

The Osteopathic Physician

August 1920

Vol. 38, No. 2

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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 1920, 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 XXXVIII

CHICAGO, AUGUST, 1920

Number 2

Auto-Intoxication Due to Colonic Stasis

By C. Ethelwolfe Amsden, D.O., M.D., Toronto, Canada.

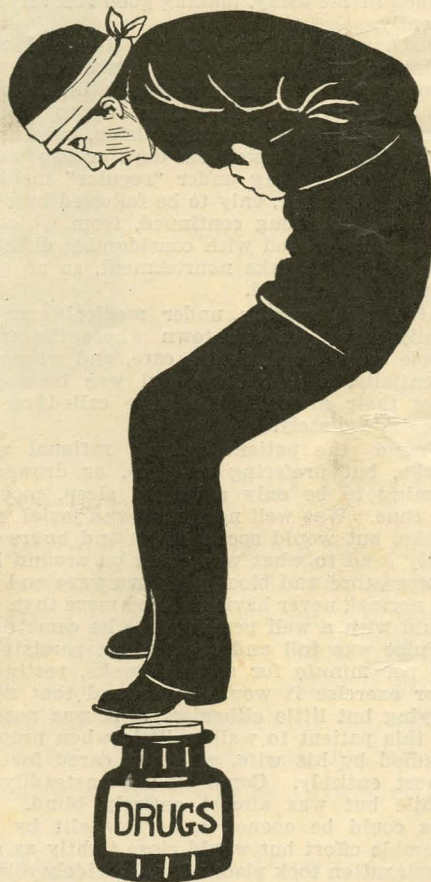
Auto-intoxication is the progenitor of many disorders; it is the ancestor of such distinguished diseases as nephritis, arteriosclerosis, asthma, neurasthenia, urticaria, angioneurotic edema; in fact so distinguished are many of these offspring that, until within the last few years, they quite eclipsed and hide their more modest and retiring parent. Others of this most prolific family are even more widely and more commonly known and perhaps because of this familiarity they are viewed with less alarm and given less attention. There are but few of us who have not at least a bowing acquaintance with headache, dizziness, drowsiness, insomnia, twinges of rheumatism, bad breath, offensive perspiration, foul gas, catarrh, and yet these scions of an uncleanly condition of the colon may be said to be fairly respected members of society—they are admitted everywhere. For many years auto-intoxication refused to recognize and studiously declined any responsibility for the outlaws of the family and even yet when irritability, bad temper, hypersensitiveness, self-consciousness, lack of self-control, irresponsibility of action, hysteria, and plain everyday "nerves" are charged to him he endeavors to prove an alibi and shouts "I didn't do it!" then whimpers "I wasn't there!" and when cornered, he, like Adam, implicates another to save himself—"Constipation gave me the beginnings of all these things; I only combined and developed them!"

Auto-intoxication is too large a subject to treat in its entirety and I shall therefore confine myself to that form which is due to poisons absorbed from the gastro-intestinal canal and particularly from the colon.

PATHOGENESIS: If all foods admitted to the digestive tract were fully prepared, in the physiological sense, for complete digestion and if the end-products of this process were entirely absorbed by the intestinal mucosa, auto-intoxication of gastro-intestinal origin could not, for want of material, occur. But such absolute digestion and absorption is seldom, if indeed ever, the case. Some observers estimate that one-tenth, others claim that one-seventh, of all the food we ingest fails to be acted upon by intestinal digestive ferments. And this undigested fraction is the beginning of many troubles. If it were at once and completely eliminated by way of the rectum a goodly number of doctors would have to find some other occupation by which to fight the high cost of living. But, being retained in the intestine long enough to putrefy, it is broken down by bacteria, particularly by the putrefactive types, aided and abetted by the colon bacillus; and it is the product of this putrefactive process which when absorbed in sufficient quantities and passing into the blood causes auto-intoxication.

These bacteria multiply with amazing rapidity and swarm through the length of the intestine, both large and small. Pasteur was the first to discover this fact, but that he was wrong in his conclusions is proved in the light of later and more advanced research. He believed

and taught that these minute organisms contributed and even were necessary to the health of the body by reason of the valuable and essential assistance they were supposed to render to the process of digestion. Kellogg advances the theory—proves the fact, I should say—that these bacteria are not only unnecessary to life and health but that they are actually and actively harmful. It is impossible that it should be otherwise, for how could bacteria that have fed, thrived and waxed numerous beyond computation on putrefied matter be anything but poisonous? The contention that any bacteria whatever in the intestinal tract are necessary to life or essential to the maintenance of health, is shown to be wrong by the examination of animals in the Spitzbergen region of the



Still on drugs and still sick?

Osteopathy answers the question.

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Arctic; more than half of these animals had no bacteria whatever in the intestinal tract, and chickens hatched from bacteria-free eggs

have been raised and have done well on food and drink in an atmosphere entirely free from germs. In the light of the evidence, gentlemen, it is clear that we do not live with the aid of germs but rather we struggle along in spite of them.

These germs, which to our detriment, find their habitation in the human intestines are of two classes: Fermentative and Putrefactive. The Fermentative make their living on carbohydrates—they are chiefly vegetarians—and decomposition due to them occurs mainly in the stomach and small intestine. The Putrefactive germs are protein-eaters feeding on white of eggs, lean meats, curds, cheese. These two classes differ as widely in their characteristics as in their diet. Naturally their effect on the human body is based on the substances which they produce and this substance is, in each case, the result of that on which they feed and thrive and multiply. Acids, such as lactic and acetic, follow in the wake of the Fermentative germs and these in small quantities are not productive of harm to the body. Not so with the Putrefactive germs whose menace is more deadly and whose destruction is more far-reaching. Decomposition of proteids accomplished by the putrefactive germs produces endol and other highly active poisons; so poisonous, in fact, are many of these toxins that they resemble the venom of snakes, and the most alarming symptoms of acute poisoning follows the absorption into the blood of even the most minute quantities.

It does not require much imagination to picture the state of the patient when these putrefactive toxins are retained in the colon sufficiently long to be absorbed into the blood and circulated through the body. The kidneys, lungs, and skin hasten to the rescue and undertake extra work in order to relieve the situation and to eliminate as much as possible of the poisonous matter which should have been discharged through the bowels. This extra work, thrown on organs already burdened by their own share of the general condition of auto-intoxication, often proves too much and the foundation of many chronic diseases is laid. If this were all it were surely enough, but auto-intoxication resulting from the absorption of intestinal poisons is the predisposing cause of many acute diseases and also of senility.

To recognize a danger and to trace it to its source is but half the battle. Something must be done about it. It is not much comfort to a patient to be told that he is suffering from self-poisoning; he wants relief and he wants it quick, and unless we are ready to give him, at least, a fighting chance for health and happiness, we fall far short of our full duty to suffering humanity. We must find, first a remedy and then a cure; first, something that will change this poisonous condition and permit the overcharged kidneys, lungs, and skin to shoulder only their own burdens and then we must endeavor to remove the cause. In this case the remedy is simple; feed sugar, malt sugar. For the deadly colon germ which by breaking down the retained protein products causes arteriosclerosis, nephritis, and other equally serious disorders, not the least

Ho, Shoptalkers—You know what to do! Third and Last call for Big Ideas for our September issue! What's on your mind?—H.S.B.

of which is senile decay, is rendered harmless by the fermentation caused by malt sugar which converts its venom-like poisons into neutral acids. Thus the intestinal flora is changed and this is an all-important factor in the treatment of all forms of chronic diseases, and in some cases is the one essential thing to do.

But, though we have by the administration of malt sugar changed the character of the intestinal flora from Putrefactive to Fermentative, that is no guarantee that it will remain changed. It will not. We must go further and change the diet and the habit of life that are the underlying cause of this condition. The diet must be regulated so that no food residue makes a long-enough stay in the colon to permit of putrefaction taking place. This may be done by cutting out all animal proteins—meats, milk, eggs, cheese—and all vegetables rich in proteins, such as peas, beans, cereals. Fats also must be forbidden because they delay the movement of food through the stomach and small intestine and encourage putrefaction in the colon. Fruits and fresh green vegetables, lettuce, raw cabbage, celery, spinach, and whatever other green things may be in season and obtainable are indicated. Raw vegetables and fruits are alive and, unlike dead meats which present little or no resistance to bacteria, are able to put up a good fight against the onslaught of germ life. Malt sugar may be used freely and milk may be added since it ferments but does not putrefy and by its action acids are formed and not poisons.

