

# **The Osteopathic Physician**

**January 1920**

**Vol. 37, No. 1**

Reproduced with a gift from the Advocates for the American Osteopathic Association (AAOA Special Projects Fund)

**May not be reproduced in any format without the permission of the Museum of Osteopathic Medicine,<sup>SM</sup>**



# The Osteopathic Physician

Published on the 15th of Every Month by THE BUNTING PUBLICATIONS, 9 S. Clinton St., Chicago, Illinois. Subscription Price: \$2.00 per annum. Copyright 1919, by THE BUNTING PUBLICATIONS. Entered as Second-class matter April 7th, 1903, at the Postoffice at Chicago, Illinois, under the Act of March 3d, 1879.

Volume XXXVII

CHICAGO, JANUARY, 1920

Number 1

## AMONG OUR OSTEOPATHIC INSTITUTIONS

### Big Drive in Philadelphia Gives Our Osteopathic Hospital \$102,110

By John H. Bailey, D. O., Philadelphia, Pa.

AT the close of the campaign, Monday night, December 8th, the total subscriptions and pledges reported by the forty teams had reached the gratifying figure of \$102,110. Subscriptions are still coming in, but at the present writing have not been tabulated and added to the total. For six weeks the Philadelphia osteopathic physicians and surgeons and their staunchest friends prepared for this campaign the greatest appeal to the public for support in the history of osteopathy. For eight days, through sunshine and storm, they covered the city from center to periphery, and even the outskirts and adjoining counties and states as far as California. The names of 17,000 friends of Osteopathy in the city of Philadelphia had been handed in by physicians and their friends, tabulated, cross-indexed and allotted to enthusiastic members of the forty teams. Each team had a captain and seven members. There were four divisions of ten teams each. The campaign opened Friday night, November 28th, with the organization almost complete. Organization was completed the following Monday at the first luncheon. Being short of a few workers, the Dr. Arthur M. Black, announced suspension of classes at the college, so that students who were not already pledged to work in the campaigning could pledge themselves; and so that all who were working in the campaign could work with a free heart and an easy mind. At the close of Monday's luncheon the organization was completed on a basis of thirty-eight teams, comprising three hundred workers, and remained at that figure throughout the campaign.

The divisions were commanded by Dr. Carl D. Bruckner, Dr. Wm. S. Nicholl, Mrs. E. G. Dunnington and Mrs. A. D. Campbell. There was great rivalry throughout the campaign between the divisions for the pennant. Honors went to those who turned in the highest amount of pledges. Pledges were arranged to cover almost any method the donor might wish to choose. Eight quarterly payments, three annual payments, cash with subscription or cash on demand being printed on the subscription cards, and a space left for any other method the donor might wish to adopt.

Although the University of Pennsylvania Hospital and several other hospitals' drives had failed within the past few months, the Osteopathic Hospital drive went "over the top." Prominent men had refused to serve on its committee because they believed in their judgment the Osteopathic Hospital could not obtain money when these other institutions had fallen

down. However, over fifty prominent citizens, who knew what Osteopathy had done, was doing and could do, lent their influence as members of the Citizens' Committee. Mr. Wm. R. Nicholson, president of the Land Title & Trust Co. and of many other important Philadelphia enterprises and clubs, was chairman of the campaign. Mr. Edw. W. Bonsall was the treasurer of the campaign. The Land Title & Trust Co., perhaps the leading financial institution in the city of Philadelphia, was depositary and received and tabulated the funds and pledges.

The opening supper was held Friday evening, November 28th. Daily luncheons were held at noon each day from December 1st to 6th, and the closing dinner was held on Monday evening. Campaign headquarters were on the roof of the Adelphia Hotel. Average attendance at the luncheons was about 250. Attendance at the closing dinner was about 300. The campaign was in charge of a committee of nine, nominated by a nominating committee, appointed at the County Society meeting several weeks before the opening of the campaign. On this committee were: Dr. Simon Peter Ross, chairman, Dr. O. J. Snyder, Dr. John H. Bailey, Dr. J. C. Snyder, Dr. Wesley P. Dunnington, Dr. Lillian L. Bentley, Dr. Burdsall F. Johnson, Mr. W. K. Harris, Mr. Rowe Stewart. Every

one connected with the campaign in any capacity worked untiringly for success.

On Saturday, Dec. 6th, at noon, the total reported was slightly over \$60,000. Monday at the close of dinner \$19,000 was reported in public subscriptions. This left about \$21,000 to raise. Great enthusiasm prevailed in the assembled audience. Ardent speeches were made and enthusiastic pledges given by members of the profession, bringing in thousands of dollars. Dr. O. J. Snyder said he would be one of ten physicians to subscribe another \$500. He was promptly matched by sixteen physicians. Not to be outdone, other physicians pledged themselves for still more, till Mr. Graklow, an ardent friend of Osteopathy, who donated generously to the campaign himself and had relieved Dr. Ross as auctioneer, announced a total of \$102,110.

Speeches full of enthusiasm, optimism for the future and joy for the present were then delivered by many of the doctors and prominent laymen present. On behalf of the profession, Dr. John H. Bailey presented Dr. S. P. Ross, chairman of the committee of the hospital, a magnificent fitted black walrus Gladstone bag as a token of appreciation for his herculean efforts on behalf of the hospital in the past and during the campaign.

It was amazing to see the large contributions the physicians secured from their patients. Dr. Nettie C. Turner secured two donations of \$5,000 each and one of \$1,000. Ten other subscriptions for \$1,000 each were secured by other physicians. Dr. O. J. Snyder secured \$2,000 made up from various sums after the end of the organized drive. Altogether about \$30,000 was received in amounts of \$500 and upwards. It is an astonishing fact that the public of Philadelphia interested in Osteopathy, and appreciating the work this hospital is doing, contributed \$70,000 in small amounts averaging \$40 each among some 1,700 subscribers.

## Revival of the Oakland Osteopathic Clinic Presages a New Hospital

NOVEMBER 16th, 1916, the osteopathic physicians of Oakland, Alameda and Berkeley opened a clinic in Oakland. Each doctor paid \$3 toward its establishment, after which it was self-supporting. For two years it was successful, then owing to the many extra duties devolving upon the doctors because of the war, influenza, etc., it was temporarily closed.

During the past summer, Oakland, with the backing of the University of California Medical College, began a campaign for a large health center. They tentatively chose a wealthy man from one of the suburban towns as best fitted to act as president of the board of directors and head the contributions. He was a representative man, well known for his philanthropic work and for his generous subscriptions to all worthy causes. They did not know, however, that he depended entirely on osteopathy for his help along health lines and that he felt he must be loyal to the system of therapy that had car-

ried him through so many serious sick spells, including influenza and pneumonia. So he said to these men:

"If you will put in a department of osteopathy I will be president of your board of directors and will head your list of contributors with \$5,000; otherwise I will give \$500 and do nothing else."

Every pressure was brought to bear upon him to induce him to change his mind. They said: "Why, of course, we intend to put in a department of physio-therapy."

He replied, "I understand that is only a milk-and-water substitute for osteopathy. That will not do. You must put in a bona-fide osteopathic department with an osteopath in charge."

As they could not make up their minds to do this, he came to his physician with the suggestion that now was the psychological time for us to start a center of our own, and that eventually we must have a hospital. After dis-



cussing the matter with a number of our physicians, he agreed that if the profession would show their interest and good faith by subscribing \$3,000 he would double the amount for the establishment of a clinic and health center, it being understood that if this was successfully carried out, a hospital next would be attempted.

The \$3,000 was raised without trouble, and we have started informally with the work. Our rooms were already equipped, so we obtained more space in the same building and are just reopening the old clinic. With the high cost of everything, that was deemed best for the present. A fully-equipped laboratory is in charge of a skilled laboratory worker who will do everything in that line with the exception of X-ray work, which will be done by one of our physicians, at cost. The profession has been solicited for all their laboratory work, and the profit will be turned into the clinic. Every line of work has been planned for, with the exception of dental work, and that will probably come later. All fees collected will be turned into the clinic, which will be self-supporting. One or two internes will be hired to take charge. Each patient will be carefully examined by several physicians (the "clinical group" idea so successfully carried out by a coterie of Los Angeles osteopaths), his history carefully written up and treatment outlined. He will then be turned over to an interne for care.

**Denver's Alden Osteopathic Clinic for Women and Children**

[From the Colorado Osteopathic Physician]

THE Alden Osteopathic Clinic for Women and Children has been made possible at Denver, Colo., by Miss Clara Louise Alden because of her interest in osteopathy and her desire to give women and children an opportunity to receive the benefits that may be derived from osteopathic treatment. Miss Alden

has engaged Miss Mary A. Perry of Salt Lake City, Utah, to direct the Clinic. Dr. Riley of Denver will be the osteopath in charge. That the interests of the profession may be protected, Miss Perry will see that those receiving treatment are not financially able to meet a reasonable office fee, as it is the purpose of the Clinic to assist only those who deserve this consideration. The Clinic will be located at 530 Empire Building.

**Chicago College and Hospital \$150,000 Loan**

CHICAGO College of Osteopathy is offering \$150,000 of fifteen-year 6 per cent first mortgage real estate gold bonds to the profession for the purpose of erecting a new modern hospital on its ample grounds. The growth of the college makes it necessary to use the entire present building at an early date for teaching purposes exclusively. The bonds offered are in denominations of \$100 and \$500. It is a good, safe investment, as there will be \$222,000 of assets behind the \$150,000 loan. It's a good thing—push it along.

**Manhattan Osteopaths Want a Hospital**

OSTEOPATHIC Society of the City of New York held an open forum of the local profession, including non-members, at the Holland House, December 13th, to hear a report from the Osteopathic Hospital and Clinic Committee. The New Yorkers want a hospital. This committee told them how it could be done. The committee said they were ready to go ahead if the local profession authorized it and would carry the load. Nobody reported to us about the answer. More later if word comes in.

**Contents of January OP**

Philadelphia Osteopathic Hospital Raises Endowment of \$102,110.....	1
Revival of the Oakland (Calif.) Osteopathic Clinic.....	1
Alden Osteopathic Clinic for Women and Children, Denver.....	2
Chicago Osteopathic Hospital's Proposed Bond Issue.....	2
Manhattan Osteopaths Want a Hospital.....	2
Statement re Phillip S. Daily Case.....	2
Philadelphia County Society Endorses Dr. Snyder in the Daily Case.....	4
Other Comment on the Daily Case.....	4
Chiropractic Kleptomania Pamphlet for Your Use.....	3
Some Quick and Startling Results Obtained in Practice.....	6
380 Cases of Innominate Lesions.....	8
Treatment of Sacro-Iliac Disease.....	10
Sacralization of Fifth Lumbar.....	10
Doctors Susceptible to Disease of Taking Selves Too Seriously.....	10
Dr. F. P. Millard Takes Up Toronto Health Officer's \$500 Smallpox Challenge.....	14
Diagnosis.....	14
It Pays to Begin Practice Right.....	14
Editorial.....	16-19
Why Cry "Peace!" "Peace!" When There Is No Peace?.....	
(A Study of the Collectivistic vs. the Individualistic Point of View).....	16
The Cabot Plan for Paying Doctors.....	17
Dallas' Bitter Diphtheria Antitoxin Experience.....	16
As Industrial Troubles Affect Publishing Service.....	19
Little Stories of the Clinic.....	20
The Value of X-Ray Findings in Flu Cases.....	21
Status of Dr. M. B. Harris vs Status of Organized Osteopathy.....	22
Shop Talks by the Profession.....	24-25
In Court and Legislature.....	26
Osteopaths Lose Court Action in Maryland.....	
Cooties Get a Good Law in Florida.....	
Alberta D. O. Given Full Hospital Privileges.....	26
Work of Redemocratization of the AOA.....	27
Washington Osteopaths Raise Rates.....	27
How They Run Society Programs in the Western Osteopathic Association.....	27
Satisfaction over "Physical Culture's" Boost for Osteopathy.....	28
The AMA Program—Will They Put it Over?.....	29
Publisher's Department.....	30
Why "Bad" Mechanism in Our Joints Makes Sickness (Feb. OH).....	
Comment on the Value of OH and OP to Practice.....	
In D. O. Land.....	31
Personal News.....	32

**FIELD COMMENT on LIVE TOPICS**

**Statement in re Phillip S. Daily Case**

By O. J. Snyder, D. O., Philadelphia

PHILLIP S. DAILY is a licensed practitioner of Osteopathy in this State. Several months ago he was arrested for "practicing medicine without first obtaining a license from the Medical Bureau to do so." He was tried and convicted. The case has not, as yet, been appealed to the Supreme Court, although our Secretary, Dr. Ira W. Drew and our attorneys are of the belief that this should be done.

**Unfairness of that Executive Council Statement**

A statement was sent out, broadcast, over the signature of the "Executive Council" of the P. O. A. in condemnation of the undersigned for the character of evidence given at the trial.

The statement conveyed the impression that we approved the methods of Daily as they were revealed in the evidence. This is quite untrue. No endorsement was given to his specific actions. Our testimony did not relate to the kind of drug he prescribed, nor to its efficacy in the case, nor to the propriety of his administering it. The real issue was—*Has an osteopathic physician authority to prescribe drugs under some peculiar and specific condition, or is he limited to manual manipulation?*

**Belief Was General that Daily Was to Be Defended**

The entire profession here was of the belief that the State Association, through its Exec-

utive Council, had determined upon defending the accused, although it later developed that the Council had made no such authorization. Dr. Nettie C. Turner, President of the State Association, stated at a meeting of the Philadelphia County Osteopathic Society, that she and Dr. Ira W. Drew (the Secretary) had met with the Western Pennsylvania Osteopathic Association at Pittsburgh, for the purpose of accomplishing certain things and that, at that meeting, the Western Association had agreed to "back up" Daily in his defense, not for the purpose of defending Daily nor his acts, but to determine the rights and authority of an osteopathic physician. The Philadelphia County Osteopathic Society also voted unanimously to defend this case, believing it to be a proposition affecting the profession rather than an individual. The chief reason why the defense of Daily was agreed upon was the fear that an adverse verdict would influence future rulings of the court, decisions so commonly being made upon precedents. Dr. Drew brought Mr. McWilliams, one of the attorneys in the case, to my office with a view of securing my support for the defense—myself, together with the other members of the State Board of Examiners, having been opposed to assisting Daily. I reluctantly acquiesced, arriving doubtfully at the conclusion that it would be in the interests of our cause to do this. Dr. Drew also engaged

Mr. William A. Grey, Philadelphia's most eminent criminal lawyer, who conducted the case.

**Has D. O. Authority to Do Else Than Manipulate?**

These facts (the statement of the president and the activity of the secretary) are stated to show that we had reason for the belief that the State Association was backing this defense; the fact that the Council did not so order never having been disclosed to us. Believing the State Association to be back of the case for reasons just stated, and everyone knowing the character of the charge, we naturally inferred that the State Association meant to determine whether osteopathic licentiates had authority to do anything other than manipulate their patients.

**Our Lawyers Made the Drug Issue Clear Cut**

Dr. Ira W. Drew has publicly and very honorably accepted the responsibility of his acts in this matter. The law regulating the practice of osteopathy in Pennsylvania provides in Section 11, that a licentiate is authorized "to practice osteopathy as taught and practiced in the legally incorporated, reputable colleges of osteopathy." The burden of our testimony, accordingly, was to establish that the use of drugs is taught in our colleges for certain and specific purposes.

**Sample Instances Where Drugs Must Be Used**

I need not enumerate here the conditions under which drugs must be employed. The fact of it is that there are many specialists developing in our school of practice, who require drugs in their procedure. Up until recently we have had to depend upon the M. D. for his knowledge and services. Our eye, ear, nose and throat specialists, our genito-urinary specialists, our obstetricians and surgeons all insist that there are certain procedures in their spec-

60278



alties in which drugs must be employed. Also the general practitioner will find occasions when *palliation* must be accomplished and which, at times, can most conveniently, at least, if not most effectively, be accomplished through drug agencies. Our recent graduates, too, of whom is required the same preliminary education and professional training that is exacted of the M. D. graduate, contend that they should not be restricted in their procedures any more than is the M. D. who enjoys the privilege of employing any agency whatever, including manipulative therapy of whatever character. *To contend that our practitioners would abuse this privilege and resort unnecessarily to drug treatment is a reflection upon their intelligence and honor and an affront to the science, thereby implying that the practitioner found drug agencies more effective than the osteopathic administration.*

#### Tried to Clarify Our Law Last Session

As further evidence that the State Association was desirous of clarifying our law in respect to what was meant by the phrase, to practice osteopathy "as it is taught in our reputable colleges," a bill was introduced in the last session of the legislature, which provided that the osteopathic licentiate shall have authority to employ "any agency or means whatsoever." This bill was authorized by the State Association. It was defeated in committee on account of the activity of Colonel Edward Martin, State Health Commissioner, who demanded of the committee that it "kill the bill," even though the committee was favorable to it—so reported to us by at least three members of the Committee. This same gentleman, Dr. Martin, told a committee of four of us, Drs. C. J. Muttart, A. M. Flack, J. Ivan Dufur and myself, who called upon him to secure his approval of that measure, that osteopaths should have taken from them the authority to sign birth and death certificates, as no school that depended entirely upon manipulative procedure could intelligently meet all conditions scientifically that confronted the physician. He stated that we ought to have a knowledge of drug therapy and then practice as our intelligence dictated, to employ any agency that we found helpful. This shows the attitude of our present State Health Commissioner toward our school.

#### All Witnesses Summoned Would Have Testified Likewise

Preceding the trial of Daily, all those who were summoned to testify in the case, including Drs. Arthur M. Flack, C. D. B. Balbirnie, Charles J. Muttart, D. S. B. Pennock, Wm. S. Nicholl, Edward H. Fritschie, E. G. Drew, P. H. Brearley, Ira W. Drew, W. F. Hawes, O. O. Bashline, C. W. Barber, R. K. Eldridge, F. E. Zindell and myself, were assembled for the purpose of discussing with our attorneys the character of testimony we were expected to give.

#### If We Use Any Drug at Any Time for Any Purpose We Cannot Call Ours a "Drugless" School

When it was presented that we were to testify of the fact that we taught *materia medica* in our schools, and thereby established the authority for Daily to prescribe drugs, in accordance with the provision of our act to practice osteopathy as it is taught in our colleges, we protested that we did not teach *materia medica as such*. Our attorney asked whether we ever prescribed boracic acid as an eye wash, and whether we taught that. It was agreed that we did do that, and several of our department instructors explained how they required drugs in the treatment of certain specific conditions, like for instance, our eye specialists explained that they taught the use of atropin to dilate the pupil of the eye; our genito-urinary specialists explained the uses of some drugs in the treatment of certain specific infections; those practicing obstetrics told how drugs were occasionally employed; and instances in general prac-

tice were mentioned where students were taught the use of drugs for palliative effect. It was strongly emphasized, however, that we never employ drugs for curative purposes. Our attorney thereupon explained that, *if we taught any drug usage at all for any purpose whatsoever, we were teaching materia medica; that it was not a question as to how extensively or for what purposes this thing was done; and it subsequently followed by rulings of the Court that Mr. Gray was correct.*

#### Under Oath One Must Admit Facts as Facts

At all events, everyone present at the conference agreed that it was our duty under oath to admit these facts, as, in substance, are here narrated; and each and everyone present would have so testified, had he been called upon. It fell to the lot of Drs. Flack, Balbirnie and myself to appear on the stand. It is evident, also, from the article of the Executive Council which appeared in the Philadelphia *North American*, December 1st, 1919, that the members of the Council, had they been on the witness stand as those were who testified) would have been compelled to give the same testimony as was given relative to the use of drugs, in that they state "In surgical procedures we concur with the schools of medicine in the employment of antiseptics and anesthetics; our hospitals could not exist without them; while antidotes are the heritage of everybody, even the laity, they come in the class of emergency measures."

Our attorney announced that the persons above mentioned were all present and prepared to corroborate the testimony already given, so the prosecution said that it accepted the proposition that we taught *materia medica*, proved by the testimony already given.

#### Dr. Snyder Did Not Like the Way Facts Were Arrayed

I admit that the reading of this testimony, and as elicited from us by our clever attorneys for the purposes of proving their case, does sound entirely at variance with our philosophy. To that I am entirely agreed. And I regret the appearance of such a picture as much as anyone possibly can; but, with the circumstances that produced it and the manner in which our attorneys developed it and drew it from us, it made us helpless to present the facts just as we should like to have done. What we said was true; and yet, standing by itself, it seems a striking inconsistency.

#### Where the Issue Really Began

The circumstances that brought about these endeavors of ours, viz., the attempted legislation of a year ago, above referred to, and the determination to defend this defendant, had its inception in an act of the president of the Bureau of Medical Education and Licensure, which presented the following situation:

#### Do You Support Dr. Baldy's Denial of Enemas to Osteopathic Practitioners?

As president of the Board of Osteopathic Examiners, I received a communication from Dr. James A. Cozart, Canonburg, Pa., dated September 25, 1918, in which he complained that he had a patient in the Canonsburg General Hospital for whom he prescribed a saline enema, and requested the nurse to administer it. Instructions, upon request, were received by the Superintendent of Nurses of the hospital, Miss Lytle, from Dr. John M. Baldy, president of the Bureau of Medical Education and Licensure, and which read as follows: "Under the law of the state, an Osteopath is only authorized to administer treatment of a manipulative character. He is specifically excluded from giving any treatment which pertains to the use of medicine and surgery, excepting that surgery be minor surgery. No board of managers, even if they elect an osteopath to their staff, has any right to countenance any treatment by him of any patients, private or otherwise, in their institution by any means, excepting manipulative

## Chiropractic Kleptomania

We announce publication this month of a 6-page folder under the above title that gives chiropractic its correct historic setting and proves it to be a barefaced steal from osteopathy. It's a Bunting product—up to the usual Bunting art and logic standards. If you have wanted for a long time to see some one do this subject justice you will be gratified by this powerful historic document.

It is not a dull story, either, but reads as interestingly as romance. Really, the gall of the chiro in faking osteopathy as he has done and trying to falsify history to cover the tracks of his theft is so brazenly monumental as to reach to the limbo of paranoia.

This 6-page printed folder does the subject exact justice, even as you would have it done, and by hitting the high spots only, covers practically the whole situation, and does it better, too, than any statement hitherto issued by our profession.

This folder is designed to go out in your ordinary commercial size (No. 6) envelope, either alone or as a "letter enclosure" and to be mailed inside your field magazines as a slip enclosure.

We have made the price so low that you will use a thousand of them at a time. Price \$9.50 per thousand, and *no extra charge for imprinting your professional card on the bottom of the sixth page*, in thousand lot orders, if you want it done. This is providing we have your electro used in imprinting OH. If not—oh, well, for orders of 1,000 folders we will make your electro free as a special offer during the next 30 days, and then, maybe, we can use your electro sometime in printing "Osteopathic Health" orders for you—*why not?*

If you are interested, write us so and we will gladly submit a copy of this folder, "Chiropractic Kleptomania."

#### The Osteopathic Physician

9 South Clinton Street

Chicago



## THE OSTEOPATHIC PHYSICIAN

methods, excepting in the instance of minor surgery. This being the law, no nurse would have the right to administer the treatment (enema) ordered by such a member of the staff."—Signed J. M. Baldy.

### The AMA is Clearly in the Saddle

It is apparent from this that the Medical Bureau would prosecute any osteopath who employed any agency whatsoever, save that of manipulation.

As further evidence of this Dr. Baldy is quoted in an article appearing in the Philadelphia *Public Ledger*, Sunday, October 12th, 1919, as stating that "Practically every osteopath in this State uses drugs in some instances in their practice, and the letter of the law states specifically that they shall not use drugs unless they have a medical license." (*None of this is, however, literally true.*)

### It Is a Question of Therapeutic Liberty

The proposition before the Osteopathic profession has ever been—Are we willing, with our present educational requirements, to submit to these limitations, or shall we fight it out, either through legislation clarifying the law, or through court decision, and establish ourselves upon the broader basis of therapeutic liberty? The attempted legislation above mentioned was to fight it out by legislation; this trial,—to do so by court interpretation.

### It Is a Fight All Along the Line

Further evidence on the part of the M. D.'s to throttle us in our therapeutic endeavor is presented in the announcement of the State Lunacy Commission, Nov. 24, 1919, to prosecute the owners and operators of our Osteopathic hospital at York, Pa., in which are detained mental cases for treatment. It is the contention of the Lunacy Commission that osteopaths have no authority to conduct such an institution. (This action was instituted some six months ago, and was before the commission for consideration and further investigation and legal determination during this time and is not the outcome of the Daily case, as was stated by a correspondent in the last issue of *The OP.*)

### Even Deny D. O.'s Optometry

In this morning's mail, I received a letter from Chester H. Johnson, Secretary Board of Optometrical Education and Licensure, complaining that a certain osteopath is practicing optometry. M. D.'s are privileged to practice this branch of the healing art, irrespective of the authority of this Board.

*Osteopaths in this State are vested with the authority to sign birth and death certificates. This is the highest authority that can be conferred upon any physician of whatever school. It carries with it the necessarily implied authority to employ any agency or means that he is qualified to employ to save life. To circumscribe a licensed physician with restrictions in his ministrations would be illogical and, indeed, criminal. He can not be responsible for results if he is hampered by restrictions.*

### Appeals to the Whole Profession

I am addressing the profession at this length, to the end that if interested, it may understand not only the situation as it obtains in this state, but that it may also know my attitude toward my profession, in view of the request that has been made upon me to explain fully the meaning of my testimony as presented in the Daily case. Those who know me best, know that I would not go counter to what I understand to be the adopted policy of our National Association in the matter of what comprehends not the "discovery" but the "practice" of Osteopathy, (the "discovery" having reference to anatomical perversions as a cause of disease, but it is perfectly obvious that there are other derangements and conditions not included in this category of causation; there are, accordingly, some procedures outside of manipulation which every

intelligent progressive physician must know and employ if he is to fulfill his duty to all his patients. Some of these procedures were known before the advent of Dr. Still, and some have been discovered since his time of professional activity, as he recognized during his life and as he would admit, we are sure, if he were here today.) And, in arriving at this interpretation, I feel that I am in full harmony with the definition of osteopathy, as adopted at the recent Chicago convention, and certainly I did not in my testimony go beyond the claim about drug teaching in our colleges set forth on the back cover of the *Osteopathic Magazine*, issued by the A. O. A., where is presented the "Comparative Courses in Medicine and Osteopathy" as compiled from the catalogues of the six leading Medical and Osteopathic Colleges and which read as follows:

### AOA Officially Supports the Court Evidence

"Pharmacology,—Medical Colleges 119 hours, Osteopathic Colleges 18 hours; Materia Medica,—Medical Colleges 33 hours, Osteopathic Colleges 33 hours."

If by authoritative procedure, it should be shown that my conclusions are wrong, and that I am at variance with the true philosophy advocated by our National body, I should, indeed, be most sorrowful and readjust my mind as best I could. Cordially and fraternally yours,  
—O. J. Snyder, D. O., 610 Witherspoon Bldg., Philadelphia.

\* \* \*

We read the foregoing statement of Dr. O. J. Snyder and concur fully in every detail of the presentation.—Arthur M. Flack, Dean Phila. College of Osteopathy, C. D. B. Balbirnie, Pro. Bacteriology, P. C. of O.

