

The Osteopathic Physician

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The Osteopathic Physician

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Volume XXXVI

CHICAGO, AUGUST, 1919

Number 2

SHOP TALKS on OSTEOPATHIC AFFAIRS

Good Osteopathy

WHEN toxins are present in the body sufficient to cause acute symptoms supplement marcoscopic adjustment with microscopic adjustment.

Examples: In uncontrollable vomiting of pregnancy give physiological salt solution by hypodermoclysis (usually under the breasts). It dilutes the blood stream, lessening the concentration of the toxins. Its effect is marvelous.

In abdominal or pelvic surgery—unless contraindicated—give gastric lavage and two quarts of water per rectum while the patient is still on the table. This lessens or eliminates nausea and gas pains.

In mild toxemias or acute infections give gastric lavage and physiological salt solution by drop method per rectum.—*Blanche Mayes Elfrink, D. O., Chicago.*

In Stubborn Constipation

TOO often in stubborn cases of constipation we overlook the correction of a retroverted uterus in the female, or an enlarged prostate in the male.

For immediate relief the stretching of the sphincter ani, and in the male the local treatment to the prostate, while in the female the stretching of the sphincter, and the correction of the retroverted uterus, will give the answer in most all cases which fail to yield to the usual methods. Fraternally.—*Frank H. Smith, D. O., Indianapolis, Ind.*

Focal Infection

IT is my conviction, reasoning from observations at state and convention clinics and from conversation with interested persons, that a greater effort should be made on the part of our practitioners in arriving at a fuller and more complete diagnosis.

Aside from osseous lesions and especially when the patient does not respond as promptly and fully as was expected careful investigation should be made for a possible seat of focal infection. For instance,—disease of the apices of the roots of the teeth (abscesses) and of the tonsils are often found to be the cause of the malady. In short, the broadest and fullest investigation of the causative factors of the condition should be made and a more intelligent and scholarly diagnosis is pronounced.—*D. J. Snyder, D. O., Philadelphia.*

When Silence Is Golden

HAVE for 20 years tried to listen well and talk little while in consultation with my patients. It's the best rule for success I know.—*Josephine de France, St. Louis.*

Tic Douloureux

CAUSES: 1. Interosseous lesions—mandible, upper cervical, clavicle.

2. Intraparyngeal lesions—adhesions, hyper-irritable areas affecting otic ganglion.

3. Intranasal lesions—adhesions, turbinate pressure, etc., affecting sphenopalatine ganglion.

4. Dental lesions—impacted 3rd molars, etc.

5. Focal infections about head and neck.

6. Hyper-irritable areas due to surgical trauma.

7. Auto-intoxication.

Thorough treatment of all causes, 29 permanent cures in 36 cases—all greatly benefited and expect permanent cures with sufficient time.—*J. Deason, D. O., Chicago.*

Don't Hurt Patients

THAT merry twinkle that used to play in the old Doctor's eyes is still fresh in my vision and every day since I left his presence I have heard his voice ringing in my ears, "Do not hurt your patients." Fifteen years of practice has taught me you seldom hurt a patient if you treat him properly. Even extreme painful cases of sciatica can be, not only treated, but usually relieved the first treatment, without causing any pain. Be sure the patient is in the position in which he can best relax. If you haven't a movement in stock to suit his position, use your head and create one. This you can usually do if you have chosen the right calling. To have the patient relaxed means the battle half won. Now if you begin to hurt him he is going to resist you and will likely defeat you. Bring the pull or pressure to bear gently but firmly in the right direction—else he is sure to resist you—and you will usually correct or relieve the lesion. Remember a ligament or muscle stretched once during a treatment responds better than if stretched twice. Nature uses force only in destruction, but is gentle and firm yet patient in construction and repair. Dr. Still reaped such wonderful results because he followed nature's way. Fear of being hurt keeps many from taking osteopathic treatment.—*J. G. Morrison, D. O., Terre Haute, Ind.*

Value of Rest

TO my mind one of the most important lessons we should learn from the recent flu epidemic is the therapeutic value of rest. We have seen that the patients who took to their beds promptly and remained there until all symptoms subsided did not develop pneumonia or other complications.

A great many ambulatory sub-acute cases will improve with startling rapidity when put in bed for a period of complete rest. We should study and use this great principle of nature more.—*W. S. Nicholl, D. O., Philadelphia, Pa.*

Submerged Subluxations

I HAVE discovered that the only good in electrical therapeutics is the use of the galvanic current to diagnose Submerged Subluxation, and differentiate lesion and non-lesion areas. This conclusively demonstrates the science of osteopathy, and is a wonderful support to our profession. Also that Osteopathy and Meteria Medica is a bad concoction.—*James D. Edwards, D. O., M. D., St. Louis, Mo.*

Save the Heart for the Crisis

IN a case of flu-pneumonia with a range of 12° temp. which dropped from 106° to 94° F. between visits. I found that I had acted wisely by deferring all heart stimulating treatments until the sharp crisis came; then the un-whipped heart responded beautifully to our wonderful osteopathic heart stimulating treatments, which, with proper nursing and careful osteopathic attention, won the hardest fight in my 19 years' practice, and made many new friends for osteopathy in acute diseases.

Moral—Do not stimulate the heart, which properly ranges with temperature, during the fever stage of febrile diseases.

Yours for the advancement of osteopathy.—*J. B. Kinsinger, D. O., Rushville, Ind.*

Helping Enuresis

I HAVE a suggestion which I believe may be of help to the profession. My classmate, Dr. Earl McCrokin, of Shreveport, La., is the originator of the idea as a result of an effort to help his own child who was troubled from enuresis. He applied the osteopathic principles of stimulation to the bladder sphincter by the passage of a small sterile sound or catheter, repeating once or twice per week. Almost every case so treated he reports cured. Two out of three which I have treated were cured. The usual osteopathic corrective treatment should not be overlooked.—*G. H. Carpenter, D. O., M. D., Chicago.*

An Examination Aid

THE idea applied by me daily in examination of my patrons, is to divide the body into its component systems. Examine each system separately subjectively and objectively in a routine manner and make my deductions from the findings or the evidence secured. Example: Examine the Respiratory, Circulatory, Digestive, Urinary, Reproductive, Internal Secretary, Muscular, Facial, Ligamentous, Bony and Nervous Systems separately, subjectively and objectively.—*C. B. Atzen, D. O., Omaha, Neb.*

To Make Diagnosis

A FULL and careful case history, a thorough examination including laboratory tests, a close study to try to interpret the patient's sensations. Before making the diagnosis ask yourself, "What is the basis of my belief?"—*H. M. Stoel, D. O., Duluth, Minn.*

"SHOP TALKERS"



Send in a Brief Editorial for this "SHOP TALK" Department in our September issue if you have a Good Idea worth putting over.—H. S. B.

Watch the Tonsils

EVERY osteopath must pay special attention to the tonsils and *really examine* them. In first place those who haven't been doing it will be surprised to know how many diseased tonsils they have overlooked; and in the second place they will be agreeably surprised in the results they will obtain from proper treatment of such cases. So many cases of "nerves" will respond beautifully that haven't responded to other treatment.—*T. M. King, D. O., Springfield, Mo.*

Osteopathic Pathology

AT the National Convention and in the P. G. work it was very evident that we, as a profession, are not and cannot be ahead of the times in Pathology. In our slobbering around we will make a more creditable and satisfactory showing if we think more in terms of physiology and osteopathy and treat accordingly. Too many of us fail to apply osteopathy to the limit, but are always wondering about side issues, X-rays, microscopes, operations and what not. I wish every D. O. in our land would use nothing but osteopathy on the next hundred patients, and they would learn to lean less on side issues, and osteopathy would be less an adjunct with them.—*H. W. Gamble, D. D., Missouri Valley, Iowa.*

Those Two Causes

IN most cases of disease there two two causes operating: 1st, predisposing, and 2nd, exciting. In one or the other you will nearly always find the osteopathic lesion. The clinical picture is not complete until both are sifted out. Keep on searching. Remember! "More mistakes are made by *not looking* than by *not knowing*."—*Clarence Vincent Kerr, Cleveland, Ohio.*

To Advance Osteopathy

AN intelligent interpretation and diagnosis of each case, with a thoroughly, well kept record will do more to advance osteopathy, and firmly fix it in the minds of the people, than anything else. Well equipped and scientifically run hospitals will take the second place in advancing osteopathy.—*Harold Glascock, D. O., M. D., Raleigh, N. C.*

Crisco as a Lubricant

IN Doctor D. V. Ireland's class on rectal diseases I learned about Crisco as a lubricant. It is an ideal lubricant as it certainly lubricates; does not injure instruments or rubber goods; is not tenacious; does not dry nor become gummy; is easily wiped off the field of operation; is easily cleaned from instruments; is not expensive; it is of fine color; it is sterile. Fill a few malted milk sample bottles and you will find them of great value.—*George M. McCole, D. O., Great Falls, Montana.*

Don't Overlook the Wasserman

CHICAGO obstetrician found four strongly positive Wasserman reactions upon examination of 107 pregnant women (private cases) at the first visit. Of 101 charity patients (white) ten gave positive Wasserman reactions. Does not this suggest the advisability of a Wasserman test in all chronic cases where the etiology is obscure and diagnosis uncertain?—*Frank J. Stewart, D. O., M. D., Chicago.*

Diagnosis No Dream

WARNING—Spend time enough to make out a diagnosis. Write it down. Prove it if you can; if you can't, say so.—*J. Erle Collins, D. O., Nashville, Tenn.*

Do Acute Work

BE prepared to handle the biggest year you have ever had, as we are going to have more acute work than ever before. Be sure and handle acute work. Make yourself the family physician. The more work we do of this kind the sooner the general public will know and understand the value of osteopathy in acute conditions. Be progressive—do not stand still.—*J. M. Fraser, D. O., Evanston, Ill.*

Dysmenorrhea

DYSMENORRHEA is seldom due to local trouble, but is due to reflex irritation from the spine, rectum, or sigmoid flexure. The irritation is sent to the abdominal brain, and referred back to the viducts, which are thrown into spasmodic contraction, there is an excess of fluid secreted in the oviducts whose mouths are closed. The effort of these oviducts to expel the excess fluid causes excruciating pain.

Osteopathic treatment will not only relieve painful menstruation, but if properly applied will cure the pathology causing the pain. Fraternaly.—*Emory Ennis, D. O., Springfield, Ill.*

Harry Still Ok's This

GIVE osteopathic treatment to the liver to get best results in your patients.—*W. B. Linnville, D. O., Middletown, Ohio.*

Sky Factors

THE Meteorological factor (including climatology) as considered from an etiological viewpoint is a most important, though very frequently disregarded, influence in the production or causation of those structural (and functional) alterations which we recognize as the osteopathic lesion; and it becomes a more determining factor in the prolongation of such lesions, whether primary or secondary in character, when once they are developed. This is especially true, and most noticeable, in the effects upon osteopathic patients who have previously been influenced by drugs; and I would call attention to the necessity for careful and detailed instruction to each patient in such matter involving adjustment to changes in atmospheric pressure, temperature, humidity, etc. There is need for more thought and practical application.—*Geo. B. Clarke, D. O., Detroit.*

"Adjustment"

THE founder of osteopathy sounded a word, meant to place the votaries of the system in harmony with cosmic law. The progress of the system will depend upon the individuals of the profession attuning themselves with that law, using Dr. Still's words as landmarks.—*W. Burr Allen, D. O., M. D., Chicago.*

Loyalty

ASSIDUOUS application to the study of osteopathy and its conscientious and uncompounded practice will necessarily and assuredly crystallize into *Loyalty*—to yourself, your patrons, and your profession and its organizations.

You may find some of it hard work; but remember if you didn't mean to work, you should not have hired out. Progress, in box-car letters, has marked the last thirty years in osteopathy. Its representative then looked like a pigmy among giants; he dodged like a pollywog in a frog-pond; he felt like a minnow in a school of whales; perhaps appeared like a freshman among professors, and was judged a small kernel in a bag of nuts. Is it possible for us to amend at the same rate during the next thirty?—*H. Viehe, D. O., Memphis, Tenn.*

Osteopathic Philosophy

THE law of life is motion. The function of the human body is to give expression to this life principle which demands a perfect structure in order to demonstrate its full power. Impaired or lost motion institutes a degenerative process which terminates in disease or death.

The great purpose of the osteopathic science is to maintain the integrity of the body by perfect correlation of all the structural parts, so that every tissue cell and part may have ability to move, unrestricted, except by natural limitations.—*A. S. Loving, D. O., Rockford, Illinois.*

More Hospitals

IF the osteopathic profession will make osteopathic hospitals as numerous as 5 and 10 cent stores, keep uniform records and give real osteopathic service therein, osteopathy would be as well known in five years as the Ford automobile. We have a good article and the public wants it. However, our equipment is poor. We need to cooperate and build larger workshops. The demand already exists. The supply is faulty. Think it over.—*P. A. Hubbell, D. O., Detroit, Michigan.*

Expert Testimony

THE giving of expert testimony is a rich field for osteopathic physicians. There are thousands of personal-injury damage suits brought every year in the United States and the legal profession, representing both the plaintiffs and defendants, is anxious to arrive at the real, true amount of physical damage so as to make equitable settlement.

The education of the osteopath admirably fits him for making thorough examinations and accurate reports of injury cases. I have had dozens of these cases settled amicably, out of court, making friends for osteopathy and myself on both sides of the contention.

This offers us a field of service, as well as one of income.—*Frank F. Jones, D. O., Macon, Ga.*

Skill Vs. Force

THE successful practice of osteopathy cannot be achieved by brute strength and awkwardness. The telegraph operator does not hit his instrument with a sledge in order to send a message.—*Ernest C. Bond, D. O., Milwaukee, Wis.*

Ethics

HIGHER professional ethics among practitioners, better ethical teaching in the schools, more ethical publicity for osteopathy, and better co-operation among practitioners will be for the betterment of osteopathic practice generally.—*C. A. Dodson, D. O., M. D., Little Rock, Ark.*

Unity

OSTEOPATHIC unity—Why not let this be our "slogan" for the ensuing year? We should always have one. No other word is more expressive of a real purpose than *Unity*; it was the central thought thru the whole Chicago convention. Science is progressive; osteopathy is a great science—for twenty-five and more years the best mentality our profession possesses has striven to protect this *Unity* of our science. It has been done.

Now with this and the added incentive to unite all avenues of progress within our various organizations it is none the less suggestive that we adopt some appropriate and harmonious symphony as might be indicated in the slogan—*Osteopathic unity*.—*E. J. Elton, D. O., Milwaukee.*

The Great Principle

LESION, bony or other, knowing it, and how to fix it and the doing it, and for the love of Father Andrew give Nature a chance always. Communication, phone, mail or otherwise, with your patients and friends, whether they are having treatments or not, lest they forget, they or theirs may have something new wrong with them that needs your services.

Strictly osteopathic principle is the greatest good to suffering mankind today, if applied.

May we ever stick to the principle which made us.—*J. F. Bumpus, D. O., Steubenville, Ohio.*

Results

ONE of the very best ways to fight for osteopathy, is to show results from your treatment. Let the patient do the boosting.

Don't argue about what drugs can't do, but show what osteopathy can do.—*E. A. Bush, Hartford, Conn.*

Osteopathy Needs

ENTHUSIASTIC practitioners.

Students.
Higher education.
Real research.
Efficient state, county and city organizations.
Dignified courtesy to replace jealousy.
Facts, truth.
To substitute scientific statements for injudicious claims, prompted by blind copying of sectarian utterances.
Statistics of results of adjustment.—*R. Kendrick Smith, M. D., D. O., Boston, Mass.*

The Virility of Osteopathy

THERE is nothing about osteopathy which is so interesting and which has so amazingly impressed me as its virility. At the beginning of the World War our professional papers were making preparation for the final rites of osteopathy, and the army organization of the A. M. A., backed by the moral and legal influence of the United States government, seemingly, was about to put the finishing touches on the obituary by refusing commissions to osteopaths when the Influenzal epidemic broke out and resuscitated the patient. Even the osteopathic profession itself seems to be wildly enthusiastic that the expected did not occur.

The signs of life and virility are manifest every where. Our professional papers are full of clinic and post graduate courses. Our schools and sanitariums carry whole page advertisements. Osteopathy is at high tide.—*S. L. Taylor, D. O., M. D., Des Moines, Iowa.*

That Anterior Fifth

THE thing which impresses me most at this moment is the frequency of pelvic disorders in women in this section. Almost without exception I find an anterior fifth lumbar and a tilted pelvis. It has never ceased to be a source of surprise to me to see how quickly the ligaments and surrounding tissues will relax when I bring that fifth out in place and straighten the sacrum. The uterus is then very easy to replace. I believe this is a lesion that needs watching very closely.—*Nora Haviland Moore, D. O., Grand Junction, Colorado.*

Suggestions for AOA Program Committee—Things to Be Avoided in the Future

(1) Past AOA have listed too many bright and shining lights for the time allotted. After the speaker had barely given a few preliminary remarks, list of authorities consulted, and a random statement or two leading up to the subject,

the chair called "Time!" The audience got nothing. We are not criticizing adversely the lecturer—he had no time to present the gist of his subject. For instance, "Flat Foot and Spinal Curvature" was to be discussed in 20 minutes. Either subject could not be satisfactorily handled in an hour.

(2) Osteopathy suffered for lack of attention. The convention was announced as an osteopathic one. But, where was the evidence? Singing, general and special, had the center of the stage. In obstetrics much time was consumed with long papers by a discussion of the relative merits of different anesthesia methods—all of which could be obtained from standard texts.—*M. F. Hulett, D. O., Columbus, Ohio.*

Kindly urge the Program Committee of the AOA through your publication to have a stronger *Osteopathic Convention* in 1920, as the 1919 convention was conspicuously lacking in osteopathic technique.—*Clara Wernicke, D. O., Cincinnati, Ohio.*

There is not, in my experience, enough discussion as to the osteopathic treatment and discoveries made in our profession. When an M. D. makes a discovery he is more than anxious to spread it broadcast and get the credit for a new idea, as exemplified by the multitude of signs and symptoms named for the M. D.'s who first noted them. The majority of our osteopathic programs are composed of summaries on certain subjects that could better be obtained from any well known authority on said diseases.—*M. Gertrude Fairbush, Minneapolis, Minn.*

Individual technique, individual thoughts, does and must stand out clearly in the osteopathic physician's mind in the diagnosis and technique of treatment. Opportunity should be given a greater number of the profession to demonstrate their individual technique of diagnosis and treatment. Less stress upon exhibits, advertisements and the financial part of convention unless these can be arranged so as not to interfere with program, more room and better arrangement given to individuals for proper illustration of diagnosis and technique, therefore more clinical patients with classification of same. Those given time on the program must be physicians who support the profession and principles of osteopathy thoroughly.—*E. R. Proctor, D. O., Chicago.*

All the Latest News from Emily

DR. GEORGE STILL left July 31 for Emily, Minnesota, his favorite bear and fish preserves, where he will spend the month of August, with the exception of the tenth and twentieth. On these two dates he will return and do what surgical work has accumulated in the meantime. During Dr. George's absence, Drs. Turman, Hain, Browne, Gorrell, Schmidt, Platt, Halladay and Hamilton of the regular staff and six house doctors will take care of the infirmary and hospital patients, with the exception of the more serious surgical cases that Dr. Still will handle on the two days of his return.

Dr. S. S. and Dr. Ella Still have been at Emily for a couple of weeks and will remain there through August.

Dr. Anna Adam of St. Louis and Mrs. George Still also went to Emily ahead of the doctor.

Chemical Intake vs. Structural Integrity

By C. B. Atzen, D. O., Omaha.

MEDICAL PRACTICE, is that system of the healing art, which places the chief emphasis in the *chemical intake* as being the most important single factor to maintain the well-being of the organism in health and disease.

Osteopathic practice is that system of the healing art which places the chief emphasis on the *structural integrity of the body-mechanism* as being the most important single factor to maintain the well-being of the organism in health and disease.

To illustrate. The basis of medical practice resting upon the Chemical Intake, the superstructure of medical practice radiates out into different fields from this starting point like spokes from the hub of a wheel. In one direction it meets the field of hygiene, in another direction the field of hydrotherapy, another serum therapy, still another sanitation, and in still another gross structural irregularities, deformities, tumors, etc. Each of these fields and numerous others not mentioned are termed specialties. Specialties to what? To the practice of medicine. The practice of medicine is therefore clearly the central hub around which all these specialties radiate when judging the healing art through the medical eye.

On the other hand the basis of the practice of osteopathy rests upon the structural integrity of the body-mechanism as the most important single factor to maintain the well-being of the organism in health and disease and all the superstructures radiate out from this central point like spokes from the hub of a wheel. In one direction it enters the field of hygiene, in another direction the field of toxicology, in still another direction the field of sanitation, hydrotherapy, diet, etc. We are then engaged in similar fields which are incidental to both professions. But the members of these two professions view these related fields from different view-points.

The medical practitioner will concede that at certain points in his professional labors, structural adjustments are necessary, but from his point of view, these are but incidents to the prac-

tice of medicine, for everything in his professional life is analyzed from the central base, namely, that Chemical Intake is the most important single factor in maintaining the well-being of the organism in health and disease.

The osteopathic practitioner on the other hand will concede that in certain fields of labor, as for instance hygiene and sanitation, that certain antiseptics are necessary adjuncts; in a case of poisoning that a chemical antidote may be necessary; that in a case of severe pain a sedative may be the appropriate aid; and that in the case of severe injury an anesthetic may be indicated. However from the osteopathic viewpoint all of these are considered incidents to the practice of osteopathy. The central hub here is not *Chemical Intake* as the most important single factor, but *STRUCTURAL INTEGRITY OF BODY MECHANISM*.

He who considers the chemical intake to the organism as the most important single factor in maintaining the well-being of the organism in health and disease belongs rightfully to the medical school.

He who considers the structural integrity of the body-mechanism as the most important single factor in maintaining the well-being of the organism in health and disease belongs rightfully to the osteopathic school.

It should not be difficult to determine which of these two theories has the strongest foundation in point of fact.

The numerous differing people of the world, differ radically in their chemical intake, still all peoples do relatively good work. On the other hand derange the structural integrity of the body-mechanism of a single one of these differing peoples, and let the chemical intake be of the best, the work—output of such a deranged body-mechanism—will remain impaired until the structure is adjusted. Again, it is hardly likely that one with clear vision will consider the Chemical Intake of an organism of greater importance than the Organism Itself.

The Unique Baby

If all babies were alike, and had the same powers of digestion and assimilation, a standard of feeding mixture calculated to agree with the average baby would suffice—

But each is different from every other baby, must be considered individually, and fed according to his individual requirements.



The correct arrangement of diet for the individual baby marks the difference between success and failure in infant feeding.

TO THIS END WE PREPARE MEAD'S DEXTRI-MALTOSE IN 3 FORMS

(No. 1, No. 2 and No. 3)

- No. 1 With Sodium Chloride, 2%
- No. 2 Unsalted
- No. 3 With Potassium Carbonate, 2%

WHY DIFFERENT SALTS IN THE DIET OF INFANTS?

Sodium Chloride is a useful addition to the diet when an infant suffers from diarrhoea.

Potassium Carbonate is valuable generally as a corrective in constipation of infants.

By the proper use of one of the different forms of Mead's Dextri-Maltose in combination with a milk mixture suitable for the individual case, infant feeding attains a greater degree of success.

The simple, rational principles of modern bottle feeding are clearly and concisely described in our booklet "Simplified Infant Feeding." Write for it.

MEAD JOHNSON & CO.
EVANSVILLE, IND.

The Flu-Pneumonia Epidemic

Skeptical About too Much Blanketing—Asks What You Do for Backaches

By Dr. R. R. Keiningham, Baltimore, Maryland.