This diet passes through the alimentary canal much more quickly than a protein bill-of-fare and should ensure that no food residues remain in the colon sufficiently long to undergo putrefaction. Larger quantities of this raw-and-green fare must be eaten than of the usual protein-and-mixed diet and consequently there should be a bowel movement after each meal. This treatment is indicated in both chronic and acute cases but does not effect a permanent cure. It is like the temporary benefit derived by persons who are sent to mineral springs, the waters of which are laxative. These patients experience relief which continues for a longer or shorter period but is never more than temporary because the cause is not removed. To remove the cause, tone up the organs, and educate the patient in better habits, require time, particularly if the condition has existed for years, as is so often the case. But the patient is for this time being relieved from the destructive influence of the highly potent toxins and we are given the chance to get after the cause.

Conditions Found in Auto-Intoxication Patients.

A sigmoidoscopic examination shows a hypertrophic catarrhal condition. There is increased reddening of the mucus membrane which may vary from pink to almost black and very often the surface is found to be granular.

This condition of the intestines is more the result of impaction than anything else. It may and does occur from propagation of germ life in the intestines. You will often find the mucus membrane lying in folds and sliding down, practically closing the lumen of the colon due to the penetration of germs through the wall of the colon. This type of catarrh is attended with a great deal of pain and one of the points of location of this pain is opposite the Crest of the Ilium. These pains disappear only to return. Patient suffering from this catarrhal condition are usually classed as neurasthenics which makes the outlook hopeless; the ordinary physician can do nothing to relieve and less to cure them.

CONSTIPATION. In some cases several stools a day are passed, yet constipation exists for the cecal cesspool seems never to be emptied. Constipation is not necessarily a condition of infrequent defecation; it is rather one of insufficient or retarded defecation. Colon

irrigations have shown that there may be considerable cecal retention of putrefactive contents though the bowels seem freely open.

COMPLICATIONS. Many times we encounter bronchial asthma, an edema or erythema, complications which suggest either protein sensitization as a result of absorption of minute amounts of unchanged protein through the diseased bowel wall, or the possible absorption of some chemical formed in the bowel. Histouria is at times a product of intestinal putrefaction and when this is absorbed in sufficient amounts is capable of producing asthma, urticaria, and angioneurotic edema.

All these patients have nervous or psychic manifestations that may range from impressionability and hypersensitiveness in insignif-

icant matters to severe nervous break-down, lack of self-control, and irresponsibility of action so complete as to bring the patient almost to the borderline of insanity. Have you not had big, strong-looking men who have risen to a high place in life say, "Doctor, I cannot face my directors at tomorrow morning's meeting?" Have you not often had a teacher say, "There is no use in my teaching any longer; I cannot hold the boys, I have lost my hold?" Another fellow, a strong man who has repeatedly lifted a hundred-pound dumbbell as many as a dozen times, deploras the fact that he cannot now get it up even once. What have you done for these fellows? Have you cured them, or have they left you only to go to some one else?

Interesting Case of Sleeping Sickness

By E. A. Archer, D.O., Pullman, Washington

Encephalitis Lethargia is such a rather uncommon disease and there is so little reference to either symptoms or treatment in any of our Journals that we have wondered if a brief account of our only case would be of interest to others.

Robt. R., age 35, druggist in small town, spent several months in training and eight in France with the A. E. F., serving in the pharmacy department of a base hospital. Former health perfect. Had "flu" rather severely, November 18th, taking the regular medicines usually prescribed in the army, making good recovery, apparently.

Discharged in June, 1919. Resumed place in his store. Suddenly at Thanksgiving time following he was taken violently ill, suffering great prostration, temperature up to 105, delirium together with double vision, pain in the head, etc. This lasted ten days or two weeks, gradually subsiding under "regular" medicine and good nursing, only to be followed by sleeping, deep and long continued, from which he could be awakened with considerable difficulty. Always able to take nourishment, so no great emaciation occurred.

After two months under medical care the family moved to our town where the wife's people could assist in the care, and where, incidentally, a new baby girl was born soon after their arrival. We were called on the case immediately.

Found the patient entirely rational when awake, but preferring to sleep, or drowse, it seeming to be only a partial sleep, most of the time. Was well nourished and jovial when awake, but would spend hours and hours perfectly dead to what was going on around him. Temperature and blood pressure were and still are normal, never having varied more than they would with a well person since he came to us.

Pulse was full and regular but persisted at 120 per minute for several weeks, resting or after exercise it would be around that figure varying but little either way. It was possible for this patient to walk a little when properly steadied by his wife, who had cared for him almost entirely. Could sit up unsteadily for awhile but was almost entirely blind. The eyes could be opened a narrow slit by considerable effort but would close tightly as soon as relaxation took place. Pupils widely dilated, sometimes one slightly more than the other. Did not respond to light but did to a moving object.

Neck and upper dorsal muscles were very much contracted, in fact any movement of upper portion of body reminded one of a "lead pipe movement" so great was the spasticity. Vertebral movement all but impossible. Bowels refused to act without a stimulant, in fact quite a strong cathartic.

This being our first case, with little or no literature to read up on, about all we knew to

do was "treat him" for the reduction of the conditions found, first every day for a week, then every other for a week and every day for awhile, and every other since. At first it was necessary that we work on a bed; later we moved a table to the home making it easier and better.

After some weeks a meddlesome M.D., who had confined this man's wife dropped in with the news that he had some medicine which given by hypo would "dissolve that clot and clear the case all up very soon." He was insistent so finally got to use his dope and that evening the pulse was 140, the highest point it had ever reached. On inquiry we learned there was a generous supply of strychnine among other things in the potion and we objected to more since we advised it unwise to whip a horse already doing all he is capable of. A few days later we called another medic from an adjoining town, who had seen thirty odd cases of this malady, in consultation, and were pleased to have him give this meddlesome brother the laugh by telling him "No one knows the pathology; therefore your medicine to dissolve a clot would scarcely be indicated." This man also informed us that a large percent of these cases who live beyond the first ten days get well, or partially so; but that many are permanently handicapped by persistent palsies or other defects.

It was slow work getting any improvement at all in this case. In fact we were almost ready to give up several times. It seemed portions of the pneumogastriacs must be paralyzed since the heart persisted in going at so rapid a rate. However, after some weeks, this symptom like many others is clearing up, so we often catch the pulse at seventy-five to eighty and once at seventy two, and we have hopes of a complete recovery in this respect.

We figured that certain branches of the third as well as some of the fifth were paralyzed, or at any rate temporarily out of commission since the superior palpebrae and the ciliary muscles were almost entirely out of commission. These however, are improving steadily until now, after two months treatment, he can hold the eyes open with little or no effort, can read very well, and sees practically as well as ever.

While still more or less limited in movement the neck and back muscles and joints are much improved. Rhomberg's sign is almost gone, he can walk with little danger of falling, and can by an effort feed himself with the right hand, which early had developed a coarse rather persistent tremor, making it impossible of control and entirely useless. Only recently has he been able to feed himself at all.

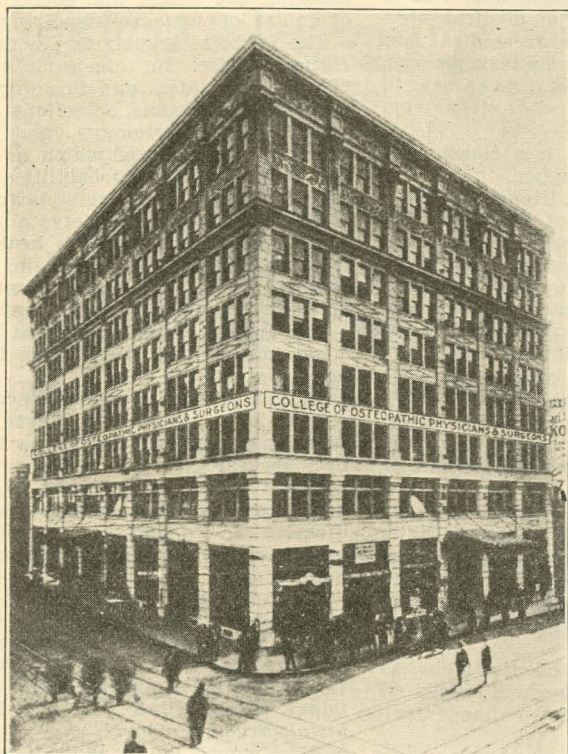
For some time he has slept but little during the day and occasionally has difficulty in sleeping enough at night apparently due to a nervous condition. Altogether he is much brighter and

We Teach Osteopathy

As Taught by Andrew Taylor Still

Drugs are not regarded as therapeutic agents, but students are trained so they will be enabled to use anesthetics, antiseptics, antidotes, narcotics and parasiticides.

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Fall Term Opens September 13th

The fall term at the College of Osteopathic Physicians and Surgeons opens September 13. Now is the time to make urgent recommendations to young men and women of right character and inclination just graduating from high school. If you know of any such, send us names and addresses and we will be pleased to give them full information about the opportunities offered by osteopathy as a life vocation. Also if you have any patients who are thinking of studying osteopathy, tell us about them and we will endeavor to stimulate their interest by showing them the many advantages osteopathy affords as a profession. If you would like some of our new catalogs they will be furnished promptly on request.