### Philadelphia County Society Endorses Position of Dr. Snyder

WHEREAS, a certain element of the osteopathic profession maintains that the practice of osteopathy comprehends only that which constitutes the discovery of Dr. Andrew Taylor Still and consists wholly or entirely of manipulative procedure, together with such surgical practice as is commonly recognized as essential; and,

Whereas, a much larger percentage of the profession entertain a much broader conception of their professional status and insists that the practice of osteopathy comprehends not only these principles—which are distinctively the osteopathic discovery—but includes all such other agencies as have been scientifically proven to be helpful in the amelioration of suffering and overcoming the processes of disease.

We believe that the practice of osteopathy as regulated by law in this State authorized the practitioner of osteopathy to practice upon that basis. (Drugs for curative purposes, however, do not form a part of the osteopathic procedure.)

This is the position that Dr. O. J. Snyder, president of the Board of Examiners of this State, adheres to and the Philadelphia County Osteopathic Society at a meeting held on Tuesday evening, December 23rd, 1919, at the Hotel Adelphia, unanimously endorsed Dr. Snyder in that interpretation in relation to our legal authority; and WE DESIRE FURTHER TO APPEAL TO HIS EXCELLENCY, THE GOVERNOR OF THE COMMONWEALTH OF PENNSYLVANIA THAT HE APPROVE THE ATTITUDE OF HIS APPOINTEE IN THIS RESPECT.

The society is prompted in taking this action in deference to Dr. O. J. Snyder's nineteen years of official service as President of the State Association, as President of the (National body) American Osteopathic Association and as President of the State Board of Osteopathic Examiners, during all of which time he faithfully represented the wishes and will of a large ma-

majority of the profession as annually determined at our state association meeting, as evidence of which, with the fact that he was repeatedly re-elected to office, and always without opposition or an opposing candidate.—Philadelphia County Osteopathic Society, Carl D. Bruckner, D. O., Secretary.

### From Charles J. Muttart, D. O.

Will Accident Insurance Companies accept our Certificates?

How can we conduct our Hospital? (See statement of the officers of the Penn. Osteopathic Association.)

Will prospective students attend Osteopathic Schools for four years, when they can learn the gentle art of manipulation (or adjustment) in a few months in the Chiro schools?

Let us forget all about Daily, the same as the Allies did about the poor, deluded fool who shot down the Austrian Crown Prince. Let us not cloud the issue by blaming the present situation on those who had the courage to uphold the rights and privileges we believe we are entitled to, and let us get together and do some right hard thinking.

Let us decide whether we are satisfied with the future of osteopathy in Pennsylvania under this court ruling.

And let us not deceive ourselves into thinking that this is an isolated case. The medical politicians will never rest until they have similar decisions in every state, if they can.

If we are satisfied, then let our schools go back to the two-year course—it would be good business, anyway; then there would be no "hang-nails"; we would all be just "honest-to-goodness" chiros.

On the other hand, if there are enough red-blooded Americans among us who have some pride in their institutions, and some vision as to what the function of a physician should be, let us fight Medical Autocracy to a finish.

I want to congratulate *The OP* on getting so clear a conception of the Pennsylvania situation at long range. I trust some of our "ten-finger" friends will answer your "queries." I am open to conviction.—Chas. J. Muttart, D. O., Philadelphia.

### From H. H. Walpole, D. O.

Your editorial in *The OP* was rather interesting. Ever since I read it I have been humming an old hymn, "Give me faith for clearer vision." More anon, *anent* the Daily case.—H. H. Walpole, \*D. O., Lancaster, Pa.

(\*Meaning "Drugless Operator.")

(This was written to Dr. Walpole as a letter, but it occurs to us that the contents may interest others, so we print it.—Editor.)

My Dear Walpole: You are *not* my antagonist, old top—not a bit of it! Perish the thought. We are standing shoulder to shoulder, fighting for osteopathy and its perpetuity, each according to his light, each advocating the best thing to do as he understands it. Now *wouldn't* we be a couple of double-dyed chumps to feel antagonistic to each other because we differ radically on what is necessary for the preservation of osteopathy and its proper development?

Let us pray for more light and clear vision, and be sure we keep on getting it. The D. O. who has no more vision today than he had 20 years ago *never had any then*—isn't it true?

The saddest thing in life to me is to see how multitudes of minds accept a given *dogma* as THE truth and the whole of fact, and insist on its absolute application, eternally, universally, omnipotently, as it were, all the rest of life. Such men, swayed only by loyalty to narrow dogma, will not often know this fundamental truth of life and knowledge—that *all knowledge is relative and never can be anything else,*

(Continued to Page 6)



# Kirksville Research Supports Discovery that the Spleen is the Chief Producer of Antibodies

*Do You Treat the Spleen Thoroughly in Infectious Diseases?  
Well, Manifestly, You Ought To!*

Professor Lane published an interesting paper in the November issue of the *Journal of Osteopathy* which is highly suggestive that the spleen is the important organ for osteopathic attention in infectious diseases. Unlike other experiments conducted by the profession on animals, this work has been done with the human patient, and the results seem to be so very gratifying that every practitioner is entitled to know the facts fully and make prompt application of this new revelation in the care of his cases.

Lane's work on this line, he tells us, began two years ago, following upon the discovery by Preston W. Kyes of the University of Chicago immunology research staff that *the spleen contains one hundred-fold the amount of antibody*

"I have seen one of these treatments destroy the virulence of a highly virulent *streptococcus pyogenes* in twelve hours in a case where there was not the slightest room for doubt that virulence was there," writes Professor Lane.

Surely this is a biologic discovery of prime importance to the osteopathic profession, and universal application should be made of this knowledge in treating infectious diseases in the interest of patients and in confirming clinically the availability of these data for therapeutic uses.

Dr. McCollum discussed the treatment of the spleen in these cases as follows in Professor Lane's article in the *Journal of Osteopathy*:

"Fig. 1. Represents the preparation of the patient for the more specific work on the spleen, with the patient

on the first patient you treat, don't be discouraged. Stick with the spleen; the results will come."

Of course reference here to Professor Lane's paper is only to call your attention to it in the December *Journal of Osteopathy* and to emphasize the great importance of these Kyes-Lane researches for osteopathic therapeutics so that you will turn to the full article and give it the study it deserves.

You will realize, too, how much it means to the osteopathic students of today to be close up to the origin of these biologic facts as they are being worked out in osteopathic research. The students at the American School of Osteopathy enjoy an unparalleled privilege in this respect in their daily contact with Professor Lane, and the therapeutic vision they get with such blo-

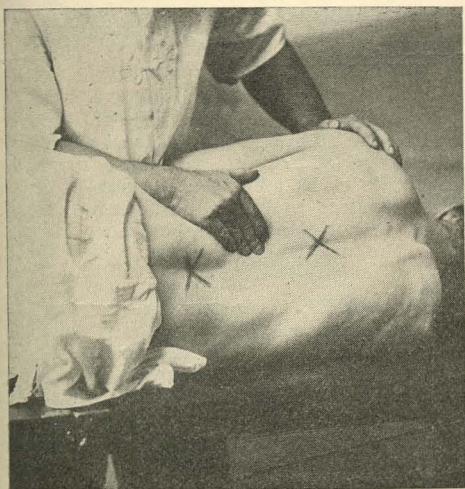


FIG. 1

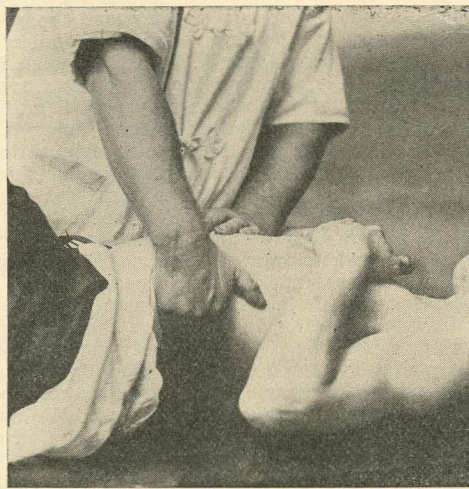


FIG. 2

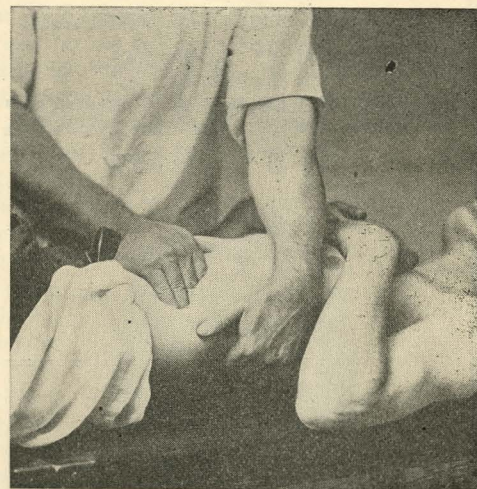


FIG. 3

contained in the serum of an immunized animal. That is not a mere opinion. It has been demonstrated to be fact by Kyes in rabbits and other mammalia, and inferentially it is also true in man. This biologic fact gave Lane his cue for research in this direction and, besides confirming Kyes' generalization in his Kirksville laboratory, he has extended the importance of the discovery by applying it to the experimental treatment of human beings affected with various infections. In this work the Professor was assisted by Dr. Thomas Ashlock and Dr. M. R. McCollum. The results of this clinical work are so gratifying, Lane reports, as to constitute strong presumptive support for the full truth of Kyes' generalization as regards its applicability to osteopathic therapy. These disclosures, then, give the osteopathic physician his warrant to treat the spleen vigorously whenever dealing with an infectious disease.

on the right side. As an illustration, I thoroughly relax the muscles on the left of the spine from the 7th dorsal to the 2nd lumbar vertebrae; this can be done in a very few minutes. I usually take about three to five minutes, depending on the patient's ability to relax. If patient cannot be turned, as in some post-operative conditions, etc., go under the body and relax the same area.

"Fig. 2. With the patient on the back, knees flexed and resting comfortably, catch the ribs at their angles with the right hand, lift up gradually, and when the patient has relaxed (you can feel this), remove the hand and the spleen receives the 'chug' which necessarily follows if you have produced relaxation. This is repeated six to eight times.

"Fig. 3. In this, with the patient on the back, knees flexed, abdominal muscles relaxed, the left hand over the angle of the ribs, the fingers of the right well up under the ribs, manipulate and squeeze the spleen between the hands, work well up under the ribs with right hand.

"In this, 'horse sense,' not strength, should be used, especially in infections where the spleen is greatly enlarged, or swollen, and rupture is possible. However, no well-trained osteopath will ever rupture the spleen or injure any organ of the body. If you do not get results

logic foundation as understanding the Mechanism of Immunity is absolutely indispensable to the up-to-date, scientifically-trained osteopathic physician. At Kirksville *today* students are trained in the Mechanism of the Lesion and in the Mechanism of Immunity *both*, by trained specialists in each line. Bear this in mind when advising your prospective student friends where to go to get their osteopathic training.

We should be glad to have you report your findings in your clinical tests regarding this spleen work in the infectious diseases.

**The American School of Osteopathy**

*"Mother of Osteopathic Colleges"*

DR. GEORGE A. STILL, President

KIRKSVILLE



## 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.

which means, from another point of view, *will not be true at all.*

Did you ever pause to realize that all our greatest perplexities over osteopathic dogma, the things that puzzle so many of us unceasingly, can be researched and settled in the laboratory of *pure thinking*, according to the terms of logical mental processes, without discussing them as physicians at all? *Well, it's true.* In other words, the greatest trouble with osteopathy and the most prolific source of these *endless bickerings* is merely *inferior thinking*, faulty philosophy, violation of all the canons of logic, an utter disregard of scientific philosophy

and philosophic science.

I have written this because of your little prayer, which is the finest any soul can make—"Give me faith for clearer vision."

If you want clearer vision in osteopathy get your orientation in science and philosophy first. It can never come otherwise.

Get and study—'till you know it by heart—Carus' "Primer of Philosophy," Opencourt Publishing Co., 122 Michigan Ave., Chicago. (About \$1.50.)

Sincerely your co-worker to bring science out of dogma, and harmony and co-operation out of personal strife.—*Bunting.*

## WHY OSTEOPATHS are STRONG in the FAITH

### Some Quick and Startling Results Obtained in One Man's Practice

By J. D. Miller, D. O., Morgantown, W. Va.

WHILE our friends of Pennsylvania seem all up in the air over drugs, it occurs to me to be timely to review, for the consideration of our profession, some evidences of the healing power of nature when reinforced by proper osteopathic adjustment and control. Surely, when the way of organized osteopathy seems dark ahead, and when we feel sorely perplexed as to the best way to safeguard the precious heritage of healing which we hold in trust for humanity from A. T. Still, a calm review of the net accomplishments of any average osteopath who has been in practice for ten years ought to be sufficient to give heart and aid us to obtain our therapeutic orientation. When the maize of present-day legal, educational and competitive technicalities that beset our school's course on every side seem inscrutable, it is then that we may profitably fall back, for the renewal of our faith, for strengthening our conviction and our will to win, upon a stock taking of the clear, honest record of what we osteopaths do to relieve the sick and cure the deformed. If we can only get our case as a profession tried on those grounds our triumph should be easy. Perhaps we as a school take our cures too much for granted. We ourselves would profit to take stock of our cures more often. Well, the ledger of our deeds in practice is now open at the chapter devoted to our office, and here is what we may read therein: I express the belief that it is only an average chapter of accomplishment for any average true-blue osteopath who does not find it necessary to use drugs and is too proud of osteopathy to use drugs simply because *he knows a better way.*

+ + +

#### Case 1

Male, age 20. Injured in football game. Intense pain shooting through the head, patient unable to tell just where. I found a disturbance between the occiput and atlas. Was not able to tell just what position the articulation was in. Just as I was able to produce a slight separation the patient jumped off the table and said, "What are you doing?—that pain is all gone."

#### Case 2

Female, age about 40. Trouble had been called neuralgia, facial paralysis, weak eye, etc. No relief. Intense pain around and in the eye for more than twenty years. Relieved instantly of pain, and by next morning the eye was clear of any tears. This was done by restoring normal motion between the first and second cervical vertebrae.

#### Case 3

Male, age 30. Injured by a fall from a bicycle, result rapid heart. Heart action reduced twenty beats per minute by correction of sixth cervical lesion.

#### Case 4

Male, age nearly eighty. Hacking cough, and feared tuberculosis. Permanently relieved by adjustment properly of first rib at its head and transverse articulations.

#### Case 5

Female, age 9. An optician had said that "he was using the strongest glasses, and when they ceased to be of service the sight would be gone." This child, after the adjustment of the seventh cervical and first and second dorsal, attended all her classes in school next day, and without the use of her glasses.

#### Case 6

Female, age 30, three months pregnant. A doctor had diagnosed "tuberculosis," and the woman said she knew the diagnosis was correct, as "she could feel the bugs, and they felt about the size of a marble." This case was relieved by correcting the malposition of the head and transverse articulations of the third rib, right side.

#### Case 7

Male, age 55. Operator's paralysis. Right arm incapacitated for several weeks. After proper adjustment of fourth rib, right side, he wrote his name immediately, and returned to work next morning with no further trouble.

#### Case 8

Male, age 35. Diagnosed as recurring attacks of gall stones, and on his way to the hospital. Ninth and tenth ribs, right side, were twisted. After correction he returned to work, and has had no recurrence in ten years.

#### Case 9

Female, age 18. Suppressed menstruation. This patient was sound asleep within a couple of minutes after the correction of a twist between the first and second lumbar vertebrae.

+ + +

#### My Experience with 176 Flu Cases

Next I will give you our experience during the "flu" epidemic, during which we handled 176 cases successfully. Had only one complication, lobar pneumonia, and that developed after serum treatment had been given. I do not include such cases as responded to the first treatment, of which there were a great many, even

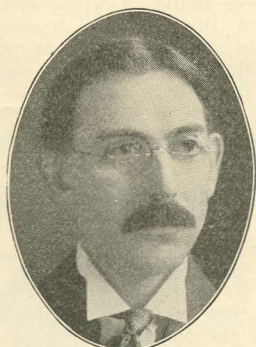


# General Medicine and General Diagnosis Materia Medica and Therapeutics

At the  
College of Osteopathic  
Physicians and Surgeons  
Los Angeles, California

In the department of General Medicine and Diagnosis is conducted the Osteopathic General Clinic Course, requiring 300 hours in the fourth year, under the direction of Dr. Harry W. Forbes, Dr. Dain L. Tasker and Dr. Charles H. Spencer. It consists in the presentation of selected cases drawn from the college clinics. Each case is gone over in careful detail, a preliminary history and laboratory examination having been made, so that all the factors aiding in an intelligent diagnosis, prognosis and outlined treatment may be placed in review before the student. The student is brought to a practical realization of the fact that disease does not conform to unalterable types, and he begins to analyze and take into account the individual factor in the body's reaction to adverse influences.

In this department comes also the instruction in osteopathic clinical practice. Each student is required to give a minimum of six hundred treatments in the college clinic before graduation. The work requires 300 hours in the third and fourth years. Patients are first given a preliminary laboratory examination, and the records of



Forbes

the case are placed in the hands of the clinical professor. A complete history and examination of each case is then made in consultation with the student-physician. The patient is then turned over to the student for treatment. At stated intervals the patients are brought before the clinical professor for further examination and advice. If a patient needs to be examined by more than one clinical professor the student-physician attends each examination and sees to it that all laboratory examinations recommended are made. When a patient is discharged the student to whom he was assigned must assemble all of the case and laboratory records, together with a report of the results of treatment, and must write, on a blank form fur-



Bowling

nished for the purpose, the history of the case. The history must be filed with the head of the Department of Diagnosis, in order for the student to obtain credit for the treatments given. Students in this department are assigned definite office

hours and are expected to care for their clients in a faithful and conscientious manner. This work, throughout two years, enables the student to develop confidence and skill in the actual responsibilities of a general osteopathic practice. Students who desire to specialize along any line of osteopathic practice are favored as far as possible in the assignments of patients during the senior year.

In the fourth year, 90 hours are given to Materia Medica and Therapeutics, under the direction of Dr. R. W. Bowling. The course consists of a critical consideration of the application of chemical agents in therapeutics and of the relation of certain physiological substances to the normalizing of function. The dominant thought is the thorough teaching of those chemical and biologic agents which are capable of a rational and therefore an osteopathic use in the treatment of disease. Emphasis

is placed upon those which primarily aid in removing disease causes, or which, in given pathological states, supply certain deficiencies of the normal body. No time or consideration is given to the agglomeration of drugs which have been discarded as worthless by the modern laboratory pharmacologist.



Spencer

Comparison is repeatedly drawn between chemical and mechanical methods of evoking physiological responses, and meddling by the use of drugs with the normal course of the body's reactions in disease is decried. The students are required to do laboratory work in groups to determine the effects of the more important drugs upon both normal animals and humans.

In the next announcement will be given details about the Special Courses in Osteopathic Diagnosis and Practice

For Complete Catalog and Detailed Information, Address—

**The College of Osteopathic Physicians and Surgeons**  
Los Angeles      300 San Fernando Building      California



## Post Graduate Work

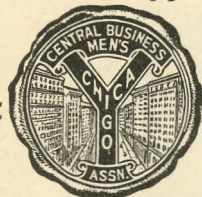
The following are excerpts from communications sent to us by two doctors who attended our September 1919 clinics:

"This to let you know I never enjoyed a meeting more—nor have I any recollection of having had more solid instruction or inspiration along professional lines in so few days. I came, I saw, you conquered."

"I should like to express the appreciation I feel toward the School for the splendid work we received at the clinics arranged for us in Chicago. The abundance and variety of clinical material was very gratifying and the illuminative demonstrations of the work by your Director and his able assistants of the Faculty were intensely instructive and most helpful. The range of work was so great in both the hospital operations and the demonstrations of office technique that one felt he had actually seen almost everything he might be called on to do."

Write us for copies of letters from other doctors, and for an outline of our Course.

**School of Orificial Surgery, Inc.**  
Utica Building, Des Moines, Iowa



## Are You Protected

by

## Central's Accident and Health Policy?

When you buy insurance, buy the best that can be had.

Central's Accident and Health Policy pays \$5000 for accidental death. It pays \$25 a week for total disability from either accident or sickness. The cost to you is only \$40 annually or \$10 quarterly.

Now, doctor, you cannot afford to be without this protection. Our company pays promptly and without red tape. Drop us a line and we will be pleased to give you further details about Central's policy.

### CENTRAL BUSINESS MEN'S ASSOCIATION

Westminster Building, Chicago, Ill.

H. G. ROYER, President  
C. O. PAULEY, Secretary and Treasurer

after the chill and fever were present. In every case of "flu" treated there were anatomical derangements which, when corrected, gave more or less relief from that very minute.

Since the epidemic I have treated more than fifty cases that had been treated with medicine through the acute stage, and every one had bony lesions along the spinal column in relation to those nerves distributed to the location of their chronic conditions.

I will mention two cases, one in which a medical doctor said, "Flu had brought on Neuresthenia." This case had been confined to his room from October 2 to November 19. This man had about "the whole outfit" in the way of lesions. He was first treated November 19, resumed his place in his office the 20th, and continued to do his work regularly thereafter, and has never had but that one treatment.

Another case had been laid up six weeks. A doctor said "tuberculosis." Very violent cough. There was a separation between the fifth and sixth dorsal vertebrae, and to touch between the spines would cause a fit of coughing. This man returned to his work in four days and had no further trouble.

We may have "weak-kneed osteopaths," but these patients, believe me, are not weak-kneed supporters of osteopathy.

+ + +

### Many Different Ills Cured by Adjusting Innominate Lesions

And now I present for your consideration a list of 380 cases in which immediate relief was given by the correction of innominate lesions. I present these cases because I was able to follow them for some time and hence know that relief was permanent. As I believe diagnosis to be the keynote of successful treatment, I will designate these cases by the "diagnoses" of the doctors who first passed upon these cases:

Dislocated Hip .....	1	Vicarious Menstruation .....	1
Enlarged Prostate.....	1	Frequent Urination.....	1
Dysmenorrhea .....	1	Menorrhagia .....	1
Stroke .....	1	Disease of Tibia.....	1
Inflammatory Rheumatism .....	1	Gravel .....	1
Bloody Urine .....	1	Priapism .....	1
Five Operations on Tibia .....	1	Rectal Spasm .....	1
		Broken Leg .....	1

Suppression of Urine..	1	Pregnancy .....	5
Hernia .....	1	Piles .....	5
Sacralization of Fifth Lumbar .....	1	Phlebitis .....	6
Sprain .....	1	Leg and Testicle.....	6
Chorea .....	1	Torn Ligaments .....	6
Diseased Heel.....	1	Ovary .....	6
Leg Atrophy .....	2	Leg Paralysis.....	6
Broken Ankle .....	2	Gall Stones.....	8
Spinal Irritation .....	2	Pain in Ankle.....	8
Weak Back .....	2	Pain in Foot.....	9
Locomotor Ataxia.....	2	Kidney Trouble.....	10
Cramp .....	3	Leg Trouble.....	19
Enuresis .....	3	Operations, Appen-	21
Sprained Ankle .....	3	dicitis .....	28
Neuresthenia .....	3	Sciatica .....	28
Catch in Side .....	3	Appendicitis .....	30
Neuritis .....	3	Knee Trouble .....	30
Sickness During		Lumbago .....	49
		Rheumatism .....	62

I wish to call especial attention to some of these cases and will begin with the dislocated hip. The accident happened thirty years before I saw the case, and the doctor on the job made a special outfit for "setting" it. He tied the patient to an apple tree, with a rope around the patient's ankle, and attached the rope to a windlass, fastened to another apple tree, and made traction to suit himself.

The five operations on the tibia were performed by the same set of doctors, at different times, expecting to find diseased bone.

The case of "menorrhagia" came on a few hours after a fall from a sidewalk, in Mannington, W. Va., in October, 1909, and the flow was continuous from that time until April 4, 1910, but stopped in about one hour after the correction of a left innominate lesion. This lesion recurred some time later, but was corrected again by Dr. Lemasters, then practicing in Fairmont. A damage suit based on this injury came before the Marion County Court and was won by the plaintiff.

In the cases of "gall stones" we found the innominate lesion contracting the lumbar muscles and pulling down on the twelfth rib, and in that way giving trouble in the region of the liver.

The pains in the ankle, foot and the "sprained" ankles were all relieved immediately, the symptoms being referred sensations.

The cases that had been operated on for appendicitis were really in worse condition after the operation than before, because the real cause was yet present, and that was right innominate lesions in each case, correction of which gave immediate relief.

## We are Both Working for the Same End

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

We have such an appliance. We ask you to carefully consider our claims of excellence and effectiveness for the

## Philo Burt Appliance

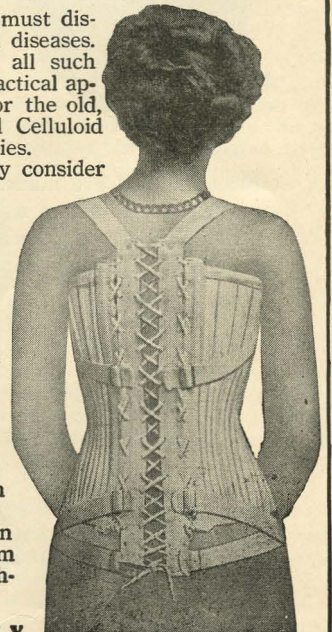
Light and comfortable to wear, easy of adjustment, bringing the desired pressure upon the parts, made only to individual measurements to meet the requirements of each case, from materials of lasting quality, OUR APPLIANCE is the adjunct you need to your treatments.

"The Philo Burt Method of Curing Spinal Curvature" contains a full description, fully illustrated from actual photographs, of Our No. 1 Appliance, in use. Let us send you a copy of this book and other literature bearing upon the subject of Diseases and Disorders of the Spine.

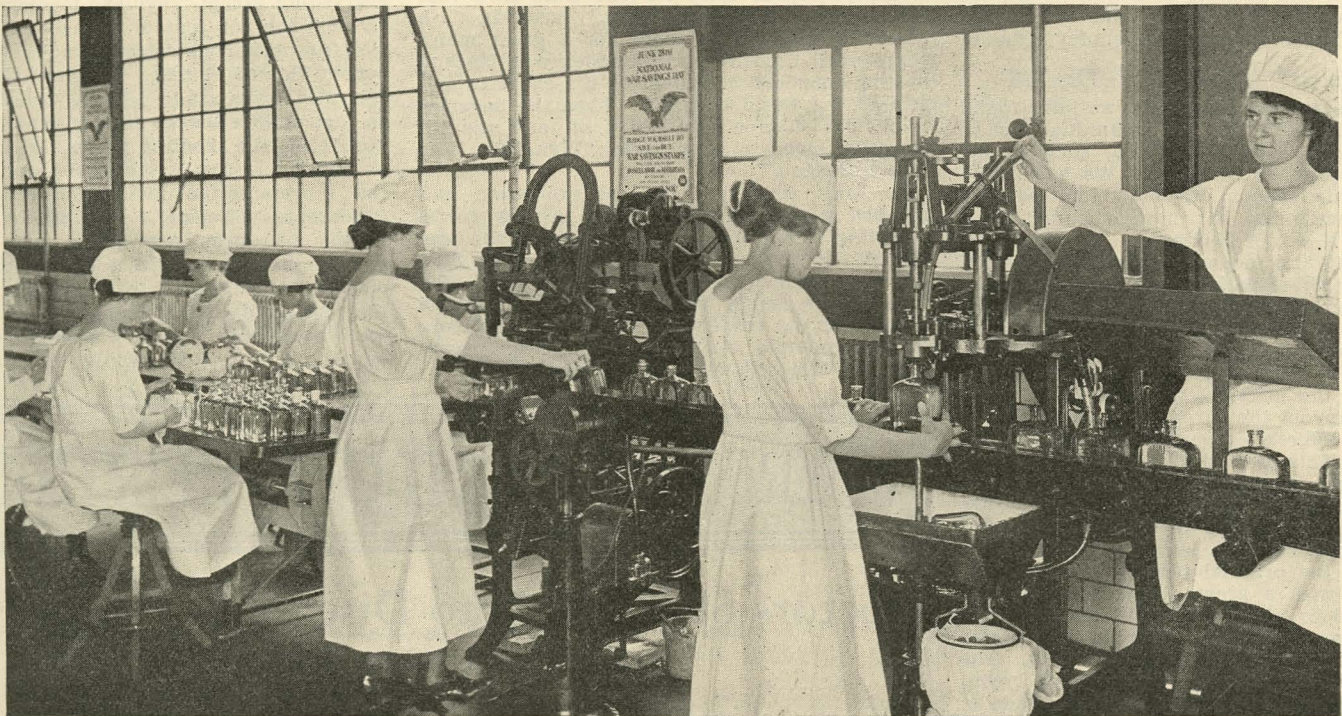
We hope also to interest you in our plan of co-operation with you in reducing the enormous total of sufferers from Spinal troubles which is producing a generation of hunchbacks and cripples. Write to us.