I DO not believe that lesions played any important causative part in this epidemic. The body organism was merely overwhelmed by germs in untold quantities. The primary lesion was the specific virulent infection.

2. I found lesions at various points in the spine, as is found in the usual routine examination.

3. No attempt made to adjust lesions in the epidemic. I always follow this in acute conditions. I merely "treat" them.

4. I made use of such manipulations as I deemed necessary for the particular area involved.

5. *Time:* About ten minutes.

6. *Frequency:* Once each day.

7. No; I observed no unfavorable reaction from over-treatment for I believe short treatments are the best in fevers.

8. Seven days average time under treatment.

9. Could not give an opinion as to recovery being retarded by drugs. All my patients I treated from the jump. Some of them had any chance on being so retarded.

10. *Diet:* Here's where I fell down in the beginning. I placed my patients on a milk diet and such other liquid truck as could be thought of but soon found out that they were not getting enough food. I followed to some extent the Coleman diet (as is used in typhoid) and found that patients were not so weak. I believe many a patient died in this epidemic for lack of food. Dr. Still impressed this thing on my mind in college. Even if the patient is sick he can stand a little more than milk. Of course one must be judicious when there are bowel and intestinal complications.

11. No. I never believe in adding to any patient's discomfort by messing them up with a little mud or other such substances.

12. *To Keep Bowels Open:* I used laxatives for this. I found Laxol satisfactory in one or two tablespoonful doses each night. I am convinced that enemas disturb a sick man or woman too much. They have their place.

13. *Kidneys:* Water is the best known diuretic and I made good use of it.

14. *Sweating:* No. I find that if you sweat patients their kidneys will lay down on the job and so you have the choice of two evils.

Right here I want to give a little personal experience. I was knocked soon in the epidemic, myself, and had a fierce case of flu with pulmonary complications, but thanks to the efficient work of Dr. Osborn of this city, I was saved from pneumonia. I was getting along fairly well and was making as good progress as could be expected when one night I was told to get ready for a sweat and it was to be done by aspirin. I was given five grains and in about fifteen minutes I was so "batty" I would have peddled the Brooklyn bridge for a quarter to any one. I either became unconscious or went into a deep sleep (my attendant being unable to determine which) and came out of this state in a manner that alarmed everyone. I did my best to crawl around the bed but I was quieted after about fifteen minutes work. I was soaking wet with perspiration, the aspirin surely had done its work, but to the intense surprise of all the following morning I was down on one side

and so weak that I could hardly turn over without aid. One-thirtieth of a grain of strychnine was ordered every four hours which I did not take. I got over this rough spot without any mishap and to say the least I was lucky.

[May the editor suggest here the necessity of distinguishing sweating by heat and other physiological methods from nerve poisoning by using aspirin and such drugs? Also to point out the universal experience that sweating by physiological methods does not retard kidney functioning but does relieve it of an unjust and dangerous load in the presence of severe infections.—H. S. B.]

15. I believe in using cotton jackets.

16. I provide all the air possible.

17. I paid little attention to room temperature as the individual patient is comfortable. I believe the slogan "keep the patient warm" was often carried to the extreme of keeping them HOT, much to the detriment of the patient. I followed the individual in this matter and did not make the patient so warm as to be uncomfortable. Some only required light covers and some heavy. I never believe in giving the patient "hell" on earth. Leave that to the hereafter.

18. Water was given internally to the ninth degree and at least a glass full each hour. In addition I used alcohol and ice water on the surface every two hours. I found this impossible to some patients as it would chill them, and in those cases I applied treatment to the dorsal spine and increased the amount of intake.

19. I found my manipulations wholly unable to cope with the cough. Here again I want to point out the foolishness of keeping the patient "hot." I found in some instances that the cough could be overcome by removing some of the woolen blankets placed on the patient by "kind friends." Too much covering was responsible in my opinion for a great deal of the excessive coughing and the remedy in these instances was to get the patient cooler.

20. I did not find it necessary to give drugs to stimulate the heart, although I believe the administration of a little whiskey or strychnine helped some other fellows' patients over some pretty rough spots. I do not mean the continued administration but given at the proper time.

[Let us as a profession thresh this out to conclusions—not by heated arguments, pro and con, but by investigation, comparison of experiences and comparative death statistics. The editor is convinced from his limited study and observation that just the reverse is true. What do our practitioners think on this point? Send in your experiences.—Editor.]

21. *Number of Flu Cases Treated:* Twenty-four. No deaths. I had no pneumonia cases but I saw some with some "ticklish" looking places in their lungs.

22. *How many patients were you able to treat a day during the great rush?* Not being given to "excessive" lying I won't say sixty. I found it necessary to spend at least half hour at each bedside and, making due allowance for getting from one patient to another, this can be readily figured out.

Des Moines Still College of Osteopathy

stands consistently for

Symmetry of Curriculum, Professional Honesty, Thoroughness of Preparation and Efficiency in Practice

While a student, and especially after graduation, these are *Professional Assets*.

Therefore, in choosing the school where one spends his money, his time and his early professional experiences, he should be very particular in his choice. He should choose with intelligent discrimination that school which offers him

1. THE SUREST RETURNS FOR HIS MONEY
2. THE MOST PROFITABLE USE OF HIS TIME
3. THE HIGHEST PROFESSIONAL INSPIRATION



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23. *How did you relieve backache?* Now that you have asked me twenty-two questions, I want to ask one. Did anybody discover anything to relieve a terrific backache that went with the disease? If so, please send me your name and address. I may want your assistance if I get the flu again.

Keep Them Abed Sixty Hours After Temperature is Normal

I want to add one mistake that I made in the beginning of the epidemic. My first patient was a child of five years that had a temperature in the beginning of 105. The child did well and the temperature dropped about a degree each day. I allowed her to sit up thirty-six hours after her temperature became normal and to my intense dismay I found her temperature back to 103 in three hours. I found that the margin of safety in this was sixty hours after the temperature was normal at night.

Then Make It a Business to Get Them Out

I then get them up in a chair and in two days more I dress them and put them outside in the air if the weather is favorable. In a few days I encourage walking about so as to overcome the great weakness following the epidemic.

I found most all patients unable to sleep on their left sides for some weeks after their illness, as it seemed to crowd the heart, and they would be awakened by its pounding against the ribs. The treatment for this was "expectant" merely as I could discover no trouble in the heart and found that later it cleared up without interference.

332 Cases—2 Deaths

By M. S. Slaughter, D. O., Webb City, Missouri

VARIED—apparently only those that were present before.

1. General.
2. If I got the patient early I used regular osteopathic methods and kept all parts relaxed, to prevent return.
3. Same general treatment as for bad cold.
4. 5-20 minutes.
5. Once to twice a day.
6. Yes, too often seemed to weaken the patient.
7. From 4 to 8 days.
8. No.
9. Light liquid diet in all cases, the less the better.
10. I used Antiphlogistine with poor results; then adhered strictly to turpentine and lard with good results.
11. Adults—2 tablespoons of castor oil, general treatment and enema daily.
12. Osteopathic treatment only to keep the kidneys active.
13. Yes, from start for three days, applied heat and gave hot lemonade.
14. No.
15. Kept all dampness and drafts out of room.
16. 72 degrees.
17. Treatment to cervical and upper dorsal, sponge bath and alcohol rub.
18. Care of upper ribs and dorsal vertebrae.
19. No drugs were used for heart.

The only things I used was castor oil for the bowels. In taking the case I had the patient drink sour lemonade (hot) frequently, stopped all eating for twenty-four hours, then put them on a liquid diet for a week. Patient was not allowed to sit up, nor leave his bed at any time until the third day after the fever had subsided. Osteopathic treatment was directed to correct the lesions found and relieve all contractions that might arise, the severity of the treatment depended on the individual patient, and their ability to stand same. All complications were treated from an osteopathic standpoint and at no time

were medicinal agents used to help as I have found that where osteopathy fails medicine seldom makes any showing.

I treated 332 cases of well-developed flu and my casualty list was one death from flu, one case of acute dilation of heart, and no death from pneumonia, of which there were 12 cases, only one developing after I took the case, the others all being in advanced stages of the disease when I was called.

200 Plus Cases—No Deaths

By Clyde Gray, D. O., Horton, Kansas

IN "flu" I found muscular lesions along the splannics. Have no record of bony lesions. Tightened neck tissues.

No. 3. Raising ribs, relaxing muscles and corrective work in the neck.

No. 5. Treated from five to twenty minutes. Sometimes in headache or pneumonia I gave, maybe, half an hour's treatment. My patients could not show improvement in too long a treatment.

No. 6. Milder cases got one treatment each day; the more severe cases, two treatments.

No. 7. Yes, it was easy to note ill effects from over treatment.

No. 8. Mild cases, three days to a week. More severe cases, two weeks with instructions to phone if they did not get along well. In fact, all were given this instruction and very strongly warned to follow it.

No. 9. No; drugged patients make slower response.

No. 10. Nothing. Small amount of fruit juice, milk. Used the same instructions with moderation as to severity of attack. This held good for all cases of "flu."

No. 11. Only when an M. D. had been there before, or the family insisted on "Vaporub," which was in very few cases.

No. 12. At first I gave plenty of castor oil, but a few cases showed me they were followed with a severe diarrhea; then a plain water enema was ordered and instruction given that their bowels could go over a day or even two without fatal results and many did go for one, two and several three and a few four days without movement and all cases got along pretty well. I gave the "Hinkle pill" to a few at first. It was as bad as the oil, so I discontinued it.

I believe here is the most important fact I learned about "flu." It was not necessary that the bowels got purged. I handled over two hundred cases.

One little fellow of three summers was in coma and the whole family were down and this child had no care, lying in a bitter cold room, sometimes covered and other times not, receiving no food or water or care when his bladder voided, and his bowels went three or four days and when I came on case they did not move then for three days. He is as bright and well now as he ever was.

No. 13. I used nothing but osteopathy for kidneys.

No. 14. In a few cases I placed water bottles about patient and in a few gave one asperin tablet at night. Mostly they did enough sweating from the disease and the treatment.

No. 15. I did not use cottage jackets. I received some cases that had and they did not do so well.

No. 16. A great deal of ventilation.

No. 17. As cold as could be had handily.

No. 18. Raising ribs. Relaxing muscles in the regular treatment and I had practically no trouble with high temperature. Used no baths.

No. 19. If persistent treatment on throat muscles did not relieve cough the patient received a cold pack. Many coughed quite a good deal.

No. 20. I used nothing to stimulate the heart but the regular osteopathic treatment.

All of my more than two hundred flu patients are still on top of the sod. I cared for over forty at one time.

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WHAT'S an oak for growth compared to a college of scientific therapeutics? For every single college of scientific medicine developed old earth has produced countless millions of oaks.

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Dr. M. Quisenberry,
Lyons, Kansas.

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THE OSTEOPATHIC PHYSICIAN

150 Cases—Two Deaths After Osteopath Retired From Cases

By F. M. Harbaugh, Edgar, Neb.

IN round numbers I had 150 flu patients.

1. Muscular, in most cases.
2. Cervical, upper dorsal and lumbar.
3. Very slow relapsive treatment.
4. General spinal relaxation.
5. 15 to 20 minutes each call.
6. Twice daily in most cases unless very light cases.

7. Most cases would drop off to sleep during the treatment and I don't think I ever over-treated, as I saw no ill effects.

8. Averaged about 5 to 7 days.

9. No.

10. Influenza diet: Liquids during convalescence. Gradually increased to regular diet.

Diet in pulmonary complications: Liquid and soft diet, pudding, poached egg, milk toast and fruit juices.

In bowel and stomach complications: I fasted patients during the trouble.

In nervous complications: Liquids and soft foods, until normal; then regular diet.

11. Mentholatum and Musterole.

12. Castor oil and enemas of soap suds, salt and some cases a few drops of turpentine.

Manipulative treatment raising bowels well out of pelvis, freeing up the stasis and increasing action.

13. Hot packs over kidneys and bladder.

14. Yes; application of heat to feet and back and cold on head, usually as soon as called, if possible.

15. Yes.

16. Plenty of fresh air, but no draft on patient. I found it very hard in most cases to make the people understand that the patient must have fresh air and oxygen.

17. 60° to 68° F.

18. Inhibition in cervical and upper dorsal. Sponge baths, tepid water.

19. Cervical treatment and cold pack on throat.

20. *No drugs* were used to stimulate heart.

Two cases died that had been under the care of M. D.'s and I retired from both cases, one the day before death, the other four days before death. I only signed one death certificate and that was for a lad I had never seen who was an invalid and died without any aid. I was called to determine the cause of death.

By Drs. Heyler & Atkinson

LESIONS: Severe contractions.

2. In cervical and dorsal regions.

3. How corrected: Manipulation and hot fomentations.

4. What general manipulations: Relaxation of entire spine, especially neck and dorsal regions and particular attention to bowels.

5. Average time per treatment: 30 minutes.

6. How frequently treated: Mostly once a day; some twice.

7. No.

8. How many days under treatment: From two to ten days.

9. Did patients who had been drugged respond as well as others to osteopathic treatment? No.

10. What regulation of diet was prescribed: Always had patient drink abundance water. Liquid diet only.

11. No.

12. What methods used to keep the bowels active? Enemas and manipulation.

13. What method used to keep kidneys active? Manipulation at kidney centers.

14. Did you sweat the patient? At the beginning.

15. Did you use cotton jackets for pulmonary complications? Yes.

16. Ventilation: All we could get; the more the better.

17. What was average temperature of room? About 70°.

18. Means used to reduce temperature of patients? Manipulation, enema and baths.

19. Means used to overcome cough: Cold packs on chest and throat; manipulation of cervical region.

General Comment

In all our cases we found large and small intestines much distended with gas and in nearly every case by using enemas of just water, freely, we lowered the temperature and if the patient was nervous, this symptom subsided.

In complications of chest (bronchial) used hot and cold pack freely on upper dorsal region. Enema often relieved headaches. The most natural benefit came from keeping bowels free from gas. Much of the fever came from auto-intoxication, from gas of bowels. When it was possible we called a nurse, preferably one who had thoro training in hydrotherapy, as she was more intelligent in following instructions. If fever remained up to 102 we sponged (cold) every 3 hours unless the patient was asleep. We are still treating patients who are suffering from the effects of flu. All have symptoms of neurasthenia. They are harder to help than "flu" cases, as they all think they cannot get well. We had something like 100 epidemic cases; did not lose a single one. Temperature ranged from 100 to 105.

Three outstanding things: 1. Keeping bowels free from gas. 2. Drinking lots of water; diet, liquid and fresh air. 3. Manipulation at cervical and upper dorsal areas.

By Dr. J. E. Baker, Brazil, Ind.

LESIONS: Muscular.

2. Where: Entire spinal area, especially where there was a lesion.

3. How were they corrected? General deep relaxing manipulation.

5. Average time per patient: 15 to 25 minutes.

6. How frequently treated? Once to four times per day.

7. Is it easy to over-treat cases? Not if you know when you have given a treatment.

8. How many days were patients under treatment? Three days to three weeks.

9. Did patients who had been drugged respond as well as others to osteopathic treatment? Yes, if not given sedatives.

10. What regulation of diet was prescribed: Water, lemonade or milk.

11. Did you use any local application? Phenolated camphor.

12. What methods to keep the bowels active? Oil and manipulations.

13. What method to keep kidneys active? Water and manipulations.

14. Did you sweat the patient? Moist hot packs.

15. Did you use cotton jacket for pulmonary complications? Yes when I could get them.

16. Ventilation: Enough to keep room fresh always.

18. Were any means used to reduce temperature of patients? Relied on manipulations in most cases, but used cold packs in extreme cases.

20. Means to stimulate the heart? Manipulations, 2nd to 5th dorsal.

Comment:

In answering No. 7, would say the same rule applied as in other conditions. In my early practice I had the tendency to over-treat most of my patients, and I believe that is the case with most of us when we begin. Personally I can't explain when a treatment should be concluded. One just learns that by doing it, and observing the response of the nervous system of the individual. Some people respond slowly, others quite fast, as some think rapidly and others slowly, and they can't help either, any more than they can the color of their eyes or hair.

No. 10. Did not give anything but water for

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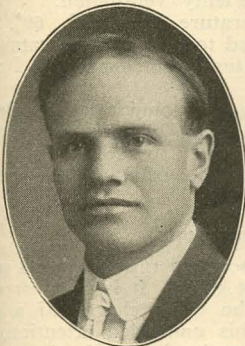
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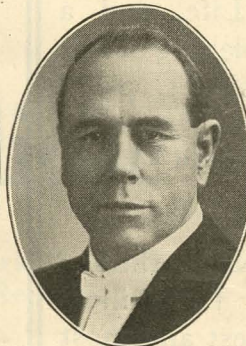
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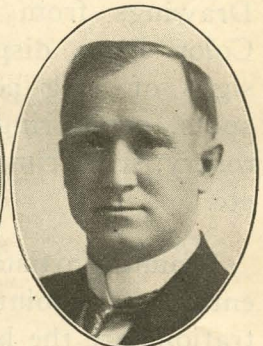
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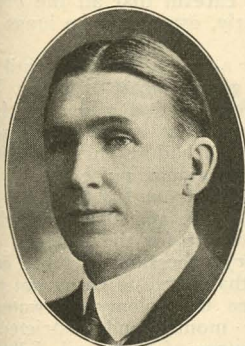
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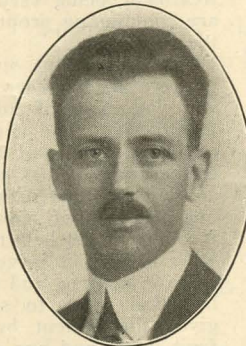
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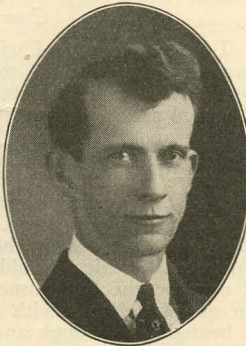
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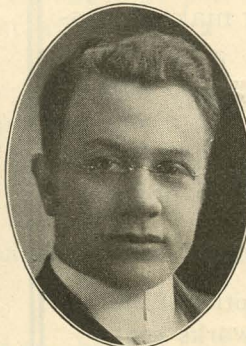
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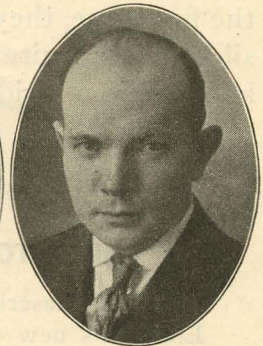
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first three days, if I could get patients to do it. And in those who complied I had no complications at all. I had between 150 and 160 cases of flu and were very few of them just the same.

By Will Ivern Shaffer, D. O.,
North Platte, Neb.

- N**O. 1. Muscular.
No. 2. Throughout the spine.
No. 3 and 4. Relaxation by gentle manipulation with the aid of a large electric light reflector containing two heavy carbon bulbs, one, purple, the other white. I fairly toasted the patient, front and back. For pluerisy it worked quicker than a narcotic and permanent. I have used the electric rays since Feb. 1st and haven't had a patient to "go bad." I took over patients given up by other doctors and had 100 per cent success where the light was used.
No. 5. —? (It depends on the patient.)
No. 6. Once generally; sometimes twice daily.
No. 7. No. Didn't have time to overtreat.
No. 8. Average about two weeks.
No. 9. The worst patients I had were the ones who were doped with asperin.
No. 10. (a) Soft diet. (b) milk.
No. 11. Used antiphlogistine and cotton jacket in cases of pneumonia.
No. 12. Enemas, bowel relaxation, and Pluto Water.
No. 13. General treatment.
No. 14. Yes, early. Used electric apparatus described in Numbers 3 and 4.
No. 15. Yes.
No. 16. Good ventilation.
No. 18. Yes. Relaxation and Epsom sponge bath. One tablespoonful of Epsom salts to pint warm water.
No. 19. No.
No. 20. No drugs used for the heart.

Comment:

I have two cases I wish to mention. First: I was asked by a chiro to go with him to see one of his patients that he claimed was "very puzzling." I found a little girl, three years old, who had had the flu and had been in the condition in which I found her, they told me, six days. She had temperature of 104.3, respiration around 80, pulse too fast to count; semi-conscious; no cyanosis. The puzzling point was, why she didn't die. All that had been done, the "chiro" gave her "adjustments" which would throw her into spasms. I ordered the "adjustments" stopped, packed her in antiphlogistine with a cotton jacket over it. I heated her through and through front and back with the electric apparatus. I gave her gentle spinal relaxation. This was early in February. She is now a picture of health and is feeling fine.

Second case of interest. Young woman, heavy set, had had the "flu" one week. Had no doctor. Her sister was a trained nurse, so they thought they could get along without a doctor. They did until one night about midnight she started to have dyspnea and became cyanosed. I saw her at 4 a. m. Friday, temperature 103.8, respiration 37, pulse about 120. I relaxed the spine, warmed her up (toasted her) with my electric heat, front and back, and ordered Antiphlogistine jacket as early as could be gotten. She had another treatment and toast at noon. At that time she had her jacket on. She got another dose of the same about 8 p. m. She had rested after each treatment and breathed easier. Saturday, temperature 101, no cyanosis.

Sunday, temperature was 99, feeling fine. Had a treatment and more heat.

Monday, temperature normal, no treatment.

Tuesday, normal and never went back.

The only case I lost was a little girl of three. She was given up by an M. D. before osteopathy was called. She had received up to that time 1¼ gr. aspirin every hour. I had her about 24 hours.

By L. B. Overfelt, Boulder,
Colorado

1. MUSCULAR lesions.
 2. Upper dorsal and cervical regions.
 3. By manipulative treatment.
 4. Very careful loosening of muscles in region affected.
 5. Five to ten minutes.
 6. Twice a day.
 7. Easy to over-treat? Yes.
 8. From five to ten days.
 9. I had very few "drugged" patients.
 10. Diet: Fruit juices, quantities of water till fever was gone two days.
 11. Used hot fomentations, in pneumonia. Very necessary to have nurse who understands how to put them on.
 12. To keep the bowels active: 1 oz. castor oil, followed by enema. The osteopathic treatment.
 13. To keep kidneys active: Treatment and plenty of water.
 14. Sweat the patient? Only where I had a trained nurse.
 15. Cotton jacket for pulmonary complications? No; hot fomentations.
 16. Ventilation: Plenty ventilation.
 17. Average temperature of room? 60°.
 18. Any means used to reduce temperature of patients? If temperature went above 104 I used a cold enema.
 19. Means used to overcome cough? Osteopathic treatment and cold compresses around throat. Heat to the feet.
 20. Any means used to stimulate the heart? No. Except treatment.

Comment:

I think Dr. Stevenson has raised a good point in regard to treatment given. It is very essential that the physician who takes charge of a case of influenza give it his undivided attention, lay down iron-clad rules to be followed, give osteopathic treatment twice a day—light, gentle, short treatment, being very careful that all the organs are functioning properly, especially the lungs and the kidneys.

