn, Secretary.*

D. O.'s New Des Moines Hospital?

The osteopaths are soon to have a hospital of their own in Des Moines. The more the merrier. And a fair proportion of the population of this country is slowly but surely being educated by the hospitals. They recognize that after all it matters less whether one be treated by an osteopath or an allopath or a homeopath, as that he get the right kind of nursing and care in a hospital. And now, the osteopaths of Des Moines can do nothing else that will so advance their school of healing in the public estimation as by opening a hospital that will be far superior to all others in the city and the state. Of course, that will be playing it on the dear public, who will believe that osteopathy is giving them all the relief, when it is the hospital. But if they only get relief it matters little about the deception.—*Burlington (Ia.) Hawkeye.*

Union of the Oklahoma Societies.

The annual meeting of the Oklahoma Osteopathic Association was held in the office of Dr. Clara Mahaffy at Oklahoma City, November 29. Members of the Indian Territory Association were present. Following the example set by congress in the union of the two territories into one state, the decision was reached to disband the two former organizations and to reorganize as one association. This was done, every one present, 24 in number, signing the constitution. The election of officers resulted in the choice of Dr. J. A. Price, Guthrie, as president; Dr. Edith Barber, Oklahoma City, vice president; Dr. Ella Ray, Tulsa, secretary, and Dr. Clara Mahaffy, Oklahoma City, treasurer. An excellent and instructive program was rendered, the best of good will prevailed and the outlook for osteopathy is very bright in the new state. At the earnest solicitation of the mayor and the Commercial Club of Chick-

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asha, the association voted to meet in this city on the third Wednesday in June, 1907. Dr. A. T. Still was elected an honorary member of the association.

A New Michigan Association.

On November 13, at the office of Drs. Glezen & Platt in Kalamazoo, Mich., "The Southwestern Michigan Osteopathic Association" was organized and the following officers were chosen for the coming year: Dr. R. A. Glezen, Kalamazoo, president; Dr. Betsey B. Hicks, Battle Creek, vice president; Dr. Frances Platt, Kalamazoo, secretary-treasurer. The object of the association is to promote the practice of osteopathy and to bring about more fraternal feelings among the neighboring practitioners. The first regular meeting was held on December 1, at the office of Dr. Beebe in Battle Creek. The next meeting will be held January 5, 1907, at the offices of Dr. Snow in Kalamazoo. We bespeak for the new association the hearty co-operation of all neighboring osteopaths and a most successful association. Michigan is surely working back into the old-time professional spirit.

Honor Delayed by Gov. Bliss' Prejudice.

Dr. Edythe F. Ashmore of Detroit, who has been appointed by Governor Warner as a member of the state osteopathic registration and examination board, which was created largely through her efforts, is given a deserved honor which was delayed by the prejudice of the late Governor Bliss against placing women on any state board. Her term of five years begins December 1. Dr. Ashmore resides at 84 Adams avenue east and her office is at 42 Valpey building. She graduated from the S. S. Still Osteopathic college of Iowa in 1901, and has practiced in Detroit since. She is a native of this city. She is vice president of the American Osteopathic Association and has been such a prominent worker in the interests of osteopathy that indorsements of her were sent Governor Warner from all the country. The vice presidency is the highest honor a woman can attain in the American Osteopathic Association, and only four others have had this honor in ten years. Dr. Ashmore is also president of the Detroit Osteopathic Asso-

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ciation. Her district as a member of the state board will be the southeastern part of Michigan. The other members of the board are: Dr. George M. Smith, Mt. Clemens; Dr. S. R. Landes, Grand Rapids; Dr. W. H. Jones, Adrian, and Dr. Fred H. Williams, Lansing.—*Detroit News.*

Los Angeles Osteopathic Medical Association.

The regular monthly meeting of the Los Angeles City & County Osteopathic-Medical Association was held at the Pacific College of Osteopathy Thursday evening, December 20. After the regular business program and reports of committees, Dr. Elwood J. Thorne presented a thoughtful talk on "The Present Status of Osteopathy in California," discussing the growth in members, the health standard among osteopaths, standard of college education, post-graduate courses, relation to medical practitioners, ethics, state osteopathic law, local registration of osteopaths, literary productions. The whole talk was of marked interest and was discussed by several with special reference to the legal status, attention being called to the model osteopathic bill proposed by the legislative committee of the A. O. A. Several clinic cases will be presented at the next meeting.—*Carl H. Phinney, D. O., Secretary.*

Post-Graduate Course at Chicago.