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more like a real human being than when he came to us, after having been doped up and given up by the medics, and we have hopes of his making a perfect recovery. Has been under our care two and a half months, during the last half of which he has surely made good improvement.—April 2, 1920.

Give Chiros Credit at Our Schools

Commenting on the editorial in the April issue of *The Osteopathic Physician* I would say that I have maintained for several years that we should go "ahead" and not "backwards." I also believe we ought to legalize any ambitious chiropractors with a good course, taken in person at our schools, giving them credit for actual time and work done in their own schools.—C. L. Parsons, D.O., Roswell, New Mexico.

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By Dr. Henry Fuehrer, Professor of Pharmacosophy, Psychology and Medical History, in the American School of Osteopathy, Kirksville.

Rhetorics, whatever else it may embrace, embraces in its higher sphere, also, encheiriodiography (science of writing encheiridia [text-books.]) An encheiriodigrapher is one who writes unoriginal ideas extracted from higher sources called classics. The classics are necessarily original, relatively speaking, absolute originality being a myth; while in the encheiridion (manual) writer is original only in his general plagiarism. He can condense the classic's ideas in such a way as to make it appear his own original mental property.

Encheiriodiography is mere plagiarism (stealing of the other fellow's idea without telling the reader so.)

Iatro-encheiriodiography (medical text-book writing) is the very soul of plagiarism. Unless you are a voluminous reader of medical literature and a thorough scholar of medical history, it will be a most stupendous task for you, a nodus gordius (Gordian Knot), so to say, to unravel the mystery as to who stole from whom.

Nevertheless, we know who is a classic and who is a mere encheiriodigrapher.

An encheiriodigrapher is a literary thief, a furtive mind in the domain of literature, his writings are the "scripta correpta" (stolen literary works) of the old literateurs.

The encheiriodigrapher is a good specimen for investigation in the domain of literary aphodeuteriology, a mere graphomaniac (one who is afflicted with a scribbling mania.)

Aphodeuteriology is a true anatomical (not medico-anatomical but anatomico-anatomical) term. It means the study of excretions. An excretion performs some function in the body while it's there. But the body must sooner or later get rid of it.

So the encheiriodigrapher. He is a literary excretion. He performs some function while he is here. But we shall, some day, get rid of him. The original iatro-classic will be left and take his real place in medical literature, as enlightenment in healing circles progresses and advances.

Just as there is a social aphodeuteriology, so will there come a genius who will write an original opus classicum on iatro-aphodeuteriology.

Just as the synoso-aphodeuteriologist studies the social parasites (poor and rich, viz., excretions of the social body) so will the iatro-aphodeuteriologist genius afford us a study of the *iatric* parasites, i. e., excretions in the body of that community of social cells called the healing organ of society.

Society, according to sociology (synosology is an organism with various organs.

The variously-shaded healers are merely many self-repairing cells which, together, form the self-repairing or *iatric* organ.

We know that the body of an individual is a self-repairing mechanism. It possess all the instruments for self-repair. This constitutes the "viz medicans naturae" (nature's healing power) of the ancients. All a healer has to do is study the mechanism in order to find the how and where (locus et modus operandi) of that self-repairing feature, and render it some aid.

It is thus with society. That, too, is a self-repairing mechanism with some self-repairing features, the healer and social reformer being examples of *some* self-repairing organs.

The *iatric* self-repairing feature is what concerns us here. In this *iatric* organ we see a complete organism and this organism contains cells, tissues, organs, secretions and excretions.

Iatro-aphodeuteriology (my proposed new science, an outline of which is to be found in my MS. "Law of Probabilities in Pharmacotherapy") will be a part of Iatrology (study of the healing organ of society) and deal with the scum or excretions of the healer-body.

Just as in animal tissues and organs, tissues contain tissues and organs contain organs, so do social (synosic) organs contain organs.

For instance, we know that nervous tissue sends impressions to and from the central nervous system.

At this juncture physiological philosophers asked: If it takes nerve tissue to convey impressions, must not the nerves themselves contain nerves?

The vessels convey blood to and from the heart, but there is a cyclophoria in the vessels themselves. Do they not contain vessels? The vessels contain a sensation-apparatus, are they not nerves?

The histologist answered this query by finding the vasa vasorum (vessels within the vessels), nervi nervorum (nerves within the nerves), nervi vasorum and vasa nervorum. Do not think I am declaring "medical" histology guilty of all this knowledge! I mean *histological* histology!

Who knows but a later histological genius might discover vasorum vasorum vasa, vasorum vasorum nervi, etc., ad infinitum, ad nauseam?

Be this as it may, I am bringing in this vasa-vasorum-nervi-nervorum discovery as an analogy to the Nature's multum-in-parvo ar-

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Charles C. Teall, D. O., Dean

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rangement in the social body. It contains organs within organs and tissues within tissues.

The iatric organ is a mechanism in itself. It contains, among other organs, also organs of excretion (aphodeuterion.)

Aphodeuterion (water closet) is a term comprising all the excretory organs ("emunctories"). A study of the aphodeuterion constitutes aphodeuteriology.

A study of the iatric aphodeuterion constitutes iatro-aphodeuteriology.

The study of the iatric encheiridiographers comes under the heading of iatro-aphodeuteriology, and, to my mind, so does the study of the pharmacotherapists. Both are excretions of the iatric body.

Some day these unnecessary, aye harmful, excretions will be dumped by the social body!

We have, before us, an encheiridion of the poorest type, viz., a net of falsifications and plagiarisms from medical classics.

It was written by two iaters of the modern Archiatrium called American Medical Association.

Let us, first, explain the origin of the word: iater. It comes from the Greek word meaning "strength, force, power." "Iasis" means giving of strength. The Chaldeans got their "asia" from "iasios," a strength giver, one who gives strength to the weak. Iasios was later on jargonized into iater, ieter or iatros.

From the same source comes Iaso, the goddess of healing.

Archiater is a chief physician, a chief healer. It does not necessarily mean a chief physician by virtue of his superior knowledge, but because the Athenian government recognized him. The German "Arzt" is derived from Archiater.

The Archiatrium was a bunch of self-styled archiatroi who got the recognition of the Athenian government, a sort of Athenian Medical Association, a sort of analogon to our prodigious A.M.A., by inference the fountainhead of all iatric knowledge, the non plus ultra of all healing science.

The Archiatreion was supposed to be the authority on everything iatric. When iatronomodosa or iatrodicastics (medical law-making) was necessary, the basileus (king of kings) called the iatrosynedrion for a iatrosymboulon (iatric consultation) and the practice of medicine was "legally regulated."

That wonderful body of magi-doctors kept watch over the basileusiamatika hydata (iamatic) waters, a sort of "medicated mineral" waters.)

Whenever they gave you pharmaka iasima (healing poisons) you had to become well, or be punished for lese majeste and blasphemy.

Their iatreion (honorarium medicum, medical fee) was fixed by the government and temples and king's palaces were sanitaria.

Oh, I see the A.M.A.'s mouth water when I tell of the glory of the ancient archiatrium. But, to my sorrow (and I weep bitter tears!) this power will never return! Too much infidel criticism in this sinful world!

Although the iatrika (remedies) of the modern Archiatrium does not differ much from the iatreia (modes of cure) of the Athenian archiatrium, and the two iatrics (sciences of healing) are nearly the same (both being by means of pharmaka,) nevertheless the "modern" archiatrium claims superiority over the ancient one.

The A.M.A. thinks its pharmaciatreuma to be of a higher brand than that of the Archiatrium's modus curandi (vel medendi).

It will do our readers' souls good to know that the word pharmakon had, in ancient Greek, the following meanings:

(1) Magic herb, (2) poison, (3) remedy, (4) physic, i. e., purgative or laxative.

It was thought to be derived, either from phero, I bring and akos, remedy; or from phero and achos, pain; either a cure-bringer or a pain-bringer.

The idea was deeply-rooted in the ancient iatric "sages," (as in that of the present "sages") minds that the more poisonous a drug (magic herb) is, the more iamatikos (healing or poisoning) it is.

Pharmakoeis meant a poisoned thing, which, by virtue of its poisonedness carried within it most wonderful sanative properties.

Pharmakeia has the following meanings:

(1) Sorcery or witchcraft; (2) enchantment or medical incantation; (3) cure or iatreuma; (4) medicament or drug; (5) charm; (6) poison; (7) bitter substance; (8) dye or stain; (9) pickled insects. (They used to dry insects, pickle them by some magic-amulettish process and utter some charms over them.)

A pharmakeus (protagon of the modern druggist) was a (1) sorcerer, magician; (2) enchanter; (3) quack.

A pharmakis was a witch or sorceress.