PHILO BURT MFG. CO. 141 Odd Fellows Bldg.

Jamestown, N. Y.







## Finest Technical Equipment

Nujol is manufactured under a system of rigid supervision and inspection that absolutely insures the quality and purity of this product. A corps of expert chemists follow the product through, and tests are made during the various processes of manufacture. Thus the uniform quality of Nujol is maintained.

The makers of Nujol command the finest grade of raw material the world produces. In addition Nujol is made under the most modern sanitary conditions in bright, cleanly, well-aired laboratories.

The Nujol Laboratories of the Standard Oil Co. (New Jersey) have made every viscosity from a watery fluid to a jelly, and have proved the correctness of the viscosity of Nujol by careful clinical test and observation.

Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.

**Nujol**  
REG. U.S. PAT. OFF.  
*For Constipation*

Nujol Laboratories, Standard Oil Co. (New Jersey), 50 Broadway, New York.

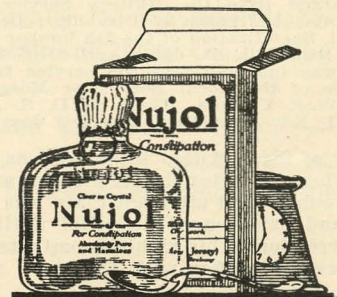
Please send me sample of Nujol, also booklet.

- "AN OSTEOPATHIC AID"
- "IN GENERAL PRACTICE"  
Constipation and its sequellæ
- "THE DAYS THAT GO BEFORE"  
Constipation in pregnancy and nursing period  
(Suitable for giving to expectant mothers)

- "AS THE TWIG IS BENT"  
Constipation in children  
(Suitable for giving to mothers of children)
- "WAGES OF NEGLECT"  
Constipation as a cause of piles  
(Suitable for giving to patients, "hemorrhoids")

Name .....

Address .....





The *Journal of The American Medical Association*, May 31, 1919, contained an article by Walter A. Sherwood, M. D., Chief of the Surgical Service, and Merritt L. Jones, M. D., Orthopedic Surgeon, U. S. Army General Hospital No. 1, New York, from which I quote:

#### Treatment of Sacro-Iliac Disease

"With reference to treatment, we have found it mainly palliative. In the beginning, rest in bed with some kind of fixation, such as adhesive strapping, is indicated. We have tried all the manipulations described for reducing these displacements, but have not met with success in a single instance. In the later stages baking and massage seem to be helpful. In strapping these patients we have found the following method to be most serviceable: Two wide pieces of adhesive tape (4-inch) are overlapped. These are reinforced by three throat sticks, and a third piece of adhesive tape is placed over the sticks. The last piece is designed to support the throat sticks and also to prevent the adhesive tape from sticking to the pubic hairs. This part of the belt is now placed on the patient so that the middle throat stick is directly over the symphysis. The ends are then firmly fixed to the pelvic bones. Straps are now run across the back so as to overlap the ends of the original pieces. These straps are put on with a great deal of tension and are designed to give tight support. Adhesive strapping has been used early in our cases; later sacro-iliac belts have been applied. The belt most in use here is one composed of brown canvas, made very simply, and held in place by three buckles and two rubber perineal bands. As a class, patients with sacro-iliac trouble make poor soldiers. The recurrence of the disability is very common and makes their service uncertain. This is especially true if they are required to carry heavy packs or do much lifting. A few of our patients have been sent to domestic duty, and others have been given full duty in special branches of the service."

This frank acknowledgment of medical and surgical inefficiency is all the more remarkable because of coming from men who were declared by the government and by their own allopathic profession to be most competent.

#### Sacralization of Fifth Lumbar Vertebra

"A condition closely associated with sacro-iliac dislocation is sacralization of the fifth lumbar vertebra. In these cases the roentgen ray shows an abnormally large transverse process which is irregular in shape and often impinges on the sacrum or ilium. The symptoms and signs are identical with those of sacro-iliac dislocation, and it is that alone that makes the differential diagnosis possible. In many cases the two conditions are associated. Several cases have been reported in which this condition was relieved by an operative procedure. The two cases in our series were discharged."

+ + +

Quoting from the discharge papers of the case I treated osteopathically I read the following:

"Discharged from the Military Service of the United States by reason of Disability; Deformity, Congenital, Sacralization of the 5th lumbar of right side. Pe. 3rd., H. E. D., dated April 23rd, '18. Said \* \* \* was inducted into the service from the jurisdiction of the Local Board, for Morgantown, State of West Virginia. Given at U. S. A. Hospital No. 1, New York City, this first day of May, 1918."

In view of the fact that this man was a glass blower when he entered the service, and had had no trouble until after antitoxin was administered, and experienced no relief until osteopathic correction of his right innominate lesion, we beg leave to differ with the army medical bureau.

When I first hit upon osteopathy I thought it was something good "only for cripples," as that was its application in my case, but now, after being in practice more than twelve years,

I am a stronger osteopath than ever and realize more every year its far-flung domain of healing over multitudinous diseases.

The pillars of Hercules one time bore this inscription, "Ne Plus Ultra," meaning "No More Beyond." This stood for a great many years until Christopher Columbus was blocked by the American continent in his effort to sail around the world to India. Then the negative "No" was discreetly chiseled off and the inscription stood to later times, "Plus Ultra," or "More Beyond."

In 1874, when the medical profession had reached a state of mind as to therapy corresponding to the geographical mind of the people of the old world in 1492, Dr. A. T. Still came forward with his declaration that "the rule of the artery is supreme," and gave to the world the inspiration that there is "more beyond" in relief for sick and suffering humanity than had hitherto been utilized.

## WHERE THEY GET IT OFF THEIR CHESTS

### Doctors Susceptible to Disease of Taking Selves Too Seriously

By Roberta Wimer-Ford, D. O., Seattle, Wash.

A CONTRIBUTOR asks in the November *OP*, "What is the matter with all the rest of the U. S. D. O.'s?" Taking the case records he presented, basing these opinions on twenty years' professional observations, much going up and down through the land and calling on many physicians of both schools in their own offices, careful physical examinations, mental tests, laboratory findings and X-rays in abundance, my diagnosis is a case of "Taking Ourselves Too Seriously."

Particularly is one prone to this, if he "offices" alone; by "officing" in groups, one learns to interpret the symptoms sooner, and quickly develops an immunity. When officing in groups, this happens daily.

In treating room, patient purrs to Dr. X: "Truly, I am delighted to note the gain in my condition." Same patient, twenty minutes later, seeing Dr. Y in waiting room, says: "So sorry, Doctor, I did not come to you first." Opening door and going to elevator meets Dr. Z of same office, and remarks: "From all I hear, Dr. Z, you are the brains of this firm," and yet continues for weeks or until cured coming to Dr. X.

At best, the individuals composing the "dear people" are eccentric, interesting and peculiar; all these features being emphasized in sick persons—or those coming to a physician's office.

Every one who has taken another's practice during vacation has met this: Patient to Dr. Pro Tem: "Doctor, I never knew what real osteopathy was till I came under your care. PLEASE don't force me to go back to Dr. Permanent," etc., etc., with slight variations from all the sick ones.

After doctor's vacation, same patient to Dr. Permanent: "Really, doctor, I thought I could not live till your return; I am sure you have no idea how much our family rely on you." Six months later, same patient in Kiro's office: "Do you know, Dr. Permanent's treatments are not worth the trouble of removing one's coat and collar?"

A wealthy, educated, much traveled woman, killing time one day in the Pullman, not knowing my business or my interests, said to me, "I always cultivate my trade's people; by so doing I get so much more out of them." Then she laughingly related an experience in which she had gotten excellent services from a physician by flattering him. "You know," she said,

There was an article in the Sunday papers some time since by one of The American Medical Association writers taking a fall out of everything except "regular" medicine. He said: "Ninety-five per cent of all acute sickness gets well, no matter what treatment they had." We believe this to be true. Substantially the same statement was made by Dr. Osler years ago. In fact, it is a truism in medicine. Now don't you think the medical profession has a lot to answer for in this world of chronic suffering if that represents that five percent that finds drug treatment inefficient? The efficiency of osteopathy has been proven in both acute and chronic conditions, and it is the duty of every osteopathic physician to make himself as near the one hundred per cent efficient as possible, and to give to the sick and suffering, osteopathy, as Dr. Still would have us do it.

"professional people meet so much competition and adverse criticism that, more than tradespeople, they fall for flattery." Do they? Was she right? Was she?

These tourists who tell us westerners what wonders we are, return home and confide in their local physicians, thusly: "My, with your insight, charming personality, your skill, diagnostic ability and superior technic you would soon be a millionaire if you were out in —; I did so need YOUR good care. I consulted a dozen, but no one understood me as you do or can get your results."

Are the doctors at each end of the trip elated? Does the patient receive more consideration because of these speeches? Does he? Well, it all depends on the temperament of the doctor.

If one is shrewd in reading human nature, as one should be, who has the transient work of a metropolis, seeing daily patients from every continent, and from many points on each continent he soon learns these remarks are but "tourist's tips," given professional people in lieu of the small silver tossed the bootblack, bellhop, porter, waitress and others who minister to physical comforts.

Early in my practice, when any one came into my office and made disparaging remarks about a local physician, stepping into the next room, I would phone, "Hello, doctor. Do you know So-and-So?" Usually the reply would be something like this: "You bet I do, but I wish I didn't; she owes me —, or he wants to borrow money." I have since learned that a style of haircut or one's choice of English may lose one a good (?) patient.

Any physician who thinks he can suit all the public all the time needs only to live a year or two longer to learn his mistake.

History records two perfect men, yet each succeeded in accumulating enough enemies to accomplish his finish: assassination and crucifixion.

Missionaries, promoters, reformers, pioneers and osteopaths might all be much happier if they remembered and obeyed the eleventh commandment, which says:

"Don't take yourself too [damned] seriously; you will never get out of this world alive, anyhow.\*"



**CLINIC**

*Diagnostic; Operative; Therapeutic; Skeletal; Eye, Ear, Nose, Throat; Nervous & Mental, Gynecological; Obstetrical; Genito-Urinary; Proctology; Cardio-Vascular & Respiratory; Gastro-Intestinal & Renal; Pediatric. Hundreds of patients are availing themselves of the Diagnostic, Treating and Operative Facilities of our Clinic.*

**ANAESTHESIA**

*Do you want to know more about Anaesthesia? If so, come to Des Moines Still College of Osteopathy where you can get by actual experience a thorough knowledge of the administration of ether, chloroform, nitrous oxide ether, novocaine and other local anaesthetics.*

**Des Moines  
Still College of  
Osteopathy  
  
Des Moines, Iowa**

- S. L. Taylor, A.B., D.O., M.D. - - - - - *Surgery*
- M. E. Bachman, D.O. - - - - - *Osteopathic Therapeutics*
- J. N. Waggoner, M.D., D.O. - - - - - *Eye, Ear, Nose, Throat, Nervous Diseases*
- C. F. Spring, B.S., D.O. - - - - - *Theory & Principles of Osteopathy*
- C. W. Johnson, B.S., D.O. - - - - - *Biology*
- M. E. Golden, D.O. - - - - - *Pediatrics, Sanitation*
- E. E. Steffen, B.S., D.O. - - - - - *Pathology*
- W. H. Gillmore, Ph.C., Ph.D. - - - - - *Chemistry, Dietetics, Toxicology*
- R. B. Bachman, D.O. - - - - - *Obstetrics*
- D. M. Lewis, Phm.C., D.O. - - - - - *Histology, Physiology, Laboratory Diagnosis*
- D. D. Clark, D.O. - - - - - *Technic*
- L. D. Taylor, D.O., M.D. - - - - - *Gynecology*
- G. C. Taylor, B.S., D.O., M.D. - - - - - *Genito-Urinary, Proctology, Physical Diagnosis*
- P. S. McQuirk, D.O. - - - - - *Anatomy*
- F. J. Trener, D.O. - - - - - *X-radiance*
- C. D. Heasley, D.O. - - - - - *Anaesthesia, Clinical Diagnosis*
- J. P. Schwartz, D.O. - - - - - *Embryology, Bacteriology*
- B. L. Cash, D.O. - - - - - *Laboratory*
- H. Utterback, A.M., LL.B. - - - - - *Medical Jurisprudence*

**OBSTETRICS**

*As we are the only educational institution in Des Moines operating a clinic; our Obstetrical Department has access to a field for numerous and varied cases, giving our student body experience and practice by personal touch very seldom equalled.*

**GYNECOLOGY**

*Interested and Efficient Teachers; practical work by the students; satisfied clinical patients all argue success for this department.*

## Débridement and Dioxogen\*

Among the surgical lessons of the war one of the most noteworthy has been the recognition of the importance of the mechanical cleansing of wounds. The French call this débridement, but it cannot be better described than as mechanical antisepsis.

In studying the action of peroxide of hydrogen as a wound-cleanser, particularly a peroxide as potent as Dioxogen, it would seem that its efficiency in decreasing the bacterial count in an infected wound must depend in no little degree on the physical processes which attend the liberation of oxygen. In other words, when Dioxogen is introduced into a wound, it bubbles and foams, thus mechanically detaching fragments of dead and dying tissue, and in this way cleansing the wound surfaces much more effectually than is possible by irrigation.

Is it not a rational conclusion, therefore, that the efficiency of Dioxogen in the treatment of wounds is due not only to its disinfecting power, but quite as much to its unique action in mechanically freeing wound surfaces from the foreign material that if allowed to remain would essentially handicap and delay the healing process?

The use of Dioxogen means débridement and disinfection—*mechanical cleansing and effective antisepsis*—with the further advantage of absolute freedom from toxic or irritating action. No other antiseptic at the service of the medical profession makes possible such satisfactory application of the latest teachings in regard to wound treatment.

*\*For further information in respect to Dioxogen, address  
The Oakland Chemical Co., 10 Astor Place, New York City.*



The

## Denver Polyclinic and Post Graduate College

*Gives Three Post Graduate  
Courses*

**No. 1—The Osteopathic Efficiency Course.** Twenty-one years of study and experience at your service to help solve all vexing and difficult problems in practice. The business side. Efficiency of technique. Saves back and nerves. Intensified review over main studies in practice.

One month. Next course begins February 1, 1920.

**No. 2—Cadaver and Clinical Course on Ear, Nose and Throat.** The anatomy, physiology, pathology, diagnosis and treatment taught. All operations are done on the cadaver by the student. We aid you in selection of best instruments.

One month. Next course begins March 1, 1920.

**No. 3—Didactic and Surgical Eye Course.** Anatomy, diseases and treatment. Surgery done on cadaver by the student. A course in refraction.

One month. Next course begins April 1, 1920.

Address **DR. C. C. REID**

*Eye, Ear, Nose and Throat Specialist*

501 Interstate Trust Building - Denver, Colo.

## Inform

Your Friends and Patients  
that the  
Standardization of Hospitals  
by the A. M. A. means the  
Exclusion of the Osteopaths

Your friends and patients are being solicited to give money to these institutions that are shutting you—their Physician—out.

Ask them to help Osteopathy by subscriptions to C. C. O. Bonds.

Denominations \$100-\$500-\$1000

Mail Subscriptions to  
**Fred W. Gage, Treasurer**  
**Chicago College of Osteopathy**  
5200-5250 Ellis Avenue  
CHICAGO, ILL.

Hoge Building, Seattle, 11-28-1919.

*Synopsis from Standard Authorities on Practice*

Taking One's Self Too Seriously  
Hypertropied EGO. Self-Centered  
Appreciation

Etiology—

This affliction shows a predilection for youths and old people. Especially reformers, promoters, preachers, missionaries, physicians and other professional people not closely identified with organizations of their colleagues. It is neither infectious nor contagious, nor truly endemic, sporadic instead. Its cause is not thoroughly understood.

Pathology—

No pathognomonic lesions, except a constantly hypertrophied ego during life. No characteristic post mortem findings.

Symptoms—Incubation—

Onset slow and insidious; incubation period varies. Symptoms change with age, sex, temperament and previous experiences of the afflicted. No physical pain experienced and no records of afflicted ones seeking relief.

Complications and Sequelae—

Attacks vary in duration, and may end by crisis or lysis. One attack does not confer immunity; occasionally relapses occur with increased virulence. Never fatal to life, but complications and sequelae sometimes severely handicap the victim.

Prognosis—

Good if diagnosed early and proper treatment given.

Treatment—

Rest out of doors, more and varied interests. Some new diversions requiring skill; golf, motoring, fishing, etc.

Active participation in local, state and national organizations. In persistent, unyielding cases benefit sometimes accrues by confining several afflicted ones together in isolated quarters.

\*P. S.—We took the liberty of supplying the good Anglo-Saxon adjective here because we heard it sizzling on Roberta's typewriter as we read her discourse. In strick Freudian parlance, we regard that word as the lady's "suppressed wish." So we give it vent.—*Editor.*

## An Injury to the Cause of Osteopathy

When I read the articles by Drs. Bartholomew and Buckmaster in the November number of *The OP*, am reminded of the button I once saw on the lapel of a man's coat which bore this inscription, "Are you the man who knows it all?" These men evidently are like all of us, have more or less "ego" and get to thinking we are a little smarter than the other fellow simply because someone fancied, after we had given them a little shop talk, and happened to be in a resort or a larger place than they had come from, that we were superior to the fellow at home. There is an old saying which runs as follows, "Far off cows have long horns." People often travel thousands of miles to find what they might have found at home, had they looked for it.

Some years ago a superintendent of schools spent his summer vacation in California, and while there became interested in osteopathy. On returning to his home in a Nebraska town he came to me and said, "I have learned a few things about osteopathy while in California, viz., that Dr. ——— is conceded to be the best osteopath in the world, and he treats forty-five minutes. How long do you treat?" My reply was, "If ——— treats forty-five minutes he is one of the poorest osteopaths in the world." "But," said he, "you can't earn \$2.00 in less time than that." This is the conception of the average person regarding our treatment.

This man was convinced in eight minutes that the osteopath was not selling his time for so much per. Now, I would say to these brethren, don't try to convince people that you are a little smarter than the rest of the profession, and that your treatments are superior to those given in New York or Nebraska, but rather tell the patient that perhaps the other fellow has a different technique but that he is working to the same end, and no doubt would get results.

This "holier-than-thou" attitude assumed by many of the members of the profession is a hindrance to the great cause.

Let's boost the other fellow, and thereby boost ourselves, and above all—*OUR PROFESSION*.—*B. H. Cabbage, D. O., El Dorado Springs, Missouri.*

## Standard Osteopathic Supplies For the Modern Office

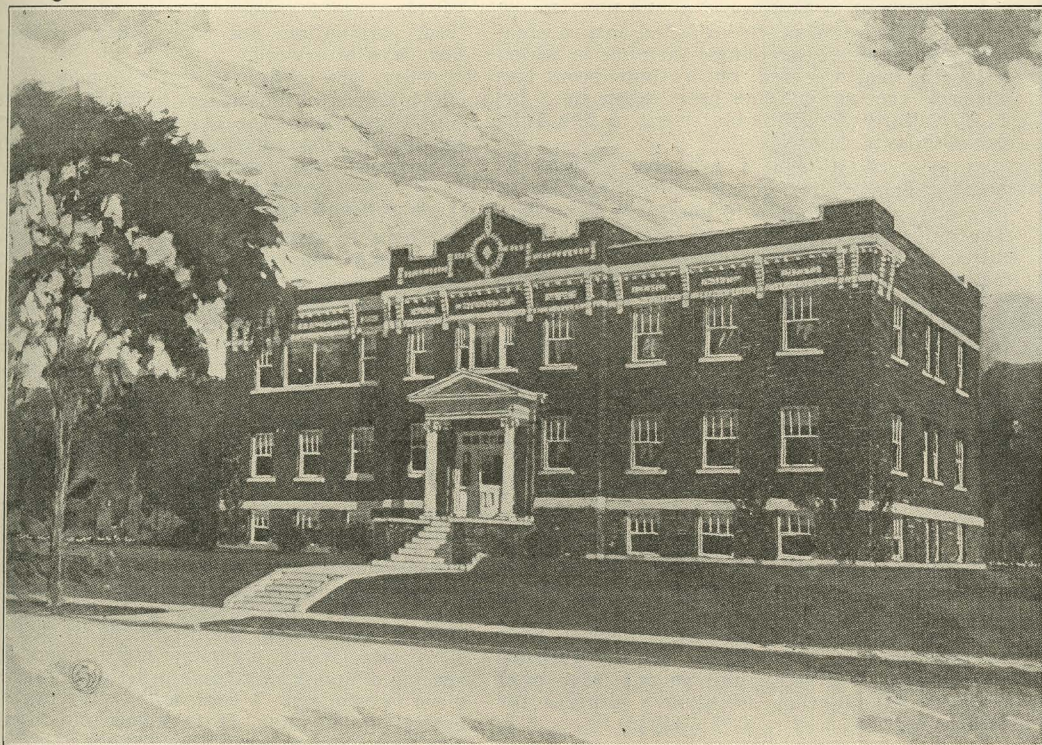
*Write for Catalog*

**Mc MANIS TABLE COMPANY**  
Kirksville, Missouri - - - U. S. A.



# 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.

## Does This Mean Anything?

THE DIONOL COMPANY.

Samples received. Had immediate use for same in a new case with a large carbuncle on right arm, area of which was over 3 inches in diameter and about one inch deep. Removed crater 1 1/4 inches under cocaine, then covered it fully with Dionol.

Had patient return next morning. Never saw such rapid results. It is now 3 days and the most excellent improvement I have ever witnessed has followed this treatment.

August 23, 1919.

.....M.D.

### Or This

THE DIONOL COMPANY.

First, I had wonderful results in treating the "Flu" last winter with Dionol Treatment.

I was recently called in consultation with Dr.....in a case of facial erysipelas. He gave an unfavorable prognosis and turned the case over to me. I at once put her on to Dionol, externally and internally and she made a very rapid recovery, temperature reducing from 104 to NORMAL in 3 days treatment.

The same day I was called in consultation in a case of acute articular rheumatism in a child 7 years old, and had marvelous results in this case with Dionol. I am reporting these cases, as to me, the results obtained were the finest I have ever witnessed under any method of treatment.

August 22, 1919.

Dr.....

DIONOL is the "something different" that secures results, unobtainable by conventional i. e. old fangled methods. DIONOL is effective in subduing local inflammation whether the latter exists locally or as a part of some general disease.

*The acid test of Promise is Performance. Try DIONOL  
Send for literature, Case Reports, price lists, etc.*

**THE DIONOL CO., Dept. 12, 864 Woodward Avenue, Detroit, Michigan**



## IN PREPARATION

McConnell & Teall  
**PRACTICE OF  
 OSTEOPATHY**

With many distinguished collaborators. This is the fourth edition of the first Practice of Osteopathy ever published and it is the last word on the subject as it contains the best thought and experience of the profession as yet given out.

Printed on fine quality of paper with clear type and bound only in cloth, about 700 pages.

Price, probably \$6.50 delivered

J. F. JANISCH  
 of the Janisch O. P. Supply House  
 Sole Publishers — The Home of Standard  
 Osteopathic Books and Supplies  
 KIRKSVILLE, MO.

The  
**TAYLOR CLINIC**

DR. S. L. TAYLOR,  
*President and Surgeon-in-chief*  
 DR. F. J. TRENER, Y,  
*Superintendent and Roentgenologist*  
 DR. DWIGHT D. CLARK,  
*Field Manager*  
 DR. J. N. WAGGONER,  
*Eye, Ear, Nose and Throat*  
 DR. GEORGE CARR TAYLOR,  
*Genito-Urinary and Rectal Diseases*  
 DR. LOLA D. TAYLOR,  
*Gynecology and Obstetrics*  
 DR. BYRON L. CASH,  
*Laboratory Diagnosis & Cystoscopy*  
 DR. C. D. HEASLEY,  
*House Physician*  
 DR. JOHN P. SCHWARTZ,  
*Interne*  
 DR. E. M. DAVIS,  
*Externe*

**Des Moines General Hospital**  
 Cor. E. 12th and Des Moines Sts.  
 Des Moines, Iowa

## Dr. F. P. Millard Takes Up Toronto Health Officer's \$500 Smallpox Challenge

[From the Toronto Telegram, Dec. 20th]

THE challenge of Dr. Hastings, M. O. H., contained in his report to the local Board of Health, in which he defied anti-vaccinationists to present one single instance in which a death has occurred or a limb been lost through vaccination, has been taken up. Dr. F. P. Millard made this statement to *The Telegram* today:

"I hereby state that I will give \$500, to be divided among the charitable institutions of this city, as a call to said challenge if proven. The only stipulation being this: That a committee of three unprejudiced public citizens listen to the statements of the bereaved parents who claim to have lost children, or have had children disabled through being vaccinated, and base their decision on the statements of these parents.

"To state that theoretically no person ever died of smallpox, but from a complication of

troubles following smallpox, is on a par with Dr. Hastings' statement that no person has died from vaccination, but complications arising a few days afterward.

"There are in this city at this moment over one hundred children and adults in a critical condition. One is the 21-year-old son of a medical doctor. Two physicians who have had their fingers cut while vaccinating have had to struggle to save their arms. One had to call in three colleagues.

"There are a number of men in this city, and one phoned me last night that, although 'successfully vaccinated,' they had had severe cases of smallpox in the last big epidemic of a few years ago. A big lumberman told me last week that in his lumber camp, where over two hundred men work, everyone had been vaccinated, and almost every man had smallpox. This was in the last epidemic referred to above."

## Diagnosis

By Harold Glascock, D. O., M. D., Raleigh, N. C.

DIAGNOSIS is the great bugbear to all physicians. Were diagnosis not so difficult, all doctors would be great physicians. It is a hard path, and many fall by the wayside and give up in despair. They fall back to the gunshot prescription or the gunshot treatment, hit or miss, and go on. Five minutes for examination, twenty-five minutes for treatment.