In response to the requests of many practitioners the American College of Osteopathic Medicine and Surgery, Chicago, has decided to offer a special post-graduate course beginning January 14th, 1907, for those desiring the three year diploma. This course will consist of all the usual branches taught and will be practical in its character and of such a scope as to make it specially valuable to those who have already had work in these branches. It will be so arranged as to cover, among other subjects work on the eye and ear, nose and throat, special and clinical pathology, x-radiance, a broad and practical course in the theory and practice of osteopathy, comparative therapeutics and hospital training. Facilities are offered for attendance at the Cook County hospital, the largest of its kind in the U. S. Here students have an actual opportunity to see hundreds of bed-side cases of all kinds, examples of all cases of skin and venereal diseases—in fact, bringing one in close touch with everything pertaining to disease and surgical work of all kinds.—*James B. Littlejohn, M. D., D. O., secretary and treasurer.*

California's First Jubilee Since Fire.

The Alumni Association of the California College of Osteopathy entertained their friends in the college on the evening of December 8. This is the first event of a strictly social nature that has been given since the great fire and consequently was hailed with a great deal of enthusiasm. The students had decorated the rooms with evergreens and our beautiful California holly berries, while the entrance and halls were lighted with Japanese lanterns. The cosy-corners were especially attractive to some of our young people—for even osteopaths have been known to grow sentimental under favorable conditions. Some very entertaining addresses were given by the following: Drs. Miller and York of San Francisco, Drs. Penland and Jewett of Berkeley, and Dr. Farnham of Oakland, while Dr. Hermann of Alameda, Miss Johnson of San Francisco and Miss Bassford of Berkeley, rendered some excellent piano selections. Following the program the company joined in games, dancing and singing—the rollicking choruses for which our gatherings have become noted. The committee on refreshments gave us a delightful surprise and we promptly

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forgot to practice what we had preached on Dietetics. The success of this social has encouraged us to promise another in the near future.—*Fraternally yours, S. O. Harris, President Alumni Association, San Francisco.*

**When Legitimates Combine With Fakirs—
What?**

Here's a nut for you to crack. Does a regular graduate mixing with a "fakir" become a "fakir" or does it make the "fakir" legitimate? Seems to me it would be well to dispose of both.

Here is the proposition: Dr. J. F. Coons is a graduate A. S. O. '05; his brother, M. C. Coons, has been faking osteopathy the past year in a suburb of this town. I understand prior to this he was in the peanut business in Yakima and was shown all there is in osteopathy by C. R. Edwards of that city, "A. S. O., '04," for \$75—at least that is the claim.

Now, the two have combined forces and knowledge (?) and promise to cure all the lame and halt in the city, as per the special notice inclosed which is a circular, in big type headed by these lines: "Special notice! Don't Throw Me Away. Read me, it will do you good."

We do not care about the competition but do think there should be provision made by the legitimate colleges to keep their graduates in straight lines or else have their diplomas revoked when they stoop to such actions as have Drs. J. F. Coons and Edwards in this case. At least their alma mater should drop their names from its roster of graduates and they should forfeit all right to recognition on the part of the profession and its societies.—*Fraternally, H. B. Thompson, Walla Walla, Washington.*

Science on the Pacific Coast.

The December meeting of the biological section of the Southern California Academy of Sciences was held in the Histological laboratory of the Pacific College of Osteopathy on the evening of December 10th. The principal address of the evening was given by Dr. E. L. Leonard, the city bacteriologist of Los Angeles on "Immunity." He is considered one of the best as well as one of the most orthodox bacteriologists in the west. The chief interest in the lecture centered around the importance assigned to the power of resistance inherently possessed by each individual. In previous lectures along similar lines, Dr. Leonard has either failed to recognize the importance of this individual power of resistance or has shown a tendency to minimize the importance of this power. As this matter has been discussed for several years in the bacteriological work of the Pacific College, Dr. Leonard's presentation was listened to with the closest attention. During the course of the evening the subject of Opsonic Index was discussed and clearly explained. The

Osteopaths feel considerable justifiable pride in the work which is being done in the biological section. The officers of the section are both osteopathic physicians and some of the best scientific work done in the section is the work of osteopaths.

A. S. O.'s 7 Months' P.-G. Course.

You will doubtless be interested in the announcement from the A. S. O. that a class will be organized Jan. 2, '07, for the study of our Seven Months' Post-Graduate Course. This course is arranged for graduates of this, as well as other recognized osteopathic schools, and is designed to give these graduates opportunity to add to their former twenty months, seven months more, thus making the post-graduate certificate equivalent to three years' course of nine months each. It is further designed to make this course specially practical and scientific that all may have not only an opportunity to review the subjects of their former course, but to gain a knowledge of advanced methods introduced in this school within the past few years.

The course will consist of obstetrics, gynecology, differential diagnosis, clinical and osteopathic diagnosis, skin and venereal diseases, diseases of the eye, ear, nose and throat, physiology of the nervous system, operative surgery, dissection, pediatrics, forensic medicine, applied anatomy, pathology and bacteriology, with laboratory practice, X-ray diagnosis, chemical microscopy and urinalysis.

This course will be made optional, so the matriculant will have no trouble in getting just what he wants. This is an exceptionally good time to take the course, it being a time between the last of the two year classes and the junior year of the first three year's class.