Pharmacoposia or drinking of medicine was calculated to be the greatest of all risks, as it depended upon the disposition of the gods toward the drinker (patient) and the istros or pharmakeus who prepared the pharmaka.

A pharmakopoles or dealer with pharmaka was a priest (as were all iatroi.)

Note the similarity of medical pretenders to poison-mixing, witchcraft and priestcraft. It will come handy!

Who poisoned Socrates but that wonderful Archiatrium and Archipharmakeution?

That they are the same poison-mixers, dogmatic wizards and cruel priests of Iaso today as they were yesterday, the following gleanings from a textbook of the A.M.A. will show.

Our textbook has been baptized by the name of "Handbook of Therapy" and has been written by two archiaters: Morris Fishbein, M.D., and Oliver T. Osborne, M.D. It was printed by the A.M.A. in 1918.

Now our authors are encheiridiographers whose inspiration is drawn from the three classics of the A.M.A., "Journal of A.M.A.," "Journal of Pediatrics" and "Archives of Internal Medicine." These gentry hold themselves out as the non-plus-ultras of medical knowledge, the Moseses and Jesuses of iatrolgy.

Let us get a glimpse of some of their wisdom.

On p. 163 they teach us how to cure acute rheumatism. The first "measure" is the pharmacic measure, of course. No drugs, no "science of medicine!"

The first drug that occupies their cerebrum, in this disease, of course, is: the salicylates. These, they say, must be watched for the effects of the quantities administered. Well, then, well! The quantities are material. You can't take it like cheese and rice, can you? We are glad at the outset to know that much, viz. the admission of the cumulative affect.

Here comes a quotation of the archiater, Miller, in the classic "Journal." He is supposed to say that salicylic acid circulates in the tissues as a salicylate. But what kind of a salicylate? Potassium salicylate or sodium salicylate? Probably both, as potassium and sodium are both to be found in muscle and bone. But how about its reaction with the HCl in the stomach? Does he believe in that escape-the-stomach superstition? (This will be disproven in my later paper, "Euler on Some Well-Known Drugs.")

Now he says, the salicylic acid by being converted into a salicylate cannot act as a germicide unless it is reconverted into salicylic acid.

Here the archiater admits the possibility of salicylic acid's conversion and reconversion.

This is a partial admission of pharmacosophy's "Law of Probabilities."

But their vision is too short. They rely more on pharmacology than conclusions to be drawn from the same.

What is pharmacology? Experimentation with drugs on living tissues.

Pharmacosophy accepts all the facts derived

from pharmacology, but learns chemicologic lessons from it.

Pharmacology will feed salicylic acid to an animal, analyze its urine, feces and other excretions and see what chemical compound gets out of it.

Then it will kill the animal, analyze the muscles and find "a salicylate," viz: potassium salicylate, $C_6H_5(OH).COOK$ or sodium salicylate, $C_6H_5(OH).COONa$.

Here pharmacology stops. It stops at an empirical fact. It does not draw any conclusions from the fact, makes no logical deductions or inductions, but stops right there.

Pharmacosophy takes up this fact and learns the following lesson:

If the potassium or sodium of the muscle, alone, can cause such a reaction, it stands to reason that the other constituents of muscle tissue will probably cause certain reactions likewise!

This is the fons et origo (fountain and origin) of pharmacosophy's "Law of Probabilities."

Our chief physician, furthermore, teaches us that not only is conversion of salicylic acid into "a salicylate" (the vir doctus does not know the reaction) a fact, but its reconversion into salicylic acid is also probable, and based on his germicide theory on that probability! Now how strongly he believes in this probability!

To some extent these gentry are the forerunners of pharmacosophy's "Law of Probability" in the same ratio as John the Baptist was the precursor of Jesus; a vox clamans in deserto (voice crying in desert) or Tennyson's

"Child crying in the night,
Crying for light."

But pharmacosophy does not merely believe. It proves, and, therefore, knows ! ! ! !

Pharmacosophy extends its argument further: If the constituents of muscle will form reactions with salicylic acid, will not HCl, pepsin, rennin, amylase, protease, lipase, erepsin, the constituents of every tissue secretion and excretion in the body form all sorts of combinations with it?

These equations (in my forthcoming MMS) are worked out chemically and proven logically, and the rest is left for the future genius!

And, then, how about the blood? Salicylic acid stays in the blood a long, long time. There it has chance enough to form reactions. And remember, the blood contains a huge chemical laboratory!

By admitting this conversion and reconversion of salicylic acid, our Archiatrium admits the assertion in our earlier article on "Aspirin": "The body contains all the chemical reagents."

By admitting one set of probabilities, our learned gentlemen tacitly admit the whole structure of probabilities constructed by pharmacosophy! The OP will teach them this lesson!

The carbonic acid tension as a result of inflammation, the archiater tells us, causes the reconversion of the salicylate into salicylic acid.

He does not prove it, but pharmacosophy does, that there is carbonic acid in every constituent of the "inflammation," viz: pus! This is all there is to an inflammation, after all.

The ancient definition of inflammation was: Tumor, calor, dolor, rubor et conditio laesa (swelling, redness, heat, pain and sickly condition.)

The redness and the heat, surely do not cause the "carbonic acid tension," nor does the pain nor the swelling. It is what the swelling contains that causes the reaction, viz: the pus! The contents of the pus unite with the salicylic acid, aided by the physical action of heat and other physical forces, and the reaction is caused!

But, dear gentlemen, let me ask this: If the reaction is caused in the pus, where is the potassium or sodium or any other metal to cause the "salicylate?" Does not the reaction

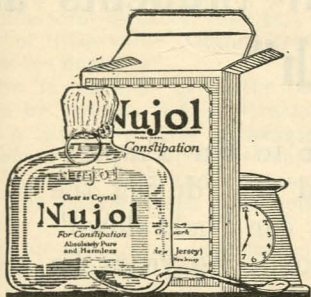


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take place in the muscle rather than in the inflammation?

But equations are not the task of the gentry of the collegium medicum Americanum.

Now, remember this: It is intended as a germicide. A germicide is a substance so strong that it *kills* bacteria, while an antiseptic merely inhibits their activity. A germicide, then must be the strongest substance possible. Salicylic acid is such a substance. Why not? Does it not contain phenol? Carbolic acid (phenol) is a germicide and, salicylic acid, by splitting into phenol CO₂ causes the germicidal action.

This is a corollary from pharmacosophic logic and a mere extension of your pharmacologic creed.

This probability will be proven by equation at the end of this article.

Here is an analogy which these gentry admit and will do any truthseeker good to know. Given two sets of patients: One is treated by salicylates and one is *not*.

In the treated ones the pain will not last as long as in the untreated ones, but the treated ones relapse quicker than the untreated ones.

Now, then, after you get through with the comparison, you will see that the game is not worth the candle, that the duration of the pain is the same, after all, all factors taken together. A little mathematical reasoning shows it!

In a normal non-priestly individual this would seal the doom of the salicylic poison-magic-herb, but *not* in those sacerdotal A.M.A. arch-iatrion!

After telling us that these salicylates are, after all is said and done, non-analgesic, i. e., they do *not* stop pain, and that the patients *treated* stay in the hospital the same time as the untreated ones and that the cardiac (heart) complications are *not less frequent*, which means *just as often* as in the untreated ones, these sacerdotal hypocrites, these ecclesiastical sycophants, *still have the nerve to recommend* the salicylates, and yet, in what doses? In doses of 5 to 10 grains every two or three hours, which means more than a dram per day!!!

Surely, the present government ought to follow the example of the Athenian and Roman governments and give them the same power

as had that ancient Archiatrion or Collegium Medicum Romanum! One is as cheeky and as quackery as the other, and such people generally get the best political jobs!

Give them a drachm of the cardiotoxic salicylates, the non-analgesic salicylates, per diem, and wait "until the patient *seems* (italics are mine) to be free from symptoms."

Seems, mind you! The modern priest-magician-chief physicians admit the mere appearance, therefore unreality of this freedom from symptoms, just as is the whole "medical profession" (apparent and not real!)

The freedom from symptom is merely apparent (seeming) and not real (hence camouflage and fake), the pain is not lessened, you run the risk of poisoning the heart, still, give a drachm of it per day!

For how many days, I pray, kyrioi iatrion! Does *heart-injury* mean heart-lesion, not a "symptom" at all?

Say, you priests of the Athenian pantheon, (Milton says: The pantheon and pande nomium look alike)! You are uttering a malevolent falsehood and a malicious lie when you say that in salicylate treated patients the cardiac complications are *just* as often as in the untreated ones! It is far more frequent! You know it and you would not tell!!!

Why should our government favor a body of people who *deliberately advise to give a drachm of a heart-poison per day? Ought not their licenses to be revoked* and ought not they rather to be flogged publicly or driven out of the country on the Buford? Ponder over this, U. S. Congress, if your lives and the lives of your near ones and dear ones are near and dear to you?