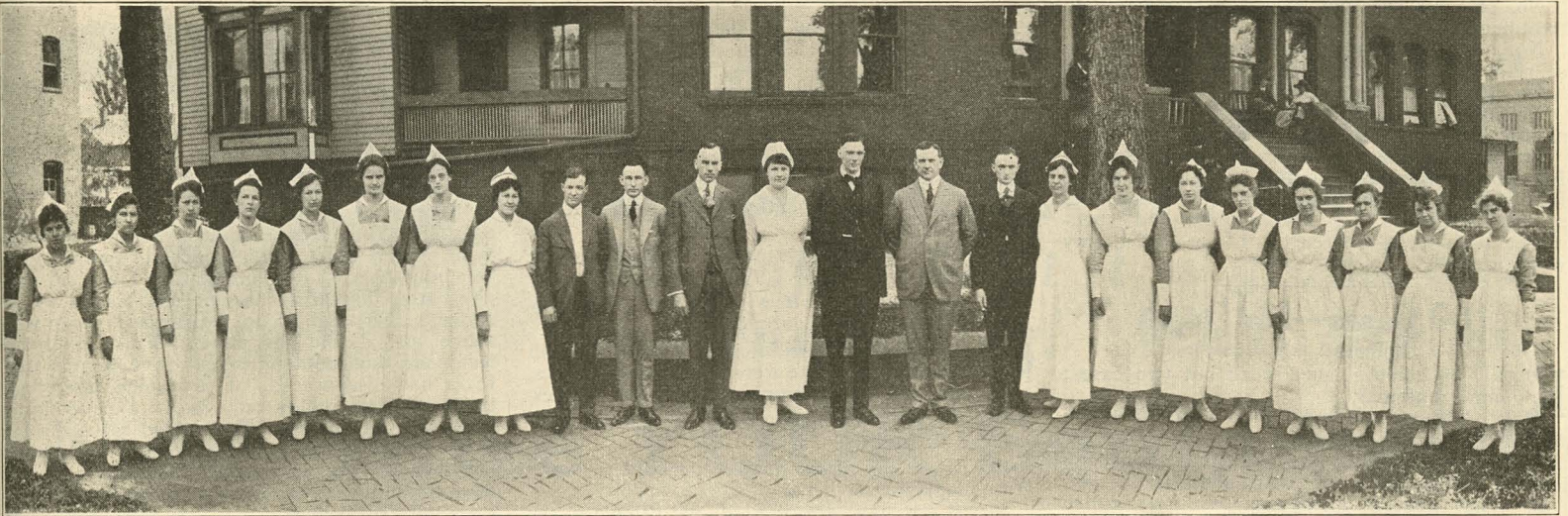
Put the patient on a restricted diet until the temperature has been gone at least 24 hours. You will find cases of influenza that will drop from 103 to 97. I had a case that had a temperature of 97 and a pulse of 37. I had another one with a temperature of 105, pneumonia, pulse 110. I had another one that dropped from 103 to 97. I lost one case out of about 150, and that was where I could not get help to care for the patient.

As to diet, it is very necessary in those cases to have a nurse, and that nurse to carry out your iron-clad rules, to see that plenty of water is given the patient by mouth, and restricted to fruit juices and one ounce of castor oil, followed by plenty of saline solution, one teaspoon of salt to a quart of water, and as the temperature goes high I used tepid water. It will help to bring the temperature down along with the treatment.

Plenty of ventilation. Keep the room from 60 to 65.

By Hedley V. Carter, D. O.,
Baltimore, Md.

PATIENTS were treated not less than twice daily until convalescent, then once daily for a varying period, usually 3 to 7 days. I had no overtreatment experience. "Small doses frequently repeated to effect." In very bad cases, short treatments to indicated centers. For instance: One bad case required my attention for four hours. During that time I gave a number of "treatments" to the cervical region; after 10-15 minutes, upper D; a little later to lumbar and sacral, in other words, treating specific areas and giving the various centers a chance to react before going to another—not dissipating the effect—no "shotgun" stuff.



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Des Moines, Iowa.

No. 11. No.

No. 14. No sweating, except as a reaction to treatment.

No. 15. No cotton jackets; frequent springing of ribs made this unnecessary.

No. 16. Much ventilation.

No. 19. Ice to neck (anterior); ice pellets in mouth; treatment especially to suprasternal notch.

Am now treating nine cases of cardiac sepulae following medical treatment of "flu," and only one following osteopathic care. This case was under medical treatment for flu—relapsed and pneumonia developed—whereupon I was called—my worst case.

160 Cases—No Death

By A. E. Hook, D. O., Cherokee, Iowa

KIND of lesions: bony in all but two cases; some muscular.

2. Where: 1, 2 and 7 C; 1 to 6 Dff 10 D; 2d and 5th L.

3. How corrected: 1st, adjustment of bony lesions; 2nd, relaxed contracted muscles.

4. What general manipulations: The entire neck and spine.

5. Average time per patient: About 20 minutes.

6. How frequently were patients treated? Most of them twice daily; many only once; one or two cases treated three times in one day.

7. No.

8. How many days were patients under treatment? My first 32 patients averaged only two days. Later from one to five days. Three cases had erysipelas. Two of these required four days more.

9. Did patients who had been drugged respond as well as others to osteopathic treatment? It usually took twice as long.

10. What regulation of diet was prescribed for Influenza alone: No food for three days; then liquid. Pulmonary complications: No food. After three days, fruit juices, olive oil and liquid food.

11. None. Hot water bottles at time of chill.

12. Methods to keep bowels active: Treatment, used enema in only few cases. No laxatives but olive oil.

13. Method to keep kidneys active: Inhibitive treatment in lower dorsal and lumbar regions.

14. Did you sweat the patient? Yes, at beginning; used hot water bottles mostly, or fruit cans.

15. Did you use cotton jackets for pulmonary complications? Had no case to develop pneumonia, so did not use jacket.

16. Ventilation: Kept windows open, gave plenty of air.

17. What was average temperature of room? Aimed to keep it about 65°.

18. Means used to reduce temperature: Only the adjustment of lesions and occasional sponge baths.

19. Were any means used to overcome cough? Yes. Inhibited at 2 and 3 C, and 7 C and 6 D.

20. Were any means used to stimulate the heart? None. Only adjustments; I used no drugs as I am an osteopath; needed none, and treated 160 cases without a death.

Cleaned Out the Alimentary Tract and Gave Good Sweat

By Dr. H. B. Mason, Temple, Texas

LESIONS: Muscular, rigid dorsal.

2. Where? Dorsal-cervical.

3. How corrected: Manipulation. Heat Antiphlogistine jacket.

4. General manipulations: Cervical and dorsal.

5. Average time used per patient: Nine minutes.

6. How frequently were patients treated? Some three times a day, others but once a day.

7. Did you find it easy to overtreat your cases? Yes.

8. How many days were patients under treatment? Average four days.

9. Did patients who had been drugged re-

spond as well as others to osteopathic treatment? No.

10. What regulation of diet was prescribed? Fast first 24 hours. Liquid till two days after fever left.

11. Did you use any substances like antiphlogistine, dionol or other local applications? Antiphlogistine in quantities.

12. To keep the bowels active: Castor oil and soapsuds enema.

13. To keep kidneys active: Four quarts water or hot lemonade daily.

14. Did you sweat the patient? Vigorously at the start.

15. Did you use cotton jacket for pulmonary complications? With antiphlogistine.

16. What about ventilation? Here in South lots of ventilation; some were on sleeping porches.

17. Average temperature of room? 65 degrees.

18. To reduce temperature of patients? Cold to head in ice bag.

19. Were any means used to overcome cough? Antiphlogistine to throat.

20. Were any drugs used to stimulate the

heart? In three pneumonias I used alcohol in small doses after the crisis.

In General

In regard to my influenza treatment I do not think it was different from the treatment used by the majority of the fellows. I always cleaned out the gastro-intestinal tract with either salts or castor oil; and often added a good soapsuds enema. Then I had my cases sweated either by tub bath or hot blanket pack; made them sweat an hour or more, drinking all the hot lemonade possible. Then I gave about a ten-minute treatment, and if there were bronchial "tightness" or any indication of lung congestion I applied antiphlogistine liberally. I kept hot bottles at the patient's feet, and ice to the head if fever went above 101. I had the patient drink water and lemonade, but nothing to eat save liquids until fever had disappeared. I saw some cases three times per day, others only once. I never lost a case either of flu or pneumonia, but refused a few cases where medicine had failed to do anything but lock up the excretions. They say we will have the influenza epidemic back again next year. I am not afraid of it.

What Are the Six Best Books for Osteopaths?

A Symposium by the Profession

By Dr. George W. Reade, Worcester, Mass.

- One for every day in the week.
1. Osteopathy, Research and Practice, by A. T. Still.
 2. Clinical Osteopathy, by C. P. McConnell.
 3. Poliomyelitis, by F. P. Millard.
 4. A. T. Still, Founder of Osteopathy, by M. A. Lane.
 5. Osteopathic Mechanics, by Edythe F. Ashmore.
 6. A. T. Still, Research Bulletins.
- McConnell's Discussions in AOA Journal ought to be put in book form.

By Dr. Carl P. McConnell, Chicago

1. Dr. Still's Writings.
2. Piersol's Anatomy.
3. Macleod's Physiology and Biochemistry in Modern Medicine.
4. MacCallum's Pathology.
5. Delafield and Prudden's Pathology, eleventh edition.
6. Kolmer's Infection, Immunity and Specific Therapy.

By C. W. Young, Grand Junction, Colo.

1. Practice of Osteopathy, by Dr. A. T. Still.
2. Practice of Osteopathy, by McConnell and Teall.
3. Practice of Medicine, by Wm. Osler.
4. Diseases of Women, by Crossan.
5. My Water Cure, by Kneipp.
6. Principles of Osteopathy, by Tasker.

By Dr. Ella D. Still, Kirksville, Mo.

1. Deaver's Anatomy.
2. Wood's Reference Hand Books.
3. McConnell and Teall's Practice of Osteopathy.
4. Woodall's Gynecology.
5. Mallory and Wright's Pathology.
6. De Lee's Obstetrics.

By Dr. H. H. Fryette, Chicago

Your letter asking for my opinion on the six best books for an osteopathic physician to own and read, is at hand. I would suggest the following:
Two copies of Gray's Anatomy, one to be kept at home, the other at the office.
Two copies of Starling's Physiology, to be divided the same way.
Two copies Clinical Osteopathy, divided as above.

By Dr. John Deason, Chicago

1. A. T. Still, Founder of Osteopathy, by Lane.
 2. Orthopedic Surgery, by Lovett.
 3. Man, an Adaptive Mechanism, by Cryle.
 4. Diseases of the Bones and Joints, by Goldthwait.
 5. Diseases of the Spinal Cord and Its Membranes, by Elsborg.
 6. Our National Parks, by John Muir.
- Most of the recent medical books deal with war surgery and are not very practical for us.

By Dr. George A. Still, Kirksville

1. Deaver's Anatomy.
 2. Mallory & Wright's Pathology.
 3. Century Encyclopedia.
 4. Wood's Reference Handbooks of the Medical Sciences.
 5. Rubaiyat of Omar Khayam.
 6. Bible.
- "Few weeks pass that I do not read a few lines out of all of these."—G. S.

By Dr. Percy H. Woodall, Birmingham, Ala.

1. Gray's Anatomy.
 2. Huettel's or Tasker's Principles.
 3. Ashmore's Mechanics of Osteopathy.
 4. Sajous' Internal Secretions.
 5. Macleod's Physiology and Biochemistry in Modern Medicine.
 6. Medical Clinics of North America.
- see editorial last ASO Journal, "Constructive Work,"

WHAT do osteopaths read and study? If you know what books a man reads you ought to be able to know a good deal as to the type of his mind and the scope and direction of his mental activities. Some fat head wrote "tell me what a man eats and I'll tell you what he is," which sounds sonorous and fine, only it is not true, for men and women of infinite variety of taste and circumstance as to the media of nourishment may all reach the same indistinguishable heights or depths of physical work and mental achievement; food consumed indicates little or nothing about the end product of the human machine, mental or physical; but what a person reads, studies and thinks about is certainly a good can-opener with which to get into the inner chambers of his consciousness.

So what books osteopaths read has a profound significance for the analytical student of this great osteopathic movement. It contains the prophecy of osteopathy's lines of future development. And a list of such books as have the sanction of adoption by leaders of the profession must be a very valuable possession for the practitioner, new or old, and for the osteopathic student.

Realizing this, The OP is calling upon a representative group of D. O.'s to "give the names of The Six Best Books they know for osteopaths to own and read." We find a great deal of interest ourselves in printing the replies received to date and will be glad to devote more space to this symposium for several months to come.

What are the Six Best Books for Osteopaths?

Here are some interesting and helpful answers:

By Dr. C. B. Atzen, Omaha, Neb.

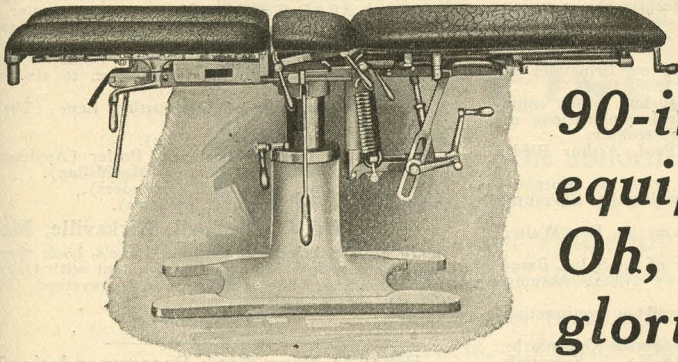
1. A. T. Still, Founder of Osteopathy, by Lane.
 2. Bulletins of A. T. Still Research Institute, by the Workers.
 3. Applied Anatomy, by Clark.
 4. The Science of Healing by Adjustment, by Woodhall.
 5. Clinical Osteopathy, by the Educational Department of the Research Institute.
 6. Physiology of Consciousness, by Louisa Burns.
- In the order as mentioned.

By Dr. E. R. Booth, Cincinnati

1. A first-class Anatomy, as Gray or Piersol.
 2. Osteopathy, Research and Practice, by A. T. Still.
 3. Clinical Osteopathy, by McConnell et al.
 4. Applied Anatomy, by Clark.
 5. Physiology of Consciousness, by Louisa Burns.
 6. Infantile Paralysis, by Millard.
- Modesty rather than veracity prevents my naming "The History of Osteopathy," by Booth.

By Dr. S. L. Taylor of Des Moines

1. Book on The Physician Himself, by Cathell.
 2. The Medical Clinics of America.
 3. Modern Medicine, by Osler & McCrae.
 4. Flint's Physical Diagnosis, by Thacher.
 5. Indispensable Orthopedics, by Cabot.
 6. Principles of Osteopathy, by Tasker.
- It's a list that every osteopath should read.



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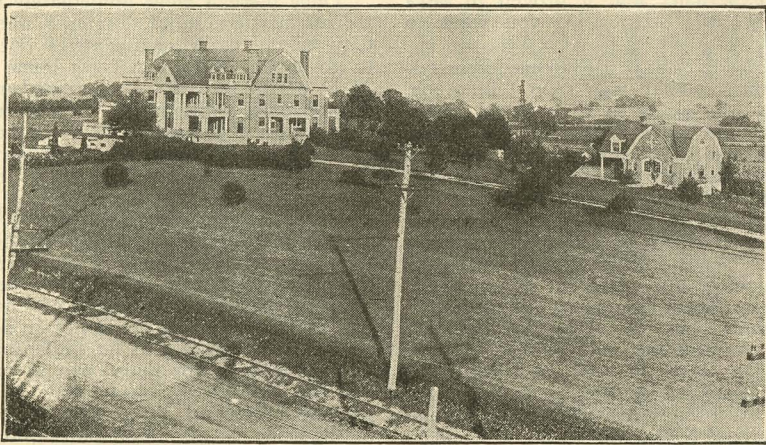
You may be strong and husky; but why waste your strength? If you are frail, then you need the help of a "McManis" more than ever.

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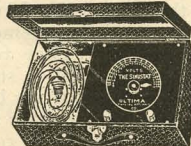
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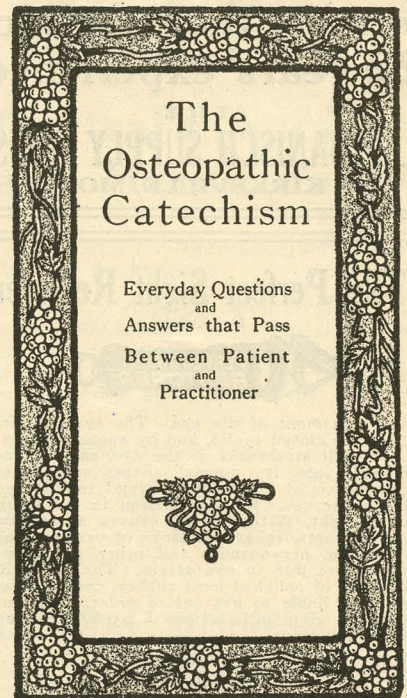
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No. 17



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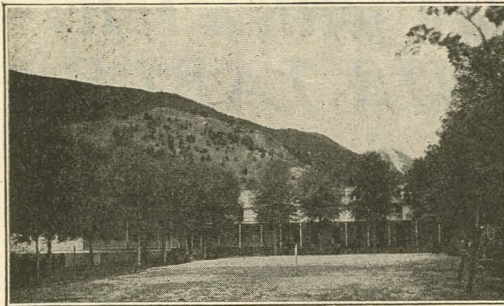
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and
Answers that Pass
Between Patient
and
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By Dr. H. F. Goetz, St. Louis

"The six best books"? One can interpret this question from different angles, but I will answer on this basis, "To improve the osteopath's every-day working knowledge, i. e., practical, not theoretical."

1. Practice of Osteopathy, Lectures on Principles of Osteopathy, by Chas. Hazzard, D. O., 1898, 1907.

These lectures may be out of print, but to my mind stand today as the best, most practical explanations of osteopathy and application of osteopathic technic.

2. Internal Secretary Organs, by Prof. Arthur Biedl, Vienna.

3. Clinical Commentaries Deduced from the Morphology of the Human Body, by Prof. Achille De Giovanni, University of Padua.

4. The Involuntary Nervous System, by Dr. Walter Holbrook Gaskell.

5. Spondylotherapy, Physio-Therapy of the Spine, Based on a Study of Clinical Physiology, by Albert Abrams, A. M., M. D.

6. Hilton's Rest and Pain, but read in conjunction with some modern applied anatomy.

In addition to No. 2 I use The Endocrine Organs, by Sir Edward Shafer, and in addition to No. 5, Essentials of Laboratory Diagnosis, by Dr. Francis Faught.

Naturally one uses the modern works on Diagnosis and Treatment, but my list fits my every-day practice better than any books I have in a fairly good-sized and absolutely modern library.

By Dr. Francis A. Cave Boston

Responding to your request regarding the six best books for osteopathic physicians, I presume your inquiry refers to books other than those written by the "Old Doctor." No osteopathic library is even started unless upon the solid foundation of Dr. Still's books. Several other priceless volumes are at present out of print, such as Clark's "Applied Anatomy" and "Diseases of Women," Riggs' "Theory of Osteopathy," etc.

My advice to earnest students of osteopathy, whether

in college or in advanced practice, would be to secure copies of every book ever written by standard osteopathic authors and READ THEM. There are no regular medical books published which entirely take the place of straight osteopathic literature.

Other books most helpful in my own library are probably the following, confining my selection to six as per your request:

A. T. Still, Founder of Osteopathy, Lane (The OP Co.).

Abdominal Brain, Robinson (Betz).

Diagnostics of Internal Medicine, Butler (Appleton).

Infection and Resistance, Zinsser (MacMillan).

Clinical Anatomy, Eisendrath (Saunders).

Clinical Pathology, Krehl (Lippincott).

By Dr. C. C. Teall, Kirksville, Mo.

In re text-book choice, besides Lane's book there is Clinical Osteopathy, which I use as a text with Osler for collateral reading. The order used to be reversed. Please to get my idea of situation.

(To be continued)

What Is Your Book Recommendation?

This department is open to "all comers" who may wish to designate their six best books. While we originally only intended to ask 20 leading members of the profession for their "reading advice," the replies have developed so many good suggestions that we have doubled already the number of invitations sent out, and would be really glad to continue this department from month to month as long as the interest lasts. A successful doctor who tells you frankly the books that help him most in his work is a good friend and his advice is worth heeding.

One School's Loss Is Another's Gain

The Inside Story of an Osteopathic Philanthropy

By STEPHEN SCOTT

"WHERE is Ellis Street?" she asked me. The questioner was an intelligent, energetic appearing young woman with the look of a deep purpose in her eyes. "As I am going down there myself," I replied, "you may walk right along with me." I must have inspired her with confidence for she soon began telling me of her queer experience and it proved to be a most interesting little story. Do you want to hear it?

"When my friends back in Bellefonte, Pennsylvania," this young woman was soon telling me, "learned that I was going to Chicago to school they paled and exclaimed, 'Chicago is a fast place.' Yet I, Grace S. Stevens, head of the Commercial department of the Bellefonte High School, marched in cap and gown in the commencement procession Thursday night, and on the following Saturday night stepped from a long eastern train right into Union Depot, Chicago. As there is lots of western blood in my veins, all my mother's people residing in the middle west, I immediately fell in love with Chicago. I inhaled the 'get there' spirit in the atmosphere. How I did walk that first Sunday, covering two parks and the University of Chicago grounds! But the next day was different. As I had come to Chicago to take a special commercial course for teachers, I had to go to school. I hurried more than necessary, because my friends told me that easterners were too slow for Chicago. Then, at length, I knocked out of place an innominate.

"Eighteen months ago I fell on the ice causing this lesion. Three surgeons were called but they threw up their hands on the case. I could not step up. An osteopath was called. He came at noon. Soon afterwards I fell asleep, after three sleepless days and nights. I was soon teaching again but towards the end of the term the pain came back.

"When vacation time came my father sent me to the Methodist Hospital in Philadelphia. Six nerve specialists came. They took an x-ray for tuberculosis. They found none. Then they took corks with needles stuck in them and jagged me from the base of my brain to the soles of my feet, all along the nervous system, to locate the trouble. After two hours of consulting they decided to cut somewhere but they did not know just where.

The cutting was to be done the next morning at nine.

"After a sleepless night I rose early, stole the key to the locker, got my clothes, dressed, sneaked down the back stairs, out through the cellar, and when nine o'clock came I was whirling over the sands to Atlantic City.

"Once there, I went immediately to a good osteopath and got relief. After a week in Atlantic City, taking daily treatments, I felt well enough to go home. But when I got home my uncle, an M. D. of the old school, examined me with grave countenance, pronounced it tuberculosis of the bone, drew a picture of how the bone would be all honeycombed, and predicted that I would be dead in one year. The year is up and I am more alive now that I was then.

"Some of my relatives in the middle west told Dr. C. A. Dobson, of Little Rock, Arkansas, to look me up when he came to the American Osteopathic Association convention, being held this week at the Chicago College of Osteopathy, and find out if something could not be done. He was interested in the case as he, philanthropist that he is, was looking for some one to educate in the Chicago College of Osteopathy, and he lost no time in arranging a meeting. After examining me he removed the innominate lesion. While doing this he wanted to know what I thought of osteopathy. I said I had all the faith in the world in it but knew so little about it that I would not like to express myself further.