The facilities for taking care of a large post-graduate class were never better. Let us hear from you as to your intentions. Or if you desire additional information as to schedule of studies, instructors and details, apply to undersigned.—*Fraternally and sincerely yours, W. D. Dobson, Dean, Kirksville, Mo.*

Our New Year's Resolution.

The Osteopathic Publishing Company believes that a New Year's Resolution ought not to be taken that one does not feel able to keep and does not intend to keep. It ought to express, at the same time, one's utmost ambition for the year ahead. In this frame of mind we announce the New Year's resolution of *The O. P. Company* in these few words:

"Every Letter Answered the Day It's Received."

We know that our friends and patrons will be pleased at this announcement. We have from our incorporation earned a reputation for promptness, despatch and accuracy of service, yet we have never before felt able to say:

"Every Letter Answered the Day It's Received."

We will try to live up to this pledge thru 1907. Of course, we mean business letters

orders, and so forth, for sometimes personal and editorial letters have to wait for their appointed times to get attention. However, with these, also, we shall try to be prompt and business-like.

Surely, it's a satisfaction to customers to know that their wants will be promptly filled and we're sure it will mean more business for us this New Year, for our field knowing that it's a new business rule with us:

"Every Letter Answered the Day It's Received."

This means that we ship orders for "blank" magazines the same day they are received and those requiring professional card imprints the second day after. Contract orders all go out several days before the first of the month. the second day after.

Implicit Obedience.

Doctor (to Mrs. Perkins whose husband is ill)—Has he any lucid intervals?

Mrs. Perkins (with dignity)—E's 'ad nothing except what you ordered, doctor.—*Kansas City Independent.*

WANT ADS.

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

FOR SALE—PRACTICE, OFFICE, AND apartment furniture in New York City. Splendid location. Good opening for man and wife (osteopaths). Address 128, care of O. P.

WANTED—POSITION AS ASSISTANT BY lady A. S. O. graduate. Will form partnership with osteopath with established practice. Address 129, care of O. P.

WANTED—TO BUY A GOOD PRACTICE IN A growing town. Address 130, care O. P.

WILL LET FURNISHED OFFICE IN NEW York part time; gentlemen only; good location. Address 131, O. P.

FOR SALE—PRACTICE IN INDIANA TOWN of 80,000 with furniture of 7-room house. Best location in city. Bargain. Best reasons for selling. Address "Bargain," care O. P.

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

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Publisher's Corner

A New Year's Message to D. O.'s Who Want to Get Ahead.

It goes without saying that the only safe and sure way to build up a flourishing practice is thru intelligent and conscientious work in the treatment room. If an osteopath cannot do his part to that extent, no outside aid will do him much good in bringing on an era of prosperity. To those who do not know how to treat cases and are slipshod and careless in their work, this message is not intended.

Why Good Osteopaths Don't Succeed.

But there are a great many good osteopaths who are clever operators and careful practitioners who yet somehow are not getting ahead in life and who do not have anything like the practice they ought to. It is not the fault of their preparation and, so far as they know it is not the result of their own shortcomings.

Yet it is—*absolutely!*

These osteopaths are in the same position as the town merchant who sits with his hands folded and his legs crossed, waiting for trade to come to him.

Why Not Do All That You Can?

Why don't you do something, Doctor, to *compel* the good fortune you yearn for to come your way? You can't? Oh, yes, you can—and in a perfectly ethical way, too. You can't advertise, like the grocer, and help yourself by it, but you can *educate* the people of your field and get just the same good out of it.

You Let Your Chance Slip By!

The profession has its established agencies for accomplishing this end and doubtless we have put the very best one into your own hands month after month, ever since you entered practice, only to see you let the chance to advance your own interests slip thru your fingers! Why did you drop that copy of *Osteopathic Health* we sent and throw that contract blank into the waste-basket? Have you great sympathy for the drowning man who won't grab the plank that is pushed toward him? Where's the difference, anyhow?

Mr. Failure Says "Advertising Doesn't Pay."

"Educating the public about osteopathy doesn't pay," you, you say. Well, there's just where you're mistaken—*absolutely* misguided in your judgment. That's what the merchant who is not succeeding in life says about advertising. He tried it, too—and *quit it!* He didn't try it *right*. The right way is not to spend a dollar and then sit down and wait to see two dollars come back to you. Advertising doesn't pay "quitters." It never does.

The merchant across the street from the failure didn't advertise that way; he kept on advertising, realizing that it is a *business necessity*, not a luxury: not a gamble but a sure investment if done intelligently, judiciously and persistently; but that to get his money back he had to *keep up his promotion every month in the year* and every year that he stays in business. If his first effort didn't pay he studied how to chance the next one and he shifted around and tried plan after plan until he found a way that did pay him. You should try mailing out your field journals to first one class of people and then another and call attention to them in one new way after another until the investment of time and money is actually paying you in good money. That's the science of advertising in a nutshell. It's called the doctrine of "keeping everlastingly at it."