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Here is a story the A.M.A. handbook writers tell us: In one woman "toxic symptoms" were noticed after administration of aspirin! Hierophant Osler noticed death after sodium salicylate, and these iatric gentlemen "toxic symptoms" after aspirin!

I'll bet these "toxic symptoms" meant plain

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death! These priests of Aesculapius don't tell another! Osler confessed his medical sins before his death, will they be honest enough to do likewise? Vix credo!

The woman in question took 10 gr. twice a day for seven years! Not bad! Is it better than morphine, cocaine or any other habit-forming drug? Both are terrible habit-forming poisons introduced into public use by these devilish priest-magi!

She took aspirin seven years and did not get cured, but died instead!

Jadek, they say, a "foreign observer" (German) recommends salicylic acid as the best. Yes, in other countries, but not in his!!!

In chronic joint diseases, they say, the salicylates are of little value. Grands remerciements, messieurs les docteurs!

An iater is one who gives the poor patient weakened by disease, ia i. e., strength.

Is not a salicylate giver a thanatros (death giver) sooner than a iatros (strength giver)?

Is not salicylic acid and its congeners and allies a true pharmakoeis, i. e., poisoned substance?

Can it be said of a salicylate-giving physician that he is an iatros in the sense of iatros—I give strength? Or is the other meaning of the word to be taken, I perform magic? For most of their cures have been performed by thaumaturgy (miracle-performing.)

Is not pharmacotherapeutic practice more reliant on thaumaturgy than anything else, viz: the miracles performed by Nature which cures the patient, sometimes, *in spite* of the pharmaka (in the sense of poisons) stuffed to the poor patient by the arrogant "modern" ignoramus medicus magus?

These gentry, organized into a poisoner's fraternity, a sort of mafia with legal aspirations and a high-sounding impudently self-styled name, themselves admit that the salicylates are pharmaka in the sense of poison, and

that of all four meanings of that word this is the best adapted to the scions of the benzene ring!

Do they not condemn themselves? Can they not be indicted and pronounced "guilty" by their own words?

Just as in the case of aspirin and lactophenin one "manufacturing chemist" concern denies the assertions of another, so in this case one set of A.M.A. publications contradicts another set.

It looks to me like these high-salaried gents are writing merely for the sake of writing. They must show their dupes they are doing something for the contributions they are getting! Can you draw another conclusion when you see they say *summer at one place and winter at another?*

The encheiridiographic plagiarists give us four prescriptions for the "flu." Here are two:

- (1) R (originally the Jupiter sign)
Acetphenetidini
Phenylis salicylates
Met fac 5 chartulas
Sig. One every 3 hours.

Excellent Latin! If only Ovid and Lucretius Carus, the genial author of "De Rerum Natura" (which instigated the disquisitions into Nature's mysteries and to which nearly all modern sciences are indebted, especially physics and chemistry) could catch a sound of it!

- (2) Ac. acetyl. salicylic, one drachm and a half.

Pul. Camphorae, ten grains.
Pul. Ipecac et opii, one drachm.
Sig. One g 3 hrs.

Look at the iatremata these insolent poison-mixing wizards recommend for the "flu."

On p. 207, discussing influenza's treatment, we are told that as soon as the patient feels warm, the temperature may rise quite high, associated with headache, backache and other irregular pains in other parts of the body.

Then we are advised to give either acetanilid or antipyrin or acetphenetidinum (classic Latin!) or, our friend, acetylsalicylic acid, however not when the patient is walking around but when he lies in the bed.

But these magic poisons must be withdrawn mighty quickly, we are cautioned (which is shrewd on their part.)

The *most* depressant (viz. cardiac) of these "new" chemicals is supposed to be acetanilid, (not according to Osler!) The *least* depressant is supposed to be acetphenetidin. The U. S. Dispensatory shares this tomfool opinion, but dogmatically, without any explanation.

En passant I must recount this joke: I once told a professor of chemistry in a pharmaceutical college I couldn't find the structural formula for antipyrin in the U. S. Dispensatory. He says: "Look who it is written for!"

But jokes aside—"Useful Drugs" and the "Epitome," two other A.M.A. publications, say they are alike in cardiac depression.

You will ask: "What's the idea of abbreviating 'Acidi acetyl-salicylici' thus: 'Ac. salicyl. salicylic,'" while after "acetyl" a period is superfluous and after "salicylic" an i would complete the word? Why this fuss about one poor i? It is because these bombastic "Class A College Graduates" and arrogant modern priests of heathen temples are ignorant of the laws of abbreviation and the Latic language! All their cultural polish is merely apparent and bluff and blarney! Put one of them to the acid test, scratch him and you find an ignorant ancient idolatrous priest-fakir, a pretentious know-nothing!

But apologies to the Druid priests! While the Greek and Roman temple priests and priestesses were all fakirs and malicious crafty grafters, the Druid sun-worshipping priests were honest truth-seekers! So I do not compare our modern hieroi iatroi (present physicians) to the Druids, nor to any present-day

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preachers of Judaism or Christianity!

On p. 208 we have this instruction: It is supposed to have been shown that a combination of an alkali like sodium bicarbonate with a coal tar drug will mitigate the undesired actions of the latter! No, sir! It's an illogical unscientific lie! Instead of mitigating it has every chance on earth to aggravate! NaHCO_3 (sodium bicarbonate) = NaOH (caustic soda, sodium hydroxide) + CO_2 . Such a combination *must aggravate and cannot mitigate!*

I can prove *my* position and I *dare* you to even *assert* the *possibility* of proving yours!!!

But this is true and I heartily agree with it. It explodes the superstition preserved in my Potter and many other Materia Medicaists that caffeine (a scion of poisonous xanthine and purin) "mitigates" by a supposed "helpful synergy" the action of coal tar drugs, viz., those containing the benzene ring. Instead of that, we are told, it *intensifies* the cardiac mischief done by the coal tar drug! Correct! The U. S. Dispensary says the same thing! The "synergy" viz: the co-operation, instead of being "helpful" is the other way! My MS, "The Law of Probabilities in Pharmacotherapy" explodes the whole "synergy" superstition to a Q.E.D.!

Osteopaths who are anatomico-physiological therapists and not chemicomateria-medical ones, must remember this fact, our friends remind us of: A salicylic eruption. This is very essential! In a later article I shall give the difference between this eruption and others as well as *all* drug eruptions these priestly "body healers" inflict mankind with!

There may be bowel complications in the "flu," so Dr. von Fishbeinsky and Dr. von Osbornowitch tell us to give the double poison: Phenyl-salicylate (salol), $\text{C}_6\text{H}_4(\text{OH})-\text{COOC}_6\text{H}_5$, a double benzene ring with CO_2 thrown in as good measure!

You read in "Aspirin," it is supposed to "escape the stomach!" Granted it does, what of it?

It will raise hell in the intestines or wherever it gets to!

But it does not "escape the stomach." I shall prove this later on! There is no such a thing as escaping Mr. HCl (Not H.C.L.—High Cost of Living, altho they are both strong Sampsons and Goliathes!)

On p. 425 we are told that the benzol or benzene treatment in leukocythaemia or leukemia (a condition of superabundance of leukocytes in the blood) should be withheld in presence of kidney disease or liver disease or bowel disease and should be stopped before the leukocytes dropped to 20,000—25,000 (when given at all, i. e., in absence of kidney, liver or bowel disease) or before they got down to the normal figure.

Now what do you get out of this? (1) Benzene, C_6H_6 , is an enemy of the bowels, liver and kidneys, (2) It is an enemy of the leukocytes, for it diminishes their amount for if not stopped in time, as warned by our iatroaidaskaloi (medical teachers), *it will kill every leucocyte (white blood cell) in the body!*

Now, if benzene which contains *one* benzene is an enemy of the bowel, will not a *double* benzene ring (such as salol) be *doubly inimical*? How, on earth, can it be hailed as an "intentional antiseptic?" Where do we learn the lesson of its utility in the body? Do we not rather learn of the untold harm it will work there? Reply!

These wonderful medical geniuses refute on p. 425 what they said on p. 207!

What a quid pro quo! What a Bumsquinum mixture! What an olla podrida! What a "balled up affair!"

It looks to me like the postal authorities ought not to allow such harmful stuff to go through the mail! It is "using the mail for fraudulent purposes" in wanton and reckless disregard of the truth!"

Why should this double benzene ring be used

in the "flu" where we need all the leucocytes possible? Are you insisting on killing the leucocytes? If so, then the Talmud was right when it said:

"TOBH SH'BAROPH'IM L'GEHINAM" (The best of the physicians will go to hell!) That's about the place for such gentry.

Still, I believe, this earthly Justice ought to handle such false prophets, too!

They are telling us to combine acetphenetidin (anilin dye) with phenyl salicylate and aspirin with camphor.