Doctor, how often have you stood by and watched some fellow osteopath look hurriedly over the spine of a patient and in ten minutes tell him the nature of his complaint? No laboratory investigation; no general physical examination; no definite history; perhaps did not listen to the heart. Can such as this be general in our profession? Just a few days ago a man said to me, "I am through with the tongue and prescription doctor; I want a man that makes a diagnosis before he sets in for treatment." This is also applicable to the "hand-down-the-spine-and-treatment osteopath." The osteopathic profession itself has very little confidence in its diagnostic ability. As a profession we can not let this condition continue to exist. We must begin individually to develop our diagnostic technic until our profession shall be known the country over as a diagnostic profession.

I have traveled around quite a good deal, visiting osteopaths, especially in our larger cities, where I would naturally expect to find enthusiasts on the subject of diagnosis; but I have failed to note their interest in this line. They are really figuring more upon some scheme of increasing their practice and getting more two-dollars. I have noted very few diagnostic implements. It is impossible to make intelligent diagnoses without diagnostic implements. I never saw an X-ray, a cystoscope, a sinus lamp, a proctoscope, and many other very necessary implements in an osteopathic office.

You can not run a farm without a few plows, neither can you be a physician without equipment and the knowledge of how to use that equipment. There is no fear of the medic, the chiro, or the mechano, by the osteopath that is making intelligent and thorough diagnoses.

If you can not see and realize your field yourself, get off for a month, go to see some fellow who is doing things, and learn what your needs are; and then go home and improve upon what you have seen. Become an enthusiast upon the subject of diagnosis. Osteopathy is the greatest thing in the healing world, but we will never get anywhere if we do not back it up with diagnosis.

## It Pays to Begin Right

[From the Bulletin of the Mary Elizabeth Hospital]

HOSPITAL work should be included in every doctor's training before he enters practice for himself. This applies to the osteopath as well as the medic. We cannot hope to know and see out in general practice in several years what you will learn in a hospital even in a short time. You can read how these things are done, but to do them is different. It puts you on your guard—stabilizes your equilibrium—and causes you to wonder how you could have ever managed such a case unless you had had the training before.

This feature of our science is sadly neglected, and we cannot hope to get very far unless we wake up to the fact that this training is essential and a necessity, both to ourselves and our patients. They pay us good money and we should give them the care they need, but unless we get this before we enter practice we have to give it at their expense.

How many osteopaths would know how to

prepare a patient for an operation? How many have ever passed a male or female catheter? Could you give the nurse orders as to what to do, and could you tell if she had not done everything right? Suppose you had a very sick patient with a nurse on the case. Could you read the chart? Suppose you saw written on same t, i, d. Suppose you saw "M. D. at once." No, doctor, that doesn't mean run for the Medical doctor—merely to start the Murphey drip.

There are numerous things coming up each day in a hospital which are of extreme importance to each and every physician, and it is here that we learn to apply them in later days when we are out bucking up against the already established physician who is always on the alert to catch something you have left undone.

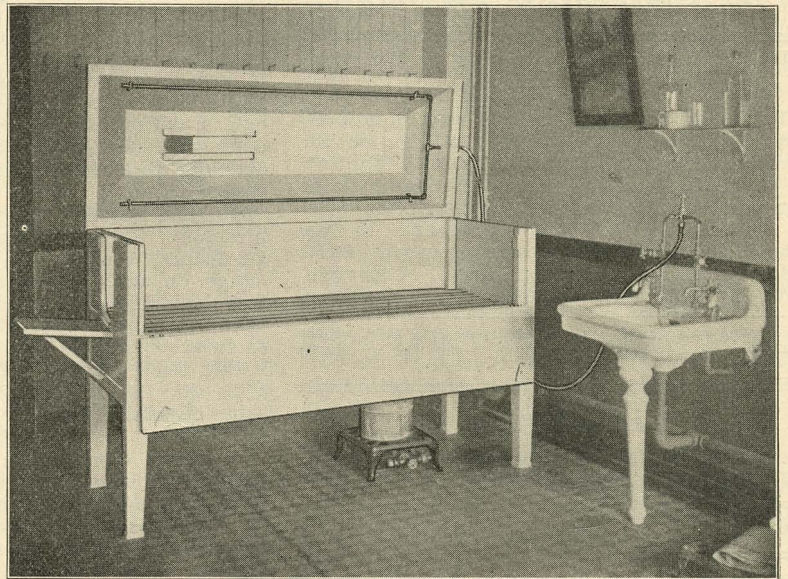
Let's work together and try to get more graduates to take this kind of training before they enter practice.



**Is Your Income Less than \$3,000 a Year?**

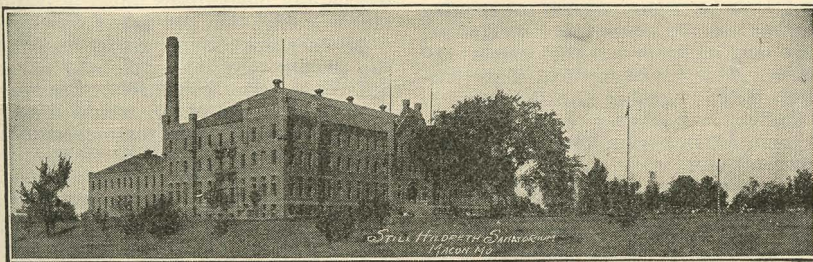
If so, you are *not* obtaining the income your education entitles you to, and you should investigate my bath cabinet proposition. It will quickly increase your ability to cure cases to the point where you will net at least \$5,000 per annum. I *know*, because I have proved it in my own practice. It has doubled my income—and I was netting more than \$3,000 per when I instituted my Medicated Bath System. A man who has spent three or four years educating himself for a special vocation should be worth over \$3,000 a year and if he is not getting it, then his years of study represent practically wasted time and effort.

Medicated Baths are revenue producers in themselves, but also they develop regular osteopathic practice. I do not neglect my osteopathy; since putting in my Medicated Bath Department I do more osteopathic practice than ever before! The two things go hand in hand and a Medicated Bath Department is really the finest sort of an advertising feature for osteopathy. It is a wonderfully successful combination therapeutically and financially.



My special Medicated Bath Equipment is simple and inexpensive to operate. Write for full detailed information and prices. I will gladly answer all questions and you incur no obligation whatsoever. *Remember*, we will make terms so easy that you can not afford to be without our equipment.

**WELLINGTON C. FOSSLER, D. O., President FOSSLER BATH CABINET COMPANY  
STERLING, ILLINOIS**



**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

**Osteopathy in the Inflammatory Diseases**

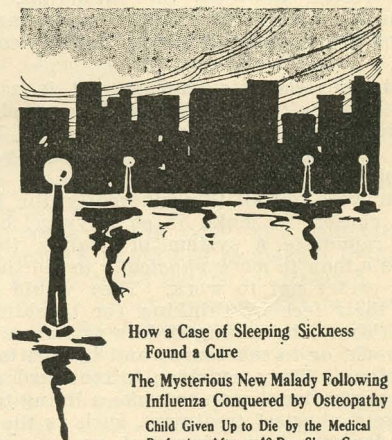
In this issue Professor Lane tells why inflammation causes pain. He explains how the blood works its cure. He shows the use of osteopathy in virulent tonsilitis and acute and chronic dysentery, etc. You should never be without this number. Price \$4.00 a hundred.

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

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

*Editor.*

**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



## The Osteopathic Physician

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 in the United States \$2.00 per annum. In Canada \$2.25. In other foreign countries \$2.50. Advertising Rates on Application. Copyright, 1919, by The Bunting Publications.

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

### EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVII JANUARY, 1920 No. 1

#### WHY CRY "PEACE!" "PEACE!" WHEN THERE IS NO PEACE?

(A STUDY OF THE COLLECTIVIST VERSUS THE INDIVIDUALIST POINT OF VIEW)

We must draw a sharp distinction between the present situation of the osteopathic profession as a Collective Entity and that of the practitioner of osteopathy as an Individual, for if we judge of the peril and needs of the one by the natural predilections and wishes of the other we shall betray the science of osteopathy hopelessly into the hands of those who have sworn to bring about its extinction.

Between the "regular" medical profession and the osteopathic profession there is war to the finish. There has been war since the day that Doctor Still entered upon his new development in therapeutics. There has been open, avowed, remorseless warring on the part of the organized medical profession against osteopathy as an institution from the day that Doctor Still chartered a new college "to reform medicine, surgery and obstetrics." Nor could we expect that there would be any other result, knowing the intolerant, selfish tyrannical attitude of historic "state" medicine toward independent thinking and all competitors.

It is an economic warfare. It is a battle royal between two hostile, conflicting and eternally irreconcilable systems of therapy. It is a clash over the fundamental facts and philosophy of disease.

If it were not all this inherently, the M. D.'s have chosen to make it so anyway, because they repudiate a system of healing that requires a man to work physically to aid the sick. They prefer not to work. They would rather earn their fees by thinking (or thinking that they think), by giving orders to nurses to do the work, or to masseurs; and by writing prescriptions. They consider it too hard a way for a professional man to make a living to have to give a physical treatment, such as the osteopath does; and knowing that our system gets results (as they now realize from losing so many of their best families to the new school) they know it is a case of survival of the one or the other—either the fittest to combat disease, or the "fittest" to kill the other.

The issue is to be settled, then, and can only be settled, by a war of extermination between two radically different kinds of doctors fighting for their bread and butter, for reputation, for public confidence, for institutional existence, for dogma, for personal pride, for tradition, for prestige, for prejudice, for power, for glory, for self—can men fight for much more, or fight more determinedly for much else?

Yes, they can fight for the conviction of right. Both sides have it. They also can fight for personal liberty, equality and the right to pursue happiness. Both sides feel it. The osteopathic profession believes that it feels this incentive in greater degree because it is an acute issue in its daily experience. We know that we face extermination: so we *should* fight with the wisdom and spirit born of necessity, standing shoulder to shoulder, with our backs to the wall.

But just a little more remotely the allopathic profession foresees the same sort of extinction. Its leaders are wise enough to recognize the danger in advance and they are trying to protect their Institution from its impending fate—should osteopathy prevail, by crushing out the osteopathic reform movement which contains within itself the seeds of medical undoing. So, after all, the "regulars" are actuated by the same desperate desire to survive that we osteopaths feel.

It is an economic, a biologic, philosophic, dogmatic war to the finish—a war of extermination for one system and party or the other. The "regulars" know this and admit it without reserve among themselves. They act it too on every organized and public occasion, and very often individually and privately, as well.

Whether we osteopaths try to think otherwise or not, such differences and conflicts of interest are radical and not to be composed. One system or the other must prevail. One of the two must retrograde and pass into the somnolence of homeopathic desuetude. "State" medicine has decreed that osteopathy must be the one to die. The revelations of our efficiency in the flu-pneumonia epidemic have made this determination all the greater.

The lion, "state" medicine, and the lamb, osteopathy, cannot lie down in peace together on any terms except that the lamb occupy a berth inside the lion.

That was the automatic decree of allopathy nearly thirty years ago. The plan has not been changed one particle except to acquire more resolution, skill, cunning, discipline, power in its application as the crisis approaches nearer. This is the medical consciousness of the situation whether the Osteopathic Profession Collectively has been punched, goaded and insulted into complete recognition of the situation or not.

The officers of the American Medical Association and those of its state, county and city branches have been animated by but one common historic purpose in their dealings with osteopathy from the first minute that they heard of it until this auspicious day, and that purpose is to *kill it!*

There can never be any other attitude on the part of "state" medicine but to kill osteopathy. They never had any other attitude toward any rival. Make no mistake about it. They mean to *kill it*—and as things are going in some quarters within our own ranks calm, impersonal, aloof judgment must concede they are getting well on with their project. They certainly have a good chance to kill osteopathic therapy before it can find itself and get sufficiently organized, unified, disciplined and entrenched to withstand the power of their remorseless, cunning warfare of extermination.

Osteopathy, to be sure, has a fighting chance to win; but we must be candid among ourselves, as well as sagacious, and admit that it is not a very sure chance. From several points of view our survival really seems extremely doubtful. We do not appear to have a 50-50 chance, as things are going inside our own councils. Unless bigger and more centralized national leadership than we have yet known shall come to our organized profession the future seems dark indeed.

So much for osteopathy from the point of view of its Collective Status.

Now what about the future of osteopathy from the Individualistic point of view?

Here everything seems radically different. The wishes of the doctor of osteopathy are unquestionably for peace and good will toward his medical competitors. The doctor as an Individual is animated by such considerations as wishing to enjoy peace of mind, neighborliness, pleasant acquaintanceships among others of the healing art, to be tolerant perhaps, and even consult and make exchange of professional courtesies with other schools. He knows that such considerations would be to the fore if the interests of humanity were really first in the consideration of doctors. He hates to fight, anyhow, if he is a normal worthy specimen of society. His family and its social status in the community are a prime consideration. He feels that a war with doctors may stir up some hard feelings and lead to social rebuffs.

His income is also a factor. He is doing well financially and he does not want to jeopardize his income by getting into a public dispute with the "regulars" who in debate, if not in therapy, may prove to be his betters. Perhaps he does not feel equal to represent his science ably in case a public argument over therapy got started. He feels that if he stirs up anything—even if osteopathy's reputation would benefit by it, or if he sits in judgment on any patent abuse of drug medicine—even though human life is jeopardized by silence, he personally might be injured by it; and as it is not his business to carry responsibility for anybody's patients but his own he feels it would be wise and safe to keep his own counsel. That he bears a responsibility to the public as a teacher by virtue of his doctor's title and is responsible to teach and advise society about its safety probably does not occur to him.

Besides he has a very good personal friend, an allopath, an admirable gentleman, who sometimes sends him cases. He values this recognition. He wants this additional practice. He knows that this friend would not like it if he educated the people to understand the perils of coal-tar derivatives and the fraud of polyvalent vaccines for the infectious diseases, while if he does not assume to act as the protector of the people they, at least, will never know the difference. He would feel uncomfortable when next he met his M. D. friend if he were to become an actual force for osteopathic education, growth and establishment in his own community. So, he follows the path of least resistance. He virtually compromises with his manifest destiny as a reformer and teacher by becoming a time-server in therapeutics. He sells his birthright for a pottage of peace and the good will of an Individualist in the ranks of the M. D.'s. He wants to let well enough alone, live on what success he may have already achieved, hold to what he has got and play safe against the discomforts, perils and distractions of waging any further reformation to carry osteopathy over the top.

That in brief is the attitude of about nine-tenths of our osteopaths in practice. It is the natural and, to a considerable degree, a proper Individualistic Aspiration. We can all understand it. As Individuals we all may share it. It applies to practically all of us, only in varying degree.

It represents the sterile culture stage of the osteopathic incubation. From this point on the colony dies out.

Very few members of our profession have the breadth of view, training or experience to see the larger osteopathic problem with Collectivistic vision. The peril and needs of Organized Osteopathy are a sealed book to them. They are not much interested in reading about our professional policy. They call it "politics" and say "what have practitioners whose hearts are in their work and who don't want to hold office to do with politics." They criticize efforts—no matter how far-seeing and sagacious—when put forth either to defend osteopathy from open



or insidious attacks or to advance it by making the public understand its real nature and Collective Aspirations and deserts even though progress has to be achieved at the cost of undermining "regular" medicine. Very many will absolutely have no part in any such work. They call it "knocking." Eighty per cent of all osteopaths in practice do not support any active osteopathic propaganda but only criticize the best educational work that others are doing.

The Individualist osteopath, then, who by instinct or experience has never caught the Collectivist conception of osteopathy, and has never seen, as a statesman or publicist visualizes, the peril that besets our path is practically dead so far as being a factor in osteopathic advancement is concerned. He may be a first-rate success as a physician and a great credit to his profession, but his work will die with him. He will not carry on. So far as *his* influence may count osteopathy will be extinguished by the might and tyranny of "state" medicine.

Therein lies the weakness of osteopathic reform, and the peril to our science is greater than any of the Individualist osteopaths care to know. Such osteopaths will be bored, if they really bother at all, to read this editorial. Most of them will not read it.

Hence, the constant poignant cry within our ranks of "Peace!" "Peace!" when there is no peace—and *never was!* When there has seemed to be peace there was only a temporary lull with inaction and decay of osteopathic advantage. The clock was only running down from the power supplied by an earlier winding.

Whenever we consent to a truce and stand still, allopathy goes forward more in some days from its frightful momentum than we travel in years. Witness that \$30,000,000 endowment gain to their institutions from an osteopathic patient within the past few weeks. Other bequests will follow rapidly to Institutional Medicine.\*

Hence the constant admonition from osteopaths as Individualists "to make" and "keep friends with the 'regulars'", and to "be sure we do not do anything to advance osteopathy that will invite medical displeasure," and "to avoid the appearance of knocking!"—any God's truth about the dangers of drugs to human life being erroneously regarded as "knocking." Lo! while that natural and proper amity among doctors as Individualists is proceeding and the Individualist osteopath is cultivating pleasant and profitable relations with maybe two or three Individualist "regulars," the might, guile and wiles of organized "state" medicine, with its tremendous discipline and will for extermination is steam-rolling organized osteopathy into insensibility.

What is going on every day?

The California Board of Medical Examiners recently refused to recognize the Los Angeles College of Osteopathic Physicians and Surgeons on the ground of "public policy."

The New York profession has been packed into a tight box and the lid nailed down for ten years. Growth has been stopped. "Check-mate!" the New York M. D. calls triumphantly to the D. O., who is still hunting some way out. The New York situation is desperate, and has been for years.

Illinois osteopaths for more than twenty years have practiced under the limitations of a law which forbids them to call themselves doctors or physicians, a law that herds them with a host of sorry artisans as "other practitioners", having "permission" only to think and function *mechanically* in the healing art.

This very hour the medics of Pennsylvania by a shrewd piece of politics have thrown a bone of contention into our local profession and split it wide open. They have got one osteo-

pathic party trying to eat the other up. The medics hope that our blind and irate forces will voluntarily put further "thou shalt not" manacles into the state law and thus kill self respect, initiative and academic freedom for osteopathy in Pennsylvania forever.

In Texas and elsewhere over the Union "the standardization of hospitals," so called, is moving forward to boycott osteopaths permanently from practice in all public and private hospitals. The AOA seems to regard these contests as purely "personal" and "local" affairs where they affect directly a man who has not paid AOA taxation. "Scratch my back and I'll scratch yours." The permanent concern that osteopathy as a profession has in this matter—is it receiving due legal attention?

Osteopathy was discredited in the war, its physicians were treated like servants and it was loaded with insult, perfidy, falsehood, slander and persecution by "state" medicine in response to its efforts to fulfill its patriotic duty.

Osteopathy's wonderful work in the flu-pneumonia epidemic was ignored, discredited, misrepresented by indirection and the great mass of the people are still kept from knowing anything about it because "state" medicine sedulously fills the public press with statements that "mankind is still as helpless as during the civil war in the fight against respiratory diseases," etc.

Standards of education are being strained artificially and forced to unnecessary, injurious and ridiculous heights under the support of the Rockefeller and other endowment millions, with the shrewd intent to kill off osteopathic colleges.

The Canadian medical profession seems to have come near exterminating osteopathy the past year in the Province of Ottawa.

An osteopath of Pennsylvania was recently notified by the president of the state Bureau of Medical Education and Licensure, Dr. Baldy, that he could not give an enema or even order a trained nurse to give one, except on the order of or in the presence of an M. D. who must accept full responsibility for the case. And yet osteopaths—the Individualists among us—cry "Peace!" "Peace!" when there is no peace!

Osteopathic practitioners as Individuals have always been addressed as "Mr." by Institutional Medicine, their rights as physicians denied, ridiculed and attacked in legislatures, courts and public prints; their rights denied to sign birth and death certificates, hold public health offices; perform surgical operations, use drugs in *any* form for *any* purpose; their educational qualifications have been misrepresented, ridiculed; they have been called masseurs and mere mechanical manipulators; all independence, choice of action and academic freedom have been denied them and laws are constantly being urged in state after state which would make medical tyranny effective while, alas! in some communities osteopathic Individualists arise who for the sake of dogma would actually work with Collective Medicine to forge fetters on the limbs of osteopathy Individually and Collectively alike.

And yet the osteopathic far cry is heard over our battlements "Peace!" "Peace!" when there is no peace!

The Individualist Osteopaths—who probably number nine-tenths of our profession—hug the malign, voracious Wolf of Institutional Allopathy to their breasts, trying vainly to cover its sharp teeth with the cloak of charity, good will and obliviousness to all consequences, and stolidly, insensately allow it to gnaw out their guts!

Is this intelligent? Is it the result of moral force? Is it a mark of character—or sheer weakness?

What will be the outcome?

Extermination for osteopathy in absolute certainty if we cannot impress the Individual-

ists in our ranks with a true conception of our Collective Peril, our impending Institutional Doom; and unless, as by some miracle, we create a new vision and a fighting discipline in our ranks and stimulate the will to go on with this battle of systems until the right triumphs.

If the Individualist point of view which is Pacifist at Any Cost is to continue at its present wide prevalence and great tenacity among our people then indeed is our extinction sure.—Henry Stanhope Bunting, A. B., M. D., D. O.

#### FLU-PNEUMONIA NEXT MONTH AGAIN

Owing to unusual demands for space which popped at the eleventh hour before closing we regret having to omit that very interesting and helpful symposium on "How Osteopaths Treated Flu-Pneumonia." Watch for it next issue as usual.

#### THE CABOT PLAN FOR PAYING DOCTORS

Dr. Richard C. Cabot tossed a bomb shell into his profession by announcing that physicians should contract for services at a fixed price and suggested \$10 a year as a fair cost. "Only physicians whose incomes are great are opposed to this plan," he declared.

This is interesting. In the first place evidently Dr. Cabot does not put high value on average medical service. Possibly he strikes a balance in the vital Profit & Loss account and means to charge up the doctor with whatever drug, vaccine or serum damage he does to his patient! Well, that looks fair enough.

The suggestion points out the wide gulf actually existing between medical treatment and osteopathic service. Nobody who knows what osteopathy is would think of suggesting \$10 as a fair remuneration for a year's service—would they, Charley Green? Dr. Cabot knows a lot about medical service. He must know something of what he is talking about.

We don't believe that \$10-a-year per person would pay doctors as a class enough to make practice look interesting; and yet if 110,000,000 men women and children were to pay \$10 apiece a year to 250,000 doctors (and there are not that many in U. S. A.) it would make an average pay for physicians of \$4,400 which is much higher than they actually receive. So the good doctor is not talking as wildly as he might seem on first consideration.

There is another aspect to his suggestion of profound signification. What effect would such a system of remuneration have on the doctors? On givers of drug and biologic dope in particular? What effect on osteopaths? What effect on therapeutics?

No doctor would have any temptation to hang on to patients just to make a living. The good people would not be overtreated.

No doctor would have to fight to perpetrate a false system of therapy because he found himself a part of it and its perpetuation seemed necessary to him in order to make a living.

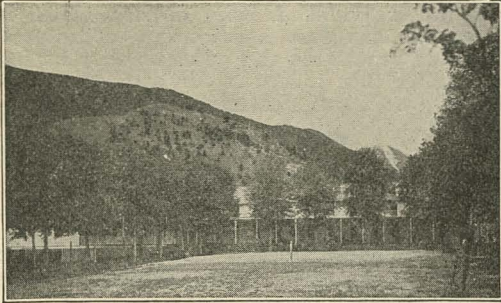
No doctor would feel the same temptation to gullibility in accepting drug and biologic medicines because his income would not be at stake, he would not feel the same competitive pressure to "do something" to keep from losing his grip on his bread and butter, and men could look at therapeutics impartially and accept the best without embarrassing alignment to systems, dogmas, precedents, parties, legal restrictions, etc.

Drug giving would no doubt die out much faster than it is now dying. The superb energy of the AMA, now being so largely spent to control all the power, privilege and emoluments of healing, to utilize such funds as Rockefeller

\*\$5,000,000 to the Canadian Medical Colleges from the same source has followed since this editorial was written.



## Chico Hot Springs Sanitarium and Hospital



Located in the heart of the Rocky Mountains at an elevation of 5000 feet. Open the year around.

The Mineral Water baths and drinking is second to none for Rheumatism, Skin Diseases, Gastro-intestinal and kidney troubles.

Hospital is completely equipped with Laboratories X-Ray and operating facilities.

*Special attention to surgical cases.*

**G. A. Townsend, D. O., M. D.**

Surgeon-in-Chief

Emigrant, Montana, Post Office

## The Perfect Sight Restorer

Dr. Cole's



For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision in far sight, near sight, Astigmatism, causes absorption of Cataracts, relieves attacks of vertigo, sick headache, nervousness and other conditions which are due to eye strain. The P. S. R. is made of polished hard rubber, cannot wear out nor liable to get out of order. Guaranteed to give satisfaction if used according to instructions.

Write for descriptive literature.

PRICE \$5.00

**PERFECT SIGHT CO.**

Dubuque, Iowa

## NAEVOLA Removes Warts

*Read what Dr. Harold A. Fenner  
has to say about it.*

Dr. T. C. Lucas:

I can faithfully recommend the use of Naevola to anyone who wishes to completely and permanently eradicate warts and moles without noticeable cicatricial formation.

Harold A. Fenner, D. O.,  
North Platte, Neb.

Don't wait another minute, doctor. The price is \$5.00 a bottle and every bottle is guaranteed to satisfy customer or money refunded. Better send your check for \$5.00 today to Dr. T. C. Lucas, 1130 Lady St., Columbia, S. C., and get a bottle of *Naevola*.

Foundation for the glorification of their own sect in therapy, and to discourage, and discredit and outlaw all original work, independent thinking and unmuzzled development in therapeutics, would be directed to find the True, the Good and the Expedient in practice, howsoever it looked when found, or wheresoever it came from. The change, in other words, would tend to supplant charlatany by science.

It would mean that osteopathic philosophy and practice would develop along scientific lines, also, without being shackled to sterile dogma or the necessity of being consistent with reference to a predetermined and fixed idea in a realm where it was found not to apply.

These are just a few of the possibilities which Dr. Cabot's vision took in as advantages to the human race, to physicians and to science generally when he advanced his idea of paying doctors \$10 per year per person for healing. Not such a bad suggestion, after all—is it? But, no doubt—just as Dr. Cabot implied—most of the doctors, osteopaths as well as allopaths, whose incomes range between \$7,500 and \$20,000 per annum will not strain their voices crying "aye" for the adoption of this proposed new system of medical compensation.

### DALLAS' BITTER DIPHTHERIA ANTITOXIN EXPERIENCE

Dr. James L. Holloway of Dallas, Texas, sends us newspaper clippings about the tragic experience of his city, which recorded six deaths of children during a diphtheria epidemic as the result of using one special lot of defective toxin antitoxin designated as "Mulford's Serial Number A337061." In some way the product was faulty and produced severe "untoward reactions" in about forty cases in which it was administered, the six deaths "being horrible affairs," as Dr. Holloway writes us. Of course the city authorities and medical profession were greatly stirred up over this deplorable tragedy and every effort was made to locate the fault, but so far as we know, without success.

Osteopaths must not—if they are to be logical, scientific or just—accept a rare and sporadic disaster like this as any proof that Behring's antitoxin is a failure in general application. It is used hundreds of thousands of times without showing such untoward consequences, and it has cut the mortality of diphtheria down to a small fraction of its usual untreated fatalities. Pure science, altogether apart from medicine, has fully proved that it is a specific when properly made and properly administered—which means used early, for one thing. Of course there is always a chance that it may not be properly made or may not be properly administered. That chance is known to be infinitesimally small, something like one in a hundred thousand, or even much less.