Doctors Also Must Advance Themselves Somehow.

It's with the Dr. as with the grocer. He *must* advertise somehow but the only way so-

ciety permits him to advertise is by indirect methods. As he would be offering his own skill for a market price—not somebody else's goods, if he advertised directly, society has long ago decided (and reputable doctors endorsed the judgment) that the physician cannot advertise at space rates as do the butcher and grocer.

Indirect Methods Alone Sanctioned.

But the doctor has the best of facilities for indirect advertising and the physicians who have the biggest reputations in this country today are not the most skilled doctors but the most inveterate advertisers. They are the ones who get the princely fees when their millionaire patients die of pneumonia. You know all about the indirect means of advertising open to doctors and, may be, such things are very distasteful to you—yet you admit their value in practice-building.

The D. O. Has a Better Way.

Whether you ply these gentle arts of getting free publicity or not by riding an automobile at ordinance speed thru town if you have patients or not, by being called out of the theater in the middle of the second act and by subscribing first money to the charity function, etc.—I say, whether you do such cunning things as these or not to attract public notice, there is another legitimate, delicate and successful way of advertising which cannot be displeasing to your own feelings and which will cost you nothing. It will cost you nothing because it will pay for itself in the end—and more. That plan is to use *Osteopathic Health* in your field liberally enough to cover that field, whatever it is, and do this twelve months in the year.

The M. D. Cannot Compete With You.

The M. D. can not compete with you in this spreading of light about your practice because, unfortunately for his pocketbook, he has nothing about his remedies to advertise. He must write their names in latin and the more people learn of them the less they want his prescriptions. With you it is different. The people are entitled to know the truth about their own bodies and to have them know the truth means more practice than you can attend to!

Read This and Get Hot!

What a slipshod, heedless, short-sighted and non-deserving sort of a business proposition you are, anyway, Doctor, if you don't take advantage of this God-given opportunity! Get mad, if you like, because we talk thus plainly to you. If the shoe hurts, put it on, and then ask yourself why it hurts. If you don't appreciate *Osteopathic Health* for its real value as an auxiliary to your practice, then use whatever other journal may win your unqualified admiration—but the point is, *use some field journal* that is creditable to you and your profession and *use it regularly every month in the year*. You don't deserve prosperity if you don't. Hit and miss advertising pays nobody. You must stick to your campaign if you wish to prevail and make it pay you in actual money and enhanced reputation.

Don't Prescribe Your Own Dose.

Now, if you're about to advertise by using office and field literature thru 1907 on some liberal, systematic plan, don't begin by prescribing for yourself—a mistake that so many new advertisers make. Put your publicity in the hands of an expert who has studied the business more than you have, who probably has more native skill at it than you have—else you would be the publisher and he the

SPINAL EXTENSION

THE TRACTION COUCH will extend your spines, your practice and your effectiveness. Spinal extension and muscular relaxation are paramount steps in the effective treatment of a majority of your cases—especially rheumatism, lumbago, spinal and nervous diseases, paralysis in all forms, dislocations, subluxations, slippages, deformities, and the army of diseases responding to osteopathic treatment.

Endorsed by leaders in your profession everywhere.

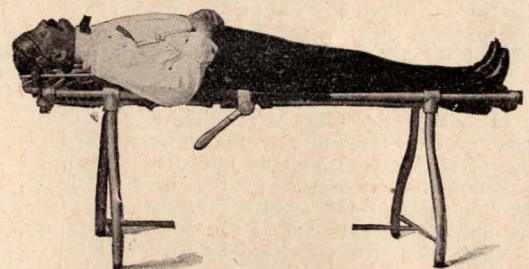
Price incredibly low. Will pay for itself in new practice the first month.

A scientific mechanical device, possessing therapeutic value, based on osteopathic principles. The only efficient spinal extensor in the world.

Physicians' machine, 28 inches high, engages body at head, feet, shoulder and hips.

DR. E. J. FAVELL, Superior, Wis., July 7, 1906.
"I have made good use of the couch and it works fine. It is just what we need and is sure to be of great benefit in a vast number of cases."

DR. C. E. EDGERTON, D.O., Des Moines, Ia., July 28, '06.
"The couch is surely all that you claim for it, I believe I will be able to do great good with it here."



Removes pressure while you make hand adjustment. Restores cartilage. Your Armamentarium is incomplete without it.

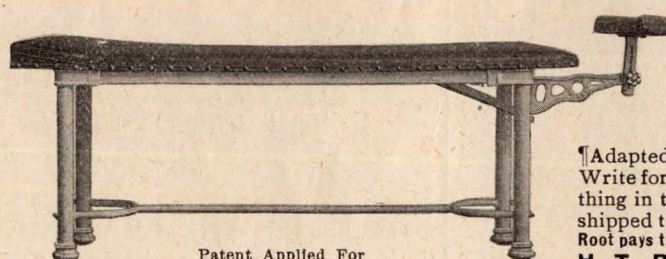
Address

The Traction Couch Company

CEDAR RAPIDS, IOWA, U. S. A.