"Instead of trying to talk me into taking it up as a profession, Dr. Dodson arranged for me to attend the sessions of the convention. As I had some ear trouble he took me to a clinic. I knew that I would get sick, but I became so interested that I forgot to get sick. After listening to Doctors Ruddy, Deason, Reid, Edwards, and others I became so interested that I exclaimed, 'I wish I had the money to take the course. I want to know all about it.' Then Dr. Dodson said that he had been looking for some one to send to the college for some time and he was ready to back me financially. I thought my hearing must be affected and I asked him to repeat it. Now, instead of going back to Pennsylvania to teach Commercial subjects in a high school, I am en-

[Continued to page 28]

An Osteopathic Axiom

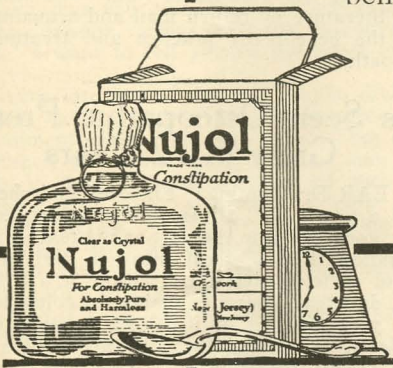
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A. T. STILL AS A
MEDICAL THINKER

By M. A. LANE

Professor of Pathology in the American School
of Osteopathy at Kirksville



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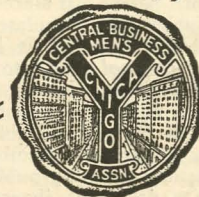
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The Organ of News and Opinion for the Profession

Published on the 15th of Every Month By THE BUNTING PUBLICATIONS, 9. S. Clinton St., Chicago, Illinois. Henry Stanhope Bunting, A. B., M. D., D. O., Editor and Manager; Ralph Arnold, Business Manager. Subscription price: \$2.00 per annum. Advertising Rates on Application. Copyright, 1917, by The Bunting Publications.

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVI AUGUST, 1919 No. 2

NEW EDITOR OF THE AOA JOURNAL

We are awaiting with breathless interest to get news that the AOA has selected a really wide awake and capable editor for the *Journal of the Association*. You might think that The *OP*, as a competitor, would rather see the *Association Journal* remain in the depths of listlessness to which it has sunk; but that is not true. We wish to see it made into the liveliest scientific journal issued by any therapeutic profession. We yearn to see its editorial department full of that nobility of concept and vision of leadership which justify the existence of a national society journal. Such a journal should and must exhibit leadership for the profession, instead of being the mediocre "trailer" and apologist in almost everything that it has been ever since the day of its foundation. We want our official magazine to exhibit the saving grace of a real personality, of which it is as innocent today as a new born babe. An alert and able *Journal of the Association* will stimulate all our other periodicals to better things. It is a real man's job to make The *Journal* over into the character of a journal it should be. Nobody will be able to do it who is not a forceful personality and a strong intellect to start with. Publications, like all other works of art, only embody and reflect individual gifts; and a strong publication never existed without a dominant character back of it. Let us waste no more time for the *Association Journal*; fellow osteopaths, but find the right man for the job and make it worth his while to do a good job of it for us.

OUR FLU-PNEUMONIA SYMPOSIUM

There is a large value in being able to read the practitioner's own statement of how he treated his epidemic cases. Our theories about how cases ought to be treated are important, but the facts of how they actually were treated is of more significance still. You may like or dislike the way a particular osteopath treated his cases, but it is of prime importance to know how he did his work or you can't even pass judgment upon it.

It is the merit of the flu-pneumonia symposium we are now running each month (and intend to continue for at least six months' further searching study) that each doctor tells his diagnosis and treatment in his own way. It is a logical methodical order that he follows in conformity with our Questionnaire form, but each person puts the emphasis on what seems important to him and each in his own way.

You will delight and profit by a close study of this department monthly.

Remember, also, if you disapprove of some person's ideas or plan of treatment that the editor of The *OP* is not responsible for his work and criticisms or protests lodged with us will not accomplish anything unless meant as communications to print.

Every osteopath who took part in treating these epidemic cases who has not already sent in a summarized report to The *OP* on our Questionnaire form is urgently requested to get in the game and do so.

If you sent in your report a long time ago—before your work on epidemic cases was practically over—then bring your data and conclusions up to date by sending in a supplementary report promptly.

BUDDING GENIUS

Budding genius in the osteopathic profession always gets a welcome hand from The *OP*. If you are nursing a stirring idea—particularly if it relates to practice rather than politics—we will be glad to have you write us all about it. Perhaps we can help you crystallize it and get it across to the profession.

OUR NEW DEPARTMENT OF "SHOP TALK"

How do you like our new department of "Shop Talk on Osteopathic Affairs" which begins this month with brief editorial contributions from two score of our practitioners?

We fancy you'll like it.

You yourself are invited to send in a good thought for this department for our next issue. Be brief if you hope to "make" this department with your pet idea. It is a case of "infinite riches in a little room."

THE WESTERN OSTEOPATHIC ASSOCIATION

Those western osteopaths know how to do things. They are building up and perfecting a great sectional association. They are going to reform osteopathic institutions by first getting right at home. They are going to organize so well at home that when it comes time to apply such organization methods to the rest of the union of states they will have something to stand on, something to go on, something to do with. They know full well that no national or federal body is any stronger than its units, and that if we are to have as strong and centralized a national association as we dream of for the AOA it must come only through the scientific organization of its units, the states, and the groupings of these states into sectional clusters. Knowing this, the west coast and Sierra Nevada osteopaths have united to form an autonomous unit of state associations known as the Western Osteopathic Association. When our western folks come into our national councils in future they are going to be better organized, better unified, higher powered and better able to do things.

The western leaders of the profession have used their best efforts and given their best cooperation to get the AOA organized properly, always insisting that it must be organized from the bottom up, from the local district society of practitioners to begin with, up to the national society as the great federation and integration of all the rest. The AOA was slow to accept this doctrine, but came to it whole heartedly and unreservedly at the last convention and by a radical change of law went on that basis.

Now the osteopaths of the far west states, to make good their theories, are rebuilding their own units from their local district meetings to this great group of states, which includes California, Oregon, Idaho, Utah, Arizona. We take for granted Washington will soon be included. These westerners are going to perfect solidarity in their own ranks and then use their own strength and homogeneity of character to help the AOA realize her best organization destiny.

We trust that the rest of the states and sections will show equal enterprise and sagacity. The new AOA of bigger vision and usefulness will be realized in a twinkling if once we get the unit organizations of districts, states and sections on the map as they should be. Lend a hand. Help the AOA in its transition by helping your own state society to get right in this new professional growth in social government.

Physicians in Field as Recruiters

By Le Roi Coombs

DO your bit to help increase the Army of Osteopathic Physicians in the field. Just as a war is won by the force of numbers, so the great success in osteopathy can be obtained by each osteopathic physician sending a small division of students to the Osteopathic Colleges.

How can the physician do this, with the daily task of attending to his clientele? It is very easy as far as the physician is concerned, and it will render him manifold benefits by making it possible for the colleges to enlist the men and train them to enter the field of combat for truth. In the future, under these circumstances, the practitioner will not be fighting the cause so nearly single-handed.

Send the Chicago College of Osteopathy the names and address of all the students in the senior class of the high school in your home town, at as early a date as possible—a very little job netting big returns to you. We will send them literature by return mail and acquaint them with the benefits of practice and treatment of osteopathy.

Has Seen Osteopathic Prestige Grow in 12 Years

DEAR Dr. Bunting: Enclosed find check for a year's *OP*. It is almost as necessary to good work on my part as my textbook. My inspiration is in a great measure derived from helpful articles contained within it. I believe some day that your newspaper is going to outgrow your fondest anticipations because of the popularity of osteopathy. In my twelve years and more in Tarkio, Mo., I have seen the practice done by osteopaths increase each year and their influence and standing as physicians in the community increase very materially.

The "flu" epidemic hit us here, I think, with as much severity as anywhere; but the great benefits of osteopathy over medicine were clearly shown to the whole community. We as osteopaths must keep the banner flying high before the world with the ideas of the "Old Doctor" emblazoned thereon, namely that "the human body contains all elements necessary for its own repair."

The duty and work of The *OP* and all kindred publications is to help us get the inspiration we need.

Thanking you for much past inspiration, I am, fraternally, Theodore Paul, D. O., March 25th.

College of O. P. and S. to Teach More Osteopathy

UNDER a new plan of organization which has recently been completed, the College of Osteopathic Physicians and Surgeons at Los Angeles will teach more osteopathy than ever before. This will be accomplished by reducing the number of hours given to surgery in the undergraduate course and devoting the time to purely osteopathic subjects.

To meet the needs of those who want more surgery than that given in the undergraduate course, a surgical post-graduate course will be offered. This course, extending over a full college year, will amount to approximately 1,000 hours of instruction, and will include lectures, clinics, and animal and cadaveric surgery.

Beginning September, 1920, the entrance requirements of C. O. P. S. will include one year of college work in physics, chemistry and biology in addition to a four-year high school course or its equivalent.

Write communications for The *OP* legibly, on one side of the paper only, with wide spacing between lines to allow of editing. Don't require the editor to have your communication rewritten before he can use it. That is not the way to get it across!

Publicity Fundamentals

By Ralph Arnold

SOME of the discussions that pass between Dr. Bunting as Publicity Counsel and his customers of the profession which go to our files are far too valuable to be buried. I have just been reading over some of these letters and it has occurred to me that nothing more informative or helpful to the profession at large could be written about publicity. So I have sought the chief's permission to do a few of these into *OP* contributions, and will run them serially from month to month while the stock lasts or new issues come up for settlement.

Here, for instance, was a sensible letter from Dr. L. Mason Beeman—a letter of the type that Dr. Bunting is always interested in receiving:

Dr. L. Mason Beeman,
Osteopath,
51 East 42nd Street,
New York

Knowing that you are constantly checking up comments on your various messages as conveyed in "OH," I want to tell you of my latest experience.

Four very intelligent, educated people, each in a different calling, have returned the same adverse comment on the February issue. They criticize severely the attack on the medical man and say that, in their judgment, matter of such informative nature loses some of its value and lessens the interest of patients by knocking the other schools. Isn't there enough to say that is favorable to osteopathy, they say, without tearing down the efforts of the other man?

Personally, I hold the same opinion, and therein is the only criticism I have of Lane's book.

Very truly yours,
L. MASON BEEMAN.

I think the reply of Dr. Bunting—entering, as it does, with searching acumen into so many aspects of this publicity problem—will interest all wide-awake osteopaths just as much as the person to whom it was written. It follows:

My Dear Dr. Beeman:

This is my personal thanks for your criticism of the February issue of *Osteopathic Health*, "The Day of Therapeutic Reckoning."

It is indeed a problem always to know when we profit best by telling the plain truth or withholding part of it. I am sure you know the reasons on both sides of this argument.

My judgment is that we profit and advance most by alternating the current, as it were, first and most of the time withholding some, or even much, of the plain truth about the political intolerance of the "regular" medical profession; but now and then actually telling the plain, unvarnished truth and presenting the news-truth—just as I did in February's issue.

I am aware it hurts some persons' sensibilities. Granting it does, that it must, is it working any injury to osteopathy by incurring such momentary disapproval of a booklet? I think not. Do you?

On the contrary, many persons are made to see the light for the first time who would not be reached by the usual impersonal, "dignified" and unexceptionable mode of appeal. We always make some friends by this plan; and every month's issue should accomplish that much. Even if we do stir up brief disapproval among some friends who are already safely osteopathic, what does that hurt? Perhaps it will give them new information and make them somewhat realize a situation they never knew before. It is to their own interests to face these facts and realize them, even if it is a bit unpleasant to do so.

It was unpleasant for me, I assure you, to go down to Washington in June, 1917, and for three weeks daily stand in close contact with the intolerant bigotry and class jealousy and hate of the War Department's medical autocrats, whose indefensible course, deliberately entered upon in that month, sent thousands of our brave boys to their

deaths from flu-pneumonia a little more than a year later. It pained me, but I had to realize the stern fact. Now should we let the medical men do this indefensible sort of thing and get away with it, and not be rebuked?

I may be foolish, but I do not think we ought to. I think it is *your* duty and *mine* to stand in high places and rebuke the intolerant ones who would rather see our soldiers and sailors go to unnecessary death than permit osteopaths to give them the aid which they are so well fitted to render. You know they would. Are you afraid to rebuke them?

Doctor, I really cannot get the viewpoint that would make our profession and poor hapless mankind stand dumb and friendless in the face of such injustice. I can "get" it in the sense that I can weigh it in mind and measure the arguments against it, but they fall to the ground as insignificant in face of the great accusing Judge, Fair Mindedness, who condemns the selfishness, the injustice, the brutality and the rank treasonableness of the allopathic attitude which, behind its bastions of state medicine, is fighting for itself and for its prerogatives and power *only*, and is enforcing the sacrifice of thousands of valuable lives to make its power prevail.

In God's name, my brother osteopath, *who* is it that knows this truth and will have the intellect and the courage to denounce it *if you and I won't*?

When will it ever be denounced if we shrink from doing it *now*?

When will these abuses of the therapeutic art be rectified if our best friends hate to hear about so much human meanness and selfishness engaged in directing the course of our "state medicine" and if we lack the forcefulness of character to bring it to their attention?

The chains of slavery are being forged more tightly every day upon the people of this land by the officers and political directors and agents of the American Medical Association. We know this to be true, don't we? Do you yourself not know it as I do? Then *whose* duty is it to denounce this wrong against human welfare? If it is not your duty and mine to put mankind on guard, and to fight for man's therapeutic freedom and for his best chance to live, against those who would limit his opportunity to recover from disease, pray tell me *who* is to become the friend of the betrayed human species? Who will sound the tocsins of alarm? Who will bring medical bigotry and intolerance to the bar of justice?

If it is not the mission of osteopathy to do that, and if it is not your duty and mine as members of the osteopathic profession, likewise the duty of all other alert, strong and courageous souls in the osteopathic faith, then I have missed the meaning of Dr. A. T. Still's founding our system "to reform medical and surgical practice." It is not enough that we should fill our own offices with patients and thus indirectly deprive the allopath, to that extent at least, of his opportunity to use a decadent therapy on that number of human sufferers. As educators, teachers and health officers of the people we owe them the sort of disinterested allegiance that will go out and decry their peril from the housetops, even if it should offend some friends and even if it should cause some of us slight sacrifices of comfortable feeling, to do so.

I conceive this to be my duty and yours; my destiny and yours, and our joint opportunity to be of the most assistance to humanity.

Do you not share this conviction with me?

I feel it as a fervid obligation to do all I can to put down this therapeutic iniquity.

Nevertheless, as editor of "*Osteopathic Health*," I realize that I have no right to go further in this preaching of reform than you and than my other customers may wish to engage with me. I have my convictions, but you may not share them. I have no right, I grant you, to

force them on you, unwilling, if you be, to receive them.

I may think I see with clear economic vision that it is *greatly to your professional interest and financial advantage*, and to the interest of the whole osteopathic profession likewise, to follow my lead boldly in denouncing allopathic intolerance before the world in the fashion of this February issue of "*Osteopathic Health*." Still, if you are not so convinced also, if you are not willing to have me draw a strong, honest, proof-based indictment of organized medical hypocrisy as I do in this editorial, "*The Day of Therapeutic Reckoning*," then I realize I have no right to insist on rendering this sort of editorial service to you, to my profession and to mankind at large, no matter how timely or able it might be.

I admit freely that as *your* spokesman to *your* public, "*Osteopathic Health*" ought to be and must be *satisfactory to you*. As you pay for circulating it I concede up to a certain point your right to dictate the sort of stuff that goes into the little educator. I *have* to hold this view because as a publisher I am able to measure the satisfaction I give my customers by the amount of patronage they bestow upon me. As a publisher I am legitimately anxious to satisfy and please my customers and thereby increase my business volume; so I sincerely want to do what you want me to do in the preparation of the editorial matter that goes into the little "patient-getter" and "patient-educator." So, if you, and if others of your opinion, who may have expressed themselves as adverse to occasional medical criticism, are not convinced by my advice that it is good policy to put forth an occasional editorial of the character of "*The Day of Therapeutic Reckoning*," then I am willing to dry my pen when it comes to championing the osteopathic cause in this virile fashion.

I wish to be understood as being willing to do just what the best sense of my constituents holds I ought to do in the premises.

I ought to consider, perhaps more than I do, that publishing "*Osteopathic Health*" is a business, and the first rule of all successful business is "give them what *they* think they want, not what *you* think (or know) they ought to have."

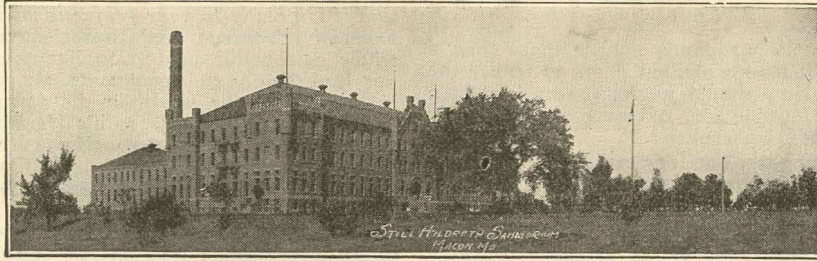
I am ready to function either as editor and publicity director for my customers of the profession and as such furnish the educative material which in my judgment will do the doctor and the whole profession the most good, or function as a printer merely and devote my time to preparing what the customer thinks he wants, just because he will buy it and use it more freely without argument.

What does the profession want me to do—supply publicity and propaganda or supply printed matter?

What do *you* want me to do for *you*?

In fairness to myself as publicity counsellor, however, and in fairness to the best interests of my customers and osteopathic co-workers, I wish to emphasize that if I am to function as a printer of pamphlets rather than as a publicity director I cannot be held responsible for the benefit that my customers expect to get out of their pamphlet campaigning. I am perfectly willing to assume full responsibility for results if I am the doctor of publicity and promotion; but if my clients are self-prescribers and have more confidence in directing their own publicity than they have in following my direction, then they alone must carry the responsibility.

This does not mean that I do not wish to advise with you and with my other customers continually about the merits or demerits of my publicity work. To do my work properly I require to keep in close touch with you, my partners in the publicity transaction. I want to know what sort of a reaction my writings set up in your own minds as well as in the minds of your patients. I want to talk to your patients, through you, about their ideas of the various editorial brochures we put out. All this helps me keep sane and balanced and be a fair judge of the personal equation which runs through all educational and publicity problems. Such counseling is just as necessary a part



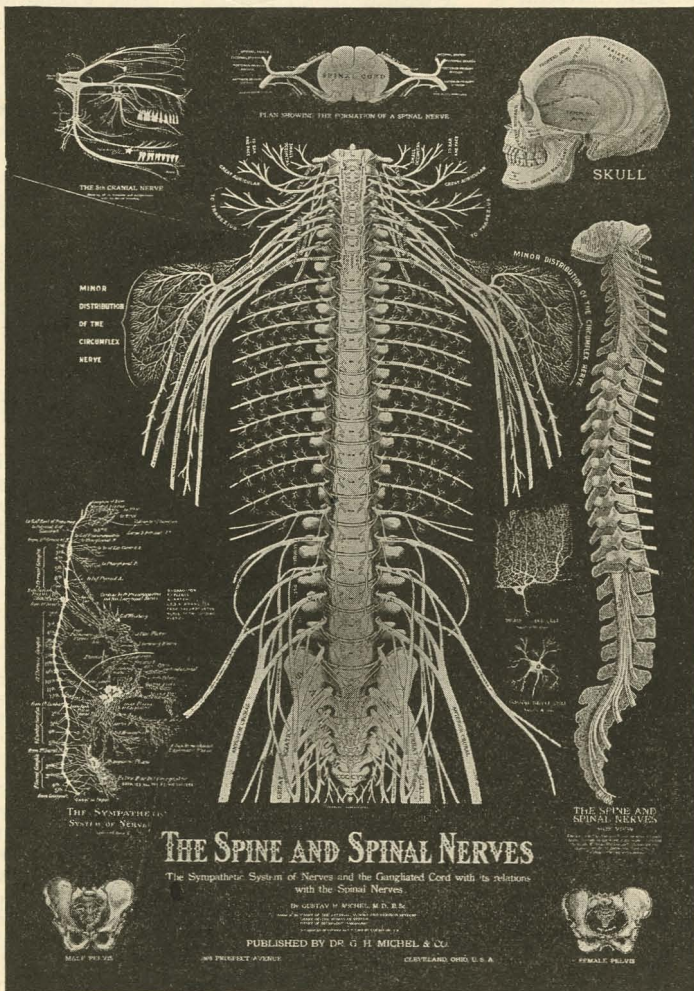
**STILL-HILDRETH OSTEOPATHIC SANATORIUM
MACON, MISSOURI**

A. G. Hildreth, D.O., Supt.

The pioneer Osteopathic Institution of its kind on earth created for the sole purpose of treating mental and nervous diseases, an institution that has already proven the value of osteopathic treatment for insanity.
Write for Information

GOOD CHARTS FOR OFFICE WALL DISPLAY

Are you supplied with good educational anatomical charts for display on your office walls? If not, you should obtain a series of the best. They are useful in discussions with patients and for reference when you are studying obscure pathological conditions. We show here reduced illustration from



Price \$3.00 Postpaid, Cash with Order

**The Michel Chart
of the
Spine and Spinal Nerves**

This chart is printed in three colors and shows two life-size views of the bony spine, front and side views, with the spinal nerves issuing from the intervertebral foramina; the spinal cord and origin of the spinal nerves; the Cervical, Brachial, Lumbar and Sacral plexuses of nerves; the Great Sciatic and all other pelvic nerves; the Sympathetic System of nerves complete; the plan of the formation of a spinal nerve, a life-size skull, a most perfect representation of the 5th Cranial nerve, and various other side pictures.

This chart, printed in a new and most beautiful style, attracts the attention of every one as soon as perceived.

The OP

9 So. Clinton St.
CHICAGO

of publicity and promotion work as interviewing patients is a necessary part of diagnosis and therapeutics.

But that does not mean that every time a person is found who has a strong criticism for some brochure that I will reverse and revolutionize the plan of campaigning. It does not mean every time a customer-doctor writes me that he has a very strong predilection for a certain method of educating or entertains a very pet aversion to some particular vehicle of advertising that we will cut out everything that doesn't strike him as being the acme of perfection or ride to death the things he is sure are fine and good. It doesn't mean, in other words, that a publicity expert is bound to take his orders from his clients and change his battle plans every time he gets a line of criticism from somebody who disagrees with him. There are some customers of course who expect nothing less, but on the whole the great majority are very reasonable and are willing to listen to reason and opportunity.

Be assured, however, that I wish to keep in as close touch with my customers and their patients as possible; and I wish you to realize that no sincere letter of criticism that tries to pass along a viewpoint to me is ever wasted. It is all a legitimate part of formulating the sort of publicity that will win success.

Please bear in mind another thing, a vital thing: It is not necessary that any campaign of publicity and propaganda should be 100 per cent perfect, should be wholly flawless, to win success. No campaign ever is perfect. No human work ever is perfect. Art at its best is only approximately perfect. Professional skill is seldom infallible. Your own work, my work, the work of each in his own field, is never more than approximately right. As great a man as the late Marshall Field said a man would win success if he were right just 51 per cent of the time.

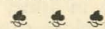
It is really much more important to have some worth-while policy and follow it—even if such a policy is full of flaws, than to have no program at all and to sit tight and do nothing in the belief that you are merely waiting for the right medium to appear before you use anything. A very faulty program of publicity, if pushed hard and consistently, will yield a good deal of benefit. But it is the systematic pushing that wins results.

If, therefore, you see a small defect in some issue of "Osteopathic Health" (which occasionally you may find, despite our best endeavors), you must not feel that it disqualifies that issue for doing its appointed work. It never does. We have been putting out "Osteopathic Health" now for nineteen years without a break, and while possibly an issue here and there may have been found to have something in it that some individual felt "made it useless for his purposes," the ninety and the nine have gone steadily on and used it notwithstanding, and got the benefit of continuous campaigning, and have proved that "it was good for osteopathy's purposes, anyhow," and that is sufficient proof that the individual was wrong in prescribing individually for his own publicity wants. The law has a phrase that "He who pleads his own case has a fool for a client." There is a good basis of truth in it. It holds equally true of the layman who prescribes his own medicines and of the osteopath who prescribes his own publicity.