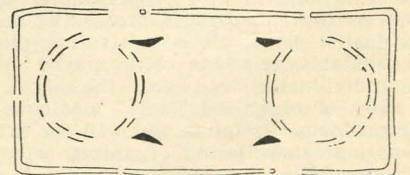
This, reduced to epidemic figures, means that probably more deaths from diphtheria would have occurred in Dallas from an unchecked plague of diphtheria, had no antitoxin been used at all, than occurred in this bitter experience with such a deplorable tragedy thrown in the balance on the side against antitoxin. It is not the particular but the general result that counts. One of the most frequent faults of human thinking is to universalize the particular. The universal result in antitoxin giving is that diphtheria antitoxin, where properly used, stimulates the defenses of the body to outrun the rapidly forming toxins which cause death. The particular result here is the exception—of every rare occurrence, fortunately—when some fault somewhere makes the cure kill.

Osteopaths have a right to divided opinions on this as on all questions. Some may so dread the one-in-a-hundred-thousand chance of fatalities resulting from the serum that they would prefer to see the childhood of the world accept the one-in-four chance of death without it. That is all as it may appear to the individual mind

## TRUE BLUES!

The message of the month is contained in the February installment of "Osteopathic Health" entitled "How 'Bad' Mechanism in Our Joints Makes Sicknes". Not a consideration in it except pure A. T. Still lesion osteopathy. One of the best presentations of the osteopathic concept you ever read. Beautifully illustrated. Will you neglect such a call?

## No. 36



### 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.



and conscience; but science recommends *accepting the smaller danger.*

Of course there is no chance here to pit osteopathic treatment against the antitoxin treatment for the safety of the childhood of the world, since there are not enough osteopaths in practice to look after all children, even if osteopathic treatment were swifter acting and better.

Our private opinion is that osteopathy is very efficacious for diphtheria, as for all infectious diseases; but we do not believe, in the nature of things, it can act as swiftly as antitoxin; and in this race for life the swiftest possible activation of countless hosts of antibodies is the one hope of safety. Research has not yet tested out the comparative rates of action of osteopathy and antitoxin in diphtheria; but it has measured definitely the action of Behring's antitoxin and put the seal of approval upon it; and it is known to act so swiftly as to save multitudes of lives.

Were the need to come to the editor's own home he would have antitoxin administered as soon as diagnosis was established, and follow this with vigorous osteopathic treatments along the entire spinal column, not overlooking the spleen, in accordance with the revelations of recent osteopathic research in regard to the antibody function of that organ.

The point we started out to make is that osteopaths should be slow to criticize the medical profession for a tragedy such as happened at Dallas, for it would be absolutely unfair to make capital out of such grief for dogma's sake unless the whole shining record of life-saving by diphtheria antitoxin were set down in blessed parallel with such rare and sorrowful misfortunes as the Dallas episode.

Conceivably one rarely may get so steeped in bigotry and dogma as to regret that there is any such relief for the world's childhood as is open to all takers by the antitoxin route. At least we have known drug doctors, conversely—very prominent officers, too, in the AMA—who on the witness stand have admitted that they "would rather see children die than be cured by osteopathy"; but the world has no room and mankind no patience for this kind of maladvertense. Surely there is no lodgment for this sort of narrowness within the osteopathic profession.

**AS INDUSTRIAL TROUBLES AFFECT PUBLISHING SERVICE**

Doubtless our doctors have read about the wild chaos in the printing field this winter. With the paper famine and greatly increased costs in labor, material and machinery, we publishers have been having a hard time of it. Printing stopped in New York City for about two months. We were luckier than that in Chicago, not having to deal with a great strike; but fundamentals were just the same here, and our embarrassment to get our work out has been great. We have been in much the same situation that all industry was in during the business suspension period of the war. Transportation service also has been poor. On top of all this printing trouble, the coal strike resulted in cutting off lights, power and fuel and reducing our working hours in the busiest week of our history.

Our publishing house met its earlier printing crisis with courage, decision and resourcefulness. When, several months ago, we agreed to stand a second raise in printing costs within a year, we were led to believe the new rate would hold for two years. However, there soon came a further demand from the printing trades unions, and had it been fully acceded to it would have amounted practically to running our business for their benefit.

We met this by going into an open shop, so far as our work is concerned. The Bunting Publications, Inc., started its own printing plant as an open shop for doing its small job

**Delicious and Strength Giving**

HEMO is superior to other specially prepared liquid foods because it contains hemoglobin—it contains twice as much iron as mother's milk; six times as much as cow's milk.

Prospective and nursing mothers find that HEMO increases the healthy flow of milk. When given to infants it safeguards against rickets, anemia and backward growth.

*We will send a sample of HEMO to any physician or registered nurse.*

**Thompson's Malted Food Co.**  
130 Riverside Drive, Waukesha, Wisconsin

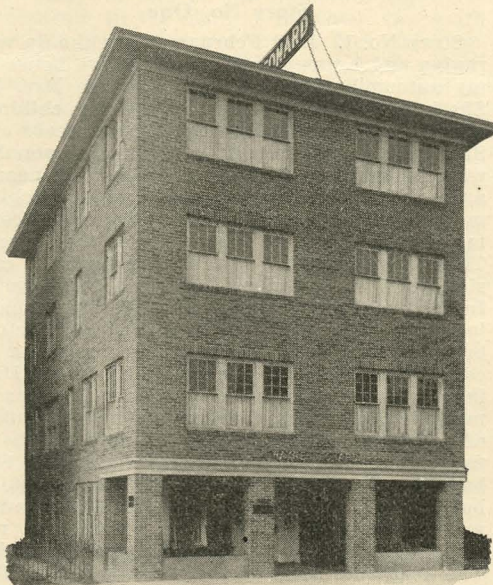


**HEMO**

**The Wayne-Leonard Osteopathic Sanitarium**

ATLANTIC CITY,

NEW JERSEY



**Active Staff**

Dr. L. H. English, Chief of staff  
Dr. T. W. Ammerman, Associate chief of staff  
Dr. Margaret Ammerman-Hill

**Associate Staff**

Dr. Ira W. Drew  
Dr. D. S. B. Pennock  
Dr. John H. Bailey

**Supt. Nursing Staff**

Miss A. Ethel Weldon, R. N.

Thirty rooms. Sixteen private baths. Diets prepared by experienced dietician. Sulphur-vapor baths. Two minutes to Boardwalk.

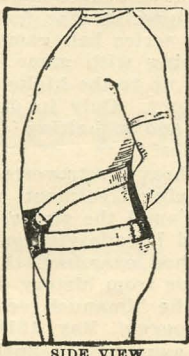
Convalescents, chronic and semi invalids, and nervous cases accepted. No tubercular cases.

**Special Treating Rooms for Non-Resident Patients**

Address

**Dr. L. H. English**

130 South Maryland Ave. Atlantic City, N. J.



**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 pro-lapsed 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; Founder of Osteopathy**

A popular book for the home library of intelligent people. Gives the facts about the relation of osteopathy to the basic sciences of life. Shows its harmony with the law of nature. Explains why and how it works with and helps the normal constructive forces of the body, and thus promotes life and health.

*Sent postage paid on receipt of price—\$2.00.*

**THE BUNTING PUBLICATIONS, Inc.**  
CHICAGO





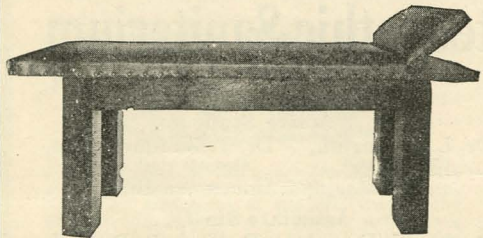
## The Delaware Springs Sanitarium

Emphasizes *Diagnosis*, believing that a condition accurately diagnosed is half cured.

All modern facilities for diagnosis, as well as treatment, are found in our equipment.

Our institution has been inspected and endorsed by many of the best men in our profession.

THE DELAWARE SPRINGS SANITARIUM  
Delaware, Ohio



## OUR NEW CATALOGUE

showing cuts of many styles of tables, stools, vibrators and the BEST FOLDING TABLE on the market, sent on request. A postal will do.

Dr. George T. Hayman

Manufacturer

Doylestown,

Pennsylvania

## Academy Blanks and Binders

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

Record Sheets, per hundred	- - -	\$1.50
Canvas Ring Binder	- - -	2.50
Leather String Binder	- - -	2.75
Indexes	- - -	.75

The above prices include express charges.  
Send remittance with order.

The Osteopathic Physician  
9 S. Clinton Street - Chicago, Ill.

printing and moved the larger work, the production of periodicals, to an open shop about two months ago. The change has proven successful and happy for us. Our work is well taken care of—conscientiously, expeditiously and most satisfactorily as to quality.

We ask our customers to stand back of us in the present emergency—to be patient if deliveries are sometimes slow, or if mistakes are made; and we beg of you not to cancel if service does not seem quite up to its usual healthful basis. Place yourselves in our place. You will know that we are doing our very best—and really giving pretty good service, at that, compared with others. All are in the same dilemma from short help. We must all stand together and pull together. We have already won.

Much good often comes out of evil. This unwelcome industrial crisis that has been forced upon us has pushed us into a practical

line of enterprise from which the profession will soon enjoy much enlarged and improved publishing service at the hands of The Bunting Publications, Inc., as the result. Watch for it. Part of it begins right away.

### WE MUST FIGHT OR RUN

Osteopaths who are trying to live at peace with "state" medicine owe it to themselves and their therapy to read the leading editorial this month very carefully. We must not try to dwell in a fool's paradise of amity which does not exist when our devotion to an ideal without substance only deprives osteopathy's fighting effectiveness of additional soldiers. We have ignored the real situation as long as possible, but the cohorts of state medicine are pulling our heads out of the sand in every section and we have got to fight or run. Which do you favor?

## Little Stories of the Clinic

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

**O**STEOPATHS are like folks. Stories of human interest grip them, same as other people. No matter how educated we may become, ideas expressed with simple words sink in more readily and are better remembered than ideas clothed with scientific nomenclature. "Little Stories of the Clinic" begin in this issue of *OP* and if meeting with favor may appear in future numbers. We aim to present true case reports, that will be of value to the profession. In trying to draw our pen pictures, we keenly feel our limitations, as we realize how difficult it is to be a good artist.

### Story No. One

Story No. 1. Last February when the flu was raging and I was going from house to house in my automofliver, I was called to see Mrs. W. She had a worthless husband and five children born in six years, the youngest three weeks old. She was a very plucky little woman and popular with her neighbors, of whom there were nearly a dozen gathered around the bedside watching my every move. For ten days prior to my coming she had had no movement of the bowels. Three days back she had done a washing, carried pails of water, and chopped some wood. In the evening she was prostrated with agonizing pain. She called in three medical doctors but only two came, the third one refusing to come because Mr. W. never paid his bills. During the three days the doctors gave 7 grains of morphine, 7 grains of calomel, a half teacupful of castor oil and two teaspoonfuls of syrup of figs, and several enemas were attempted. She had no sleep. The morphine kept her quiet, but gave no relief to the torture. She was too weak to turn around in bed. She could not raise an arm. The doctors said she would die. The neighbors believed the end had come. The little woman was in such pain, she was ready to go, even if she left five little children motherless. Sometimes her eyes were glazed. I could sense the suppressed excitement and eager hopes of the neighbors. I could appreciate the feelings of a pitcher in a world series ball game, at the end of the ninth inning with game 7 tie, with a home crowd keyed up to the highest pitch in their desire for victory. Only in my moves a life was at stake and a halting of orphanage to five little kiddies!

My first thought was a heavy retroverted uterus. I gave a little relaxing treatment of spinal and sacral muscles. Found the sigmoid filled with accumulations, and I made vigorous moves to straighten it. I then examined the uterus and found my diagnosis from history of the case confirmed. I used the bimanual technique as described in *AOA Journal*, May, 1918, and worked positively and aggressively until most of the weight was taken away from the

rectum. The little mother went to sleep, and seemed relieved of pain. I told the people I was confident she would recover and went on my way. In a few hours she had a copious movement of the bowels. I continued treatment for several weeks. At one time used my good old sigmoid probe, following which she had complete natural movements of the bowels, such as she had never had since she was a little girl. She made an uneventful recovery.

Comment No. 1. Of recent years I have noticed many statements in the journals to the effect that osteopathy is not accomplishing the wonderful and spectacular cures common in the early days. These statements surprise me and certainly are not in accord with my experience, and I believe, if the truth were known, they will be found not to accord with the experience of many others.

Comment No. 2. One of our great problems is to find out how much force to use in giving treatments. One osteopath says "never hurt your patient." Another says "fix it right away, even if it does hurt." I used the second man's advice and got away with it in this case. To avoid hurting the patient is a good business principle as a rule, but it does not always get the best results clinically.

### Story No. Two

Story No. 2. Several weeks after treating Mrs. W. I was called to see Mrs. S's 16-month-old baby. Mrs. S. had been present when I saved Mrs. W's life, and she surely expected I would do the same thing for her baby. His bowels would not move. I treated him for six days, and did not secure any substantial movement. The mother had little faith in medicine and gave none, and for the six days I prescribed none. I gave the best spinal treatment I knew how, and I tried to straighten out kinks that I thought I found in the bowel. We gave enemas galore, but could secure only a little greenish curd. I tried to manipulate the bowels as the enemas were given, as this treatment has proved successful in several other cases of locked bowel in my charge. We tried the Noble's enema. I used a small sigmoid probe that went up to the splenic flexure. On the sixth day, it looked as though the baby might die. I told the mother that surgery might save the life, and made arrangements to have the baby taken to Dr. H., a surgeon. Several hours later I phoned to the surgeon's home and the wife answered my inquiry about the baby. She said that after giving two teaspoonfuls of castor oil as directed by the doctor, the baby had a copious movement. The doctor's wife had a laugh in her voice, that made me feel funny, only I was delighted that there was to be no signing of a death certificate. Several months



later I called on the mother to collect my account. She said she had the money ready for me, but the baby was sick again and she paid it all to Dr. H. I wonder if Dr. Meacham would approve of my conduct in the case? He says we should not learn to give opiates when needed. Does he think the same about castor oil? Is castor oil a home remedy and not a drug? I preach the doctrine that osteopaths should learn to give opiates and some drugs, but I hardly ever practice what I preach, and many osteopaths who condemn me for my preaching, practice what I preach better than I do. This world is a queer place.

**Story No. Three**

Story No. 3. Last summer I treated Mr. P. for what I diagnosed as hyperacidity of the stomach. I consider myself a great expert in diagnosing and treating this malady and I expect in future stories to present some interesting cases. I prescribed a diet and gave several treatments, when Mr. P. stopped treatment, leaving me the impression that he was improving. This fall he came into my reception room to tell me when he could pay his bill. Mr. C., something of a skeptic as to the value of osteopathy, was sitting in the room. I thought I would make a good impression on him, so I said to Mr. P. "Did the treatment do you any good?" "Not a bit," he said, "I was suffering right along until I got a prescription from Doctor Sickenberger and that fixed me out all right."

My natural reaction to this experience was to assert to myself that my treatments and diet surely were of great benefit to Mr. P. but he was too stupid to recognize it. I had an impulse to assume that the drugs did not help him, except by suggestion or his imagination. Would such impressions and impulses be credit to a scientist? When people report to medical doctors cures by osteopathy, these doctors almost invariably assume that these people have wheels in their heads, while we osteopaths are sure the doctors are the ones afflicted with the wheels. Are there any osteopaths who can always look the truth in the face?

**The Value of X-ray Findings in "Flu" Cases**

By C. G. Tillman, O. D., Blackwell, Okla., Recently in the X-Ray Department of the U. S. Army

HERE is, strictly speaking, no such thing as a normal or typical lung plate. The size, shape and graphic appearance of the lung fields vary with the age of the individual, the shape of the thorax and with previous pulmonary diseases. As far as the X-Ray is concerned, the lungs consist, on the one hand, of the great mass of air-containing vesicles and on the other of a net-work of bronchi, blood vessels and lymphatics. The former do not cast

any shadows on the plate and are responsible for the aerated lung fields. The latter intercept the ray and produce a shadowy net-work throughout the lung, radiating from the root, decreasing in distinctness and width toward the periphery, where they are barely visible.

Bearing these conditions in mind as to the normal, in order to be sure of the extent of pathology in "Flu" cases, the X-Ray plays an important role, for the plate defines the area involved. The affected areas are congested and thickened, due to nature's efforts to quell the disturbance, and this condition casts certain shadows readily recognized by the roentgenologist. Should the case be advanced into pneumonia, or lung abscess, or empyema, the X-Ray will always give accurate information, and no guesswork is necessary as to the true conditions existing. If for no other reason, the prognosis as to the future resistance of the patient having had the "Flu," it is invaluable.

It was my privilege while in the X-Ray Department of the United States Army to observe X-Ray findings in several hundred of these cases, and I could not help but note the effect of the treatment employed on the lungs and heart, especially the latter. Relative conditions of the heart may be noted by the size of the shadows produced in cases having had the "regular" treatment of Quinine, Aspirin, Digitalis and Camphor. *The undesirable effect of such treatment is plainly shown. In such cases the heart shadows are increased in size and prominence of the contour. The ventricular border forming a sharp angle near the pulmonary curve and the apex blunted. The dilatation of the right ventricle changes its conformation by dilating in an upward direction so that the conus arteriosus and its right auricular attachments are displaced upward.* About two hundred of such cases were observed by means of the X-Ray in one of the numerous large encampments in the country in which the death rate was twenty-five per cent, a fact which apparently appalled the young medical officer, who, at the risk of court-martial, refused to continue to give his patients the deadly tirad of drugs above enumerated. His superior officer permitted him, however, to withhold all medication and rely upon good nursing, nourishment and fresh air alone. Promptly the death rate fell to fifteen per cent, while in the other hospitals it remained at twenty-five per cent. Drugs were now discontinued in the remaining wards and the death rate dropped to fifteen per cent in these also.

It is quite fair to assume, therefore, that aspirin, quinine, digitalis and camphor accounted for ten per cent of the deaths. Compare, however, this rate of fifteen per cent with that of the osteopathic physicians, who in over 110,000 cases, had a mortality of approximately one-fourth of one per cent.—*From the Southwest Osteopathic Sanitarium Bulletin.*

**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.

**Your Rupture Cases**

will be made more comfortable and will be afforded a much better opportunity for mending, if fitted with the modern, automatic air-cushioned, no spring, no metal, scientific invention—the



**Brooks Rupture Appliance.** Mr. C. E. Brooks

Always sold on 10 day trial with guarantee of satisfaction or money back in full. Write for booklet and ask for special discount if you are in practice. Measurement blanks and full information sent anywhere upon request.

**Brooks Appliance Co. 125A State Street, Marshall, Mich.**

**Friction's Benefits**

While in the tub taking a bath I thought of the immense value of friction. Massage is given by masseurs with excellent results, but the value of friction by patients themselves is not sufficiently recognized. Have a patient now with pleurisy who had extreme pain for nearly a week running a temperature of 101 degrees. In addition to osteopathic treatment I gave directions to her husband to use a 50-candlepower therapeutic lamp over the entire body, with light friction. Result: Pain gone, temperature normal and patient comfortable. Friction given over entire body, with or without light, by patient or assistant, is the thought I have to offer because blood is thus drawn to skin. When it returns to deeper parts of the body we have a sort of "internal gymnastics," keeping the body from becoming static. Excitation or relaxation can be secured according to manner of giving friction. For any sort of trouble I find this simple remedy an excellent adjunct.—*Morris Lychenheim, D. O., Chicago, Illinois.*

**A TIDE-OVER DIET**

For sick and convalescent adults. Used in HOMES, SANITARIUMS, and HOSPITALS.



**DENNOS FOOD**

A Safeguard in Infant Feeding. The whole wheat milk modifier.

**Dennos Products Co.**

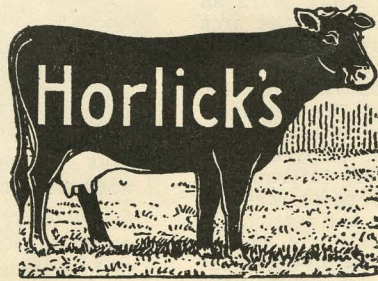
39 W. Adams Street

Chicago, Illinois



## A STANDARD DIET FOR Infants, Invalids and Convalescents

The Original  
Malted Milk



The Original  
Malted Milk

DIGESTIBLE  
NUTRITIOUS

CONVENIENT  
RELIABLE

Has the quality and flavor imitations lack.

*Samples prepaid upon request.*

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



SOUTHWESTERN OSTEOPATHIC SANITARIUM  
BLACKWELL, OKLA.

The 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. Welchel, R. N. Superintendent.



### NO ADVANCED PRICES

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.  
**WEISSFELD BROS.,** Mfrs. of Clothing & Uniforms of every description.  
35 & 37 White St., New York, N. Y.

### Liver in Adenitis

In a large majority of children who have cervical adenitis, either acute or chronic, you will find the liver needs attention. Lymphatic engorgement demands active liver for relief.

—H. W. Gamble, D. O., Missouri Valley, Iowa.

### Osteopathy as a Science

A new presentation of the fundamentals of osteopathy by John Comstock, D. O., Scientific Director, Southwest Museum, Los Angeles, California; also a number of practical and interesting stories on health restoration through osteopathy. Attractively bound in 2-color cover.

Price \$4.50 per hundred copies. Express prepaid.

**THE BUNTING PUBLICATIONS, Inc.**  
CHICAGO

### OSTEOPATHS in the LIMELIGHT

Re Status of Dr. M. B. Harris vs.  
Status of Organized Osteopathy

From Dr. Holloway:

I have just read in The *OP* your reference to the case of Dr. M. B. Harris, which, in my judgment, does him an injustice. As a matter of fact, in the years from 1906 through and including 1910, or thereabouts, Dr. Harris was very active in promoting the interests of osteopathy. I well recall that while I was president of the TOA the question of medical legislation was pending and that we had been instructed by the State Association to introduce a strictly osteopathic measure, which we did. The M. D.'s were strong enough to defeat us in committee, but could not legislate us out of the state. The legislative committee at that time was composed of Drs. Jno. F. Bailey, T. L. Ray and M. B. Harris. The first named spent quite a great deal of time at Austin and the other two more or less. Conditions became so alarming that I was called to Austin to confer with the committee, and particularly to see the speaker of the house, who was a personal friend of mine, and whose influence was against the multiplication of state boards. He assured me that the only legislation possible was a measure that recognized all schools which could fulfill certain requirements. The committee was divided two to one in favor of getting the best we could, and put it up to me to render the decision as to the course which should be pursued. Very late at night, after we had discussed the matter from every angle, I told the committee to get the best obtainable, provided the best did not jeopardize our profession. The result is the law on the statute books today, which many of us think is the best composite legislation ever enacted. In this work Dr. M. B. Harris was indefatigable. He spent his money and time to secure this legislation. Later, by reason of the fact that he turned his attention to surgery, and because of some personal difference with some of our leaders, he dropped out of active participation in the work, and in response to an appeal we made for funds in 1919 with which to fight a real menace, he declined in this language: "I am always, as you know, willing to do my share; but I have done more than that years ago; and it has, as far as I know, not been appreciated."

Here I think Dr. Harris made a mistake, for personal feelings must not be interposed when the profession's interests are at stake. But the work he did do in the days when legal recognition hung in the balance should not be lost sight of.—J. L. Holloway, D. O., Dallas, Texas.

From Dr. Peck:

Have seen letters sent you by Drs. H. B. Mason and M. S. Harris of Amarillo, with reference to your mention of the latter's case, in the last *OP*. What Dr. Harris has said in his letter to you is substantially correct, in my opinion, but I do not find his name listed among the members of the Texas Osteopathic Association, a printed list of which I inclose, for his name is not recorded among the present members of the AOA.

Dr. Harris has always been held in high esteem by myself and those of us who know him, but I must add that he has been one of those osteopaths who, for reasons best known to himself, have appeared to be willing to let the affairs of the profession in the state be handled by others, and I do not recall seeing his smiling face at a meeting of the state association for some years. This, however, may well be explained by reason of his long distance from the places of meeting, and he may always have had operative cases that he did



# The Last Word in Iridology

## IRIDIAGNOSIS

—By—

Henry Lindlahr, M. D.

The science of reading internal conditions of Health and Disease from Nature's records in the Iris of the Eye. Profusely illustrated with Charts, Drawings from Life, and a Color Plate displaying color signs of drug poisons, psora spots, nerve rings, lymphatic rosary, scurf rim, radii solaris, etc.

From the artistic and the scientific standpoint these illustrations are the best and most accurate ever produced. For the first time, they make it possible to acquire a practical knowledge of Iridology from a text book.

Cloth binding. \$2.65 postpaid

### ORDER TODAY

Literature descriptive of Dr. Lindlahr's new works sent on request. Four volumes of the LIBRARY OF NATURAL THERAPEUTICS now ready. I. PHILOSOPHY; II. PRACTICE; III. DIETETICS; IV. IRIDIAGNOSIS.

# LINDLAHR PUBLISHING COMPANY

523 So. Ashland Boul.

Chicago, Ill.

not feel he could leave.

In earlier days Dr. Harris did take an active part in osteopathic affairs in Texas, and likewise did his brother, Dave, from Dallas, but I regret to note that his name is missing among the list of members of state and national organizations, and feel that, no matter how deserving his case may be, that it would be no more than a human trait for officers of either organization to feel like exhibiting something of this same indifference toward his troubles at Amarillo.

Possibly at a later meeting our Texas state association may decide to extend aid. It is hardly fair to say that we have ever refused aid to Dr. Harris, for as a trustee I have never been officially asked to consider the matter.

Maurice has really been a valiant fighter for osteopathy wherever he has been, and I feel it is unfortunate for him that his seeming indifference toward the organizations of state and national since he has been up in the northwest corner of the state have been allowed to cloud his good record of earlier days. His present isolation is the price of such seeming indifference, and I feel it should be an example to others who seem to forget the debt they owe to their state and national organizations so long as they claim to be osteopaths.—Paul M. Peck, D. O., Trustee, Texas Osteopathic Association, San Antonio.

From Dr. M. B. Harris:

I feel sure I have done my share to advance the interests of my profession in Texas. To go back to 1905, when I was trustee of Texas Osteopathic Association, and spent quite a little time in Austin, working with the legislative committee, composed of Dr. P. M. Peck and Dr. S. B. Harris, though I was not a member of the committee, I did this at my own expense, and never thought of advertising it, or asking for credit in the minds of the members of the profession.

Before the legislature met in 1907, Dr. T. F. Bailey, Dr. T. L. Ray and myself were elected to serve as legislative committee, and I did about three months' hard work with every member of the Senate and House, until the magnificent bill became a law.

Dr. Bailey spent more time at Austin than Dr. Ray and I, and was paid ten dollars a day and expenses. In fact, I was out \$800 in donations, expenses and time, and was one of the largest contributors to campaign fund.

I think Dr. T. L. Ray, and possibly Dr. J. L. Holloway and Dr. D. S. Harris, subscribed more than I, but no one else. However, I would have done more, if necessary, to protect our interests. These statements can be verified by Doctors J. F. Bailey, T. L. Ray and R. R. Norwood, and also by our attorney, Sidney Samuell (Fort Worth), whose trip expenses I repeatedly advanced. I, of course, was reimbursed for this later by the Secy. of TOA.

In the Fall of 1907 several doctors wanted to reward me for legislative work by nominating me for president of TOA, prominent among them being Dr. P. M. Peck, but I urged them not to do this, as I would ask that nomination not to be considered.