SAVE YOUR BACKS, D. O.'S

while "breaking up" the lumbar spine. ¶You need not lift the legs of that 200-pound patient off the end of the table and swing his feet in mid-air at the cost of your own strength unless you like it for mere exercise. ¶Even if you like that sort of strain and have no fear of rupture, or pulling down of your own organs **The Common Sense Treating Table and Adjustable Swing** is still better than ordinary Tables for many reasons. ¶It is light, strong, durable, portable, movable, comfortable and beautiful, and is not an expensive table. ¶No man



Patent Applied For

afraid of rupture or valuing his own vitality, can afford to use any other table. ¶No woman, mindful of the special handicaps of her sex, WILL use any other.

¶Adapted to every one's needs alike. Write for circular and prices. Everything in the book line also. ¶Orders shipped the same day as received and Root pays the freight charges on books only.
H. T. ROOT, Kirksville, Mo.

practitioner—and who is better able to judge what will catch the popular fancy and be read and win conviction than you or somebody else may have who hasn't given years to studying this identical proposition.

Readers Require Special Dosage.

The osteopath who begins his campaign of education by discriminating in favor of one issue, because *he* likes it, and against another because *he* doesn't, makes a grave mistake. He sacrifices his own chances, often, of making his campaign pay. What appeals to you, doctor, with the greatest force is often not the sort of talk that will strike the layman at all favorably.

Ours Is a Studied Campaign.

Remember, this campaign of education every month in *Osteopathic Health* is written and studied out from the standpoint of the lay reader. It is arranged with due regard for the diseases of each season and current interest in public health matters. Each volume of twelve issues contains *one complete yearly campaign* such as must convert any family or person of average intelligence who reads it.

If you dip into this campaign here and there by using one number and then drop out for several months, you are in the position of the patient who puts his case into your hands and then insists upon dropping in for a treatment only when he feels like it. You know the result. So do we.

Where You Must Blame Yourself.

If you have ever used our osteopathic field literature on this plan and it hasn't made you money, you have only yourself to blame for it. If you used it on a 12-months' contract and it still didn't pay, there was some lesion you failed to discover. You didn't do it intelligently.

Perhaps you failed to put all your old patients on your mailing list. Perhaps you didn't put others there—strangers to you—who would be glad to get *Osteopathic Health* and read it regularly. Perhaps you didn't campaign among the right class of people. Perhaps you never revised your mailing list. Perhaps you didn't even circulate your magazines at all but let them accumulate on your closet shelf! We have found that to be the cause of "no results" more than once.

You Must Use Your Present Patients.

Perhaps you failed to educate your present patients to help themselves freely to the dozen copies you kept always replenished on the office center-table and carry them out to present to their friends personally with the injunction to come to their osteopath to see what he can do for their cases.

Perhaps, even, you did all these things more or less carefully and because the patients you got as a result of this publicity did not come in to you labeled "recruits secured thru *Oste-*

opathic Health" you failed to understand that the campaign was a successful one, after all.

You Must Furnish Head Work.

You see, very much depends upon yourself, Doctor, in this work of practice-building, and all we, as publishers, have ever claimed for our field literature is that it is the very best written and printed for your needs and that, properly circulated it is sure to pay for itself and will usually double or treble the money invested.

Yet, sometimes \$50 a year invested with us brings an osteopath \$500 or \$1,000 worth of business in the course of twelve months; but we submit that no D. O. need demand or expect that sort of returns, altho all have an equal chance for it, and the more intelligence one uses in his campaign the better his chances are to realize profits.

You'll Get Your Money Back.

But it's a good enough proposition to know that "you'll get your money back in the course of a year," if you campaign right, and just as likely as not you'll get it back several times over. Hundreds of D. O.'s are having that experience year after year, and a lot more are going to make good to themselves to that extent for the first time in their practice in 1907.

Are You Out for Better Practice in 1907?

If you want to be in this class we shall be glad to hear from you promptly and to discuss the matter personally by letter. We have never before printed so good a campaign journal as today; we never before entered a New Year with so perfect and adequate a business system to take care of all orders promptly and accurately; and our office force today is the result of six years of selection and training, each man and each woman is a specialist in his and her place, and it would be funny indeed if we couldn't please you, Doctor—give you entire satisfaction and make you money by our promotion service thruout 1907.

Will You Write Us To-day?

We should be pleased to exchange letters personally with you, if you are interested in advancing your business interests in the year just opening, and should you decide to put your campaign of education wholly in our hands, we will surely make good to you.