Now, my dear Doctor Beeman, you invited a discussion, and you got it—you brought this long confidence down on your own head—I did not wantonly inflict so exhaustive a consideration of our publicity problems on you until you called it forth. Will you not take it carefully to heart and let me know in how far you agree or disagree with me?

Do you personally want me to be your Public Counsel or your Printer?

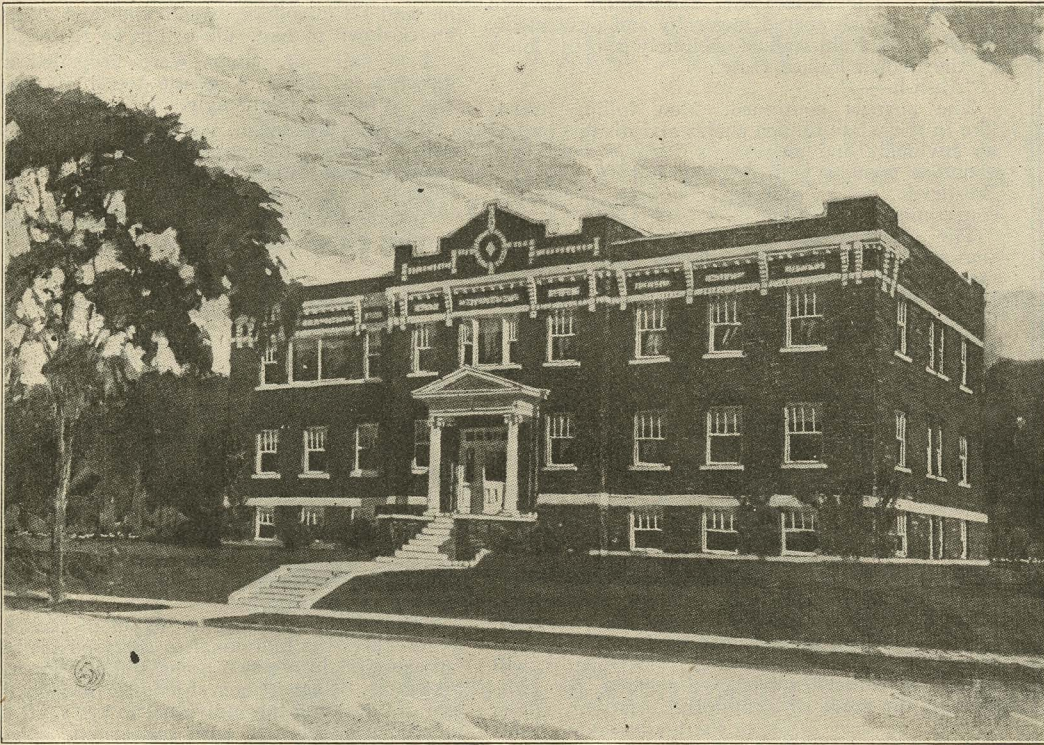
Fraternally,
HENRY STANHOPE BUNTING.



I feel sure that the opportunity to read such correspondence will clarify many points for the users of periodic propagandic literature. Next month we will give another chapter just as good.

The Laughlin Hospital, Kirksville, Mo.

Dedicated to Andrew Taylor Still.



THIS new modern forty-two room hospital is now ready to receive patients. The building, which is absolutely fire-proof, was built of the best material obtainable and contains many conveniences, such as electric automatic elevator, etc.

There are thirty-five rooms which contain beds for patients, and two operating rooms—one for general surgery and the other for orthopedics.

An able staff has been secured to support Dr. Laughlin in the following departments:

1. Osteopathic. 2. Orthopedic. 3. General Surgical. 4. Obstetrics. 5. Gynecology. 6. Nose and Throat. 7. Proctology and Urology. 8. X-Ray and Laboratory Diagnosis.

A training school for nurses will also be maintained. A separate building for nurses' home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.

A Dietetic Standby



THE ORIGINAL

Successfully Used Over One-Third Century

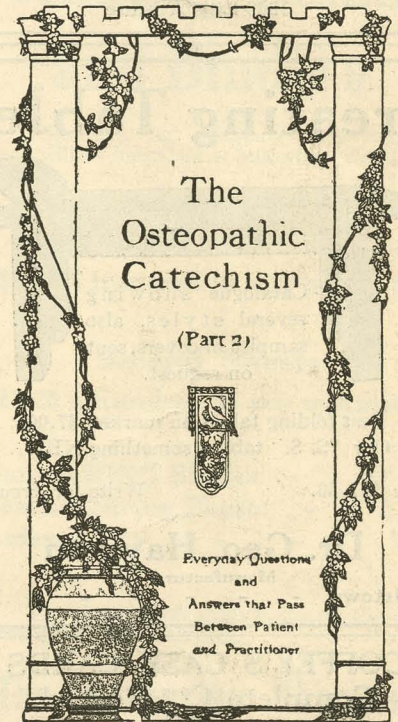
"Horlick's" is a complete, safe, and convenient food upon which infants show normal gain.

It is highly nutritious and easily assimilated as a food drink for nursing mothers, convalescents, and the aged.

Specify "Horlick's" to avoid imitations of the ORIGINAL and DEPENDABLE product.

HORLICK'S MALTED MILK CO., Racine, Wis.

No. 23



Craig's All Purpose Osteopathic Card System

4x8 cards, same old price. 130 cards for \$1. 200 for \$1.50. (Guide cards have advanced)

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Weissfeld Brand Washable Coats for Dentists, Doctors, Druggists, Osteopaths, Jewelers, etc., made to order, or ready made. Seventy-five different materials to choose from. Write for styles, materials, and prices, free upon request. Parcels Post prepaid to all parts of the world.

Smoking Jackets, Dressing Gowns, Bath-Robes, and Hospital Uniforms a specialty.

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The Allison Office Furniture



Treatment Tables and Stools
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HIGH GRADE EQUIPMENT indicates skillful and efficient treatment.

W. D. ALLISON CO.
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She Knew Dr. C. C. Reid Under Name of Francis X. Bushman

But He Didn't Know Her

"A H-H-H-H—" The voices of handsomely gowned women purred musically and interestedly as Dr. C. C. Reid stalked sublimely into the lobby of the Brown Palace Hotel.

"Ah-h-h—" The purring continued. Men, lolling lizard-like in the white-topped chairs and divans, looked up enviously and disgustedly. Movie actors are about as popular with a lobby full of men as a Bolshevik at a packing company presidents' conference.

The silk-clad feminine portion of the crowd continued to direct their adoring eyes upon the face and figure of the former president of the Lions. And, gee, why not? He certainly was a feast for sore eyes.

"I met him in Los Angeles," gushed one of the sweetest and youngest of the sweet young things. "He'll remember me, I know. C'mon over with me and I'll introduce myself and then give you a knock-down to him. Oh-o, I'm so fussed."

Two pairs of pumps were propelled in the direction of Doc. A gentle touch on his arm and he turned, inquiringly.

"O, Mr. Bushman, you remember me, don't you?" blurted the more aggressive of the pair. "You're not Francis X. Bushman? What? Oh-h-h, I beg your pardo—"

And they tore up a lot of Cal Morse's nice tile flooring getting out of sight.



[That's what Charles gets for being so durned pretty.—EDITOR.]

THE DEASON-MOORE CLINIC

Hay fever clinic
August and September
Chicago Osteopathic Hospital

RESULTS:

420 Cases	
Permanent cures	70%
Complete season relief	88%
Asthma	80%

Bring your cases and learn the methods of treatment. Write for details, address

Dr. Glenn S. Moore
Chicago Osteopathic Hospital
5200 Ellis Avenue

Blind Osteopathic Member of the Washington Legislature Writes Interestingly

A Letter from F. B. Teter, D. O., of Davenport, Washington

O STEOPATHS have a difficult proposition to master. I am glad of it. No member of the human race ever yet made an enviable finish along a down grade since Adam and Eve first attempted the trick. Osteopaths will always be compelled to lay the blame for sickness on the fault of anatomical relations, which fault is due, very often, to the law-breaking tendencies of the individual. The other fellow may blame the "bug" or some such external, malicious

incident. No sinner loves penance, no sick person is as well pleased when he is made personally responsible for his illness.

Truth may win more slowly, but it has age-lasting virtue to its credit. This factor eliminates those from our ranks who are weak in faith as to the final supremacy of right. We earn our bread by the sweat of our brows, excluding the lazy ones from attaining any laudable goal. We foist no hallucinations upon a gullible public. The plain facts as to the cause of disease and its cure necessitates thoughtfulness, which allies us to the intelligent portion of the neighborhood.

to be used or maintained without proper daily exercise. Physical culture must be taught in such a way as to enable the individual to carry on his healthful exercises in his own home without gymnasium apparatus. Suggestions should be used with the aim of educating the individual to the point where he can profitably use auto suggestion. Dietetics, to be useful at home, should be based on knowledge and consideration of the labor to be performed and with an understanding of the average American kitchen.

It is my belief that the work on dietetics to be used by the practitioner among his patients has not yet been written. It has long been a desire with me to associate a group of practical dietitians who, by exchange of ideas, may gather from practical experience and prepare a proper handbook of concise, common sense, proven facts and send them out to be used by our profession. If any such persons wish to start an editing association, here is a willing member.

I returned recently from the State Legislature. If any loyal osteopathy burns with sufficient missionary zeal that he will make the sacrifice, there is no other task he may assign himself so full of rich promise for the future good of our profession as to be a member of a legislative assembly. We have here in Washington one of the best Separate Board laws ever drafted. My being there greatly aided its passage. This appeal should not fall upon unheeding minds. If you can make the run with reasonable assurance of success, osteopathy has first claims on your time to demand that you take your turn at your capitol. You will have a financial deficit. Perhaps the National Association will, some day, provide a fund to cover such a lack of compensation for you. To be a member of such a law-making session, is a desirable educational acquirement.



Dr. F. B. Teter, of Davenport, Washington.

To teach the true causes of weakness and succeeding disease, to emphasize personal responsibility and the regaining and maintaining of health is our useful and splendid task.

I lost my sight in this town, Davenport. For a time thereafter my profession was a buck-saw. To return here after graduation was a definite determination to win where it was not easy to do so. Ten years' of practice made it evident that a sanitarium was a necessary part of my equipment for doing good work. An appeal to my friends got the Davenport Osteopathic Sanitarium in the fall of 1915. It has been a success. a reasonable opportunity, fair skill, an active conscience, unwavering concentration and unconquerable persistence are the mixture which win. The fifteenth Psalm is a good code.

Three factors in addition to ten finger osteopathy are mighty useful. A knowledge of sensible, usable diet; psycho-therapy employed as an honest optimistic suggestion, and physical culture taught to the extent that no health can be ob-

Dr. George A. Still Will Not Air-Plane to Operations

PLANS at Kirksville to send Dr. Geo. A. Still hopping off to rush operations by air-plane have been abandoned and Kirksville will not have its expected air bus after all. While Charles Rorabaugh of Kirksville and Dean Wingate, La Plata, a pilot who saw overseas service, were bringing the new plane home from Kansas City, July 3d, it fell with them, Rorabaugh being killed and Wingate badly burned. The machine was destroyed.

Treating Tables



Catalogue showing several styles, also samples of covers, sent on request.

Best folding tables on market \$7.00.
Our "S. S." tables, something NEW.

Price \$13.50. Write for circular.

Dr. Geo. Hayman
Manufacturer
Doylestown - - - - Pa.

COFFEE'S CASE CARDS

Complete Case Record

On One 4x6 Card \$1.00 per 100 prepaid
Send for catalogue of outfits

COLLINGSWOOD CASE CARD COMPANY
COLLINGSWOOD Dept. C NEW JERSEY

Doctor, Here Is A Good Thing

THE NEW DIONOL TUBE

Especially adapted to all ORIFICIAL USES. Easily carried, convenient to apply, clean, aseptic, economical. The results justify, if they do not compel its use in



Hemorrhoids

Prostatitis

Cystitis

Fistulas (everywhere)

Bubos, Abscesses, Ulcers

Hay Fever

Rhinitis

Otitis Media

Pruritus Ani, or Vulvae

Urethral Irritation--in women

A neat method of using Dionol. Splendid value, and Case Reports galore—Literature, of course.

The Dionol Company

Dept. 12

864 Woodward Ave.,
Detroit, Mich.



CONSIDER DENNOS FOR HOT WEATHER FEEDING

Basic Constituent—Whole wheat—rich in mineral salts and vitamins.

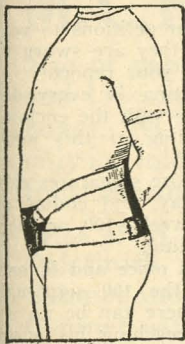
Method of Preparation—Specific heating. Most efficient sterilizer.

Action on Milk—With Dennos, raw hard-curdling cow's milk is converted into a bland soft-curdling mixture.

Acceptability—Being bland and readily assimilable Dennos minimizes digestive effort—a dietetic desideratum in hot weather.

Samples of Dennos on request. Also Dennos Prescription Pencil FREE.

DENNOS PRODUCTS CO. 2025 Elston Ave., Chicago, Ill.



SIDE VIEW

The Most Prominent Osteopaths Write Us

There is nothing better for the treatment of Sacro-Iliac-Luxation, Strain, Sprain of the Sacrum than the El-Ar Sacro-Iliac belt and Abdominal Supporter. Patent applied for.

Surely sufferers of Sacro-Iliac Troubles cannot afford to miss this opportunity. The El-Ar Supporter is also used for prolapsed abdomen and floating kidneys, or Umbilical-Hernia. For particulars write to the

BATTLE CREEK DEFORMITY APPLIANCE CO.
715 to 729 Post Bldg.
BATTLE CREEK, MICH.

A. T. Still, Scientist and Reformer

By M. A. Lane, professor of pathology in the American School of Osteopathy at Kirksville. Professor Lane has written this authoritative paper on Dr. Still and his place in medicine with the pen of a man whose touches are sure and true.

OP Co., 9 So. Clinton St., Chicago

NEW SUPPLY

Academy Blanks and Binders

Supplies for Academy Case Record work will be furnished at following prices:

First Sheets

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The Osteopathic Physician

9 SOUTH CLINTON STREET
CHICAGO, ILLINOIS

"How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy", is the title of our new special brochure on osteopathy for women. It is the October issue of Osteopathic Health. Order 100 copies today.—*The OP., Chicago.*

Dr. H. W. Wiley May Understand Food But He Doesn't Understand Osteopathy

THERE is a "Care of the Body" department in the *Los Angeles Sunday Times* conducted by one Harry Ellington Brook, N. D., who is past 80 and is apparently well into Shakespeare's "Seventh age." He is, however, a friend of osteopathy; in fact, he *admits* (in print) that it was his efforts that enabled osteopathy to become so well established in southern California. Two weeks ago he printed this item: "Dr. Wiley says osteopathy is a 'pure fraud.' There are some things Dr. Wiley does not know."

I sent the clipping to Dr. Wiley with a letter saying I would not believe he had said such a thing unless I had his word for it. Enclosed is his reply. "Can you beat it?" I thought you and Dr. Bunting might like to see the letter. Please return it to me.—C. B. Rowlingson, D. O., Los Angeles, California.

GOOD HOUSEKEEPING

Bureau of Foods, Sanitation and Health
Harvey W. Wiley, M. D., Director
Woodward Building,
Washington, D. C.

Dr. C. B. Rowlingson,
796 Kensington Road,
Los Angeles, California.

Dear Sir:

The newspaper clipping which you enclose is partly true, especially that part which reads as follows: "There are some things Dr. Wiley does not know." To this charge I plead guilty without extenuation.

In so far as my beliefs are concerned, the quotation which you enclose, namely, "Dr. Wiley says osteopathy is a pure fraud," is practically correct. I do not remember having used the phrase quoted, but I have said that the theory of osteopathy does not appeal to anyone with scientific training, and its schools have been shown by the Carnegie Institute investigations to be wholly deficient in technical and scientific instruction. Even in the fundamental science of anatomy and physiology the training is extremely sciolistic.

I have had the opportunity of hearing osteopathic physicians explain their system. I have been present when the treatment has been given. The more I read their books, the more I hear their lectures and the more I see their practice, the stronger my convictions become. You can't blame a man for his beliefs though you may say that they are erroneous. I understand the meaning of the degree M. D., but I do not know the degree N. D., unless it means "No Doctor."

Yours truly,
H. W. WILEY.

Really, *The OP* cannot find so much fault with Dr. Wiley for not understanding osteopathy as with our own profession for letting him go through life with such a blurred image of the great therapeutic discovery and reform which the science and art of osteopathy embody. We do think he was a little more malicious than amiable in confusing the "naprapath," so called, with the osteopath in order to make a pun at the finish, but the humor of it is so good that we forgive him.

It may be, too, that Doctor Wiley is so set in his conceptions and so tied down by personal interest to the "regular" tradition that he does not wish to know any more than he does at present. If so, here is, of course, nothing that would help him—except to continue to give his haughty school and profession such defeat and discredit as we osteopaths meted out in the recent epidemic by our comparative showing in saving life. The allopath can understand that the people accept the osteopath as his better therapeutically by loss of practice, even if he cannot or wishes not to understand the point of view of osteopathic diagnosis and the nature of its therapy.

But we are willing to take one chance on Dr. Wiley before we conclude it is all his fault that he cannot "see" osteopathy. We mean to make sure that our own profession is not primarily at fault for letting men of influence like Dr. Wiley go through life with scrambled ideas about our system of therapy. We are going to send him the last six issues of *Osteopathic Health*, which will serve to put him in touch with what our profession did while his profession was failing in any way comparable to it, and we will send him a copy of Professor Lane's book on osteopathy which will—if he is educated enough to think in terms of biological medicine—give him a new understanding of the theories underlying our practice.

Dr. Wiley may appreciate this information and may seek to broaden and correct his viewpoint by reading into the subject somewhat—

Or he may not.

Time will tell.

If we learn anything further about the Wiley mental state we will report it to our readers.

We really wish there were a fund and that we were directing its application for taking just such chances on persons of prominence who ought to get the chance for such enlightenment. The profession has at hand the agencies for such work in this book and this magazine, and it seems a pity not to put them at work in all such good soil wherever the need for a better understanding of our practice arises.

If the writer were a practitioner in some city he would have a lot of fun personally and profit his school and practice much, using this kind of an educative plan on first one and then another prominent person whose knowledge of and respect for osteopathy would count. There is no question that many active friends are to be made for osteopathy by such a plan, and that many an active and conscientious fighter of osteopathy will be mollified and called off from his attacks if his mind is given a little more light about the fundamental principles of our diagnosis and practice.

How do you think Dr. Wiley will react to the opportunity?

California D. O.'s Circulated a Referendum Petition to Prevent Their Saughter

By Dr. C. B. Rowlingson, Los Angeles, Calif.

TOWARD the close of the California legislative session, the medics succeeded, thru trick work, in getting an anti-narcotic law thru both houses and signed by the Governor before anything could be done to stop it. The only recourse the osteopaths had was a referendum petition, and as the time allowed for filing this was limited, it meant a whole lot of hard work to be done in a short time. Drs. Chas. H. Spencer and Geo. H. Whitehouse and the other leaders have been enormously busy with this job.

Following was the appeal sent out to the California profession to line up support for the referendum petition:

OSTEOPATHS FAIL ON REFERENDUM

June 23, 1919.

Dear Doctor:

Do you wish to see the above glaring headlines in every newspaper in the state, with an explanation that we, as a profession, were unable to secure even 5% of the voters of this state to aid us in preventing an injustice to Osteopathy.

The medical profession is striving to eliminate competition. By barring the Osteopaths from the use of narcotics they will eliminate Osteopathic competition—

- In the practice of major surgery;
- In the practice of minor surgery;
- In the practice of obstetrics;
- In the handling of accident cases;
- In the practice of certain acute diseases.

Under this law Osteopaths will suffer the humiliation of having privileges revoked that were granted them eighteen years ago, under the law of 1901. If this privilege is revoked now, how much longer will it be before we will be completely eliminated as a system of practice.

If there is an Osteopath who cannot see the handwriting on the wall, it is time he was acting on the vision of others.

Organized Osteopathy has given osteopaths every right and privilege they now possess. Osteopaths who now hold the Physician and Sur-

Sets Axis Thrown to the Left in Extreme Degree and Locked

DR. SAMUEL LINN GROSSMAN, Williamsport, Pa., reports in the *JOURNAL OF OSTEOPATHY* the successful reduction of a dislocated axis under chloroform. The axis had been thrown out of position by the man springing out of bed suddenly and was found to the left, the inferior articular facet being up forward and apparently hooked over the superior facet of the third.

Reduction was secured by grasping, with the left hand, the neck of the patient, the index finger making a fixed point at the third cervical vertebra. The right hand was slipped underneath the patient's head, with the index finger lying behind and grasping the left lateral process of the second. The head was carried still farther forward and the face sharply to the right, thus attempting to separate the second and third vertebrae. Traction was applied with the right hand; the chin was carried through a small arc to the left. Reduction was accomplished at the second attempt.

When the patient regained consciousness he could carry his head in the normal position, but to carry his chin a short distance to the left of the medeavline caused severe pain, yet the improvement was marked. He was put to bed, pillows to support head and prevent motion. hot water bottles to feet and neck. Fairly comfortable night followed. Numbness in right hand and foot cleared up after several days. Soreness and congestion in the neck troublesome for a few days. Recovery uneventful, patient returning to work in two weeks.

geon certificate obtained them under laws secured by the Association, through the support of the entire Osteopathic profession of this state; therefore, they in turn owe their support to the future efforts of the Association.

Organized medicine has been no respecter of certificates. Physician and Surgeon certificates were of no value during the war. Physician and Surgeon or any other certificate held by osteopaths will be of no greater value in the future than what Organized Osteopathy can maintain.

Organized medicine, without any, or with indifferent opposition will exclude all osteopaths from all hospitals in this state regardless of the kind of certificates they may hold, and will attempt to establish state medicine, barring all but graduates of medical colleges.

The officers of the Association are compelled to take the stand that failure on our part to maintain at this time the rights and privileges previously granted, cannot other than brand the Osteopaths of this generation as traitors to the cause of Osteopathy.

Get busy at once. Mail your petitions to your County Chairman as soon as they are sworn to. Your petitions will constitute your report.

There will be a final meeting in every district in the state in accordance with the enclosed schedule on Wednesday evening of this week, June 25th, 1919.

Your daily quota is 20 or more signatures each day beginning with last Friday, and ending on Wednesday evening of this week—100 or more signatures by Wednesday evening.

Any osteopath can close his office and in one-half day secure more than the 100 signatures allotted him as his quota. There can be no excuse for any osteopath not reaching his quota. 100 signatures can be secured in one or two hours by an osteopath or a patient while attending a meeting of a lodge, club or other organizations, or while circulating it in some business house or manufacturing establishment. Up to 1,000 sig-

[Continued to page 25]

Summertime Emergencies

VACATION time is always attended by a host of accidents and injuries, the wounds of which in most cases become serious in proportion only to their neglect.

The automobile trip, or outing in the cool, refreshing woods; the visit to some favorite trout brook, or climb up some charming mountain trail, rarely ever fails to bring its quota of abrasions, cuts and surface wounds. Trivial or serious, neglect is the chief source of danger. Prompt and thorough antiseptic treatment is urgently necessary to avoid infection and its consequences.

For this purpose there is no antiseptic so serviceable and efficient in every respect as

Dioxogen

More potent in bactericidal power than any other antiseptic in safe and effective solutions, Dioxogen is also non-toxic and non-irritating. Add to these qualifications, its purity, stability, stimulating effect on wound tissue, and freedom from odor or color, and it is easy to understand why Dioxogen is so widely and generally used by physicians today whenever an antiseptic is needed.