When Governor Campbell saw he had made a mistake in his appointment of the osteopathic member of the Examining Board, he called Dr. Bailey and me to Austin to advise and make recommendations, which trip we made at our own expense. If I am in error in these statements, please correct me.

Upon investigation, I am sure you will find the TOA has not acted in this matter, correcting your statement that it had refused to assist me in suit.

By going into the history and details of the College of Surgeons standardization, one will find that it is going to exclude all D. O.'s from all hospital work in practically every Catholic

hospital, besides others adopting that standardization. The hospitals are being forced into it by being graded downward, if they refuse, and deprived of free lectures to nurses.

Even in the same issue of The OP in which you report I will not receive AOA co-operation you cite refusal of admittance of several osteopathic cases in several different hospitals, and yet it is stated that my suit to break up the standardization is believed by the AOA to have no bearing as far as balance of profession is concerned.

—I am yours fraternally, M. B. Harris.

\* \* \*

The OP would respectfully suggest again that the thing of greatest interest to Organized Osteopathy is not whether Dr. M. B. Harris is at present a payer of dues to state and national societies (which he ought to be), but whether the court action which the agents of the American Medical Association have started at Amarillo, Texas, to deprive an osteopathic surgeon of his right and long-enjoyed custom of attending cases and performing operations in a local hospital, is to constitute a hurtful precedent against osteopathy in the event that Dr. Harris fails to lick the whole AMA single-handed. That is something for Mr. Patterson of the Legal Department of the AOA to decide; and it ought to be decided before the time has passed when we might render aid, if aid is deemed advisable.

If the interests of Organized Osteopathy are at stake in this court fight at Amarillo quite as much as the personal rights of Dr. Harris, then the AOA ought to be in the saddle and defending the profession. If it cannot find time for such all-important matters as establishing the proper legal status of osteopathic physicians and surgeons, then we ought to disband and make room for an organization that could look after the fundamental interests of the osteopathic profession.

Such defense work as this is something that the Organized Osteopathic Profession cannot safely leave to individuals or to chance. Presumably the AOA was formed in part to cope with just such situations. The Texas Osteopathic Association ditto.

Instead of spending our time investigating whether Dr. Harris' name is on the society treasurer's book at present, or whether or not his smiling face has been seen recently at meetings, pray let us get a definite conception of whether this AMA plan "to standardize hospitals" so as to exclude osteopaths is grim fact or just a boggy of silly rumor. And this Amarillo case and all similar court cases should be promptly investigated by the AOA as they develop with a view to organizing proper self-defense, if needed, on the part of our institutions.

### Chicago's Health Commissioner Decries Opium

OPPIUM and its derivatives and cocaine should not be imported, prepared or manufactured in the United States for any use. It is unnecessary for medicinal purposes. It should be eliminated completely from the country." So says Dr. John Dill Robertson, Health Commissioner of the City of Chicago.

### Smoke 'Em Out

It will drive some well-meaning fellows out of chiropractic practice, no doubt, but we can't help it if it does. Let the truth be known though the heavens fall. Put out one thousand of that 6-page folder "Chiropractic Kleptomania" announced on page 3 this issue, and watch them toboggan.



## SHOP TALKS on OSTEOPATHIC AFFAIRS

### Gets \$100 and \$200 for Single Treatments

Just at this time there is no small amount of talking and writing urging the necessity of larger fees for the exacting mechanics of our profession. In case histories I am submitting to The *OP* I received in one instance a fee of \$200 for one adjustment, and in another \$100 for one adjustment. In this connection permit me to mention the names of high officials and influential people in the District of Columbia who have paid me fees of \$100 and more for a single treatment, viz., Mr. Lindsay, Counsellor to the British Embassy; the Hon. Henry P. Fletcher, Ambassador to Mexico; Archbald Harrison, brother of the Governor-General of the Philippine Islands; Ambassador Bonellias; Mrs. V. Everett Macy and two sons from New York; Lieut. Lageare; McAlpin Pile of New York, and others too numerous to mention.

The raising of fees can be accomplished (by any osteopath competent enough to produce the results) throughout the whole province of osteopathy; but let those who do it prepare themselves for no small amount of commotion among the other osteopaths in their community who are convinced they cannot command any larger fees! These furiously angry ones keep calling out that large fees bring our profession into disrepute, whereas, in fact, they add to the dignity and prestige of our science. Good fees, among other things, will have a marked influence upon men of high ability in attracting them to our calling as a life work.

—Carl Kettler, D. O., Washington, D. C.

### Physician or Technician

An osteopathic technician is one who has trained himself to apply the corrective spinal movements for the treatment of disease developed by A. T. Still and the osteopathic profession.

An osteopathic physician possesses a science of the development, structure, functions of the healthy body; the nature, causes and symptoms of all diseases; the principles underlying the treatment of all curable diseases. He uses all possible means of diagnosis, X-ray, laboratory methods, careful history taking, subjective signs, objective signs and palpation for lesions. He is active in the conservation of public health, preventing and controlling epidemics, eliminating venereal diseases, improving hygienic working conditions, furthering the production of better babies and insisting that public education must teach more physiology and hygiene.

The osteopath must not be content to be a mere lesion correcter. He must also be a physician in the full sense, not only in osteopathic technique but also in osteopathic surgery, gynecology and obstetrics. His range of treatment should include any condition that can be prevented, controlled or cured.

—Leon E. Page, D. O., Newport, Vermont.

### Be Conservative, But—!

I believe in being conservative about removing tonsils and teeth, yet a diseased tonsil cannot be cured osteopathically and must be removed surgically. Why it is that some of us are treating the same patients for the last ten or twelve years and still they are not well? We build up their resistance for the time being and the system is able to take care of the poison that comes from diseased tonsils and abscessed teeth and we keep up the circle, chasing our tails and never getting any where.

—C. E. Abegglen, D. O., Colfax, Washington.

### Rib Belt for Gallstones

The one simple little thing I would like to have every D. O. and every sufferer from paroxysms of gallstones do is fix an abdominal bandage from a towel or any material which may be at hand and pin it around the patient very firmly, so as to compress the lower ribs. It will immediately end that particular attack of gallstones. Try it and add one more friend to osteopathy.—F. N. Otum, D. O., Oshkosh, Wis.

### Kidney Technique

Since the kidneys are situated in the back part of the abdominal cavity, on each side of the vertebral column, extending from the eleventh rib to within two inches of the crest of the ileum, about three-fifths of the kidneys lie below the twelfth rib.

Place the patient in a comfortable prone position, the fingers of each hand around and under the patient below the angle of the ribs and the cushion of the thumbs directly over and parallel with the kidneys; raise the patient gently and make pressure with your thumbs directly over the kidney. If there is any congestion or enlargement it can be easily determined, and if so, vibrate with thumbs and hold the hands still under the patient, lifting the sides of patient at the same time. The continuous lifting and vibrating at the same time will flush the kidneys and give almost instant relief. By giving a direct local treatment, you stimulate both the blood and nerve supply to the kidneys. There is a belief extant that you cannot give a direct localized treatment for the kidneys, but I can demonstrate that it is a mistake.

—J. I. Mosbarger, D. O., Tacoma, Washington.

### His Patients Decided for Him

Verily I thought I would give up sending out *Osteopathic Health*, as my practice keeps me plenty busy, but when some of my best old patients came into the office and said they had not received the last issue of *Osteopathic Health*, and missed it because they enjoyed reading it so very much, I concluded that, after all, I must continue to distribute the magazines. Certainly we need to educate the people, and when patients come in and complain about missing *Osteopathic Health* I have not the heart to deprive them of it, especially considering that its cost is so small.—M. E. Church, D. O., Calgary, Canada.

### Verily, Custom is Hard to Break

Why do patients who have been treated and cured by osteopathic practitioners, and who have seemed so appreciative of results obtained, after a year or two of good health seem to forget the D. O., and finally drift back to medical treatment when they again become ill? Is this the inconsistency of human nature, or is it the result of being born and raised on medicine?

Some will be sure the former patient was lost because he or she was not kept constantly supplied with osteopathic literature setting forth the osteopathic concept. Yet the M. D. to whom patient returned did not send medical literature. I have known patients that drifted away who were well supplied with literature, and others who remained steadfast without receiving any. Why? Individually, say in your case, was it literature or a cure that you saw that turned you to osteopathy in the beginning?—Chas. A. Champlin, D. O., Hope, Ark.

### Talk Every Chance You Get

Perhaps this is not my "One Best Thought," but *some* of my best thought. The D. O.'s everywhere should be practically executing public talks at all manner of meetings, wherever any other physician might be substituted. In this manner the public will soon learn that D. O.'s are competent to be represented on State Boards of Health, City Boards of Health, Public Hospital Boards and Staffs, School Boards and every other sort of public planks. There is too much "scientific massage" reverberation connected up with imaginative osteopathy in the public mind. A prospective patient inquired of me not very long ago if I used olive oil in giving treatments. Her friends were getting such a rub by one of our imitators. A few days ago I was seated at a table beside two of our "Health Board Planks." Their conversation was interesting because they were unaware that a D. O. was innocently listening to news important to DODum. After conversation ceased a little woman listener tackled the big six-footer plank, who did not before know that D. O.'s studied the same things he did, that they sawed off legs, cured T. B., Hay Fever, etc. He did not believe in jostling a T. B. chest. He would not admit that osteopathy was manipulative surgery, but I *know* he is now thinking and wishing he knew more about that manipulative therapeutics, so-called osteopathy.

—Ella X. Quinn, D. O., Miami, Florida.

### Know Your Subject

In whatever work you engage try to know all about it. Every osteopath should be a continuous student of his job. Study human nature, to be sure, but study Osteopathy, study it from every angle. Study your technique, your pathology. Study everything connected with the diagnosis and treatment of diseases that has a bearing on Osteopathy. When one reaches the point where he thinks he knows all about Osteopathy he has merely stagnated. Everyone should remain teachable and always have his mind open and his senses attuned to the new things that are being passed around. If every osteopathic physician in the United States would take a post graduate course somewhere every year, and would keep up with the latest and best there is in the profession, then work with a spirit and a will, Osteopathy would make tremendous strides and humanity would receive much greater benefit as a result.

—C. C. Reid, D. O., Denver, Colorado.

### Selling Osteopathy

We are selling osteopathy because we believe in it. It is no disgrace to advertise the thing we sell. If we don't believe in it, don't even sell it, much less advertise it. But if we do sell osteopathy, sell it right, like a real salesman. By delivering the goods, advertising osteopathy in any legitimate way we can sell it, and by keeping everlastingly at it.

—Ralph H. Williams, D. O., Rochester, N. Y.

### Osteopathic Service League Busy in St. Joe

We will have some interesting news from our chapter of the Osteopathic Service League in a short time now, as the league is opening Free Clinics in our new Osteopathic Hospital. It seems to me that the profession is not awake to what the organization of the Osteopathic Service League means to osteopathy. To my mind the mobilization of the friends of osteopathy will be the biggest step we can take in making the merits of our science known, understood and desired, both by the general public and the officers of state and federal institutions. As osteopathy is demonstrated and comprehended, it is accepted.—M. L. Hartwell, D. O., St. Joseph, Missouri.



### Students Carry On

Although the immediate continued success of our science depends upon thorough clinical work and constant development of our principles, still the perpetuation of the profession demands constant co-operation in securing students for our colleges. Herein is the force that will assure future attainment.—*Carl P. McConnell, M. D., D. O., Chicago.*

### Completes Diagnostic Circle

If osteopathy had done nothing more than complete the diagnostic circle by adding the segment of the interpretation of purely symptomatic conditions on the basis of deranged structure, it would have done a real service to the art of human healing. Many a case of symptomatically-determined organic condition has been shown to be only the results of structural abnormality (deviation), and hence amenable to manipulative correction.—*L. Mason Bee-man, D. O., New York City.*

### Emesis Gravidarum

I had often read in various books that cocaine-ing of the cervix was a specific for emesis gravidarum, but I had always looked upon the suggestion with considerable suspicion.

About two months ago I had an occasion to exhaust osteopathic treatment and a great many other remedies in trying to control the nausea. Finally I suggested cocaine. The case was put on a table, a vaginal speculum introduced, and pledget of cotton held by a forceps was saturated in ten per cent solution of cocaine and held for about two minutes against the cervix.

This case reported in four weeks that she had had absolutely no nausea since the application of the cocaine.

—*Harold Glascock, D.O. M. D., Raleigh, N. C. District*

### Know Ye!

That—the greatest need of the osteopathic profession today is hospitals—more hospitals—hospitals in every city and town large enough to support them.

That—hospitals furnish concrete and everlasting evidence to the public that osteopaths are physicians capable and prepared to care for any and all ailments.

That—hospitals are monuments in evidence of qualification, preparedness and advancement.

—*C. A. Pengra, D. O., Portland, Oregon.*

### Treatment Before Laparotomies

It is almost criminal for a large per cent of abnormal and pelvic operations to be performed without osteopathic treatment before and after the operation, for an abnormal circulation that made it possible and could not prevent a tumor from forming can not be followed by nearly such good results as will be by a case that receives the benefit of osteopathy before and after the operation. We need the aid of surgery in these cases but surely for the benefit of the patient who should have the aid of osteopathy.

—*James G. Morrison, D. O., Terre Haute, Indiana.*

### Diet for Starch Indigestion

I hold that 90 per cent of indigestion cases with gas and sour stomach are starch indigestion. Therefore cut out starches until conditions greatly improve. That eggs cause gas and sour stomach in these cases, too; so does a raw apple. Unless ulceration or carcinoma of stomach or nephritic trouble, place your patient on proteid diet with cream, buttermilk, cottage cheese, tomatoes, pineapple, baked apple, raw cabbage with cream dressing and a little dry toast.

—*L. V. Read, D. O., Spring Valley, Minnesota.*

### Literature versus Treating Room Talk

"Doctor, how long do you work on a patient, and what do you charge for each massage?" And other such questions that call upon one's nervous energy to explain. That energy that should be used in concentration on the case in hand. I have, as I presume many other osteopaths have, done this educating while I treat or should be treating, but I have come to the conclusion that with a few exceptions it is possibly much better to place the proper literature in their hands and say, "Read!" In this state of Washington, where there is now a "drugless healers'" examination besides the osteopathic and medical examinations, I am convinced more than ever that to counteract the false impressions created by ignorant and unscrupulous healers, we should educate the public mind to the truth in the printed form.

—*D. C. Crocker, D. O., Centralia, Washington.*

### Toe Lesions

I quite agree with Dr. Allen that we do not pay enough attention to other subluxations beside those of the spine. I have had considerable success in setting toes and thereby curing various cases of so-called rheumatism. This especially in women who will persist in wearing high-heeled shoes. The proximal phalanx is subluxated upward on the metatarsal and may cause excruciating pain. My latest case, however, was in a man who had a tonsillectomy at the advice of a surgeon while the severe pain was controlled by hot packs. After the recovery from the operation the foot trouble still persisted. He came to me, and two treatments replaced the offending toe, but his tonsils were gone for good. And still this slaughter goes on.

—*L. Howard Watters, D. O., Conrad, Montana.*

### Scarbutus in Infants

Cases of scarbutus in infants may be so rare among the profession that its diagnosis will be very likely wrong when it is met unless it be carefully differentiated from several other conditions which it closely simulates.

A child of eleven months had been treated by the family physician for rheumatism. Was then taken to hospital, where the diagnosis was confirmed. Next guessed to have either rachitis or Pott's disease, and finally it was accused of having congenital syphilis.

When brought to us the symptom picture was so perfect that only the history of dietetic error was necessary to confirm the diagnosis. The rapidity of recovery under proper treatment was surprising. This seems to be a clear case of "Diagnosis Versus Error," and we are glad to pass it on for the benefit of other young practitioners like ourselves.

—*Dr. Bauer & Bauer, Delaware, Ohio.*

### The Capable & Determined D. O.

Schools all over the land are turning out graduates in various lines—some to succeed in their chosen line, but many doomed to failure. To fail not because of poor schooling, but because of the inability of the individual to practically apply his teaching. This was never more true than in the Healing Art.

Our osteopathic schools are calling for more students. Every state in the Union is calling for good practitioners—not just mere graduates, but osteopathic practitioners of the quality capable of facing medical prejudice and chiropractic imitation; determined to win on their own merit with the osteopathic goods ready to deliver for the welfare of those who need its healing powers.

This is the kind we need in Arkansas and will be glad to license by reciprocity.—*Chas. A. Champlin, D. O., Secretary-Treasurer, Hope, Arkansas.*

### Selling Osteopathy

Sell Osteopathy to yourself. Lay in a good supply of it. Purchase especially its "brand" of *Diagnosis*, and stack your mental shelves to the ceiling with a reserve of the best "brand" of *Treatment*, "special" and "general." Create a demand for your 'stock in trade' through *publicity* with the profession in your Society, your State Association, your National Association and with the public *directly* by keeping before them your name, yourself and your "goods"—Osteopathy. Believe in your "goods." Prove that you can deliver them and you will find an open market clamoring for your wares even at double the present prices. If all will do this, rest assured that Osteopathy will be sold to the whole world, and great will be the *individual* profit therefrom.—*T. J. Ruddy, D. O., Los Angeles, Calif.*

### More About Edwards

I am sure sorry for the action taken by the AOA in Dr. Edwards' case. I feel that the profession has sustained a loss in debarring Edwards from our state and national conventions. The best things I got from the Columbus convention were from Dr. Edwards' clinic. Had I been able to have gone to the convention, I surely would have taken his work, and would have been glad to kill two birds with one stone. I hope it can be patched up satisfactorily. The judgment was too harsh.—*Florence J. Barrows, D. O., Kingman, Kansas.*

### Thanks for the Persecution

I am glad the AMA has prodded us in the short ribs and gave us a few swift kicks in the rear. Otherwise the osteopathic profession would have died of dry rot. We would have become too self-contented and complacent. The opposition and fighting the Christian religion received made it exist and grow. The same will save osteopathy. I am an optimist on osteopathy and no blankety pessimist.

—*Canada Wendell, D. O., Peoria, Illinois.*

### Figure 8 Strap for Broken Arches

I would like to read an article on the use of the figure-of-eight strap as developed in the army for treating broken arches. I have seen this treatment mentioned, but do not know where to get the technique.

—*Geo. M. McCole, D. D., Great Falls, Montana.*

### The Truth about Chiropractic

WE have been asked by so many osteopaths for assistance in putting the truth about chiropractic before the people of their communities that we have now written and published what we offer as a first-class job in this respect entitled "Chiropractic Kleptomania." Candidly we expect you to say "Another Bunting Classic." We have chosen not to put this out within the covers of *Osteopathic Health* because chiropractic is not an issue in many localities and the message would not interest or help all our practitioners alike. Those who are especially interested can secure this invaluable mailing folder by the thousand at a very low cost. A copy free to any osteopath who writes for it. We should like to know your opinion of its value after using it liberally in your community. See the fuller announcement on page 3 this issue.

### Pictures Make the Lesion Plain

Order the February issue of "Osteopathic Health" "How 'Bad' Mechanism in Our Joints Makes Sickness" if you like a well illustrated explanation of the lesion concept.

A half-hearted D. O. hasn't even convinced himself. It is reflected in his face and practice.—*Gravett.*



## IN COURT and LEGISLATURE

### Osteopaths Lose Court Action in Maryland

THE Maryland Court of Appeals decided against us in my attempt to clear up the death certificate squabble with the Health Department of Baltimore City. I have not been able to get hold of the text of the decision at this writing, and the only thing we can hope is that the full text may show some way out of the death certificate mix-up, for it surely is one. Having started wrong in 1914, it seems almost impossible to clear up the legal problems here for osteopathy, principally, too, because most osteopaths expect full privileges brought to them on a silver platter, without price and without work. Co-operation in this fight just lost was surely on the ebb-tide, and we few osteopaths who tried to carry the proposition through did the best we could with the available funds. We gave them everything we had in stock, and having lost, we have no regrets of any kind, and hope for better luck in the next attempt.—Robert Keiningham, D. O., Secretary, Maryland Board of Osteopathic Examiners, Baltimore.

### Cooties Got a Good Law in Florida

[From the Florida Osteopath]

THE osteopathic cooties got a bill through the last Florida legislature that is the best of the Florida healing art laws. Bill provides for board of three members; applicants for licensure to be graduates of school with three-year course of six months each in separate years, actual attendance; fee, \$15 with application and \$10 upon delivery of certificate; \$15 for re-examination; subjects—anatomy, physiology, hygiene, symptomatology, nerve tracing, chiro principles, diagnosis, orthopedics

and "adjusting as taught by chiropractic colleges."

Sec. 12 reads: Any chiropractor who has complied with the provisions of this Act may adjust by hand any displaced tissue of any kind or nature and otherwise practice according to the tenets of his or her respective school, but shall not prescribe for or administer to any person any medicine or drug now or hereafter included in materia medica, perform any surgery, except as hereinabove stated, nor practice obstetrics or osteopathy. (This section quoted intact. Note the excellent definition of osteopathy it contains, yet they do not practice osteopathy!)

Chiros in state two years prior to Oct. 1, 1919, graduates of a residence course, pay fee of \$25 and receive license without exam. (No length of course specified.) Usual sections dealing with revocation, refusal, recording and reissuing of licenses. Board gets \$10 a day and 3c mileage for meetings. Any deficit in state fund supplied by levying assessment on all chiros in state. (No penalty attached for non-payment of assessment!)

Licensed chiros subject to health regulations for contagious and infectious diseases and can sign death certificates. Reciprocity with states having equal requirements, provided applicant got his original license by examination; fee \$25.

Sec. 26 deals with fraud in obtaining certificates or the use of titles inducing the belief that holder is practicing chiropractic illegally, OR ANY OTHER NAME FOR MECHANICAL MEANS OF TREATMENT OTHER THAN THOSE WHO NOW HAVE EXAMINING BOARDS IN FLORIDA, without first complying with the provisions of this Act. (Sentence in capitals brings mechano-therapists and all other drugless healers in as CHIROS and will be apt to raise trouble if carried out. How could a chiro board examine a mechano-therapist when the law distinctly states that all applicants must be graduates of a chiro school? If the law is carried out there won't be any new chiros in this state for years):

### Alberta D. O. Given Full Privileges of Local Hospital

THE clipping from a N. J. paper given on Page 10 of the May issue and especially the article by Dr. Roy Bernard on Page 26 of the same issue, have impelled me to tell you my experience with the Hospital Board here.

Shortly after locating here I ascertained that no physician, Osteopathic or M. D., would be allowed to attend patients in the local Hospital unless he were on the staff. I immediately made a short and formal application to be appointed on the staff, and in the course of some days received the following letter.

Lethbridge, Alberta, April 28, 1919.

Dr. J. E. Horning,

Dear Sir:— We beg to inform you that your application to be appointed upon the visiting staff of The Galt Hospital came before the Board on April 22nd, 1919, and the following resolution was passed:—

"That Dr. Horning be given the privileges of the Galt Hospital, to practice Osteopathy in such manner as is guaranteed by the laws of this Province, and to attend his patients in the Hospital for this purpose."

We are,

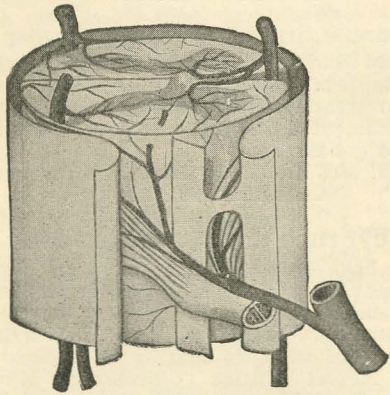
Yours truly,

E. G. Davis

Sec'y.-Treas.

Now, what could be more courteous or more satisfactory than this? Alberta is particularly fortunate in its Osteopathic law. For we are absolutely on a par with the M. D.'s. We are under no disability whatever, as the above incident well proves. I had only been in town a little over a month when I made my application to the Board.

In conclusion I should like to recommend Alberta to any who are looking for a new location—it is a rich, progressive and up-to-date province with a magnificent climate, and a law that cannot be surpassed anywhere, giving the Osteopathic Physician an all-round opportunity that cannot be improved upon.—Fraternally yours, James Emerson Horning, B. A., D. O.,



Vascularization of a section of the spinal cord. Note accessory artery assisting the three spinal arteries.

## EVERY OSTEOPATHIC LIBRARY

SHOULD HAVE THIS BOOK

### Poliomyelitis (Infantile Paralysis)

Edited by F. P. Millard, D. O.

THE Anatomy, Physiology and Pathology of this subject are stated briefly but clearly and sufficiently. Osteopathic treatment is definitely

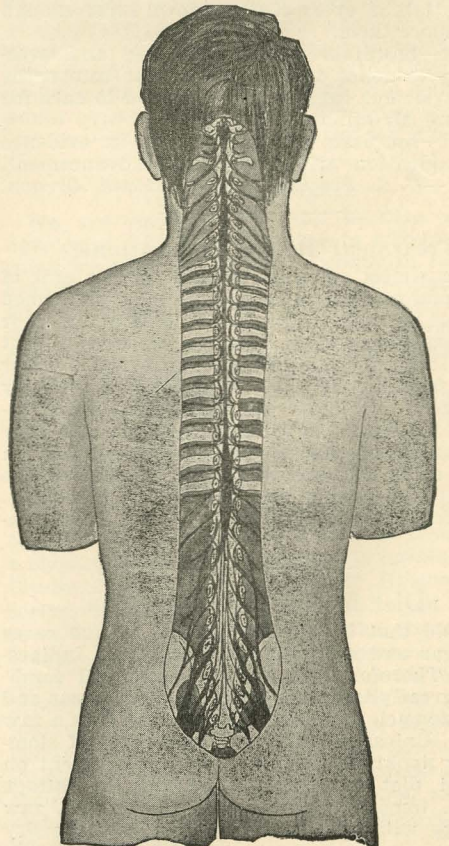
outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially valuable. In a review of this book in February, 1919, issue of the *OP.*, Dr. Bunting said:

Dr. Millard has provided wonderful and beautiful original illustrations for this book. His anatomical drawings of a popularized sort illustrating the structure and relations of the spine and brain are ideal in every way. They are developed in a graphic manner which enables you to realize their significance at a glance.

The book has 162 pages, printed on heavy high grade stock; 97 illustrations, including 14 full page plates and 3-color frontispiece; table of contents, list of illustrations, and complete index; bound in cloth, stamped in gold. Price \$2.00, postpaid. An excellent book to loan to patients. You should have at least two copies, one for your reference library and one to circulate among your patients.

SEND YOUR ORDER TO

THE BUNTING PUBLICATIONS, Inc. Dept. B., 9 S. Clinton Street, Chicago



The spinal cord and nerves in situ. This illustration and the one above are typical of the unique and artistic anatomical drawings of Dr. Millard as displayed in this book.



## ACTIVITIES of the OSTEOPATHIC SOCIETIES

### Progress in Redemocratizing the AOA

By W. A. Gravett, Secretary, Dayton, Ohio

UNDER the provisions of the Constitution adopted at Chicago at the last annual meeting, the Board of Trustees of the AOA has accepted the following states as Division Societies to be effective January first, 1920: Vermont, Montana, Illinois, Virginia, North Carolina, Maine, Colorado, Georgia, Kansas, Minnesota, Rhode Island, Connecticut, District of Columbia, Washington, Michigan, New York, Ohio, Texas, Iowa, South Dakota and Arkansas.