Here are a few of the probabilities it will work up in the "flu" patient's body:

$\text{C}_6\text{H}_4(\text{OCH}_3\text{CO})-\text{COOH} + \text{C}_{10}\text{H}_{16}\text{O} = \text{CH}_3\text{COOH} + \text{C}_6\text{H}_5\text{OH} + \text{CO}_2 + \text{C}_{10}\text{H}_8 + 6\text{H}$ (acetic acid+phenol+carbon dioxide+naphthol+free hydrogen.)

$\text{C}_6\text{H}_4(\text{O.C}_2\text{H}_5)-\text{NH}(\text{CH}_2\text{CO}) + \text{C}_6\text{H}_4(\text{OH}).\text{COOH} = \text{C}_6\text{H}_5\text{NH}_2 + \text{CH}_3\text{COOH} + \text{C}_2\text{H}_5\text{OH} + \text{C}_6\text{H}_5\text{OH} + \text{CO} + 6\text{C}$ (alliline+acetic acid+ethyl alcohol+phenol+carbon monoxide+free carbon.

These are not all. Camphor contains a bunch of poison probabilities (toxic potentialities or toxicopithanoses of pharmacosophy), but I shall not enumerate them all, as this article is too long as it is.

You are shrewdly warning to discontinue these magic concoctions as quickly as possible! You had better, in order to avoid damage suits or malpractice suits, unpleasantnesses at any rate! And give these when the patient is in bed and not when he is perambulating! Catch it! Shrewd ducks! When he is in the bed you can not tell *what* put him in the ground, but when he perambulates and gets "laid up" as a consequence of this wonderful "medication," ah—there is some evidence!

To be sure you givers of such stuff had better go where the Talmud is sending the best physicians and butchers! You deserve it! You hold yourself out as the "best physicians!" You are striving to set up a sort of modern collegium medicum Roamnum or Archiatrion Athenion! You will not do it, venerable priests of Iaso!!!

The figures in the equations show that you are giving aniline dye, phenol, alcohol, acetic acid, carbon monoxide, carbon dioxide, naphthol, toluene, cresol and a host of other poisons.

But you are not original. You are merely plagiarists from your classics, who are the source of your ignorant inspirations!

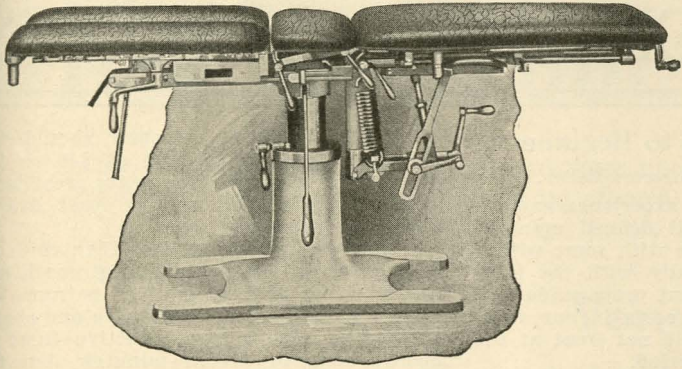
Here are two questions: If it is desired to reduce the fever in rheumatism and the "flu," is not another antipyretic just as good? Is there such a thing as a particular antipyretic for particular fevers? Are there different kinds of inflammations? Is not an inflammation an inflammation and nothing but an inflammation? How many different kinds of antipyretics are there?

If the pain killing effect is desired are not other analgesics? Why this particular salicylic analgesic? Are not all pains alike, caused by the same nervous mechanism? Is a leucinating pain, for instance, to be treated with another analgesic than a dull pain or a malleating pain (feeling as if a hammer performed a vibrating motion, as for instance, in some headaches)? If these fine distinctions have ever been researched, please indicate the source! I shall assiduously study!

Meanwhile, I say, that you are ignoramuses and teaching falsehoods, and that a study of you comes under the head of aphodenteriology (medical) and that you ought to go where the Talmud is sending you!!!

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FIELD COMMENT *on* LIVE TOPICS

Advice about Rates to Beginners

By Harry W. Gamble, D.O., Missouri Valley, Iowa.

With a score of years of experience and observation I have some well defined opinions that do not at all harmonize with some within our profession, and especially with the later graduates. There is sufficient propaganda and even good reason for big boosts in our rates for treatment, and we should not treat at the old prices of the pre-war period.

However, I regret to observe such a strong tendency to get in the band wagon with the profiteer. My hat is off to the remarkable record and example made by our Canadian classmate who makes and *earns* an average of \$250 per day, four days of the week, and then donates two days weekly for charity. One such example in each city of our country would do us limitless good. I venture that he is the only member of our profession who has such an enviable record. He no doubt has paid the price demanded for such a reward.

Being located in the present place practically since graduation, save for a few months, and having made regular trips to surrounding towns two and three times weekly, I have had branch offices in nine other towns including Omaha at one or another, until eight years ago the local field was developed sufficiently that I did not have time nor strength to continue branch office work. Before coming here I was located in a fine town for three months before I got a single patient, and in desperation cut prices from \$2 to \$1.50; when business began to develop fast I moved here thinking I could get the higher price as readily as I did the lower one at the first location. I had a fair practice at \$2 per, but had sufficient time and strength to make other towns most every morning each week day, and then 10 years ago came back to the \$1.50 price, and the first year I did so I made as much locally as I had in branch offices and the local practice combined. I was so anxious for work, and for experience that I made town calls at office rates (either night or day) at \$1.50; until the war and additional practice gives me \$2 at office, \$2.50 for town calls, and \$5.00 for night calls, beginning this year.

I was able to save more last year than I did the first ten years.

The last ten years have placed us financially in shape so we could retire and live most comfortably the rest of our days, and we have had all the necessities, and most of the ordinary luxuries. I have never driven a Ford, but bought three cars within a year, and I admire and envy Henry Ford, and he is the only auto man known to the world. I'd rather be a Woolworth than thousands of other merchants.

It is a disappointment indeed for me to know a host of our practitioners who do not treat an average of ten patients daily, and a lot of them want \$3 and upwards per office treatment. We have had six chiros located here, one or two at a time the last six years and I am satisfied I have made as much in a month as any of them have in a year, and I'm willing to take my hat off to any chiro who can prove a competitor to osteopathy of the ten-fingered type, locally. When one enters practice one's time, strength and skill are not worth that of an experienced busy osteopath, and yet in some cities the leader's standard price is either urged or followed by the new graduates. My advice is for every practitioner to get all the work he can possibly do, both for his own good, and for the good he can do others, and not to worry too much about the pay he may receive.

I think any strong osteopath should average twenty patients daily, and at \$40 or \$120 per year he is away ahead of the great majority of professional men and at least five times above the average.

With those who treat less than that on the average, their time, skill and strength are not worth, either to them or their patrons, \$3 per. With a great deal of experience one should be enabled to give a very effective thoro treatment, easily in fifteen minutes; but if one averages three per hour, or nine dollars per hour, it is more than most of them are worth, if patronage is an indication. Three days of our collections during the last month amounted to eleven hundred dollars and most of them were country treatments averaging \$10 per. Two dollars under local conditions means more than \$3 in a city, but for recent graduates to eke out a blamed poor existence at high rates is bad both for them and for the science. They had much better get all the practice and experience possible, and not try to get the rates of the busy, well-established practitioner, at least not until they are too busy to do their own washing in their office!

I think of a classmate who treated thirty-five patients daily at \$1 each in his early practice as better off today than many who all but starved out at two or three times that price for their standard, for he can now demand and deserve two or three times the early price charged. Practice makes perfect. Experience counts.

I prefer to treat four patients an hour for \$8, than average less than two per hour for \$6 or \$3 each. I get greater satisfaction out of my work, have done a greater service, both for my patrons and for osteopathy, and have the standing of family physician in a larger percentage of the best homes of the town than will others ever achieve if they feel high rates are the main thing desired in their practice.

There are those in this town who would not walk across the street for a free treatment if paid for by a friend, but they will go to a chiro and pay \$1 for a four-minute adjustment.

I have friends and patients who claim they are better satisfied with some treatments at \$2 than they are for \$5 from our very best, located in the same city; but it simply means that the lower man has every chance and expectation of receiving the higher rate when he grows into it.

It is a certainty that no town or city should permit osteopathy to take a rear seat for any therapy, if efficient osteopaths deliver the goods and educate the public thoroughly with good field literature and acquaint the community with our science, and its wonderful possibilities.

Get the business; do it honorably; educate your field; and do not worry about your rates. You can put them up just as fast as you have to turn patients away, and one should regulate the other in my opinion.—H. W. Gamble, D.O., Missouri Valley, Iowa.

Sure, Give 'Em!

Each State or Local Society to form an Osteopathic Efficiency Club: Functions: The name indicates.

We have one here,—organized September 1st, 1918.