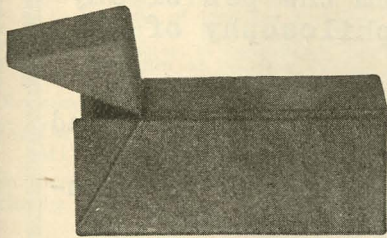
The confidence of medical men in Dioxogen for all hygienic, prophylactic and first aid uses is well reflected by the care so many physicians take to have a supply with them on every journey—and to recommend their patients to do likewise.

THE bottle of Dioxogen many a doctor has made a practice of keeping in his traveling bag, has often been the means of saving his own vacation, as well as that of others, from much discomfort, disaster—or worse.

The Oakland Chemical Co.

10 Astor Place,

New York



M. C. Kimono Boxes

Just the thing to beautify your office. Keeps every patient's Kimono clean and out of the dust. Boxes are made of extra heavy Chip Board. Each box has a brass card holder to insert patient's name. Size of box 13x5x5.

Prices as follows:

1 Doz. Lots \$6.00 2 Doz. Lots \$11.50
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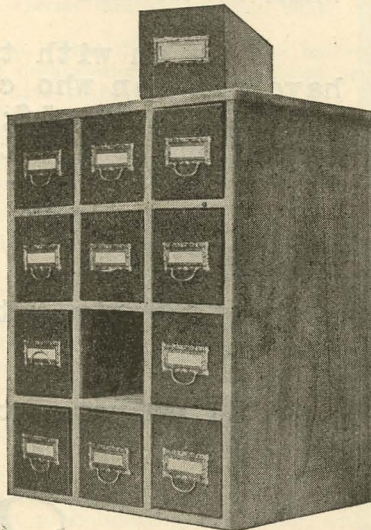
M. C. Kimono Cabinets

Size of cabinet is 21 in. high, 19 in. wide and 13½ in. deep. Will hold 12 Kimono boxes. M. C. Cabinets are carried in stock only in Golden Oak finish. Price on other finishes can be had on request.

Price of M. C. Kimono Cabinet, in Golden Oak finish, without boxes - - - - \$10.00
Cabinet and 1 dozen boxes, complete, \$16.00
Cabinet with four legs and 1 dozen boxes complete - - - - - \$19.00

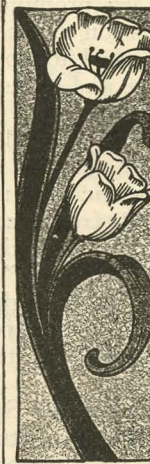
All prices f.o.b. Michigan City.

MICHIGAN CITY PAPER BOX CO., Michigan City, Ind.



No. 22

Facts and Fallacies Regarding Osteopathy



How People Get Ideas About Osteopathy

Some Insist It Is What It Is Not

Osteopathy Not Severe—Osteopathy Not Rough

Mistaken Fears Prevent Relief

Some Think Patients Are Treated Nude

How Patients Dress for Treatment

Many Believe Osteopathy "Good Only for One Thing"

What Osteopathy Can Do for Diabetes Mellitus

"MOST DISEASES ARE OF SPINAL ORIGIN"

By Henry Stanhope Bunting, A. B., M. D., D. O., Editor of The Osteopathic Physician

Which originally appeared in 1901 as Volume One, Number 1, of *Osteopathic Health* and became the prototype of all popular presentations of osteopathy that followed after, will again appear—after lying fallow for two years—as the September, 1919, issue of the veteran field magazine of the osteopathic profession.

This luminous classic states osteopathy's fundamental principles for the understanding of lay readers in a way that no other writer has ever surpassed. It is the *mechanical* side of osteopathy, defined in vivid pictures of anatomy, physiology and pathology. It presents osteopathy as it was taught at the parent college in 1898-1900, having been written and published by its author within the first year of his entrance upon practice.

Dating, as it does, from 1901, this brochure has become our best historical document for the science of osteopathy, establishing in brief compass and clear-cut definition the fundamental parts of osteopathic theory and practice in a way peculiarly serviceable to the profession in this day when the shameless "chiropractic" thief is abroad in the land setting up his claims as "the original spinal adjuster." This historic publication—which was copyrighted and extensively disseminated all over the United States and Canada by the osteopathic profession in 1901 and at intervals periodically since—constitutes one of the best proofs obtainable of the chiropractic conspiracy against truth.

"Most Diseases Are of Spinal Origin" has been more widely circulated than any osteopathic writing ever published. Most every prominent member of the profession at one time or another has delighted to do it honor by words of praise and by using it for the good of his practice.

Doctor A. T. Still in 1908 pronounced it "from start to finish the most literary scientific production that he had ever read from the pen of any writer on the principles and philosophy of osteopathy." Surely, this is high praise—enough to embarrass any author. We reproduce the "Old Doctor's" facsimile tribute on this page.

"Most Diseases Are of Spinal Origin" is again in type—its seventh edition—ready to go forth on its mission to serve you. How important a commission will you give it in the way

of an order? Do you believe that such merit should have your generous support?

Faithfully yours,
The Osteopathic Publishing Co.,
9 South Clinton St., Chicago.

What Doctor A. T. Still Says About the Merit of "Most Diseases Are of Spinal Origin"

American School of Osteopathy

Kirksville, Missouri

March 1st, 1908.

My Sunday Sermon

Well, Bunting,

My old Friend—

Fool or Philosopher?

Allow me to give vent to what I am thinking about and intend to say whether you like it or not.

I have just read your article in March, "Osteopathic Health," and without any flattery, I want to tell you that from start to finish it is the most literary and scientific production that I have ever read from the pen of any writer, on the principle and philosophy of Osteopathy.

I am proud of the production. I am proud of the Man who is not afraid to peruse and acquaint himself with all the branches pertaining to the subject of human life, the form of the body with all its parts and functionings, when in normal or abnormal condition.

Go on with the good work. I am glad to have one man who compromises with nothing, not even Truth itself; a man who is ready to offer and stand to the truth without apology.

Please send me a dozen copies, and bill for same.

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. T. Still

Special Information for Osteopaths

Under the laws of some States osteopaths are prohibited from using anything of a drug nature.

Dionol and Emulsified Dionol **have no drug contents** whatever and hence do not come under these restrictions. Their action is in strict consonance with osteopathic principles, being entirely mechanical, hence no drug re-actions are possible.

Osteopaths, throughout America, are using large quantities of these preparations, and there has never been a legal exception taken to their use, excepting in one case, and when the authorities learned the above facts the case went by default and they never even appeared against the doctor in question.

Dionol treatment is the only remedial agent that we are aware of that acts strictly in a mechanical sense and without drug reaction and which may be safely employed, internally or externally by drugless physicians generally.—The Dionol Co., Detroit, Mich.

The Western Osteopath

PROGRESSIVELY OSTEOPATHIC

Some day you will want to live in the great West. Get acquainted thru this journal.

Contributors in last journal were:

DRS. ATZEN, VAN BRACKLE, BRIGHAM, ASHMORE, BOWLING, FARNHAM, ALLISON, RULE, WHITE, REID, ROBINSON, SPENCER, PENGRA.

Contributors for next issue:

RILEY, FORBES, TASKER, RUDDY, BURNS, SPRAGUE, EMERY, and others.

Brief, pointed and practical—a journal for the busy D. O.

Published by the California State Association. Big value for small outlay.

Subscription Price \$1.00

C. J. Gaddis, D. O., Editor
First Nat'l Bank Bldg., Oakland, Cal.

WHEN typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.—
Editor.

Californians Made Referendum Stick

THE past year has been a notable one in our State in that we won all that we set out to with the legislature, but failed to secure the governor's signature to one bill, namely the addition of the validating clause in the state law. This, however, does not discourage us as we were more than repaid by the sentiment which we developed for a square deal for osteopathy in this state. The pharmacy board "put over" a bill that would have given us some trouble, but we "put over" the referendum on this bill, with a good margin to spare, which will prevent it from going into effect until next general election two years hence.

Plan of Organization of the New Western Osteopathic Association

WE, the delegates representing our respective state associations, or osteopathic physicians of our state, in order to make possible the uniting and co-relating of the efforts and activities of the various western state osteopathic associations, do hereby recommend the establishment of a territorial organization to be known as the Western Osteopathic Association.

DELEGATES

Dr. W. W. Howard, of Medford, Oregon.
Dr. Mary E. Giles, of Portland, Oregon.
Dr. Mary M. Marshall, of Albany, Oregon.
Representing the Oregon Osteopathic Association.
Dr. O. R. Meridith, of Nampa, Idaho.
Representing the Idaho Osteopathic Association.
Dr. Pearl Udall, of Salt Lake City, Utah.
Dr. Alice E. Houghton, of Salt Lake City, Utah.
Dr. Grace Stratton Airey, of Salt Lake City, Utah.
Representing the Utah Osteopathic Association.
Dr. Maud E. Callison, of Safford, Arizona.
Representing the Osteopathic Physicians of the State of Arizona.

Dr. Lester R. Daniels, of Sacramento, California.
Dr. Roland F. Robie, of Oakland, California.
Dr. C. J. Gaddis, of Oakland, California.
Dr. F. O. Edwards, of San Jose, California.
Dr. Leona Taylor, of Fresno, California.
Dr. Royal H. Crist, of Los Angeles, California.
Dr. E. E. Donnelly, of Pasadena, California.
Dr. R. E. Lee, of San Bernardino, California.
Dr. Ellsworth Fleming, of Long Beach, California.
Dr. W. M. McMullen, of Fullerton, California.
Dr. H. J. Sanford, of San Diego, California.

Representing the California Osteopathic Association.

RECOMMENDATIONS OF THE COMMITTEE ON ORGANIZATION

We hereby recommend that the following articles be adopted:

ARTICLE I

Section 1. That the organization be known as the Western Osteopathic Association.

Section 2. That the "Western Osteopath" be made the official organ of the Western Osteopathic Association.

Section 3. That each State Osteopathic Association be represented in this association as follows:

(1) By its president, who shall be a member of the Board of Trustees and the Nominating Committee;

(2) By its secretary-treasurer, who shall be a member of the Committee of Secretary-Treasurers;

(3) By the chairmen of each of its Standing Committees, who shall be a member of such committee.

Section 4. That all of the above be considered voting delegates at the meeting of the Western Osteopathic Association and be known as the House of Delegates.

Section 5. That such House of Delegates shall

- (1) Constitute the vote of this association;
- (2) Elect the following officers:
 - (a) President;
 - (b) Vice-president.
 - (c) Secretary-treasurer.

Section 6. That the Board of Trustees be in complete charge of the funds of this association.

Section 7. That the president of this association appoint a chairman of each committee,

such chairmen to be considered the delegates of the Western Osteopathic Association to represent such committee at the meetings of the American Osteopathic Association.

Section 8. That the following officers elected by this House of Delegates shall constitute the temporary officers of this association; such officers to become permanent when the organization shall have been permanently established.

DR. CHARLES SPENCER,
President,
Los Angeles, Cal.
DR. O. R. MEREDITH,
Vice-President,
Nampa, Idaho.
DR. PEARL UDALL,
Secretary-Treasurer,
Salt Lake City, Utah.

Section 9. That the Secretary-Treasurer of each State Osteopathic Association shall pay to the Secretary-Treasurer of the Western Osteopathic Association the sum of \$2.50 for each member of said State Association, excepting as provided in Section 10.

Section 10. That all State Associations with a regular membership fee of \$25.00 shall pay to the Western Osteopathic Association one-tenth of the total amount paid for dues by each member;

Section 11. That two-fifths of the total amount from each member shall be apportioned to the "Western Osteopath" for a subscription for such fiscal year.

Section 12. That no State Association be considered a part of this organization until the above provisions shall have been ratified by a two-thirds vote of the members present at an annual or special meeting of such State Association.

Section 13. That this organization becomes a permanent organization when the above provisions shall have been ratified by three (3) State Associations.

Adopted unanimously by the Delegates on Friday, June 13th, 1919.

Ratified by the California Osteopathic Association on Friday, June 13th, 1919.

Meeting of Western Association

By Chas. H. Spencer, President, California Osteopathic Association

THE Western Osteopathic Association has been organized for the purpose of coordinating the association work of this western group, making it possible for us more readily to exchange ideas regarding matters of legislation and to accomplish better the supplying of osteopaths where they are most needed; further, to develop a more active cooperation between the profession and the schools. It is not in any sense an organization for the purpose of fostering a spirit of bolshevism, but rather with the hope of developing the spirit in every western osteopath, that osteopathy is the thing worth while and not the personal ambitions of any individual or group representing any section or school.

That Notable West Coast Student Campaign

By C. B. Rowlingson, D. O., Los Angeles

HERE are two noteworthy folders being sent out by the Western Osteopathic Association in the student-getting campaign which is now on. While the College of Osteopathic Physicians and Surgeons is co-operating with the W. O. A. in this campaign by supplying the printed matter, the letters sent out by the Western Association are not boosting any particular college. Emphasis is being placed on the need for future osteopaths rather than on the need of students for a particular college. This shows that the western osteopaths are both well organized and are pushing the campaign to build up osteopathy in a scientific and practical manner. The two circulars follow:

Osteopathy as a Science

By John Comstock, Scientific Director, Southwest Museum, Los Angeles, Calif.

WE are living in an age that is analytical of every statement which lays claim to being scientific. The past twenty-five years has seen the growth of an imposing array of related biological sciences, and the discarding of unnumbered superstitions and fetishes. Practices and beliefs which could not demonstrate their right to survival through their inherent truth or social usefulness have gone the way of the pterodactyl and the dinosaur.

This same span of years has seen the birth and growth of a new therapeutic school, and the acceptance of its tenets by many of the keenest minds of the day. One generation has witnessed the steady growth of the osteopathic system from the establishment of the first school in 1892 by Dr. Adrew Taylor Still, up to the present, with seven strong institutions making up the membership of the Associated Colleges of Osteopathy, and with thousands of osteopathic physicians practicing throughout the world.

One has only to analyze the osteopathic tenets in the light of modern science to realize the reason for this phenomenal growth and virility.

The osteopathic therapy rests upon two great generalizations, that are essentially biologic in character. The first of these is that "organisms contain within themselves the inherent power to cure disease." The second is that "integrity of structure is essential to normality of function."

Examining the first statement, the modern biologist sees in it only another way of stating that all forms of life extant today have survived as a result of a relatively perfect adaptation to their environment, or in other words that the entire ancestry of every living individual has successfully conquered all conditions inimical to life, including disease, up to the period of reproduction. The statement is in no sense revolutionary,—it is in fact entirely in keeping with the known laws of heredity and evolution. It becomes remarkable only when one considers that in substance it was voiced by Dr. Still nearly fifty years ago, and that he made a direct application of it in his treatment of disease, at a time when the so-called medical sciences were little more than a mosaic of superstition.

When we say that "integrity of structure is essential to normality of function" we have voiced a principle that may be applied to all organisms. When directly applied to the human, it can be restated that every cell must have its normal environment and its proper relationship to the aggregate, if the body is to function at its highest efficiency. This is the ideal toward which the truly scientific physician must work, and it may be said to constitute the general ground plan of the osteopathic system.

The question is sometimes asked, "Is the osteopath thoroughly trained in surgery, obstetrics, and all other branches of the healing art?" One has but to glance over the curriculum of any one of the osteopathic teaching institutions to realize that its graduates are well and adequately trained in all of the therapeutic departments.

Other schools of practice have relied almost wholly for their "cures" on agencies introduced into the body from without, which for the most part violate and disturb tissue relationships. Their first thought has been to give some drug of medicine, or to cut out some member, in an endeavor to effect a cure. The osteopath thinks first of the natural laws involved,—the proper adjustment of tissue relations,—the return to normal environment of cell groups,—the releasing of natural curative forces and powers within the body,—the removal of external or internal causes of disease and not merely the suppression of symptoms or effects of disease. His approach to the subject is therefore from a radically different angle, and it is only to be expected that his results are proportionately gratifying. Such is the inevitable reward for a close adherence to the all-wise plan of Mother Nature.

COLLEGE OF OSTEOPATHIC PHYSICIANS AND SURGEONS
Los Angeles, Cal.

Osteopathy as a Profession

ALMOST every field of professional endeavor today has a sufficient number of practitioners. Law, dentistry and medicine each offer their sphere of usefulness, but, in many instances, keen competition is encountered in an already overcrowded field. Osteopathy remains as the only profession with unlimited opportunities in almost every locality.

Perhaps nowhere in the United States are the osteopathic physicians enjoying a larger practice than in the city of Los Angeles. With a population of 600,000 there are today 235 osteopathic physicians in active practice in this city. This is a ratio of one osteopathic physician to every 2,500 inhabitants, and even here the field is not overcrowded, but the crying need for more osteopathic physicians is in the other cities of the western states.

The tables in this folder give the number of osteopathic physicians in each of the leading western cities, and the additional number necessary to reach the ratio of 1 to every 2,500. Also a comparison of Southern California, which has 400 osteopathic physicians or a ratio of 1 to every 3,000, with Northern California and the other western states, and finally a comparison of the city of Los Angeles and several of the leading cities of the east.

Table showing the number of osteopathic physicians per population in the leading cities of the western states as compared with the city of Los Angeles:

Cities	Population 1918	Number of Osteopathic Physicians Practicing	Number Necessary to Equal 1 to 2500
Los Angeles, Cal.....	600,000	235	0
Alameda, Cal.	32,000	3	10
Berkeley, Cal.	60,000	18	6
Boise, Idaho	25,000	8	2
Butte, Mont.	90,000	6	24
Colorado Spgs., Colo..	36,000	14	0
Denver, Colo.	268,000	38	69
El Paso, Texas.....	77,000	9	22
Fresno, Cal.	60,000	6	18
Helena, Mont.	16,000	5	1
Oakland, Cal.	206,405	18	64
Ogden, Utah	35,000	3	11
Phoenix, Ariz.	27,000	3	7
Portland, Ore.	310,000	32	92
Pueblo, Colo.	65,000	5	21
Sacramento, Cal.	75,000	10	20
Salt Lake City, Utah..	118,000	10	37
San Diego, Cal.....	90,455	16	20
San Francisco, Cal...	550,000	35	200
Seattle, Wash.	356,445	24	118
San Jose, Cal.....	35,000	9	5
Spokane, Wash.	125,000	10	40
Tacoma, Wash.	150,000	8	52
Walla Walla, Wash...	24,000	5	5

Table showing number of osteopathic physicians per population in the Western States and Northern California as compared with Southern California:

States	Population 1918	Number of Osteopathic Physicians Practicing	Number Necessary to Equal 1 to 3000
California (Southern)	1,216,132	400	0
California (Northern)	1,903,280	165	475
Arizona	272,034	20	70
Colorado	1,014,581	110	228
Idaho	461,766	45	108
Montana	486,376	66	96
Nevada	114,742	1	37
New Mexico	437,015	13	132
Oregon	888,243	75	221
Utah	453,648	17	134
Washington	1,660,578	94	450

Comparison of the city of Los Angeles with the leading cities of the East:

Cities	Population 1918	Number of Osteopathic Physicians Practicing	Number Necessary to Equal 1 to 2500
Los Angeles, Cal.....	600,000	235	0
Boston, Mass.	780,540	129	183
Chicago, Ill.....	2,596,680	134	904
Cleveland, O.....	860,000	27	315
Detroit, Mich.	850,000	46	294
New York City, N. Y..	5,872,143	87	2261
Philadelphia, Pa.	1,800,000	132	588
St. Louis, Mo.....	800,000	46	304

The above figures prove conclusively that the field of osteopathy offers a tremendous advantage to the individual seeking a professional career. Only those, however, who have a keen desire to relieve human suffering and to administer to the sick and afflicted should consider making it their life's work. Those with a lesser motive will sooner or later find that a physician must be a physician in the true sense of the word.

THE CALL OF THE WEST

As Voiced by Representative Osteopathic Physicians of the Several States

Arizona Needs Osteopathic Physicians

"Arizona offers unusual opportunities. Arizona people are particularly open to conviction and are already largely converted to osteopathic ideas. We need osteopathic physicians who are willing to do their share of acute practice, who love the great out-of-doors, and who are not appalled by our magnificent distances."

Openings in Washington

"Washington is sadly in need of more osteopathic physicians. Several of the larger cities offer good openings, and many small towns with a surrounding agricultural country offer excellent opportunities, and it is in these locations that paying practices are built up the quickest."

Oregon Wants You

"The osteopaths of Oregon welcome all newcomers and will be glad to assist in finding a suitable location."

Numerous Locations in Idaho

Many cities in Idaho are without osteopathic physicians. Excellent locations are available with osteopaths strongly in demand.

Utah a Fertile Field

"To those who are undecided as to a future career or profession, Utah offers a fertile field to osteopathic physicians. I feel safe in saying, we who are here would welcome and could locate, to our mutual advantage, fifty good osteopaths."

—The Western Osteopath.

College of Osteopathic Physicians and Surgeons, Los Angeles, Cal.

Skeyhill Will Lecture For Us

PLANS are under way to put Signaller Thomas Skeyhill of the Australian army on the lecture platform for thirty weeks to tell what osteopathy did for him and other disabled soldiers. This was decided upon at the closing session of the Chicago convention and the plan was greeted with the strongest enthusiasm. This work will proceed under the auspices of the AOA.

Mr. Skeyhill's attitude toward osteopathy has been misunderstood in some quarters, so we gladly quote this statement from him:

TOM SKEYHILL'S OWN STATEMENT

"I feel that the time has at last arrived for me to hit the osteopathic trail and deny the false rumors, and correct the attendant misunderstandings, connected with the wonderful restoration of my sight by osteopathy.

"For many months it has been a matter of deep regret with me to see the unfair manner in which the press has reported my case, and the malicious way in which members of other professions have attempted to belittle the work of Dr. Riley Moore.

"However, there shall be no more of it. My hat is in the ring and I am prepared to go to the limit, if necessary, to correct these things and to further a cause I now love and understand.

"I know that I have been negligent for a long time myself; but this has been through ignorance. I was so stunned by the recovery of my sight at first, and then later I plunged into my war work with such enthusiasm, that I had no time to think of anything else. I did not know exactly what osteopathy was. I certainly did not know that it was not a branch of medicine. I failed to appreciate their position. It was not until the war was over and I had time to observe and look around, that I got right at the soul of things.

"I now know and understand everything. I can see my duty plainly and I am not going to flinch from it. From now on, I am the human flag of osteopathy.

"When I arrived in the United States, early last year, I was stone blind, and was not able to distinguish between light and dark. I had been in this condition, as the result of a shell explosion at the Dardanelles, for over two years. I had been treated unsuccessfully by probably the finest English, Egyptian and Australian specialists. These men were the quintessence of kindness and courtesy. They did everything in their power, sparing neither time, skill nor energy to cure me, but in those early days of the war, shell-blindness was something new.

"In May, 1918, whilst in Washington, D. C., at the national headquarters of the American Red Cross, I met Dr. Riley Moore, an accredited osteopath. In one treatment he restored my sight. The treatment was strictly OSTEOPATHY.

"It is therefore only fair that the world should know that it was not an oculist, not a surgeon, not a medical physician, not a kiro, not a masseur, BUT AN OSTEOPATH, who gave me back my sight.

"It is not for me to criticize the authorities in command for the opposition to osteopathy in the army, but I would be a foul traitor to my dear old comrades were I not to express regret that my blind soldier friends are prevented, through adverse legislatures, from receiving the treatment which proved so successful in my case, and which would undoubtedly prove just as successful in many of their cases.

"Nothing is too good for these men, who laid the world aside and went at once to the front, with unreluctant tread, and who were blinded or otherwise injured, fighting in vindication of an ideal. They should be given the best of everything and should not be given up until there is not even a particle of hope left.