Two years ago a movement was inaugurated to redemocratize osteopathy by making its major organization more representative of the state societies. When the AOA was founded it was in response to a demand for a governing body to deal with the present day and future problems. Inasmuch as there were then no state societies it dealt with individuals in promoting and protecting the interests of osteopathy.

To redemocratize a government means literally to take it back to the people. This does not mean that the AOA was not in the beginning democratic, because it was. Its members expressed themselves in their representative organization. But as the number of practitioners increased in each state, there arose the same need for an organization within the state. However, the states did not develop equally. It was a number of years before some states had organizations. Even today there are states which have no societies, and some but very poorly organized. So, the AOA has had to adapt itself as best it could to existing conditions. The stronger states had become insistent upon having more of a voice in the affairs of the major organization. The AOA has patiently striven to bring about better conditions in the weaker states by dealing with individual members of the AOA in those states, at the same time encouraging state organization. Further, the AOA was obliged to respect the opinion of its individual members even in the states where there were strong societies. Sometimes an opinion of the individual member of the AOA would conflict with that of the state organization. So, the AOA had reached the parting of the ways. It had either to continue as an entity in its form of government or adopt a method whereby it would become the major unit in an organization made up of component units—the state organizations.

The state organizations, therefore, assuming many of the functions which originally were represented by the AOA, there was incurred more or less of a duplication and a conflict in activities. Furthermore, those activities which belonged to the state proper were taken care of in accord with the viewpoint and judgment of the practitioners making up the state organization. At the same time, individual members of the AOA, with perhaps a different viewpoint from the majority within that state, were able to influence the general trend of the AOA.

The profession has outgrown individual expression in its major organization. That will hereafter be confined to the state organization, and as state organizations continue to grow in numbers, district societies will be the medium through which the individual will express himself. When this comes about osteopathy will be truly democratic. An individual will express himself in his own community

where his interests are greatest and wherein he has a more intimate knowledge of both his needs and the remedy. But for the immediate present the practitioners in a state will determine their policies themselves. In so far as they are directly affected in the larger problems which belong to the profession, they will have a voice through their representative, which is their delegates to the House of Delegates—the governing body of the American Osteopathic Association.

Here in the United States, supposedly the cradle of democracy, we have been so bent on chasing the dollar that we forgot to protect this great privilege of self-government. We are just wakening to the fact that we are in danger of losing that which money cannot buy, which was bought and paid for by the blood of our forefathers. The same thing holds true in osteopathy, both directly and indirectly. If the individual in a community allows other interests, social or otherwise, to supersede osteopathy to the extent that he neglects to look after its interests, he will waken to find that that which gave him his prestige and his standing in the community is gone, and the same application can be made to his interest in the state society and likewise will be reflected in the National organization. Future osteopathy will be what the state organizations make it and the state organizations will be representative of the individual. This majority rule is a two-edged sword. It cuts both ways. It is an effective weapon for good or ill, dependent upon whose hands it is in. Think this over and keep it in safe hands.

The state delegates are the men who map out the future course of osteopathy. *They should be selected with the greatest care.* If a practitioner in attendance at his state meeting becomes so engrossed in making money that he must leave for home at the end of the first day after hearing the particular part of the program which interests him most, leaving to a small number the selecting of delegates hurriedly chosen in the closing hours of the convention, he takes a desperate chance of eventually losing the privileges he enjoys as a practitioner in his own community. Select your delegates as you would your lawyer. This leads me to say that it is a mistake to put off the election of officers in a state society to the last day and the last minute. There isn't anything of more importance at a state meeting than the business of the society.

The majority of the states have affiliated by adopting *RESOLUTIONS* and appointing a committee to revise their constitution and by-laws to conform to that of the AOA. These states will probably call a special mid-year meeting and at that time appoint their delegates. To date the following men have been named as delegates: Dr. W. E. Waldo, Washington; Dr. Asa Willard, Montana; Dr. A. J. Garlinghouse and Dr. E. A. Ward, Michigan; Dr. E. R. Booth and Dr. Josephine L. Pierce, Ohio; Dr. C. A. Upton, Minnesota. They are given here to show the type and character of the men and women who will be members of the *FIRST HOUSE OF DELEGATES*.

There has been considerable comment made relative to the closed session of the Board of Trustees of the AOA. It is obvious to anyone that all the sessions could not be open, even

to the members of the profession. I don't think any one will question that. However, I don't mean to discuss that at this time, but I want to say that President Conklin proposes to have one of the first sessions of the House of Delegates an open session, that the members may have some idea of the workings of our new organization. The first House of Delegates marks an epoch in the history of organized osteopathy and should be made an auspicious occasion. It doubtless will. Criticisms of the Board of Trustees and the AOA has been one of the favorite indoor sports of the profession. I believe that much of it has been unwarranted. In so far as my experience obtains as a member of the Board of Trustees, *constructive* criticism has always been welcomed. No other kind should ever be made. Criticism usually indicates some grouch or petty jealousy on the part of the person making it. Frequently it is made by some one who is not in possession of all the facts. Criticism often injures some one's reputation. Then, if it is not true, it is criminal.

### How They Run Society Programs in the Great West

Letter from T. J. Rudy, D. O., M. D., Los Angeles  
En Route Walla Walla  
to Boise, Ida., 12-17-19.

DEAR Bunting: Am on the middle "leg" of the opening trip of "Circuit Clinic," under the auspices of the "Osteopathic Foundation" of the Western Osteopathic Association.

Twenty-three societies—thirteen in California, viz., Imperial Valley, San Diego, San Bernardino, Pomona, Pasadena, Long Beach, Los Angeles, Tri-Counties, San Joaquin, Sacramento Valley, San Jose Valley and The Bay. Ten others as follows: Medford, Willamette Valley, Portland, Walla Walla, Boise, Eastern Idaho, Utah, Denver, Albuquerque and Phoenix. How is this compared with the Orpheum Circuit?

Have had wonderful meetings, not less than 90% present, and some places 101%. Clinic demonstrations all day, then banquet, then program, then Mr. Pullman's bed chamber. Haven't had a bath for two weeks, and no chance before Xmas, whether I need it or not.\*

Gee! California sounds good. Been in snow up to my neck since leaving the boundary line. But, then, osteopathy sounds good, too, and I must freeze for it, if necessary—and all of this started from that human tandem, "Spencer-Whitehouse." They are some organizations, and I'll tell the world "it" does "organ."

Incidentally, Harry, if deserving boosting ever won, The *OP* should be a neck ahead in the West at the close of this tour. I regret indeed that the California profession is somewhat behind in their support of your excellent medium—it is the first "good thing" they haven't been up in the "lead" on, and I assure you it is a case of the boy with a posterior segment of his shirt protruding from a foramen pantaloonalis—"out of sight, out of mind," and I will do all in my power at least to get them to put the south half of the wardrobe in reverse.—Hastily yours, *Thos. Jefferson*.

#### Chiro Lies vs. Osteopathic Truth

The antidote of lies is truth. You get all the truth about chiropractic in the Bunting folder "Chiropractic Kleptomania" which you can obtain at \$9.50 per thousand for the benefit of your community. Your professional card will be printed on the 6th page without extra cost in thousand lots.

#### Right in Your Line

In case you believe in lesion osteopathy and practice it, you will be proud and delighted to send out that well illustrated February issue of "Osteopathic Health" entitled "How 'Bad' Mechanism in Our Joints Makes Sickness."

The December issue of *The Osteopathic Physician* is surely a "cracker-jack." Yours without drugs.

—P. D. Holloway, D. O., Memphis, Missouri.\*



## HEART to HEART TALKS from the FIELD

### More Praise for "Physical Culture's" Boost of Osteopathy

I HAVE just read with compelling interest your splendid article in the November issue of *Physical Culture*. It is an Osteopathic Gem, and ought to serve as a great enlightener to the public, and cause it to ask the very pertinent question of our Government, "Why, in the face of these irrefutable facts, were our sons denied a service that could have saved their lives?" Can it be possible that professional jealousy could so actuate men and cause them to commit such a crime in the name of patriotism and democracy?

Do you know, Bunting, that article reads as osteopathic as if I had done it myself! Ha! Ha! Of course, I'm not the literary high light that you are, and couldn't present the subject nearly as well. But it is gratifying—after what many osteopaths feared of you a few years ago, when you were preaching Academic Freedom, etc.—though I will admit that gradually, somehow or other, you seem to have found the light again, and I hope it will never fail you. The article is very excellent, indeed, and I trust it will bear a great harvest of public opinion.—*H. M. Vastine, D. O., Harrisburg, Pa.*

#### From Dr. J. J. Dunning

Your article in *Physical Culture* has already sent me five new patients and I've been on my own basis for only three weeks! (Left Dr. Holloway Dec. 1st). I don't believe anything in print has caused so much favorable comment on osteopathy down here in Texas as your fine story. I don't think it a masterpiece, or a classic, any more than you do; but it is a thumping straight and interesting story that would convince any one.—*J. J. Dunning, D. O., Dallas, Texas.*

[Say, J. J., how many new patients would an article have to produce for you before you would be willing to call it a "masterpiece"? Cordially, *Editor.*]

#### From Dr. Roberta Wimer-Ford

Just a word to tell you how very much our public out here have appreciated your article in the late *Physical Culture Magazine*. Not less than a dozen of my patients have phoned in to congratulate us on that splendid thing, (these were old-time patients, not now coming to the office) and practically every one who came in mentioned it. When I went to the newsstand to procure a copy there was but one left, and the one I took had lost its outer covers; so, you see, it had been read by many. Congratulations! Sincerely, *Roberta Wimer-Ford, D. O., Seattle, Wash.*

Dear Dr. Bunting: I fully intended writing you sooner, but have been rather busy and have not been quite well. Just wanted to congratulate you upon the splendid article that appeared from your pen in the current number of *Physical Culture*.

That is a great article; it does you credit, and certainly is a good thing for the profession, and I wanted you to know that I personally appreciate your effort along that line; it cannot help but be of great value to the profession. To be honest with you, Harry, I believe it to be one of the very best I have ever read from your pen.—Very truly yours, *A. G. Hildreth, O. D., Macon, Missouri.*

Dear Friend Harry: Congratulations, and many of them, on your fine article in *Physical Culture*. With you at the head of a publicity portfolio—as Dr. Joseph Sullivan suggests—plus the necessary money to back it up, we

could, I believe, make every community an osteopathic community in two or three years' time—fill our colleges to overflowing with the highest type of students, and incidentally rout for all time a number of counterfeits of osteopathy, the which flourish in some parts of our country at this time.

If only 2,000 of our osteopaths would write 12 checks for \$5.00 a piece, dating them 30 days ahead of each other, this would give immediately a fund of \$10,000.00 per month—or \$120,000.00 a year. An article even once a month of equal tone as yours published in such magazines as *Physical Culture*, *Ladies' Home Journal*, *Saturday Evening Post*, *Collier's* and a few others—oh, say, boys, wouldn't that turn this little country of ours upside down?

Is this thought worth the paper it's written upon? If so, I'll start the ball rolling with "12 little checks."—Fraternally, *T. L. Herroder, D. O., Toledo, Ohio.*

Dear Dr. Bunting: I have just read your article in the *Physical Culture* magazine. It is a hummer, especially with the editor's challenge to the old "regulars." I suggest you put this article as quoted from this magazine with editorial comment included in an early O. H. booklet. I am sure it would do a lot of good. Enclosed find check for copies of "What is Proper Treatment for Winter's Diseases." I want more to hand out.—Sincerely,

*J. B. Cole, D. O., Columbia Missouri.*

#### Publicity

[From the Florida Osteopathic Bulletin]

Pears Soap is known all over the world and yet it costs upwards of a quarter of a million dollars per year for advertising so that the factory can sell its entire output. So well was Pears Soap established that the company that it would discontinue advertising for a while, so for 6 months all advertising was stopped, during which time the business fell off 35% and it cost the company \$6,500,000 additional publicity before the factory was selling its entire output again. The memory of the public is fickle and any letup in advertising is fatal.

To apply the above to osteopathy, let your mind revert back to the early osteopaths, how they heralded osteopathic principles and backed up their enthusiasm by good works. Now, the osteopaths have become so proper that a sign in the window is sufficient to draw the crowds (?) as a magnet attracts steel filings or as molasses attracts flies. At the same time, one can scarcely pick up a newspaper or magazine without reading a chiro advt. proclaiming adjustment as the keynote of their practice. Keep up this kind of advertising for a few years and we will have to spend millions to convince people that osteopathy was the original science of healing by adjustment, or, indeed! any science of adjustment at all.

#### Where "Hangnails" Bother

THE new Bunting folder entitled "Chiropractic Kleptomania" will be read with great avidity by the people, for it makes them understand a situation not explicable except by tracing its historic development. This 6-page printed folder does this with admirable editorial art. It will win for osteopathy a just estimate wherever chiropractic propaganda has built up false credit for itself by claims of being the originator of back-bone adjustive therapy. It comes to you at \$9.50 per thousand—less than a cent apiece. Read the announcement on page 3 and get your supply out at once.

#### Beautifully Illustrated Lesion Article

That February installment of "Osteopathic Health" contains seven fine anatomical drawings illustrating the lesions as the fundamental in osteopathic diagnosis and practice.

If you say you like illustration in office and field literature, here is your chance. It is called "How 'Bad' Mechanism in our Joints Makes Sickness." What more could you ask for?

#### Washington Osteopaths Revise their Rates Upward

KING County Osteopathic Association (Seattle, Washington) has adopted an increased fee schedule. That means "raised their rates." You see, all this talk about H. C. of L. and osteopathy's necessary advances has not been in vain. Here is the new schedule:

Physical Examination, \$3.00 to \$5.00.  
Laboratory Diagnosis, charge according to Services.

Office Treatment, \$3.00.  
CALLS: First Call, \$5.00; Subsequent Calls, \$4.00. Extra Charge for Night Calls.  
Fracture and Dislocation, \$10.00 to \$100.00.  
Surgery According to Case.  
Obstetrical Cases, Uncomplicated, \$50.00.  
Extra Charge for Special Care.  
Terms Cash.

How do you like that idea? A dislocated innominate set could bring \$10.00 to \$100.00.

The November meeting, held at offices of Dr. Henrietta Crofton, Seattle, Washington. Large attendance. Several new members voted in. "Scope of Osteopathy" was enthusiastically discussed by Dr. A. B. Ford, Dr. A. B. Cunningham, Dr. Henrietta Crofton and Dr. W. E. Waldo.—Fraternally, *Roberta Wimer-Ford, D. O., Seattle.*

#### 500 D. O.'s Needed to Give One to Each 5,000 of Population

ANY good osteopath desiring to change location or beginning practice will do well to investigate. Reciprocity with other states having equal requirements may be granted at the January meeting of the Board. Our board is composed of osteopaths and we have a very good law that gives us the right to do everything except major surgery.

The following towns range from four to fifteen thousand people and will easily support one or more osteopaths:

Concord	Statesville	Lincolnton
Dunn	Waynesville	Louisburg
Gastonia	Tarboro	Mount Airy
Lumberton	Washington	Morganton
Laurinburg	Mount Olive	Monroe
Maxton	Henderson	Reidsville
Hamlet	Hickory	Sanford

In addition to this list there are other towns that I do not think of at present. Several of our larger cities have only one or two osteopaths and could well support as many more. North Carolina is one of the richest of the southern states. It has good climate and both mountain and ocean resorts. Osteopathy is well and favorably known in Dunn, Washington, Statesville, Henderson, Lumberton and Mount Airy as each of these towns have had osteopaths for a short time. Osteopathic surgeons with the M. D. degree and capable of securing a medical license would do well in hospital work in some of our larger cities by forming a combination with the local osteopaths and opening a hospital. Dr. W. E. Crutchfield, of Greensboro, or myself would be glad to lend any assistance possible in securing a favorable location.—*M. J. Carson, D. O., Wilmington, N. C.*

#### The OP Blesses You!

They never pinned a badge on me  
For bravery in No-Man's Land,  
My name in print you'll never see  
As one remarkable for "sand."  
But in the grip of Hard Old Times  
I fought till I was black and blue,  
And managed to hold back some dimes  
That I might send this sub. to you.



# The AMA Program—Will They Put It Over?

By Geo. W. Reid, D. O., Worcester, Mass.

THE AMA program is well known to the osteopathic profession so I need not dilate on this to any extent. Suffice it is to say that there are now two bills providing for a Department of Health with a doctor in the President's Cabinet ready to come up for consideration, at Washington. Our old ubiquitous medical cat's paw from Oklahoma, Senator Owen, is the author of one. There are numerous other medical bills of minor importance up for consideration also. In addition to the foregoing, there are numerous bills in each state which if passed will give the allopathic school greater power and aid them in the ultimate goal they have in mind.

Dr. W. A. Evans of the Chicago *Tribune* in the following candid remarks, gives us a clearer glimpse at the aspirations the medical men have in mind. "As I see it," he said, "the wise thing for the medical profession to do is to get right into and man every great health movement; man health department, tuberculosis societies, child and infant welfare societies, housing societies, etc. The future of the profession depends on keeping matters so that when the public mind thinks of these things, it automatically thinks of physicians and not sociologists or sanitary engineers. The profession cannot afford to have these places occupied by others than medical men."

There are some evidences that the medical profession is making some headway at least toward the coveted goal. In Pennsylvania, what is known as the Gans Bill passed the House of Representatives and Senate in May and was signed by the Governor on June 5th. This is about as dirty a piece of legislation as could be found anywhere in America, as will be seen by the following clipping setting forth the provisions of the bill:

"The Gans Bill makes it the duty of all school directors, superintendents, principals or other persons in charge of any public, private, parochial or other school to refuse the admission of any unvaccinated child to any school, and provides that any physician, undertaker, principal of a school, sexton, janitor, head of a family or any other person named in the Act who shall fail, neglect or refuse to comply with or who shall violate any of the provisions or requirements of the Act shall be subject to a fine of not less than \$5 nor more than \$100, or imprisonment in the county jail for not exceeding 60 days. The Gans Bill also requires that the physician's certificate shall set forth that a subsequent examination reveals a resultant cicatrix indicating successful vaccination, and that this certificate shall be issued in accordance with the rules and regulations promulgated by the Commissioner of Health with the sanction and advice of the Advisory Board of the Department of Health. Under the existing law, all actions for the recovery of any fine or penalty for the violation of any of the provisions of the Compulsory Vaccination School Law must be commenced with 60 days from the commission of the offense and not afterward. The Gans Bill repeals this limitation."

It will be seen from the foregoing that the medical octopus has Pennsylvania pretty well in its grasp. The following is an example of what the medical men were able to do prior to the passage of the Gans Bill. Bear this in mind as you read and then ask yourself what the consequences of the new legislation may be. The report is copied from the Philadelphia *Ledger* in its edition of March 31st.

"Two entire city blocks were isolated from the rest of the city for nearly eight hours yesterday and more than 1,000 residents living in and near the area were awakened and forced to submit to being vaccinated following the discovery of a smallpox case.

"The measures were taken after four-year-old Oliver Jones, 2221 Harlan St., was reported to have contracted the disease. At 3 o'clock yesterday morning, 50 physicians of the Board of Health, guarded by the Police, invaded the section bounded by Twenty-first, Twenty-third, Master and Jefferson streets while a ring of 200 policemen prevented any one from entering or leaving the district."

The osteopathic profession stands for medical freedom. I realize that there is a difference of opinion with regard to vaccination and inoculation etc., but we have gone on record as opposed to compulsory vaccination at our national conventions on several occasions. Unless we use our influence to head off the present medical trend towards State medicine, there is no question but what our days are numbered as a profession, and we all will be victims of the medical fanatic with his vaccine and serum-squirting instruments in one hand and a warrant in the other demanding that we submit to his will.

The AMA program will be put over unless we, along with other organizations and individuals opposed to medical tyranny and autocracy, make it our business to see that medical freedom and justice prevail. Doctor, are you properly utilizing your resources and influence to prevent state medicine becoming a reality in the U. S. A.?

## Dr. Hugh Beaton Meets Quick Success at Danville

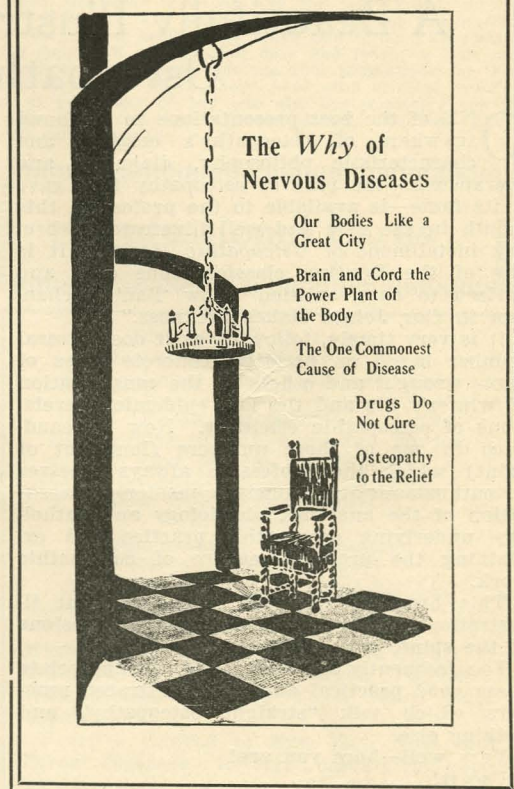
AFTER being honorably discharged from the United States army service a few months ago, Dr. Hugh Beaton located at Danville, Illinois. He writes us that he is meeting with very gratifying success. He is putting out liberal quantities of *Osteopathic Health* each month and says he thinks he will soon have osteopathy where it belongs in Danville. He has just installed a second McManis treatment table (and he paid cash for them both, too), and he offers this as evidence that his practice has become "quite substantial." No "army money" was used in the transaction. Certainly it is a good record for osteopathy, and Dr. Beaton especially, since he went to Danville an entire stranger only a few months ago. Patronage can be won for osteopathy and a good living can be made out of the practice almost anywhere if the science is intelligently and conscientiously applied and if worthy educational propaganda is carried on liberally and systematically. Dr. Beaton is planning to increase his mailings of magazines in 1920.

## AOA Fighting for More Students

THE Department of Education, through the Forward Movement Bureau, contemplates an intensive campaign for students for the osteopathic colleges. It will be the endeavor of the bureau to place osteopathic vocational literature in the hands of approximately fifty thousand high school and college students in the United States and Canada during the year. This will introduce osteopathy into thousands of homes where probably it was formerly unknown or misunderstood. This cannot help but awaken much interest in the science, which will react to the benefit of the osteopathic profession, both collectively and individually. From this propaganda we predict a great revival of osteopathy.

Dr. M. L. Hartwell of St. Joseph, Missouri, a member of the Department of Education, will be in charge of this phase of the work. Under

## No. 38



## FOR 19 YEARS A STANDARD

Since the first edition, in 1900, the *American Illustrated Medical Dictionary* has been a leader. The frequency of revision has made it always possible to have this dictionary define the really new words. The 10th edition—just out—is newer by one year than any other medical dictionary.

### Twenty-three (23) Valuable Features

*New words*—Over 2000, hundreds exclusively here. *War Words and War Abbreviations. Key to capitalization*—Tells you when to capitalize. *Pronunciation* of every word is given. *Etymology*—Many dictionaries neglect this. *Historic Aspect*—Name of discoverer or originator, with date. *Practical arrangement*—Every word a separate paragraph; phrases always under the nouns. *Flexibility*—You can wrap the book around itself. *Anatomic tables*—With pictures in colors on facing pages. *Chemical Formulas and Symbols. Signs and symptoms*—The technic in brief. *Methods of treatment*—All the new treatments. *Dosage and therapeutic tables*—Cover 50 pages. *Table of exanthemata*—Diagnosis in brief. *Serums*—Indications and Uses. *Tests*—Technic of all laboratory and clinical tests. *Reactions, staining and fixing methods*—Practical laboratory guide. *Operations*—Technic in brief. *Veterinary terms*—More than any other lexicon. *Dental terms*—You'll find what you want here. *Medical biographies*—Important facts about big men. *Every word defined*—A full definition in every case. *An atlas*—It has 327 illustrations, 115 in colors.

Octavo of 1201 pages, with 327 illustrations, 115 in colors. Flexible leather, \$5.50 net; thumb indexed, \$6.00 net.

W. B. SAUNDERS COMPANY, Philadelphia

the efficient and able direction of Dr. Hartwell we are certain that the campaign will be an unqualified success.

The Department of Education, through its chairman, urges all osteopathic physicians to render Dr. Hartwell every assistance in making this Student Recruiting Campaign a great success. You owe this to the progress of osteopathy.

—S. L. Scothorn, D. O., Chairman, Dallas, Tex.



## PUBLISHER'S DEPARTMENT

### A Beautifully Illustrated Explanation of Osteopathic Lesions

ONE of the best presentations to be found anywhere of osteopathy's original and characteristic philosophy, diagnosis and therapeutics—the part of osteopathy that gave it its fame—is available to the profession this month in the new and well illustrated February installment of *Osteopathic Health*. It is one of the Bunting classics, done over and revised to date, entitled "How 'Bad' Mechanism in Our Joints Makes Sickness."

It is very timely, following as it does several number based on practical concrete cases of cures wrought and others on the consideration of winter's ills and the late epidemic's revelations of osteopathic efficiency. Now we sandwich in one of those numbers (long out of print) which the profession always receives so enthusiastically, namely a masterly presentation of the anatomy, physiology and pathology underlying osteopathic practice and explaining the practical nature of osteopathic work.

This brochure contains seven excellent illustrations showing in a clear-cut way lesions of the spine, ribs and pelvis.

You frequently say how much you appreciate these good practical and well illustrated numbers which talk "straight osteopathy" and nothing else.

Very well—here you are!

Use it!

It's yours for the price.

—And worth many times to your practice what we charge for it.

While this installment of your *Osteopathic*

Health service concerns itself solely with presenting the characteristic part of our manipulative diagnosis and therapy you will, of course, be glad to know that it is not narrow in its conceptions at all, stating clearly (but without developing the subject) that osteopathy credits infection, both focal and general, with its full influence in disease causation, as well as the other common factors of disease. Other special installments of *OH* service, as you know, have been devoted to the development of those other considerations. This issue develops solely the phase of osteopathy which has to do with *TISSUE LESIONS*—not only "back bone lesions" and pelvic lesions, such as we call "bony lesions", but also those of the soft tissues, muscular, ligamentous, fascial, tendonous, etc., etc.—all tissue lesions, in short.

This magazine develops in a remarkably true and careful way that lesions are peculiarly associated with the "joints" of the body's structures and this fresh viewpoint of the lesion (which gives the brochure its title) makes the whole discussion one of fascinating interest.

Do you realize that *no where else in all osteopathic literature* is the essential osteopathic concept so well, so lucidly and so completely stated as in these Bunting periodic brochures which, put into type, gave *Osteopathic Health* its being? It's a fact and worth recognizing. Read this February installment with this truth in mind, and give this message the widespread distribution it deserves.

The *OP* Sanctum,  
9 South Clinton St., Chicago.

#### That Western Vision

"I want you to know that I appreciate very much the value of the work you have done for osteopathy through your publications. I shall miss no opportunity to urge the patronage of *The OP* as our only general news publication, and I hope one year from date there will be few who are not subscribers in this western section."—Chas. H. Spencer, D. O., President, Western Osteopathic Association, Los Angeles.