Meetings, weekly. Each member participates. Character of work—Such as members want.

It surely tends towards Efficiency. Would give more details if desired.—H. E. Hastings, D.O., Winnipeg, Canada.

How Do You Treat Ulceration?

Since ulceration depends for its occurrence upon *local inflammation*, and because persistence of local inflammation prevents the clearing up of such conditions, the most rational treatment is DIONOL. The clinical results that follow its use justify and prove the claims made for it.

For example,

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Dr. W. W. W. writes: I wish to report a case of Varicose ulcer of 1 year's standing that I cured with Dionol in the period of three weeks. I consider this remarkable.

Infected Wound

Dr. I. H. L. writes: Dionol has given me great results in a case of infection due to a puncture of the hand with scissors. The wound was discharging pus freely and the arm was inflamed to the elbow but Dionol entirely cleared it up in 3 or 4 days.

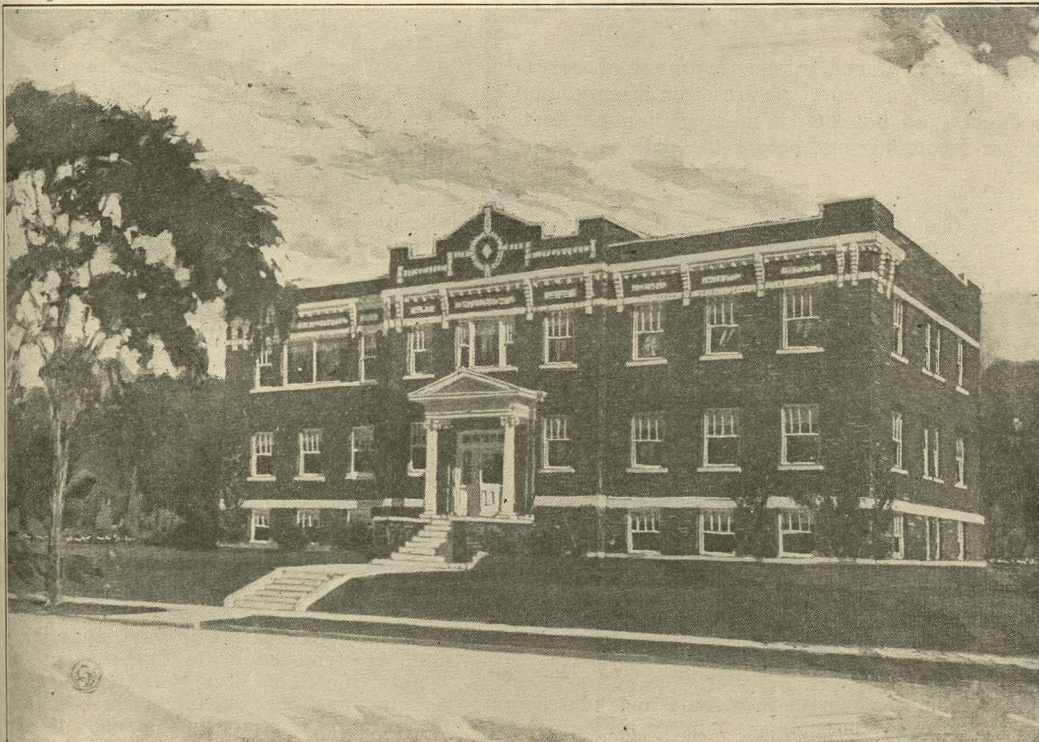
Send for literature, case reports, samples, etc.

The Dionol Company

864 Woodward Ave., Detroit, Mich. (Dept. 12)

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.

DIET IN INFANTILE DIARRHEA

Mead's Dextri-Maltose Nos. 1 and 2 are used by many pediatricians as constituents of feeding formulas presented in certain forms of diarrhea and for diet while recovering from diarrhea and for children predisposed to diarrhea.



An interesting discussion of corrective diet reflecting the most recent research in this field will be sent you for the asking, together with sample of Mead's Dextri-Maltose and full information regarding its constituents and indicated uses. If you are bringing babies through the trying "first year," write for it.

The Mead Johnson Policy

Mead's Dextri-Maltose is advertised only to the Medical Profession. No feeding directions accompany trade packages. Information regarding its use reaches the mother only by written instructions from her doctor on his own private prescription blank.

Three Forms

- No. 1. With 2% Sodium Chloride.
- No. 2. Unsalted.
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The Reclamation of Spinal Cripples



Osteopathic practitioners experienced in the treatment of curvature and displacement of the spinal vertebrae are often disappointed to find that all the effects and benefits of manipulation obtained from one treatment are frequently lost before the patient returns for the next treatment.

In such cases the need for some firm, mechanical support for the spine and back is plainly indicated. By the aid of the Philo Burt Spinal Appliance the benefits of each progressive treatment are preserved intact and a substantial improvement or complete cure is materially expedited.

We make this assertion on the authority of a large number of osteopathic physicians of high repute and extensive experience in the use of the Philo Burt Appliance as an auxiliary in the treatment of spinal cripples and invite any interested reader of this journal to write us for full information.

30 Days' Trial Free

If you will describe to us any case in your care at this time we will send descriptive literature and supply full information concerning the Philo Burt Appliance and show its advantages in the particular case. Address

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Hours: 10 to 11 A. M.; 1 to 3 P. M.

D.O.'s may receive glasses at cost by mailing prescription or repair job.

Peoria Wants Osteopathic Specialists

Peoria needs an orthopedist, a general surgeon, several child specialists, etc. Hear ye, and come down to Macedonia and help us get a hospital of our own. Ex-service men preferred.—A. R. Brunzman, D.O., Peoria, Ill.

SHOP TALK on MATTERS of PROFESSIONAL INTEREST

The Halladay Book Great

Strange how a feller likes a friend, and that friend one he can carry in his pocket! I saw the announcement of the Halladay book in *The OP* and got mine in a rush order. It is a Jim Dandy! Regular pocket compendium, of the spine. It's wonderful.—F. E. Dayton, D.O., Escanaba, Mich.

Mixtures

Stephen Leacock makes one of his characters say "I like to mix with millionaires—in fact the more I mix with them the better I like things they mix." In these days of prohibition we thank the powers that we have a decrease in the "mixtures." So may it be said of osteopathy—Chas. R. Wakeling, D.O., Boston, Mass.

Differentials

Judging from the cases which come to us who have had osteopathic treatment as well as medical attention we would say that the osteopath, to be superior to his medical brethren, must be more efficient in diagnosis. To be superior to his imitators he must give something besides massage. In other words, develop more efficiency in his professional application of the knowledge which he has or should possess.—Drs. A. T. & C. B. Hunt, Omaha, Nebraska.

"While the Light Holds Out to Burn"

"Old Scout Paul" has coined a new one for the so-called chiros (chiro-quack-tic) but he is not sufficiently specific as he does not state just what kind of "quacks" they are. Let us call them by their right name, "bastard osteopaths," who will, I predict, one day see the light and beg for an opportunity to enter the ranks of those who alone are legitimately entitled to practice "the science of healing by adjustment."

—Chas. J. Muttart, D.O., Philadelphia, Pa.

Wants Shoes to Fit

The shapes of shoes, for male and female, put out by manufacturers at the present-day are a crime against humanity. No thought is paid to the anatomy of the foot. It is only a question of "class." The feet of our women especially are being ruined by the present high heels and pointed toes and the pity is that those who would wear sensible shoes are unable to get them. I hope the day will come when there will be laws making it criminal to fashion shoes that are at variance with the anatomical formation of the foot. The experience of our army officials should have been a lesson but evidently it hasn't. Yours for real feet.—A. F. Seymour, D.O., Stockton, Calif.

Good for Governor Smith

Governor Smith, when vetoing the New York State Chiropractic Bill stated: "My criticism of the bill is directed entirely to the fact that, while seeking regulation by the state, it actually leaves that regulation to a private incorporated society, over the membership of which the State cannot possibly exercise any control."

"If we bear in mind," the Governor wrote, "that the Board of Examiners is appointed on the nomination of the private society and can only be removed with the consent of that society, it will be seen that instead of regulation by the State, as may have been intended by the bill, the regulation is really by the New York State Society."

—J. J. Lynch, D.O., Plainfield, N. J.

Success with Flu-Pneumonia

We treated more than 200 cases of flu-pneumonia in the past two years with few nurses. None died. No serious sequelae. We lost one patient to another physician and a few days later that patient died. The other East Tennessee osteopaths have had practically as good results in such cases as we have had in our series, and we are all proud of it.—*Dr. R. F. Eliza A. Titsworth, Knoxville, Tenn.* (The city with a gain of 114% in population in the past decade—can you beat it?—R. F. T.)