"By all means, let 'the powers that be,' the regular surgeons, specialists and physicians, have the first chance, and then, if, through no fault of their own, they fail to get results, there is surely no earthly reason why the cases should not then be turned over to the osteopaths. They can do no more than fail, and there is a chance, as in my case, of their being successful."—Thos. J. Skeyhill.

Its Many Advantages

shown in more than 30,000 cases

covering every known form and condition of spinal trouble.



The Philo Burt Spinal Appliance is not an experiment. First offered to the profession and the public eighteen years ago, it is being and has been worn by patients in all parts of the world of all ages from 15 months to 85 years old.

If you are using or recommending other unscientific spinal appliances, you will agree, doctor, that you owe it to yourself to investigate this invention and familiarize yourself with its distinctive advantages and superior features.

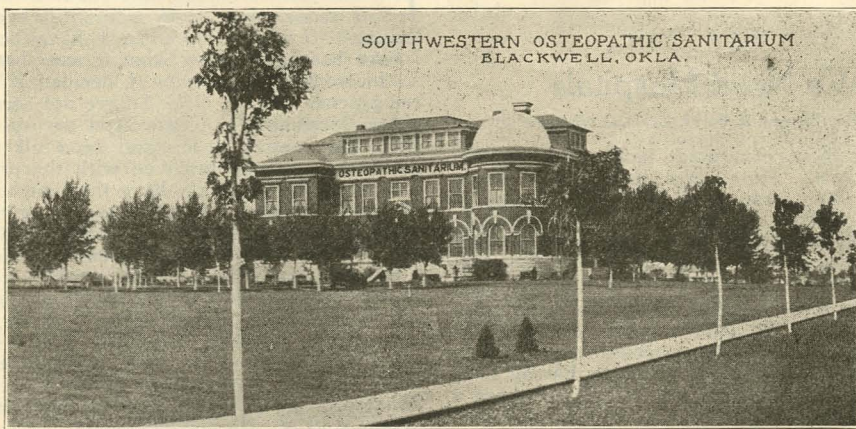
Philo Burt Spinal Appliance

We will thank you for any opportunity to present its merits and to demonstrate by making a Philo Burt Appliance to your order at our own risk for any case you may have under treatment, no matter how obstinate it may have proved.

If you will send your name on a postal, we will gladly mail you information and literature that cannot fail to prove helpful and interesting to you.

PHILO BURT COMPANY

141 A Odd Fellows Building Jamestown, N. Y.



SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

This hospital stands for only the best in hospital care and treatment. Purely Osteopathic.

What would be the future of Osteopathy without its worthy Institutions? They need your support.

This hospital is classed A-1 by Oklahoma Department of Charities.

Training School for Nurses. Best Course of Study. Registered by State Nursing Board. Pupils wanted. Expense allowance given.

SOUTHWESTERN OSTEOPATHIC SANITARIUM, Blackwell, Oklahoma

Dr. Geo. J. Conley, Chief Surgeon; Dr. L. S. Larimore, Eye, Ear, Nose and Throat and X-Ray; Dr. H. C. Wallace, Surgery, Orthopedics, Diagnosis; Dr. C. D. Ball, Obstetrician; Dr. S. T. Anderson, Staff Physician; Dr. C. G. Tillman, Staff Physician; Dr. W. W. Palmer, Staff Physician; Dr. M. M. Estlack, Staff Physician; Mrs. H. E. Welch, R. N. Superintendent.

What Osteopathy Does for the Welfare of Women

How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy. The Joy of Having Osteopathy During Pregnancy. This is a wonderful woman's number.

OP Co., 9 So. Clinton St., Chicago

WEAK FOOT, FLAT FOOT, BURSTITIS, NEURITIS, HAY FEVER

A brochure dealing with such ills as weak foot, flat foot, broken arches, bursitis of the shoulder, "glass arm", "rheumatic shoulder", brachial neuritis, hay fever, rose cold and catarrhal deafness. All these maladies are successfully handled under osteopathic attention.

OP Co., 9 So. Clinton St., Chicago

How George A. Still Nearly Acquired a World Masterpiece

YOU know, Dr. George A. Still recently held an art exhibit at his home at Kirksville which was graced with loan art treasures from distant cities in addition to his own collection. Well, it seems that George's fame as a connoisseur somehow got into the St. Louis papers. Then comes a wan Polish man with a Van Dyke and dreamy eyes who called on George at the hospital.

"I want to show you my masterpiece," he confided. "Perhaps you would care to own it."

He carefully unwrapped a large frame showing a bare canvas. George rubbed his eyes and looked again. The artist dusted it off affectionately, doting on it the while. There was no doubting, it was a virgin stretch of unprimed canvas.

"What does that represent?" asked George A. "That represents the passage of the Jews through the Red Sea," assured the painter.

"But where is the sea?"

"It has been driven back."

"And where are the Jews?"

"They have crossed over."

"And the Egyptians?"

"They will be here directly. That's the sort of painting I like—simple, suggestive and unpretentious. My price is \$1,000—you can take it, or leave it, as you like."

The great surgeon dashed a tear of sympathy to the ground as he turned to Gene Brott and said: "Here, Gene, buy this boy a ticket to Macon."

We Need Hospitals

By Roy Bernard, B. S., M. D., D. O., Chicago

AS yet there is a great lack of osteopathic hospitals. Most cities have none. As a rule, the wide land over, the osteopath wishing to call in the aid of the surgeon's knife must knock with diffidence (and perhaps with downcast look!) at a door which, if opened to him at all—and I am told that for the most part it is not so opened—must be by the hand of a stranger. Only the consciousness that his patient's life depended upon it could have brought the osteopath to that door at all, or having once gone, could have dragged his leaden feet there a second time.

The homeopath did not so ask the older school for admission. He built hospitals for himself.

So must we do—indeed, are doing. And what hospitals we do have, though few in number, need not fear comparison with any the world over. But the building and operation of a well-equipped hospital entails vast expense. Young and poor as we are as a profession, we must nevertheless essay it in every city in this land until the world knows osteopathy as much for its hospitals as for its private practitioners.

ASO Hospital Builds a \$6,000 Laundry

POSSIBLY nothing will so much impress the average person with the immense amount of work done at the ASO hospital as to know that it will require a six thousand dollar private laundry to handle the bedding, etc., from that institution. The necessity of having a large amount of work done in a thoroughly aseptic manner in a short time made the erection of this plant a necessity. It will care for the bedding, uniforms, towels, and other laundry supplies of all five buildings, and will be able to turn out every bit of material, machine handled and sterilized, under sixty pounds steam pressure, being equipped with the most up to date motor driven machinery.

Circulation Disturbance Necessary in Cancer

By Curtis Brigham, D. O., Los Angeles, Cal.

THAT last Congress of Surgeons at Chicago, which I had the pleasure of attending, was of more than usual interest because much time was devoted to the medical problems growing out of the war. Sir Berkley Moynihan, whom everyone interested in surgery already knows, concluded that antiseptic measures in infected wounds were of little or no value. Crile and many others vigorously combated his arguments and, I think, produced the evidence to show that the Carrol method has a very important field. A modification of this method using an oily solution of Dichloromide T, seems especially practical and economical. Great advance has been made in lung surgery. Fractures and burns and the enthusiasm created by the French and English representatives was sufficient to inspire the most somber. The cancer problem was discussed at length, theories of infection, etc., advanced, but that which appealed most to me was given by Ochsner. He said that cancer only appeared where the circulation had been modified and that irritation without reduction of circulation did not cause cancer. The wonderful effect of radium on cancer and other tumors was evident as shown by statistics but, as Moynihan said, "statistics are always interesting and sometimes reliable."

Tom Ashlock Found Out What Was Ailing Him

ENCLOSED lamp my check for The *OP* for one year. All the time I was at Kirksville I mooched it from Geo. Still and during the past few months, since I have been here, I have been wondering what it was that seemed so incomplete. Just now I decided it must be the absence of The *OP*. I have not seen a copy since December, so please start my subscription with the January issue and send all the back numbers, so I can catch up with the profession. I am so busy I scarcely have the time to breathe and, without any attempt at spreading the salve, I'll tell you I believe my practice is about the best of any D. O. in the country. You know, I have always done so much acute work, and that is keeping me humping day and night. My offices are suite 303 Montana building. When things ease up a bit, I want to figure with you on a real *OH* campaign. Oh, yes, send that War book to John Campanella, Box 415, Livingston, Montana.—As always, yours in the faith.—Tom Ashlock, D. O., Lewistown, Mont.

Paris Doctors Double Rates of Pre-war Times

PARIS, July 8.—The doctors of Paris have decided to increase their fees and beginning today they will charge double their rates before the war. Fees for services at night will be three times the prewar rate.

The question comes home to the osteopathic physician, is his service worth no more to mankind than it was ten years ago? Osteopaths should get away from the fixed charge per treatment regardless of the case or person and the ordinary charge to the well-to-do should be raised to meet the demands of our present depreciated currency.

Our practice has increased considerable since we began using *Osteopathic Health*. I believe it a good investment. We have been here less than one year and are now averaging \$40 per day.—F. C. Heintz, D. O., Oelwein, Iowa. The very first day after *Osteopathic Health* was sent to my list of names, one of the persons addressed, after receiving the magazine, came to my office and became a patient.—L. E. Page, D. O., Newport, Vermont.

Please increase my order for *Osteopathic Health* to 150 copies per month. They sure are the very thing for progressive Osteopaths.—H. H. Christensen, D. O., Pender, Nebraska.

The circulating of *Osteopathic Health* among our patients is bringing great results, especially in the matter of education. We find that our patrons learn more about osteopathy and are better able to conduct a discussion on osteopathy whenever they feel called upon to do so.—Edgar D. Heist, D. O., Kitchener, Ontario, Canada, secretary the Ontario Association of Osteopathy.

Maryland Fighting Hard—Osteopaths Wanted

MARYLAND is putting up a hard fight to preserve its osteopathic independence and to secure legitimate opportunity and privileges for osteopathic physicians. Here is a good letter sent out to the osteopaths of the state by Dr. R. R. Keiningham, of Baltimore:

Dear Doctor: This being July One, we extend congratulations to the dregs and condolences to the wets.

This is not the purpose of this letter. It is to tell you what has happened to osteopathy in Maryland since the last legislature. Bensons claimed on the floor of the House that there were only sixteen osteopaths in the whole state on March 15, 1918. We expect thirty-five in actual practice on September 1st and at least twelve crossing the line from the District. Don't flood this office with letters claiming the Board is overcrowding the profession. Another hundred osteopaths of any kind would increase the favorable name of osteopathy here—croakers and barnacles to the contrary, notwithstanding.

How many osteopaths have you asked to locate in Maryland? We have begged the schools for their graduates, and asked those dissatisfied to come in with us. Why not get an osteopath to match yourself and let us have seventy-five osteopaths for Maryland by December 1st?

Have you shown sufficient interest to inquire how our case is going along against the Health Department, or don't you give a damn? This is *your* case and not *mine*, and unless I receive your moral and financial support, do you think that I will win? I made the affidavit for the appeal today and we have about thirty days to complete the brief. We have the brief and it will make the Attorney General sit up nights to think out the answer. It cost money, and if it didn't cost any of yours, come on across with anything you feel able to give.

Do you distribute field literature? Do you belong to the State and National organizations? Do you subscribe to the various osteopathic organizations? Wake up and let's go together for the common good.—Keiningham.

Give a helping hand. Tell your young osteopathic friends about Maryland, and if you desire a new location, investigate Maryland.

Glad to Give Reprint Privilege

I WANT to thank you for permission to reprint your *OP* editorial, "Stop, Look and Listen," in our local paper. It surely was good and everyone should herald it far and wide, and no doubt many of the profession would take advantage of the opportunity to have it run in their local papers if they only knew they could get such permission.—Wm. N. Marseilles, D. O., Clinton, Missouri.

All the good things osteopathic appear in *The OP*. That's why I want it. It's thoroly democratic.—Edward H. Fritsche, D. O., Philadelphia, Pennsylvania.

The Osteopathic Physician is the first osteopathic magazine I ever subscribed for. It grows better each month. Enclosed find \$2 to renew my subscription for another year.—Elizabeth M. Ferris, D. O., Clusset, Massachusetts.

Have'n't been without *The Osteopathic Physician* since I saw it and won't now.—B. H. C. Farr, D. O., New Smyrna, Florida.

Sure, here's \$2 for another year's subscription to *The OP*. Who would not invest \$2 where he is sure that it will return \$5 profit? There is but one fault that I find with *The OP*, it does not come often enough. Yes, I receive *The OP* once per month, but why not send it twice per month?—R. O. Dunn, D. O., Norfolk.

I like *The OP*. It takes one up, makes one think, and as Dr. Charles Spencer said to me, "it may make you mad, but it surely makes you think."—Iva Still Wallace, D. O., Fresno, California.

Enclosed find \$2 to renew my subscription for *The Osteopathic Physician*. It ran out, I think, while I was in the service of Uncle Sam. I am just getting things lined up again at the office and I have felt that I have been lost from the osteopathic world without *The OP*.—Robert Roddy, D. O., Kewanee, Illinois.

One School's Loss Another's Gain

[Continued from page 14]

rolled in the Chicago College of Osteopathy with my four years' tuition paid in advance."

What the osteopathic profession needs is more Dr. Dodson's; more men and women who will look around for some person whom they feel will be an honor to the profession, win them to study osteopathy, and then back them up financially as far as necessary.

Dr. C. A. Dodson is located at Little Rock, Arkansas, has the degrees, D. O. and M. D., and is a member of the examining board of that state.

PUBLISHER'S DEPARTMENT

Look Who's Here! "Most Diseases Are of Spinal Origin" New Edition

ONE piece of osteopathic propaganda that is as nearly perfect advertising art as can be written in the classic brochure, "Most Diseases Are of Spinal Origin."

This is the production from the pen of Dr. Bunting which Dr. A. T. Still pronounced "the best explanation of osteopathy from the pen of any osteopathic writer."

In ten years there has not been a criticism of this production received at The OP offices. The whole profession has simply concurred in Father Andrew's opinion and accepted this pioneer classic as the very best type of explanatory writings of osteopathy.

The new September installment of *Osteopathic Health* brings out the Ninth Edition of this justly celebrated brochure. It is scarcely true to say—as is the publishers' wont with successive editions—that the new edition is "revised," because previous editions have been so carefully revised that the production is letter-perfect—a finished gem which can scarcely be polished any further by literary lapidary art.

Here is an edition that the most critical—even the carping and finically critical—may order and use with eyes shut, knowing it is the best promotional foot that the osteopathic profession has ever put forward. If you have been waiting for the best literature put out as the signal to place your order, now is time, and this is the brochure. Use it.

Because of excessive printing costs (and other things) we are not providing a generous excess edition to rest on our shelves as in the old days. We simply can't afford to. Indeed, this ninth edition is full 25,000 copies short of the big editions of the old days. Hence we would not be surprised if it sold out in short order, and we truly hope it will. That is what it is issued for—to sell out promptly and go into useful circulation.

The best season of the year has arrived to begin your campaign of education. If you never did any propagandic work before, then begin it this month.

The best medium is this "Most Diseases Are of Spinal Origin"—the September magazine.

Will you use an extra thousand of this high-character production?

THE OP COMPANY,
9 South Clinton St., Chicago.

Comment About "No. 29"

Your recent editorial, entitled "The Day of Therapeutic Reckoning," makes a powerful plea for a square deal and an intelligent popular analysis of the murderous effects of drug medication during the recent epidemic of influenza and pneumonia. This is an age which prides itself upon its learning, and yet, in spite of this, the ignorance of the general public regarding the simplest elements of practical physiology is most astounding. With an enlightened public opinion the drug curse will take care of itself, but, it seems to me, it is squarely up to our profession to hammer away constantly and intensively along the lines of popular health education, until the shackles of traditional medicine have been broken, the span of human life thereby lengthened, and common sense has replaced empiricism. You have written a powerful and fearless message, worthy of pioneers in a great cause. I hope "The Day of Therapeutic Reckoning" has had a very wide distribution among thinking American citizens. It assuredly challenges attention and throws down the gauntlet to organized medical despotism, at the same time pointing out the better way to health. The heralding of a message like this transcends the limits of a mere professional privilege and becomes a matter of urgent public duty. Fraternaly yours, *Francis A. Cave, D. O., Boston, Mass.*

After careful reading of February *Osteopathic Health* I want to say that congratulations are in order. Your other numbers dealing with the influenza epidemic were masterpieces, but I believe this one surpasses all, partly, undoubtedly, because you have more facts to draw upon now than when you wrote your previous articles. We now know, in other words, what osteopathy has done, and when placed beside the showing made by regular practitioners it presents a contrast that cannot be ignored. I am a crank on osteopathic propaganda. Now is our golden moment of opportunity. There is a therapeutic awakening just as surely as there is a political awakening the world over, and we must take advantage of the situation to present the truths of osteopathy for public assimilation. I sincerely hope that the February edition of *Osteopathic Health* proved to be the biggest you have ever published to date. It surely is worthy of most generous distribution on the part of every person flying the osteopathic flag. I congratulate you. Fraternaly and best wishes.—*Geo. W. Reid, D. O., editor, Herald of Osteopathy, Worcester, Mass.*

"Using the Lane Book"

Enclosed find check for \$4.00 for which please send me two more copies Professor Lane's book entitled "A. T. Still, Founder of Osteopathy." It has been the greatest inspiration I have had since graduation in 1902.—*Floyd D. St. Clair, D. O., Clarion, Iowa.*

Enclosed please find check for copy of Dr. Lane's book entitled "A. T. Still, Founder of Osteopathy." I hope later to use a large number of these books, for I consider the work a masterpiece and of infinite value in giving the laity a clear and concise understanding of osteopathy.—*M. H. Beattie, D. O., Drumright, Oklahoma.*

Enclosed please find postoffice order for \$18 for 10 Lane books just received in good shape—the best book yet written regarding Dr. A. T. Still and Osteopathy. It has the greatest prestige when written by Professor Lane. Send to me ten more right away. I have to pay 10 per cent customs duty on these books additional to what they cost me.—*W. L. Durnan, D. O., Toronto, Canada.*

Enclosed please find check for two copies of Professor Lane's book, "A. T. Still, Founder of Osteopathy." It should be very gratifying to the profession to be able to present the interpretation of osteopathy by so able a man as Professor Lane in such a book, because it means the linking up of osteopathy with pure science, as it should be, and no one in the profession is so well able to do this as Professor Lane.—*L. V. Cradit, D. O., Sidney, Nebraska.*

Satisfaction

I like *Osteopathic Health* very much. It surely brings out the one point "not recognized by the M. D.'s."—*Sherman B. Weston, D. O., Wilkensburg, Pa.*

I feel that I must say that I do not know of any osteopathic popular publication that is so interesting and helpful as *Osteopathic Health*.—*Dr. Mary Moomaw, D. O., New York City.*

There is absolutely no question in my mind about *Osteopathic Health* being the greatest educational medium the profession can use. The masterly way in which Dr. Bunting can draw a pen picture of every little detail of the science is to me a wonder.—*Dr. O. A. Vold, Chicago.*

I like the August issue of *Osteopathic Health* so much that I want 100 copies immediately. The Galli-Curci Osteopathic Benefit Concert story ought to prove a great advertisement for osteopathy and I congratulate you on having written up this event so splendidly.—*Elizabeth Todd, D. O., Topeka, Kansas.*

I have at last succeeded in doing what I have been contemplating for a long time past—namely, getting together a list of names to receive *Osteopathic Health* for a period of twelve months. I will start the regular campaign with the August issue, but I have been reading over the February, March, April and May issues of *Osteopathic Health* and I think they are about the best I ever read, so I want to send out these issues on a rapid schedule and then take up the August issue later on.—*Dr. Irving Whalley, Philadelphia, Pennsylvania.*

I cannot help but send a little word of appreciation for the magazine, *Osteopathic Health*. I believe it is the best educator in existence for the patients of an osteopathic practitioner and it is a great help to the builders of our future osteopathic building. I hardly suppose you need encouragement in your enterprise of publishing *Osteopathic Health*, but I cannot help but put in a good word for such splendid work.—*E. A. Roddy, D. L., Winnipeg, Canada.*

"The OP Stopped"

Your notice, "The OP Stopped," gave me a real shock. I thought I had attended to that some time ago, but upon investigation I find that I did not. I am hastily sending you the enclosed money-order, as I do not wish to miss a single number. I could no more keep an office without *The OP* than I could without a telephone. It is as necessary to keep in touch with my profession as the latter is to keep in touch with my patients.—*Isabelle Morelock, D. O., Honolulu, T. H.*

No. 29

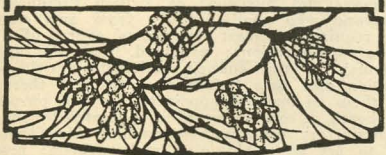


The Day of Therapeutic Reckoning

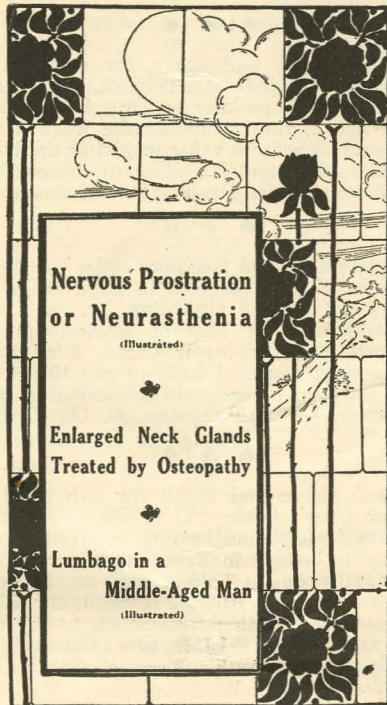
An Indictment Must Now be Drawn against "Regular" Medicine for Its Responsibility for an Increased Death Rate in the "Flu"-Pneumonia Pandemic

Osteopathy Reduces Allopathy's Influenza Mortality 99% and Its Pneumonia Mortality 66-2.3%

This Allopathic "State Medicine" Has a Strangle-hold Alike on People and Government in the United States and Canada



No. 20

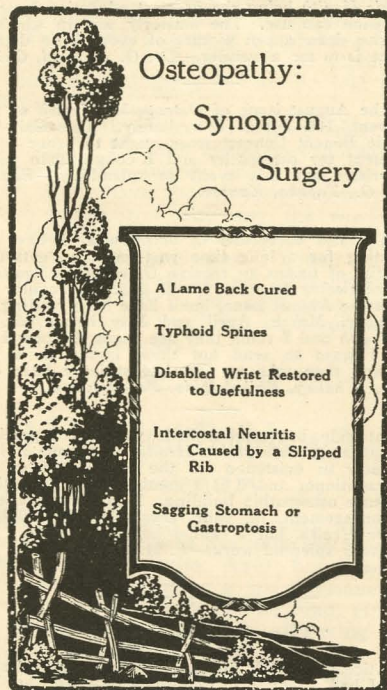


**Nervous Prostration
or Neurasthenia**
(Illustrated)

Enlarged Neck Glands
Treated by Osteopathy

Lumbago in a
Middle-Aged Man
(Illustrated)

No. 21



**Osteopathy:
Synonym
Surgery**

A Lame Back Cured

Typhoid Spines

Disabled Wrist Restored
to Usefulness

Intercostal Neuritis
Caused by a Slipped
Rib

Sagging Stomach or
Gastroptosis

Deformity Appliance Meets With Osteopathic Acceptance

The "El-Ar" supporter, manufactured by the Battle Creek Deformity Appliance Company, of Battle Creek, Michigan, has met with considerable success through the osteopathic profession. A number of osteopaths have testified to its merits. One doctor stated it was the finest belt of its kind he had ever used. Another stated that he had tried out various belts and was well impressed with the "El-Ar." The "El-Ar" supporter is unlike any other supporter. It is constructed of the lightest and strongest material and because of the fact that no understrap is required to hold it in position, it is one of the most comfortable Sacro-Iliac and Abdominal supporters that can be used. It lends itself excellently to the support of the abdomen, preventing rupture and relieves the symptoms resulting from heavy pendulous abdomen.