#### Can Afford It Because Successful

In accordance with my telegram of the other day, I wish you to ship me 700 copies of the October issue of *Osteopathic Health* containing the article, "Osteopathy as a Science," by Dr. John Comstock, of California. Kindly imprint my professional card as heretofore. I do not need any more practice, in fact, can not possibly take care of any more, but I think I can do some good for the cause by the proper use of this extra 700 copies of the October *Osteopathic Health*.—Charles Haskill Whitcomb, D. O., Brooklyn, New York.

#### Same Story Now for 20 Years

*Osteopathic Health* for November is fine. Send me 100 copies and put me down for 100 copies a month for the following six months. We can make a new arrangement at the end of that time.—F. P. Millard, D. O., Toronto, Ontario, Canada.

You will never begin to be an osteopathic booster until you begin!

#### Comments from OH Boosters

Please send us 50 copies each of the last two issues of *Osteopathic Health*. We find the magazine very satisfactory.—Drs. Tinkham & Humphries, Waltham, Massachusetts.

Enclosed please find check for \$2.00 for renewal of subscription to *The OP*. I just recently returned from army service and feel I cannot do without it.—J. B. Schrock, D. O., Scottsbluff, Nebraska.

The September issue of "Osteopathic Health" entitled "Most Diseases are of Spinal Origin" is thoroughly osteopathic and one of the most convincing numbers I have ever seen. Please send me an additional 500 copies immediately.—R. W. Schultz, D. O., Garner, Iowa.

Enclosed find draft \$9.35 in payment of *Osteopathic Health* and for renewal of subscription to *The Osteopathic Physician*. Osteopathy is gaining every day in the Empire state. With best wishes for a Merry Christmas.—John W. Riley, D. O., Norwich, New York.

I have received my regular monthly supply of *Osteopathic Health*, and this issue for December strikes me as being something very fine and appropriate for the season of the year. I wish you to send me 1,000 extra copies as quickly as possible.—C. E. Thompson, D. O., Peoria, Illinois, December 11th.

I am glad to send you contract for 200 copies of *Osteopathic Health* a month, starting with the December issue, magazines to be imprinted with my card. I wish to extend all good wishes to *Osteopathic Health*, the best little osteopathic booster in existence.—Dale H. Craig, D. O., Denver Colorado, November 24th.

The December issue of *Osteopathic Health* has arrived, and it is a mighty fine number. It keeps the osteopathic ball rolling. This is especially good for us here in Philadelphia in view of the recent misunderstanding about osteopathic ideas which has arisen in the ranks of the Pennsylvania osteopaths.—Roy Kerr Eldredge, D. O., Philadelphia, Pennsylvania, December 17th.

#### Praise for The *OP* from Everywhere

*The Osteopathic Physician* is the best osteopathic paper I have ever read. I always enjoy it thoroughly and get much good out of it.

—A. F. Hulting, D. O., Lorain, Ohio.

Here is check for renewal of subscription. *The OP* is indispensable. I am glad to help along in so good a work.

—J. L. Holloway, D. O., Dallas, Texas, December 15th.

Surely I want to renew my subscription to *The Osteopathic Physician*. I can't do without it. Enclosed find check for \$2.00.—F. E. MaGee, D. O., Webb City, Missouri, December 13th.

Enclosed find \$2.00 in renewal of subscription for *The OP*. I have enjoyed the paper very much and I always look forward to its coming.—H. L. Sunderland, D. O., Martinsville, Indiana, December 8th.

Enclosed find check for \$2.00 so that you will not fail to keep *The Osteopathic Physician* my way regularly. I cannot do business without it.—J. W. Elliott, D. O., Atlanta, Georgia, December 5th.

I hasten to send you \$2.00 to cover renewal of subscription to *The Osteopathic Physician* because I do not wish to miss a single copy of this most interesting publication.

—R. C. Dugan, D. O., Marion, Ohio, December 4th.

Hello, *OP*. Sorry to have kept you guessing about my subscription, but I have been away in Wisconsin after deer. Yes, I got one, too. However, I cannot be without *The OP*. It gets better each year and each issue. Three cheers for *The OP*!—W. F. Murray, D. O., Sandwich, Illinois, December 8th.

Enclosed find check \$2.00 for *The Osteopathic Physician* for another year. I believe my delay in remitting has caused me to miss the November issue. Please try and find one for me and send it along, as I do not wish to lose a single copy. Hoping that the next twelve numbers will equal the previous ones. I am fraternally yours, G. A. Bradfute, D. O., Caruthersville, Missouri, December 3rd.

#### Room for 1,000 Osteopaths in Great Britain

I HAVE been doing medical service in the R. A. M. C. abroad and only hove U. S. A. wards about July, 1919. Met a few of the old true-blue osteopaths abroad and they are all doing well, financially and otherwise.

There's a great field in Great Britain for live, hard-working osteopaths who have lots of grit and determination. In my opinion it is one of the greatest fields in the world for future osteopathy. Of course, the osteopaths are not legally recognized in the United Kingdom, but they suffer little persecution so far as I have been able to judge.

The tide of public opinion "Over There" is becoming very democratic nowadays and there is no telling what the future may bring forth in regard to the healing profession. There is room, in my opinion, for another thousand osteopaths in those parts. There is also good possibilities of student media for osteopathic colleges if the British practitioners can once get together with their Alma Maters.—Robert H. Veitch, D. O., M. D., Professor of Hygiene and Dietetics in the Massachusetts College of Osteopathy.

#### Corrections by Dr. D. J. Clark

In my flu report in November, answer to *OP* question No. 17 should read "about 65 degrees" instead of "25 degrees." No. 18 should read: "If fever reached 103 3/5 degrees I used cold sponge bath of water out of the hydrant one-half hour every two hours." I am sure that cold sponge bath at a temperature of 65 degrees would not be good treatment, and no doubt it would be a patent factor in helping develop pneumonia.—D. J. Clark, D. O., Delphos, Ohio.

#### Show Personal Interest

Do your best to make each person that comes to your office feel that you take a personal interest in his or her case. Do not let your work settle into a routine.

—Joseph de France, St. Louis, Missouri.



**IN D.O. LAND**

**Vermont State Board Meeting**

The Vermont State Board of Osteopathic Examiners held a meeting at Rutland, January 13th and 14th. Applications for examinations before the board must always be in the hands of the secretary, Dr. L. D. Martin, of Barre, Vermont, two weeks before date of meeting.

**Memorial Meeting for Our Founder**

The Chicago Osteopathic Association held a memorial meeting for Dr. A. T. Still in the Italian Room of Hotel Sherman, December 9th. Dr. Joseph H. Sullivan presided. Reminiscences of the "Old Doctor" and tributes to his achievements were made by Drs. Fred Gage, H. S. Bunting and others.

**Some Ford!**

Dr. Walter Stocke, of Chicago, recently purchased a new Ford car and evidently it was his desire to test the power of the new engine, altho we would not advise any one to use the same method. He started down the alley at a pretty good speed and successfully removed the second barn near his garage and all that it cost him was a set of new headlights and fenders.

**De-Lousing Time Here!**

If the "osteopathic cooties" bother you in your community use historic truthfulness as the right insecticide. It is put up in 6-page pamphlet form by The *OP* under the title "Chiropractic Kleptomaniac" and will develop immunity against the plague in any intelligent community. Read the further data about this remedy on Page 3.

**Put "OK" on Dr. Penland as a Surgeon**

It may be of interest to the osteopathic profession, and particularly to those located on the Pacific Coast, to learn of a competent osteopathic surgeon. I surely can recommend most highly Dr. H. E. Penland of Berkeley, California. He did very skilful work for me about three months ago. I now know to whom to send my surgical cases.—*L. L. Phelps, D. O., San Francisco, California, December 3rd.*

**Denver Osteopathic Association Officers**

Officers elected by the Denver Osteopathic Association this year are: President, Dr. Garfield J. James; vice-president, Dr. C. L. Draper; a new plan has been adopted whereby the monthly meetings are dropped and four large meetings were held December 22nd and 23rd, with Drs. Ruddy and Whitehouse as the principal speakers.

**Great Respect Shown Memory of Dr. Breed**

At the hour of the funeral of A. M. Breed, D. O., at Corning, New York, October 4th, all places of business and all doctors' offices were closed. The Corning Academy of Medicine sent a magnificent floral wreath; all the members attended the funeral in a body. Various bodies, civic, fraternal and patriotic, attended in a body. Dr. Breed was very public spirited and his home city paid his memory every honor possible.

**Call for Attendance at Minnesota Meeting**

The Southern Minnesota Osteopathic Association will hold a regular meeting on February 7th at Stillwater. Dr. Reilly and Dr. Taylor of that city having charge of the program. They request that all those who attend the meeting will please leave all theory and text-books in their libraries and stick their vest pocket edition of practical knowledge under their hats, and an opportunity will be given to each and every one to unfold some of his or her practical knowledge, as it is to be a strictly practical meeting.

**December Meeting Boston Osteopathic Society**

The December meeting of the Boston Osteopathic Society was held in Faelton Hall, Huntington Chambers, December 20th. The scientific program was as follows: Psychological Diagnosis by Dr. George E. Smith and Laboratory Diagnosis by Dr. Waldo Horton. Following the scientific program, the evening was given over to entertainment. The hall was decorated with Christmas greens. There were Christmas Carols by seven male voices. Dialect stories and Christmas stories were given by L. B. Fenderson, D. M. D., and Miss Gordon. A piano solo was given by Miss Bowman. All those taking part in the entertainment were friends of local osteopaths. The entertainment was concluded by refreshments. There were about eighty present.—*Frances Graves, Secretary, Boston, Massachusetts.*

**Southwestern Osteopathic Sanitarium to Be Enlarged**

At a recent meeting of the stockholders of the Southwestern Osteopathic Sanitarium at Blackwell, Oklahoma, plans were laid for the enlargement of the institution; also it was voted to dissolve the present corporation and to reincorporate on a non-profit basis as an eleemosynary institution. Under the new charter all moneys paid to the sanitarium by patients or donated become the property of the institution and must be expended to pay the cost of rendering service to the sick and for equipment, supplies, research, etc. The men and women who have been conducting the sanitarium have not heretofore made financial gain from the operation of the institution itself, but it was thought best to make this condition plain and to establish it as a perpetual policy by the new plan of reincorporation. Enlarged facilities are greatly needed, as the institution is already overcrowded with patients and more would like to come to the institution if there were room to take care of them.

**Dr. Frank J. Stewart Gives Special Lectures on Skin Diseases**

Dr. Frank J. Stewart, Chicago's osteopathic specialist in skin and venereal diseases, is conducting a special course of lectures on skin diseases at the Iota Tau Sigma fraternity house at 5114 Dorchester Avenue, Chicago, for the benefit of the members of the junior and senior classes of the Chicago College of Osteopathy, and such post graduates as care to attend. Dr. Stewart began the course on December 3rd by a lecture entering into an exhaustive discussion of syphilis. After completing a series of lectures on the subject of syphilis, Dr. Stewart will take up, one by one, all of the more common dermatological conditions as are met with by a general practitioner. The lectures are conducted weekly, on Wednesday evenings, from 8 to 9 p. m.

**D. O. Wins Prominence as Captain in U. S. Motor Transport Service**

We are interested to observe that Captain Bernard McMahan, formerly well known as an osteopathic practitioner, has received considerable prominence in his branch of the service, the Motor Transport Corps of the United States Army. Captain McMahan went into the service without pull or influence and won his promotion by sheer merit. The war department, through the Motor Transport Corps, recently decided to test out the possibilities of transcontinental freight transportation by sending two complete companies of the Motor Transport Corps, comprising 67 loaded trucks averaging 10 tons in loaded weight over a trip of 3,200 miles by way of the Lincoln Highway from Washington, D. C., to San Francisco, California. Previous to the organization of this test trip, Captain McMahan was stationed at Fort Wayne, just south of Detroit, and the *Lincoln Highway Forum* gives him credit as being the officer primarily responsible for the final authorization of this great army motor transport test. Captain McMahan served two years in the Motor Transport Corps and was honorably discharged in San Francisco after the successful completion of the cross country trip. He became so interested in the good road movement that at his own expense and time he made a slow return to Detroit in company with Mr. H. Osterman, vice-president of the Lincoln Highway Association, lecturing at different points on the value of good roads and emphasizing the lessons he had learned while in charge of the great transcontinental trip. The *Lincoln Highway Forum*, in its issue of November 1st, gives a great deal of prominence to the work of Captain McMahan and shows a full length portrait of him in his army uniform. Captain McMahan is now temporarily located at Detroit in the National Headquarters of the Lincoln Highway. He is rather unsettled regarding his plans, and is not sure when he will get back into the active practice of osteopathy.

**New Jersey Osteopaths Have Live Meeting**

On the invitation of the Trenton osteopaths, the regular monthly meeting of the New Jersey Osteopathic Society was held December 6th, at Hildebrecht Hotel, Trenton. An afternoon and evening session was held, a dinner being served at 6:30 p. m. It was decided recently that the state meetings in the future should be held outside of Newark when members in other sections of the state desired it and would assist in making the necessary arrangements. The December meeting was the first in many years to be held outside of Newark, and the unusually large and enthusiastic attendance—fifty-three sitting down to dinner—seemed to prove the soundness of the policy of occasionally meeting elsewhere. Great credit is due Dr. Conover, Dr. Novinger, Dr. Charles Sigler, Dr. Murray and other Trenton osteopaths for their persevering efforts to make the meeting a success. They set a good example for members in other sections of the state to follow if they desire meetings in their sections. An executive meeting preceded the session, and the state society's affiliation with the AOA was further advanced by the election of the following bureau heads: Dr. F. E. Keefer, Orange, State Chairman of Bureau of Legislation; Dr. A. P. Firth, Newark, State Chairman of Bureau of Statistics; Dr. R. M. Colborn, Newark, State Chairman of Bureau of Clinics; Dr. W. J. Jackson, Paterson, State Chairman of Bureau of Membership; Dr. Albert J. Molyneux, Jersey City, State Chairman of Bureau of Publicity and Public Health.

The following interesting and instructive program was given: "Osteopathic Interpretation of Symptomatic Diagnosis," Dr. L. Mason Beeman, New York City; "Strap Technique," Dr. E. Clair Jones, Lancaster, Pa.; "Diagnosis of Cervicle Region and Gastric Cancer," Dr. Charles J. Muttart, Philadelphia, Pa.; "Catarrhal Deafness, Lecture and Clinic Demonstration," Dr. John H. Bailey, Philadelphia, Pa. It was a most helpful and instructive meeting, and those who were not in attendance certainly missed a great stimulus to a greater success in the practice of their profession, and for the advancement of osteopathy. Brother practitioners, you simply cannot afford to miss these meetings! Make your plans now to attend the next meeting, notices of which you will receive shortly. Many osteopaths from New York and Philadelphia were present. The society is glad to have such visitors, and trusts they will be many and frequent. At the business session the legislative situation was discussed and a program was decided upon which, if successful, will mean much for the advancement of osteopathy. Let us all get behind this majority desire and help put it over! The Library Committee pleaded for greater support in making its work more effective, and presented communications from librarians showing how much they appreciated having osteopathic literature. The scholarship committee presented to the meeting students who had won scholarships, and the enthusiasm shown by these students and the advancement of osteopathy obtained in this way was apparent to all, and should and will be a stimulus for further work along this line.—*Albert J. Molyneux, D. O., New*

**Jersey State Chairman of AOA Bureau of Publicity and Public Health.**

**Can You Fight?**

If you can't fight, don't send your \$2.00 check to Dr. H. G. Marshall, Hippe Bldg., Des Moines, Iowa, for membership in The Society of Ophthalmology and Otolaryngology. We don't clap our hands and whistle when some muthead reads a bum paper at our program; we fight, everybody fights. We show the other fellow where he is wrong and the other fellow shows us where we are wrong. We drag each other out of the rut of egoism and make him think. The next big fight will last six full days and maybe a pair of rough nights. Please send me your suggestions for the next program. If you have some good original technic or if you know of any one who has something worth while let us know.—*J. Deason, D. O., Chairman Educational Committee.*

**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, Tonsilectomy  
Ear and Nasal Surgery  
321 Land Title Bldg., Philadelphia

Dr. James D. Edwards  
Originator of "Finger Surgery" in Catarrhal Deafness, Hay Fever, Cataract, Glaucoma, Optic Nerve Atrophy, Tonsil and Voice Impairment.

Practice limited to Eye, Ear, Nose and Throat Diseases. Referred cases given special attention, and returned to home Osteopath for follow up treatments.  
407-08-09-10 Chemical Bldg. St. Louis, Mo.

Hubert F. Leonard, D. O., M. D.  
Consultation and Surgery  
Eye, Ear, Nose & 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.

Dr. C. C. Reid  
Eye, Ear, Nose and Throat  
Dr. C. L. Draper  
Dr. J. E. Ramsey  
Adjoining Suites with tiled and specially equipt "surgery" in common.  
501-10 Interstate Trust Bldg., Denver.

Dr. Benoni A. Bullock  
Consultation and Surgery  
Specialist in Orificial Surgery  
Daytona, Florida



## Los Angeles County Meeting

The Los Angeles County Osteopathic Society meeting of December 8th was called to order by Vice-President Wyckoff, at 6:40 p. m., at Christophers' banquet hall, the rap of the gavel being followed immediately by oyster cocktails. Hugo Kerkoff led the "How-dye-do," with Royal Crist as chauffeur at the piano. At 6:55, Dr. Spencer arrived. This was followed by more singing, Kerkoff inspecting the tonsils and vocal chords of those who had their mouths open, yet emitting very little noise. A letter was next read from our president, Dr. Goodfellow, who is still in Chicago. Relative to our get-acquainted campaign, Dr. Ruddy pleaded for more guests at the banquets, and Dr. Wyckoff ruled that a fine of 25c be collected from all who appeared at the table without their identification buttons. The fine was promptly collected; the money thus derived purchased a Christmas tree, which was the decoration of the evening, to be placed in the hands of the clinic committee, to be given to some charitable institution. Following this, a most excellent number of the Osteopathic Mixed Quartette, composed of Mrs. Goodfellow, Mrs. Merrill, Dr. Cunningham and Dr. Marple, and then the reports of the Hospital and the AOA constitution committees. Dr. Emory reported the present status of the various rulings in the city, recommending no court action at this time, and urging that a hospital of our own might be eventually necessary. Dr. Crist and Dr. Brigham, of the Constitution Committee, asked for an opportunity to consider their subject with Dr. Vanderburgh before making recommendations to this society. The Clinic Committee, Dr. Teeter, Chairman, had charge of the meeting for the remainder of the evening. A report of charitable institutions, needing osteopathic physicians on their staff, with a plea for volunteers for these places, was made by Dr. Teeter. Special mention was made of the field for the rehabilitation of discharged soldiers and sailors, who had exhausted medical care, but who might be benefited by osteopathic treatment. Dr. Louisa Burns spoke on the advantages of clinics, both to the public and the profession. Dr. Chandler spoke on his work in the clinics of the Parent-Teachers Association. He urged regulation of diet, environment and osteopathic treatment for nervous and retarded children, with special emphasis on the adjustment of the schools to the child rather than the child to an inflexible curriculum. Dr. Emory moved that ten minutes be devoted at each meeting to reference to the advertisers patronizing the *Western Osteopath*, urging our patronage for those who assist our state publication financially. This was unanimously adopted. Dr. Ruddy suggested that Dr. Merrill and Dr. Teeter (weight 250 and 280 pounds, respectively) be assigned subjects "What Denos' Food Does for Me." Dr. Geo. Burton then left the room, while Dr. Chas. Spencer made a spinal diagnosis of a young man. Dr. Spencer then absenting himself while Dr. Burton made his diagnosis of the same case. Although the vernacular of the two doctors differed radically, the diagnoses were remarkably similar, and much good-natured discussion followed as to what constituted a lesion and in what per cent a spinal lesion was the cause rather than the effect of visceral disturbance. One hundred and forty attended this most interesting session. The visitors for the evening were Dr. Hibbs of Ogden, Utah, and Dr. B. W. Sweet of Erie, Pennsylvania, he being the past president of the Pennsylvania State Association.—*Publicity Committee: Dr. T. J. Ruddy, Chairman, Dr. Marie Thorsen, Dr. Norman W. Giesy.*

## PERSONAL

In a recent issue of *The Osteopathic Physician* we mentioned that Dr. G. V. Hilborn of Canada had removed to Preston, Ontario. The statement did not state the situation quite accurately as Dr. Hilborn is not to be classed among the itinerant osteopaths. Dr. Hilborn has been practicing three days a week at Preston since his graduation in 1913, but he is now devoting his entire time to the Preston location, as practice has developed there so nicely. Dr. Hilborn gives credit to *Osteopathic Health* for a share of his success, as he says that it helped him to develop an ever-increasing demand for osteopathy.

Dr. G. A. Johnson, formerly of Albion, Nebraska, has returned to the United States after service in the United States army for about two years in the aviation department. Dr. Johnson says that he considers the aviation department one of the best branches of the army but he also says he saw more of France and England than he ever cares to see again. He expects to get back into the active practice of osteopathy quickly but has not as yet decided on a location.

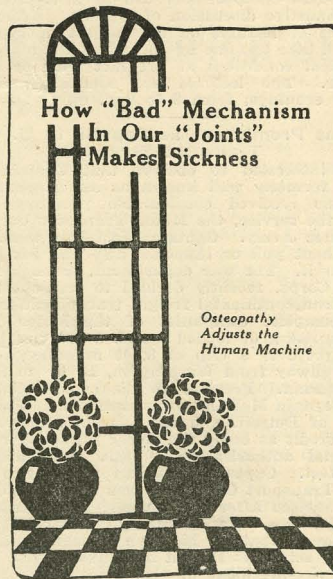
Dr. William L. Grubb, of Pittsburgh, Pennsylvania, is in Chicago and expects to spend about six weeks doing post-graduate work, and Dr. J. E. Gumbert, a recent graduate of the American School of Osteopathy, and who also was in the service of the U. S. fighting the "Huns," has charge of Dr. Grubb's practice for the time being.

Dr. Dale H. Craig, of Denver, Colorado, has changed his office location from 514 Empire Building to 710 Interstate Trust Building. He found it necessary to make the change in order to secure more space. He has large and commodious quarters at his new location.

Dr. George Whitehouse spent several days in Chicago during the holidays after a swing around the circuit of the Western Osteopathic Association as far as Denver. Dr. J. Deason, of Chicago, has announced his return from an extended vacation. He resumed his office and hospital practice on December 15th.

Dr. James L. Holloway, of Dallas, Texas, has now associated with him as assistant Dr. G. K. Wilson, formerly of Amarillo, Texas.

## Osteopathic Health

for  
FEBRUARY 1920

This re-issue of this famous brochure is carefully revised, set in new type and bound in cover of attractive and pretty color effect. This brochure persuades attention, and in succinct, easy language explains "osteopathic lesions"; what they are and why they cause disease; how osteopathy removes them and enables the patient to get well. Limited edition; order quickly if you want a good supply.

## No. 37

OSTEOPATHY  
as a  
SCIENCE  
—  
Gastralgia Caused by  
a Fall  
—  
Mercy for Appendicitis  
Victims  
—  
Deafness Following  
Influenza

Dr. H. J. Fulford, formerly of Chelsea, Michigan, is now located at 641 South Washington Avenue, Royal Oak, Michigan.

Dr. and Mrs. O. J. Snyder and family spent the holidays with the doctor's parents at Bellevue, Ky.

## LOCATIONS and REMOVALS

Dr. Arthur L. Hughes, of Bloomfield, New Jersey, December 13th removed his office to his new residence, 67 Park Place. Effective January 1st, Dr. Hughes establishes fee for office service at \$5.00.

Dr. Edmund A. Roe from Nova Scotia building, Picton, Ontario, to 322 Tegler building, Edmunton, Alberta.

Dr. Harry M. Stael, from Duluth, Minn., to 454 Figueroa St., Stricher Apts, Los Angeles, Calif.

Dr. Chas. Carter from Danville, Va., to 809-10 Chamber of Commerce Bldg., Richmond, Va.

Dr. R. T. Tandy, from Grant City, Mo., to 201 E. McPherson St., Kirksville, Mo.

Dr. Arthur M. Hackleman, at Suite 521 Masonic Temple, Minneapolis, Minn.

Dr. H. H. Stewart, from Flat River, Mo., to 1420 W. Locust St., Des Moines, Ia.

Dr. L. L. Phelps, from Monterey, Cal., to 431 Whitney Bldg., San Francisco, Cal.

Dr. Lucy H. Abbott, from Cambridge, Mass., to 427 Main St., Waltham, Mass.

Dr. Paul A. Reilly, from LeSueur, Minn., to 9 Torinus Bldg., Still Water, Minn.

## MARRIED

Dr. Geo. Richard and Dr. Cora May Fowler, both of Bucklin, Kans., November 19th, at Bucklin.

Dr. O. L. Jordan, of Indianapolis, Ind., and Miss Agnes Elizabeth Gettler, of Hannibal, Mo., October 28th, at Hannibal.

## BORN

To Dr. and Mrs. Charles S. Green, of New York City, a boy, Robert Davis Green, 9 lbs, 2 oz., Dec. 20th. Both doing finely.

To Dr. and Mrs. D. M. Ferguson, of La Grange, Mo., October 29th, at the Woman's Hospital, Kirksville, a son.

To Dr. and Mrs. George J. Kassmir, of Duluth, Minnesota, October 18th, a son, Selig Hirsch Kassmir.

To Dr. and Mrs. J. W. Barker, of Eureka, Ills., September 18th, a daughter, Elizabeth Cecile.

## DIED

Dr. Alfred Marshall Smith, of Charlestown, West Virginia, December 30th, after a lingering illness. He was born at Kirksville, Missouri, July 10th, 1859, and is survived by his widow, Mrs. Margaret Smith, of Charlestown; and three sisters, Dr. Alice Patterson Shibley, of Washington, D. C., Mrs. J. Albert Boyles, of Baltimore, Maryland, and Mrs. Howard Gibbons, of Larkins, Florida; and one brother, Captain Wilbur L. Smith, of Washington, D. C. Interment at Charlestown, January 1st.

H. A. C. Bradfute, M. D., at his home near Knoxville, Tennessee, November 12th. He was 75 years of age and had practiced medicine for almost 50 years. He was the father of G. A. Bradfute, D. O., of Caruthersville, Missouri, who was with him for a month during his illness, but who had returned to his own home when the end came.

Dr. C. S. Hoisington, of Pendleton, Ore., October 29th. He was killed when an automobile in which he was riding was struck by a train at a crossing.

Dr. I. C. Cramb, of Denver, Colo., October 13th. Apparently she passed away while asleep in her apartment.

Dr. M. R. Wallace, of Oakland, Calif., August 31st, at Los Angeles.

## EXCHANGE and MARKET

Advertisements in this column 7c per word, address free. Terms strictly cash in advance.

WANTED—By student, about to graduate, a position as an assistant in office, or partner, preferably in St. Paul or Minneapolis. Will seriously consider any reasonable proposition. Address No. 192, c/o The OP, 9 South Clinton St., Chicago.

Wanted—To buy, modern, up-to-date sanitarium, well located. Southern location preferred. Give full particulars in first letter, including price and terms. Address No. 191, c/o The OP, 9 So. Clinton St., Chicago.

Wanted: Opportunity to work as partner, assistant, or take charge of practice. Army service. Address, Number 177, c/o OP, 9 So. Clinton St., Chicago, Ill.

"Goitre Remedy" that cures goitre by external application. Special price to the profession. Write Dr. Chapman, Anderson, Indiana.