Faithfully, yours to serve,

THE OSTEOPATHIC PUBLISHING CO.,
Henry Stanhope Bunting, D. O., Managing Editor.

Rate Card for Osteopathic Health

- 25 copies per month delivered, with envelopes, \$1.10.
- 50 copies per month delivered, with envelopes, \$2.10.
- 75 copies per month delivered, with envelopes, \$3.10 on single order; \$2.90 on annual contract.
- 100 copies per month, with envelopes, on yearly contract \$3.00; on six months contract, \$3.25; on single order, \$3.50. Expressage extra. It costs 35 cents to deliver 100 copies to most points east of the Rocky mountains. Highest rate in United States, 75 cents.
- 500 copies per month, envelopes included, on yearly contract, \$12.50; on six months contract, \$13.75; single order, \$15.00; expressage extra.
- 1,000 copies per month, envelopes included, on yearly contract, \$20.00; on six months contract, \$21.00; single order, \$22.50; expressage extra.

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

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

Do You Read "The O. P." Only Occasionally—Why?

THERE are several hundred D. O.'s reading *The O. P.* this month who have not done so for four months past. Are you one of them? If so, we want to have a brief word with you.

Why don't you read it every month?

You can do so for \$1.00 a year. There is no way to get it but to subscribe for it, and pay the price asked. We have no free list. Uncle Sam wouldn't let us if we wanted to send it to you for nothing. But we don't want to, anyhow, for it's worth all we ask for it and much more.

You failed to get those good numbers in September, October and November and you don't realize what you missed. Read this number thru and stop and figure what it is worth to you. If it's not worth ten cents to you, you're surely a "dead one" and it's no reflection on the editor that those of that class don't belong to his readers.

If you're in hard luck financially and still want to become a subscriber to *The O. P.*, just say so and we will take care of you.

Remember that we're going to print special articles on the results gotten in treating pneumonia and small pox in the January issue.

Remember, also, you won't really be alert to what's going on inside the profession—you simply *can't* be, if you fail to get *The O. P.* monthly. It's a *newspaper* in every sense of the word. Why, last issue we printed the report of the Ohio State meeting one month before it happened! Got it right, too. Beat that, if you can, for early service.

The O. P. begins 1907 with good will to all men and women in osteopathy and without an enemy on earth, and will print a better newspaper this year than ever before.

Do you propose to deny yourself this monthly refreshment and booster of good cheer simply because you can't get it for nothing? We think better of you. We know you won't treat yourself so penuriously. Fact is, such parsimony would be downright pucillanimousness. You can't let yourself plead guilty to such a crime as that!

Send in your dollar, Doctor, and we'll be glad to give you a seat at *The O. P.*'s round table for these cheery monthly family meetings all thru the New Year. You will miss these treats in January, February, March and April if you procrastinate just as you have done since August last. Subscribe today.

Begin the New Year right. Send us your 1907 contract for 100 copies of *Osteopathic Health* a month.

Our twelve numbers of "*O. H.*" 1907 will constitute by 100 per cent the best campaign literature the profession has yet had supplied to it.

The Cure of Acute Bright's Disease

Is the feature of the December issue of **Osteopathic Health.**

It's a powerful message from Osteopathy to the people—especially men of affairs who fear kidney breakdown almost to a man. Other timely articles are:—

**Functional Heart Disease
Indigestion Has a Cause
That "Cold" in the Head
Sprains and Displacements
Prostatic Troubles, Impotency, Etc.**

It's a standard number that you will need every month.
Now Selling at \$2 per Hundred.

JANUARY

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

An Insurance Policy Against Pneumonia

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

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

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

Lung Talk Is Winter's Best Slogan.

GO after recruits to osteopathy now with pneumonia arguments—it's the season when men and women will listen and receive the truth eagerly. You have no stronger bulwark in the whole list of diseases—not even in constipation itself—from which to make a winning fight for your science. Pneumonia is one of our strongholds and January is the season of seasons when people are fearing this malady.

Our January issue of *Osteopathic Health* contains an excellent article on pneumonia that must be read to be appreciated. It's entitled "An Insurance Policy against Pneumonia." You will get great benefit from putting this number into one or two hundred homes in your field.

Along with this talk is to be found another short seasonal article on "Getting Immunity from Winter's Ills." It surely makes a strong winter and spring campaign number.

By request we reprint "What Osteopathy has done for the Afflicted" from an early number. It's convincing and lucid.

Treatment is Neither Severe nor Indelicate tells its own story. You know how important it is to set the public right on these points.

Nerve Freedom vs. Artificial Rest is a good instructive talk on the advantages of releasing nerves from pressure rather than deadening irritation by drugs.

Lameness from Small Dislocations tells its own story—a story of osteopathic success.

Sick Headache, Rheumatism and Constipation each get a whirl and Osteopathy—What Is It? rounds out the number—one of the strongest we ever put forth.