Excellent Progress Being Made at the Pennsylvania Osteopathic Sanatorium

We just received information showing excellent progress being made at the Pennsylvania Osteopathic Sanatorium, located at York, Pennsylvania. Mr. M. J. Shambaugh, secretary of the institution, states that they are nearly filled to capacity at all times. The institution has just recently handled quite a number of surgical cases, including several goitre cases, congenital dislocations, scoliosis, abdominal, etc. The obstetrical department also reports one pair of twins recently. It is said that everyone connected with the institution in a profession way is one hundred per cent osteopathic. For this reason the Pennsylvania Osteopathic Sanatorium feels they are entitled to good recognition from the profession.

IN D.O. LAND

Dr. S. L. Scothorn on Dallas Health Board

The Mayor of Dallas, Texas, recently appointed Dr. S. L. Scothorn of that city as a member of the City Health Board.

Dr. A. D. Heist, Cartoonist

Dr. A. D. Heist of Geneva, N. Y., is the accomplished cartoonist who made the convention funny stuff in the last *OP*. Through forgetfulness in getting out the convention issue due credit and our thanks were omitted from our last issue.

New Locations in Texas

Dr. John L. Henry has removed from Denison to Eastland, Texas. Dr. M. W. Hoover, late Captain in the United States Medical Department, has located at Wichita Falls, Texas. Dr. J. W. McPherson has removed from Terrell, Texas, to Dallas, Texas, with offices at 844 Wilson Building.

Arkansas Association to Meet

The Arkansas Osteopathic Association will meet in annual session at Hope, Arkansas, September 5th and 6th in the offices of Drs. Charles A. and Etta E. Champlin. An interesting program touching upon various phases of practice is arranged for and a baby contest planned. Any one interested is invited to attend.—Charles A. Champlin, D. O., Hope, Arkansas.

Fifty!

Dr. Bunting had fifty candles on his cake Aug. 10th at a family reunion at his home place "Nirvana," Lake Bluff. His mother, Mrs. C. S. Bunting, and sister, Mrs. C. A. Shaeffer, of Kansas City, were present. A few days later Mother Bunting's cake had eighty-three candles on it. They are strong on birthdays at the Buntings and have lots of them.

Stork Joy at the Riley Moore's

I have a new daughter, Miss Riley Collette Moore, born at Columbia Hospital for Women, July 17th. The low-hanging stork has been threatening to light since the last of May. This will explain to my friends why Mrs. Moore and I could not renew at Chicago the many pleasant acquaintances made in Boston. To miss the convention was as great a disappointment to her as it was to me.—Riley D. Moore, D. O., Washington, D. C.

Dr. F. E. Dayton, of Escanaba, Gets Good Publicity

Dr. F. E. Dayton, of Escanaba, Michigan, had some mighty fine publicity in his local papers regarding the convention. One article was over a full column in length and included the entire program, also a little talk on the growth of osteopathy. Still another item related to the Child's Welfare work and also to the attendance of the convention. It would be well for other osteopaths to work along the same lines as Dr. Dayton.

Missouri Osteopathic Association Getting Ready for Post-Graduate and Convention Week

The Missouri Osteopathic Association is now preparing the program for the post-graduate and convention week to be held October 21-24, at St. Louis. The following doctors are probable instructors for the post-graduate course: Dr. George M. Laughlin, Dr. Reginald Platt, Dr. Frank L. Bigsby, Dr. L. Van H. Gerdine, Dr. George J. Conley, Dr. John H. Crenshaw, and Dr. J. D. Edwards.

Drs. Carpenter Take a Trip in Their New Auto

The following letter was received just recently from Dr. George Carpenter, of Chicago: "Dr. Fannie and I are trying out the new Beauty Six Auburn, starting Thursday P. M. at 5:30, the last day of the great A. O. A. convention, staying that night at Dixon. Friday it rained, so we had to wait about eighteen hours for the roads to dry. Saturday made 200 miles and arrived here that evening. Have been up to St. Paul and had four delightful days in beautiful lake region.—George H. Carpenter, D. O., Chicago.

Dr. McManis Says Chicago Convention was a Great Meeting

The convention of the American Osteopathic Association at Chicago was certainly a great meeting. I may say also that the McManis Table did mighty well at the convention. I can truthfully say that I never felt better in my life than at that convention and this feeling was largely due to the real appreciation that was shown for the McManis Table by the osteopathic physicians in attendance. They surely treated me royally.—J. V. McManis, D. O., president McManis Table Company, Kirksville, Missouri.

The OP Ad Service Brings Quick Results

Late in May I wrote you asking you to put an ad in THE OSTEOPATHIC PHYSICIAN for me. It appeared in the June issue and I received fifteen or more replies, offering positions of one kind or another. A proposition was made to me by Dr. L. S. Adams, of Fredonia, Kansas, which I accepted. I graduated from the Des Moines-Still College of Osteopathy in 1917 and attended the second officers' training camp at Fort Snelling, Minnesota, and was commissioned lieutenant. I had 20 months of service, but when I was discharged I was mighty glad to get back into the osteopathic field. I am taking up a fourth year work at the Des Moines-Still College of Osteopathy and am half through with it. Will return September 1st to finish the course. I am very much pleased with THE OSTEOPATHIC PHYSICIAN. The last issue, July, was an excellent number.—Ezra M. Davis, D. O., Fredonia, Kansas.

Arkansas Locations Open

Arkansas has 2,500 M. D.'s making a living off of the public and only 30 D. O.'s to supply osteopathic therapy. Many towns of 4,000 or over need osteopaths and have asked for resident practitioners. Arkansas now has a good law and Incorporated Principles of Osteopathy. We can practice anything we care to, except to depend upon medicine as a curative agent. Those wishing to depend upon medicine should apply to the Medical Board, as we have no place for them in osteopathic practice. If you would care to enter Arkansas by reciprocity, write the secretary for information and application blank.—Chas. A. Champlin, D. O., Sec.-Treas., Hope, Arkansas.

Washington Osteopathic Association Meets

The 19th annual meeting of the Washington Osteopathic Association was held at Hotel Frye, Seattle, Washington, August 8th and 9th. The program was as follows: Friday, August 8th, 10:00 a. m., Call to order by president, Dr. Walter J. Ford, Seattle; 10:15 a. m., President's address—Problems of the Profession, Dr. Walter J. Ford, Seattle; 10:30 a. m., "My Experiences with the American Expeditionary Forces," Dr. J. T. Slaughter, Seattle; 10:45 a. m., "Some Public Health Problems," Dr. W. E. Abegglen, Tekoa; 11:00 a. m., "Constipation in Children," Dr. Mabel Hockum, Tacoma; 11:15 a. m., "Electricity as an Adjunct to Osteopathy," Dr. R. C. Mayo, Walla Walla; 11:30 a. m., "Systemic Effect and Treatment of Diseased Tonsils and Adenoids," Dr. H. F. Leonard, Portland, Oregon; 11:40 a. m., Clinics (Throat), Dr. H. F. Leonard, Portland, Oregon; 2:00 p. m., Business Session—Reports of Secretary, Treasurer and Committees and Consideration of Amendment Offered to the Constitution; 3:00 p. m., Election of Officers and Delegate to the AOA convention; 4:00 p. m., "Things I Have Seen the Past Two Years," Dr. C. E. Abegglen, Colfax; 4:30 p. m., "Gleanings from Chicago," Dr. Roberta Wimer Ford, Seattle; 5:00 p. m., "High Points of the AOA convention," Dr. H. F. Morse Wenatchee; 7:00 p. m., Boat Trip and Entertainment by the King County Osteopathic Association. Saturday, August 9th, 9:45 a. m., "Osteopathy Mechanics," Dr. E. R. Lyda; 1st, Cervical Lesions; 2nd, Dorsal Lesions; 3rd, Lumbar Lesion; 4th, Rib Lesions; 5th, Innominate Lesions. 2:00 p. m., "Osteopathy in Acute Practice," Dr. F. B. Teter, Davenport; "Influenza from a Mechanical Viewpoint," Dr. H. E. Caster, Spokane; 3:00 p. m., "Specific Treatment of Influenza," Dr. Henrietta Crofton, Seattle; 3:30 p. m., "My Most Interesting Case of Influenza," Dr. E. A. Archer, Pullman; Dr. Carrie A. Benefel, Spokane; Dr. Leonard Grant, Okanogan; Dr. F. L. Montgomery, Puyallup.

Osteopathic Rights in British Columbia

I just obtained this information which may be benefit to your subscribers: British Columbia law re Practice of Medicine, Osteopathy, etc. The Council of the College of Physicians and Surgeons of British Columbia shall admit anyone who shall produce from any school of medicine requiring at least four years' course of study a diploma of qualifications; provided, that the applicant shall furnish to the council satisfactory evidence of identification and pass before the members thereof, or such of them as may be appointed for the purpose, or before a board of examiners to be appointed by the council, a satisfactory examination touching his fitness and capacity to act as a physician and surgeon; provided, that every person beginning the study of medicine after the first of January, 1912, the diploma or qualification which shall be required to produce, must be one from a college or school of medicine and surgery which requires

at least five years' course of study. All practitioners of osteopathy within the meaning of this act shall be duly qualified osteopaths of a recognized school of osteopathy, and for the purpose of this act a recognized school or college of osteopathy shall be deemed to be an institution recognized by the American Osteopathic Association. Provided, further, that before any such osteopath shall be lawfully entitled to practice osteopathy within British Columbia, such osteopath shall take and successfully pass an examination satisfactory to the council in the following subjects: Anatomy, Physiology, Chemistry, Toxicology, Pathology, Bacteriology, Histology, Neurology, Physical Diagnosis, Obstetrics, Gynecology, Minor Surgery, Hygiene, Medical Jurisprudence, Principles and Practice of Osteopathy. Any duly qualified osteopath who shall successfully pass such examination to the satisfaction of the council shall be entitled to register under this act as a member of the college; provided, that such osteopath shall be restricted wholly to the practice of osteopathy. Sub. Sec. (e), Sec. 28, provides the same for homeopaths as for osteopaths in every respect, so I infer that the osteopaths have the same privileges as the homeo's, insofar as surgery, etc., is concerned.—*Dr. W. R. Dewar, Soap Lake, Wash.*

PERSONAL

Dr. Will Classen, of Hebron, Nebraska, just recently toured by auto to the Yellowstone National Park.

Dr. James M. Fraser, of Evanston, Illinois, has moved into larger and more complete offices at 622 Davis street.

Dr. E. J. Gahan, of Dushore, Pennsylvania, is now out of the service and will be at his home for several months before starting in practice in Missouri.

Dr. Roy J. McDowell, graduate of the Philadelphia College of Osteopathy, has located for practice at Sharon, Pennsylvania, his office address being 413 Hamory Building.

We recently received a letter from Dr. George F. Burton, of Los Angeles, California, stating that he had taken a short motor rest trip thru the mountains. He is now back in practice again, however.

Dr. H. D. Paterson, P. C. O., recently discharged from the United States army, has taken over the practice of the late Dr. O. E. Bradley, at Ellwood City, Pennsylvania.

A baby daughter arrived at the home of Dr. and Mrs. G. H. Davis, of Dwight, Illinois, July 9th. Both baby and mother are doing finely. Dr. F. W. Graham, of Morris, Illinois, had charge of the case.

Governor E. C. Harrington has reappointed Dr. Hedley V. Carter, of Baltimore, to serve a third term as a member of the Maryland State Board of Osteopathic Examiners. Dr. Carter was elected president at the annual meeting of the board.

Dr. Kenneth Ford Kinney, graduate of the Chicago College of Osteopathy, has recently become associated in practice with Dr. Henry B. Sullivan, of Detroit, Michigan. Dr. Kinney was formerly located, for ten years, at Lapeer, Michigan.

Dr. Ruth M. Wright, of Charles City, Iowa, and son-in-law, Herbert Dennis; her daughter, Agnes, and a younger daughter were drowned by a canoe overturning on July 13th when they were caught in a heavy rain on the Cedar River. Dr. Wright was a prominent social service and war worker in Charles City. She is survived by four daughters.

Dr. W. J. Mulroney, of Yuma, Arizona, while in Chicago attending the convention of the American Osteopathic Association, took special courses in oto-laryngology and orificial surgery. From Chicago he went to California to take a special course for a month in obstetrics at the College of Osteopathic Physicians and Surgeons, Los Angeles, before returning to his home in Arizona.

We just received a very interesting letter from Dr. M. E. Church, of Calgary, Alberta, Canada, telling what he is going to do on his vacation. It certainly makes the entire staff of THE OSTEOPATHIC PHYSICIAN wish they were with him. His letter is as follows: "I will take the family to the ranch, which is some twenty miles southwest of Calgary in the foot hills of the Rockies. I shall spend a few days there and then return to Calgary and get my new partner, Dr. W. J. Ciemens, settled, and leaving he and Dr. Plummer to care for the practice, will leave for Jasper Park, via Edmonton, spending a short time there fishing, boating, etc. I shall go on to Prince George or Fort George on the Fraser River in northern British Columbia and three hundred miles down the Fraser to Quesnel, spending a few days there fishing and looking after mining interests, as there is good pay dirt up there and I am interested in a Clean Dredge mining outfit where the dirt pays well. I shall from there go a few hundred miles south, joining the Vancouver Calgary line of the C. P. R., which will be made by motor, going from there into the Ocanogan Valley on the Ocanagon Lake, where I have a ten-acre fruit ranch, and after spending a few days will return to Calgary and go out to the ranch for the balance of my vacation, returning to be on hand for the great Stampede and Round Up August 25th to 30th. Cow boys and cattle men came here from all over the continent, some coming from the south by airplane." Dr. Church states that he is not going to tell us about the big fish he is going to catch, but that he is going to try and get some anyhow.

LOCATIONS and REMOVALS

Dr. F. E. Keefer, from Dover, N. J., to 107 Summit, Summit, N. J.

Dr. Mary Witten Peery, from Sumter, S. C., to People Bank Bldg., Greenwood, S. C.

Dr. Hedley V. Carter, at 319 N. Charles St., Baltimore, Maryland.

Dr. H. J. Pettit, at 117 W. Main St., Elmira, N. Y.
Dr. Geo. H. Hazeltine, at 250 S. Euclid Ave., Pasadena, Calif.

Dr. Landis Treickler, from Corry, Pa., to Dayton, Wash., care Dr. H. L. McQuary.

Dr. Milton T. Boulware, at New Daniel Bldg., Clarksville, Tenn.

Dr. O. E. Lindsay, from Ellenton, Ga., to Tifton, Ga.
Dr. Lester Mylander, from Oak Harbor, Ohio, to Newark, Ohio.

Dr. John P. Schwartz, at Valley Jct., Iowa, Box 467.
Dr. M. W. Hoover, from Houston, Texas, to Wichita, Texas.

Dr. A. F. Haag, from Weatherford, Texas, to Dallas, Texas.

Dr. Chas. Grapek, at Hotel Princeton, 1277 Commonwealth Ave., Allston, Mass.

Dr. L. L. Wade, from Ashland, Kansas, to Altoona, Iowa.

Dr. Elmer Remington, from Rawlins, Wyo., to Lyons, Neb., Box 214.

BORN

To Dr. and Mrs. J. Meek Wolfe, of Roanoke, Virginia, on July 5th, a son, Thomas Bradley.

To Dr. and Mrs. G. H. Davis, of Dwight, Illinois, a daughter, July 9th.

DIED

Mr. Alvah B. Smith, father of Dr. Orren E. Smith, of Indianapolis, Indiana, July 18th, of carcinoma of the bladder.

Dr. Ruth M. Wright, of Charles City, Iowa, on July 13th, as a result of canoe accident.

Mrs. Emma B. Jackson, of Lawrence, Mass., mother of Dr. Laura Jackson Deason, of Chicago, and sister of Dr. Lewis M. Bowlby, of El Paso, Texas, on July 29th, at the family home in Lawrence, Massachusetts.

EXCHANGE and MARKET

Advertisements in this column 5c per word, address free. Terms strictly cash in advance.

Wanted—Honest, competent, male Osteopath to contract one year established practice, Middle West, sixteen years. Liberal percentage immediately. Address No. 170 c/o The OP, 9 So. Clinton St., Chicago, Ill.

Practice for Sale—In a city of nearly 50,000 population and rapidly growing. Fine climate winter and summer; in foot hills of the Blue Ridge Mountains. Only man D. O. in the county and only two others in the state within 100 miles. Will sell residence as well as practice and office equipment, if desired. Practice established 13 years. Have other business that will require practically all my time. Address W. E. Scott, D. O., Swandale Bldg., Greenville, South Carolina.

For Sale—Practice in town of 5,000, in thickly populated lead belt, 75 miles south of St. Louis. Only Osteopath. Equipment of six rooms if desired. Six modern rooms, best location. Following all oak: Desk and swivel chair, two reading tables, four rockers, two leather seat straight chairs, sectional bookcase, davenport, customer, two four-leaf screens. Following all white enamel: Six straight chairs, two wall cabinets with mirrors, two steel three-self glass aseptic stands, one instrument cabinet. Linoleum on five rooms, and one rug; oil stove and baker. Rooms suitable for two offices or one office and living rooms. Practice, \$200, and equipment, \$300. Bargain for purchaser. Reason for selling: Anxious to take fourth year course beginning September. No. 171, c/o The OP, 9 So. Clinton St., Chicago, Ill.

For Sale—Practice of over \$5,000 per year in one of the best cities in Tennessee for \$700 cash—price of office equipment. New McManis De Luxe table included. Will introduce. Practice established 20 years. Fine opening for man and wife. Address No. 167, The OP, 9 So. Clinton St., Chicago, Ill.

Wanted—A woman osteopath to be associated with an osteopathic physician in sanatorium work. Must have good personality and be a really high class, skillful osteopathic practitioner. Splendid opportunity for the right person. Address No. 172, c/o The OP Co., 9 S. Clinton St., Chicago.

PROFESSIONAL CARDS

Dr. Percy Evan Roscoe
Osteopathy and Minor Surgery
601 Guardian Bldg., Cleveland, Ohio

Dr. J. Deason, Osteopathic Physician
Specializing in Ear, Nose and Throat
27 East Monroe St., Chicago

Wm. Otis Galbreath, D. O.
Oculist,
Adenectomy, Tonsillectomy
Ear and Nasal Surgery
321 Land Title Bldg., Philadelphia

James D. Edwards, D. O., M. D.
Originator of "Finger Surgery" in Catarrhal
Deafness, Hay Fever, Eye, Ear, Nose and
Throat Diseases
408-9-10 Chemical Bldg., St. Louis, Mo.

Dr. C. E. Amsden
Diseases of the Alimentary Tract
2 Bloor St., East Toronto, Canada

Hubert F. Leonard, D. O., M. D.
Consultation and Surgery
Eye, Ear, Nose and Throat Surgery a Specialty
703-706 Morgan Bldg., Portland, Oregon

Riley D. Moore, LL.B., Oph. D., D. O.
Osteopathic Physician
1410 H St., N. W., Washington, D. C.
Careful attention to referred cases.

Dr. T. J. Ruddy
Eye, Ear, Nose and Throat
Originator (Bowling) of "Finger Method"
for Hay Fever and Catarrhal Deafness, etc.
Chief of E., E., N. & T. Dept., C. O. P. & S.
302-9 Black Building Los Angeles, Calif.

Dr. Frank J. Stewart
Diseases of the Skin and also
Genito-urinary and Venereal Diseases
Room 1201, 7 W. Madison St., Chicago

Dr. J. C. Howell,
Osteopathy, Orificial and Finger Surgery,
3 N. Orange Ave., Orlando, Florida.

Dr. Preston R. Hubbell
Osteopathic Physician
504 Fine Arts Bldg., Detroit, Mich.

Osteopathy in the Inflammatory Diseases

In this issue Professor Lane tells why inflammation causes pain. He explains how the blood works its cure. He shows the use of osteopathy in virulent tonsillitis and acute and chronic dysentery, etc. You should never be without this number.

OP Co., 9 So. Clinton St., Chicago

DO justice to the people of your home community by telling them about Osteopathy and how it helps promote health.

THE OP COMPANY, 9 So. Clinton, CHICAGO

Osteopathic Health educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.

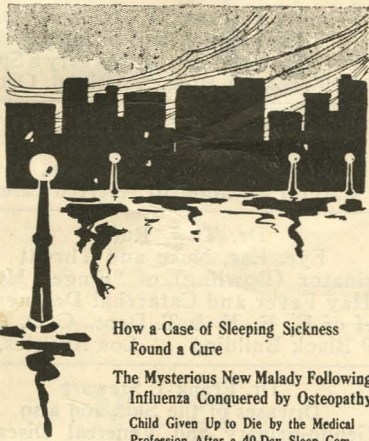
"Osteopathic Health" for September, 1919

MOST DISEASES ARE OF SPINAL ORIGIN

A popular exposition of Osteopathy proving its validity from the known facts of anatomy, physiology and pathology, and showing it to be a complete scientific system of therapy applying well recognized principles in a new way.

Osteopathic Health will increase your practice. It will keep your name and profession fresh in the mind of a cured patient or prospective patient.

No. 34



How a Case of Sleeping Sickness Found a Cure

The Mysterious New Malady Following Influenza Conquered by Osteopathy
Child Given Up to Die by the Medical Profession After a 40-Day Sleep Completely Restored by Osteopathy

The Lesson of a Cured Lumbago

Ills that Lie Between Acute and Purely Surgical Practice

A New and Rational Hope for Patients Who Have Not Been Relieved

No. 33



95 Per Cent of All Diseases Beyond the Realm of "Medical Victories"

Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail

Modern Medicine Has Scored Only Eleven Victories Against a Thousand Failures

3,000 Drugs More Hurtful Than Healing

Drug Abuses Far Outrun Drug Uses

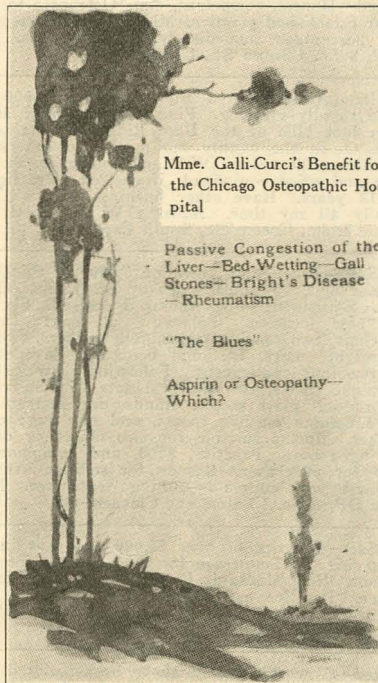
Heart Stimulants In the Infections Are Gross Malpractice

Osteopaths Willing to Concede Medics 5 Per Cent of the Field of Disease and Can Prove Their Own Superiority In the Remaining 95 Per Cent

The Osteopathic Dominion Includes All Curable Diseases



No. 35



Mme. Galli-Curci's Benefit for the Chicago Osteopathic Hospital

Passive Congestion of the Liver—Bed-Wetting—Gall Stones—Bright's Disease—Rheumatism

"The Blues"

Aspirin or Osteopathy—Which?

Osteopathic Health saves your office time. Instead of explaining every detail to the patient by mouth, hand him a copy of *OH* and let that do much of the work for you.

Osteopathic Health makes satisfied patients. A patient who knows why osteopathy is successful is a real booster for you. A booster means new patients.