If you are not using good literature like this to help on your cause, Doctor, you are missing a very safe, economical and sure way to interest new people and make new patients, as well as doing without the best help you could possibly get to keep your present patients interested, encouraged and patient to await for results.

One regular patient for one month, secured as a result of circulating *Osteopathic Health* liberally in your territory, will repay your outlay for this campaign of education for six months. You only need to receive two patients for one month of treatment each, whether they come directly or indirectly from this agency, to pay your promotion bill for the whole year. Do you doubt that you will get new two patients from using our system?

You really cannot afford to do without this assistance. It is not economy but profligacy to try to. It's a case of "penny wise and pound foolish." One thousand osteopaths who use *Osteopathic Health* say it is worth twice its cost—that it's money back in pocket to use it regularly, twelve months a year.

In February, Doctor, we will repeat our justly celebrated issue, *Most Diseases are of Spinal Origin*, in response to the universal demand of our patrons. This issue was a large one when run a year ago, but it was not big enough to satisfy the demands for it. Those who run out of this excellent brochure simply have to wait a whole year to get some more. So if you want it—and don't you?—you ought to put a good order in early.

The Cost to You of a Yearly Campaign.

ONE HUNDRED COPIES of *Osteopathic Health* with your professional card imprint from your own plate including envelopes, delivered to most points east of the Rocky Mountains, on the annual contract plan, for \$3.60 PER MONTH. To points having the highest express rates, \$4.03 with card and \$3.78 without card.

On six months' contracts prices are 25 cents higher each month.

On single orders without time contracts, prices are 50 cents higher each month.

This annual contract orders have the ad-

vantage of economy of price, systematic campaigning and early deliveries.

We are always ready to fill orders for each issue ten days before the date of issue.

Prompt service and accurate schedules are a lot in this promotion business.

It costs you \$1.00 in the first place to set up and make an electro of your 6-line professional card which we then imprint upon the outside 4th cover page of your magazines—the space preferred by all advertisers as the choice position in a magazine—which makes of this order a special edition for you.

If you want our *Pink Sheet* with instructions about professional cards, or our *Yellow Sheet* with valuable information about how to make up a mailing list, write us for it.

Help! Help!! Busy Osteopaths.

Good office literature helps to hold contentedly in line the patients one is already treating and it gives them courage to wait for Nature to accomplish results. It saves much time for the busy practitioner. It spares a lot of needless talking by answering the hundred and-one-questions that patients are always asking and it answers them better than most doctors are able to do off-hand. It also shows patients that osteopathy cures other things besides the particular ill they are under treatment for. All of which makes *Osteopathic Health* worth its weight in gold to the busy osteopath.

First Aid to the Injured.

If, on the other hand, the osteopath is not yet busy but sincerely wants to be, the best and most potent assistance he can get is the systematic use of *field literature* of just the right sort. This educates his community into an understanding and appreciation of osteopathy and brings in *new patients*. It enlists the sympathy and co-operation of unknown persons, even, who read the magazine monthly and send in their needy friends who don't know how they really got interested in your practice—but it was the good campaign work of the little magazine that did it, all the same. Thus *Osteopathic Health* is a good "first aid to the injured," both to the sick who need treatment and to the competent osteopath whose practice needs stimulating.

Personals.

Dr. Clarence T. Ray of Tulsa, I. T., has been ill for some time, but is doing nicely now.

Dr. J. H. Osborn, A. L. O., 1909, Villisca, Ia., is taking a course in ophthalmology and otology at Chicago.

Dr. Chas. K. Garring of Durant, I. T., has recently commenced practice again, having had a siege of typhoid.

Dr. Sarah C. Oneland of Union City, Pa., left for DeLand, Fla., for a three months' rest. She expects to return to her practice the 1st of April.

Dr. E. R. Booth of Cincinnati is extremely busy, but has managed to run away for four days, going to St. Louis and Kirksville for a little rest.

Dr. Louise Lewis of St. Louis, Mo., has been ill for some time, which compels her to give up her practice for a while. She left for Kirksville December 1.

Dr. Thos. Edgar Reagan has closed his office at Greenfield, Ind., now having only one office, which is at 1710 North New Jersey street, Indianapolis, Ind.

Dr. Mary Brewer of Louisville, Ky., has been ill with typhoid and will leave Louisville to live with her aunt at Delaware, Ohio, until spring, when she will return to her practice.

Dr. D. H. Faulkin of Pekin, Ill., has been unable to do much for eight months, but is now improving, and if he continues to get stronger will be back into full harness again before long.

Drs. S. W. & Elizabeth H. Tucker have purchased the practice of Dr. A. A. Basye of Greensboro, N. C. However, Dr. A. R. Tucker, who was in partnership with them, will remain at Durham, N. C.

Dr. Wilbur Blackman of Bluffton, Ind., left early in December on an extended trip through the east and south. While his trip will be one of pleasure and recreation, he expects to visit the large osteopathic hospitals of the country.

Mrs. Essie S. Cherry of Milwaukee, widow of the late Dr. L. E. Cherry, accompanied by her mother and father, Dr. Cherry's mother and her

four year old son, spent a day or two in Chattanooga, Tenn., early in November. They were on their way to Florida, where they will spend the winter. Mrs. Cherry is not now in practice.

Locations.

Dr. E. A. Johnson, Ph.-06, at Seager building, Hazleton, Pa.

Removals.

Dr. A. D. Finch from Talmage to Indianola, Neb.

Dr. A. B. Culley from Durand, Mich., to Lapeer, Mich.

Dr. J. R. Mosely from Georgetown, Ky., to DeLand, Fla.

Dr. Willard C. Armstrong from Buffalo, N. Y., to Ingram, Pa.

Dr. Edw. C. Skinner from Charlotte, Mich., to Saginaw, Mich.

Dr. Helen I. Gilbert from Los Angeles, Cal., to Ontario, Cal.

Dr. L. H. Noordhoff from Claresholm, Ont., Canada, to Omro, Wis.

Dr. Mary A. Finley from College Springs, Ia., to Eureka Springs, Ark.

Dr. G. W. Van Halteren from Farmington, Wash., to Garfield, Wash.

Dr. H. E. Douglass from Paletka, Fla., to Ostraski building, Chico, Cal.

Dr. H. Lynn Knapp from 123 Cheapside to 302-304 Masonic temple, Elyria, Ohio.

Drs. S. W. & Elizabeth H. Tucker from Durham, N. C., to Greensboro, N. C.

Dr. H. Madsen from 1002 Brook avenue to 992-994 Trinity avenue, New York, N. Y.

Dr. John W. Robinson from Cambridge Springs to 924 Peach street, Erie, Pa.

Dr. James T. Best from 503 Mason building to 331 Mason building, Los Angeles, Cal.

Dr. Frank A. Parker from Hammond, Ind., to 204 West Park street, Champaign, Ill.

Dr. Leslie M. Beaven from Vincennes, Ind., to 310-9 Delaware street, Indianapolis, Ind.

Dr. Horace M. Walker from Gainesville, Fla., to the Carson building, Amarillo, Texas.

Dr. J. S. Huntington from New York Life building, Omaha, Neb., to Santa Barbara, Cal.

Drs. W. Edw. & Anna G. Reid from Marion, Ill., to 416 Commonwealth building, Denver, Colo.

Dr. J. H. B. Scott from South Charleston, Ohio, to 64 North Monroe avenue, Columbus, Ohio.

Dr. Agness Ussing from 111 West Sixty-eighth street to suite 601, 156 Fifth avenue, New York, N. Y.

Dr. Geo. A. Barrett from 129 West Twenty-sixth street to 2602 Nicollet avenue, Minneapolis, Minn.

Drs. W. N. & Carrie B. Stewart from Bay View, Mich., to 421 Stevens building, Detroit, Mich.

Dr. H. J. Sanford from 538 Temple court to Empire building, Glenarm and Sixteenth streets, Denver, Colo.

Dr. E. W. Christensen from 420 North Oregon street, El Paso, Texas, to 335 North Soto street, Los Angeles, Cal.

Dr. Jos. F. Coffman from 219 East Fourth street, Owensboro, Ky., to 316 North Court street, Florence, Ala.

Dr. Earl D. Jones from 1457 Ogden avenue, Denver, Colo., to second door south of Bannock Hotel, Pocatello, Idaho.

Drs. Tasker & Tasker announce the removal of their offices to suite 526-9 Auditorium building, corner Fifth and Olive streets, where they will be prepared to meet their friends after December 15, 1906.

Dissolution of Partnership.

Drs. Best & Gault of Los Angeles, Cal., the former having removed his offices from 503 Mason building to 331 Mason building.

Married.

Mr. B. S. Tost to Dr. Alice A. Holland, December 14, at Shelbyville, Ill.

Dr. O. L. Leeper to Miss Carrie L. Garman of Guthrie, Okla., November 28, 1906.

Dr. H. E. Worstell of Canton, Ohio, to Dr. Harriet Wilson of Aurora, Ill., December 19, 1906.

Dr. Edward C. Polmeteer to Miss Ina Belle Parker, Thursday, November 29, at What Cheer, Iowa.

Born.

To Dr. and Mrs. A. C. Whittemore of Buffalo, N. Y., September 13, a son.

To Dr. and Mrs. I. Chester Poole of Fall River, Mass., October 25, a girl.

To Dr. and Mrs. Frank Ayers of McPherson, Kan., November 6, a son.

To Dr. and Mrs. Guy C. Trimble of Montezuma, Iowa, November 25, a son.

A RED STAR on the wrapper of The O. P. this month means your subscription is due, if you are a regular subscriber, or you are receiving a sample copy and are invited to become a subscriber.