Too Many Osteopathic Schools

Semi-annually the American Medical Association advertises the osteopathic schools as not being equal to a grade C medical school. Ask the management of an osteopathic school about this and get the reply—"We are doing the best that we can with our limited amount of money and the profession is to blame for not supporting our schools better." Would it not be well to reduce the number of schools to those necessary to educate the students studying osteopathy? With fewer schools the profession could obtain better equipment and secure better instructors. Results—better practitioners of osteopathy.—*C. A. Dodson, D.O., Little Rock, Ark.*

Public Opinion

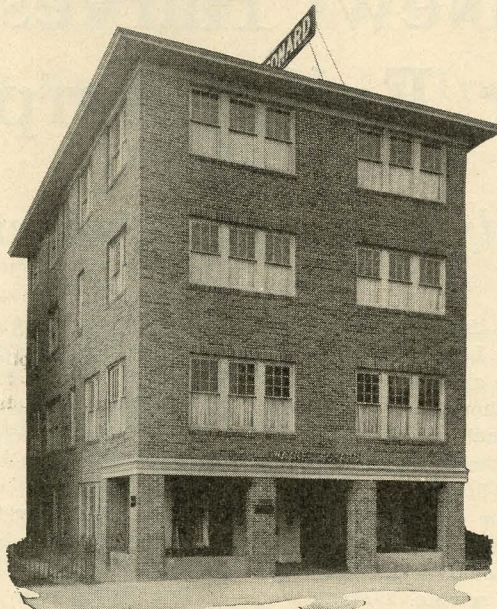
Have you stopped to think about the great influence that "public opinion" has on your practice? Your good work, thorough examination, sympathetic attitude and reasonable charges are not alone what count, nor is it only the good or bad results in average cases that determines your yearly income. Who is deceiving, poisoning and sometimes even killing the people of your locality by his therapy? Who signs nearly all the death certificates? The M. D., of course. Still the people employ him till the last member of the family is released from earth, without even thinking of any other possible way of curing disease. "Public opinion" must be changed and a very effective way of doing so is publicity—in any form—probably "OH" leads.

—*E. S. Bendix, D.O., St. Peter, Minn.*

Short vs. Long Treatment?

Much has been said of late regarding the "Long and short haul," some saying it can't be done in eight minutes, others saying you squander all the time you spend over ten minutes. From experience I think both are right. I know some osteopaths that can't give a treatment in ten minutes who do get results with longer treatments, and I would say that in the average case Dr. McConnell would be squandering time if he spent more than ten minutes giving a treatment. The two treatments he gave me last summer were full grown treatments, lesions from the innominates to the atlas, some in the upper dorsal that a bucking horse put there thirteen years ago, and those lesions certainly did know that something had happened to them, and so did I, for I never derived as much benefit from a dozen treatments as from the two he gave me. Easy, gentle treatments but, as one D.O. said, "He just urges them back into place." I never had a treatment from an osteopath in which there was so little lost motion as in the treatments mentioned. "Every little movement had a meaning all its own," and did something. A short shot-gun treatment will not get the results, but a specific "Dr. McConnell treatment" does the business. Don't sacrifice results simply to save time, but if you can get the results in ten minutes, why squander ten or fifteen minutes more just to make the patient think he is getting his money's worth? Here's to the man that can DO it in ten minutes! May his tribe increase.—*W. C. Dawes, D.O., Bozeman, Mont.*

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ATLANTIC CITY - - - NEW JERSEY



Dear Doctor:—

The Wayne-Leonard is for you, your patients and their friends. Why let your friends go to hotels while in Atlantic City? We can care for them. This is not a hospital but a rest place for the tired, nervous individual who wants home comforts plus osteopathy.

Special Treating Rooms for Patients Not Living in the Sanitarium

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Our Satisfied Graduates and Students are successful because they know Orificial Surgery from its foundation principles to its successful application in their own practices.

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Eat  **Bran K-naturals**
Absolutely Contain No Drugs

Every Doctor knows the value of Wheat Bran as a mechanical laxative and as an aid in preparing the way for treatment of other ills; also its value in correcting modern diet, so deficient in Mineral Salts and Vitamines. Every Doctor knows the difficulty of getting patients to eat Bran. Everybody enjoys K-naturals. K-naturals are Bran with just enough pure candy and flavor added to overcome the unpleasant Bran taste—pressed into tablets, wrapped in handy, sanitary packages—20 teaspoonfuls of Bran to the package—retails at 5c a package or \$1.00 a box. Six flavors—Mint, Lemon, Orange, Licorice, Cinnamon, Bran. Special wholesale prices to Doctors: 1 box, 20 packages (assorted flavors if desired), prepaid, 75c; 6 boxes, prepaid, \$3.60; 12 boxes, prepaid, \$7.00. Money back cheerfully if not more than pleased.

The More You Eat The Better You Feel

K-naturals Co., 532 Delaware St., Kansas City, Mo.

Use Our New "Harvest Leaflets" for Your Fall Campaigning!!!

Ready for use September 10th

We announce publication of a new line of Seventeen introductory and supplementary printed Leaflets designed to enable Osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make it easy and economical for you to undertake broadcast distribution, and to engineer systematic rapid-fire follow-ups where the cost of using a magazine would be felt as a deterrent factor. You can economically and speedily cover entire lists of any size by this medium and command instant attention. The harvest will be proportional to the sowing.

Here is the splendid assortment of subjects offered you:

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What Doctor Shall I Employ?
Disease Caused by Mechanical Pressures.
How Osteopathic Patients Are Treated.
Getting Well All Over at the Same Time.
Building up Weak Throats.
A Chiropractor at Work.
(George Creel, in *Harper's Weekly*.)

Price, \$9.50 per thousand, with or without your professional card. \$1.25 per hundred.

6-page Harvest Leaflets

What Is Osteopathy?
A Word to Former Patients.
What Osteopathic Fingers Will Do.
Neuritis from a Slipped Rib.
What Is Chiropractic?
(As told in Gubernatorial Veto, Supreme Court Decision and *AMA Journal* Editorial.)
Where Chiropractors Are Made.
(A Reprint from the *AMA Journal*.)
Chiropractic Kleptomania.

Price, \$12.50 per thousand, with or without your professional card. \$1.50 per hundred.

8-page Harvest Leaflets

An Explanation of Osteopathy.
(As stated by the *London Times*.)
Why the Spine Is the Basis of Health.
What Osteopathy Does for Women.
Osteopathic Aid in Pregnancy and Confinement.

Price, \$18.00 per thousand, with or without your professional card. \$2.00 per hundred.

Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs \$1.00 extra.

These folders are sized to go in an ordinary letter envelope.

Copy for this complete series is now in the printer's hands and we shall begin to ship orders September 10th. This will give you convenient and necessary time to prepare your big lists. Get busy. We'll be ready when you are. Orders filled in sequence as received by us.

These Osteopathic "Harvest Leaflets" do not take the place of campaigning by *Osteopathic Health* but supplement it. They are fore-runners of our magazine publicity, scaled for easy, cheap, quick distribution, in units of thousands instead of hundreds, and are adequate to supply your want of something systematic and effective that will stir up numerous inquiries about osteopathy. You should use them as "attention-getters." You can reach multitudes with them. As each new inquirer is heard from you should automatically put him on your mailing list to receive *Osteopathic Health*, the magazine, monthly for a year's period. That is campaigning as the up-to-date business house or scientific propagandist of any worthy cause would do it. We have only begun to fight for osteopathy!

This medium for broadcast campaigning was planned by us three years ago but setting it going was delayed by the war and its resulting unsettled conditions. September, 1920, is the ripe time for putting your scythe to the bending grain. The public are in want of it. Are you with us, as usual?

Faithfully yours for osteopathic prevalence,

THE BUNTING PUBLICATIONS, Inc.

Henry Stanhope Bunting, President

9 So. Clinton Street, Chicago

"When there is a harvest ahead it is poor thrift to be stingy of your seed-corn."—Thomas Carlyle.

Cast Your Bread On the Waters

A Fable—But It's All True

By Ralph Arnold



GROUP of osteopaths were at a dinner to discuss things that make for efficiency and progress in osteopathic practice. The influence of journalism upon the destinies of the profession had been mentioned. Some one spoke of the twenty years of editorial leadership plus advertising service that Bunting has rendered to osteopathy.

"These twin services—quite different in nature, each equally eminent, have been factors in osteopathy's development," said one of the veterans. "Why, fellows, I remember Bunting hammering away at it in the same earnest way as today, years ago,—even before I entered an osteopathic college!"

"We owe him a debt of gratitude," said a second spokesman. "I doubt if we often stop to think what his influence has meant for all of us in dollars and cents."

"Well, I suppose," said a third, "you have bought your bond of the Bunting Building Corporation? Money talks. Business co-operation speaks one's appreciation louder than words."

"No, I really haven't yet—but, of course—I shall," said the first speaker.

"And I intend to, as well," added the second.

Then a fourth veteran spoke.

"I'm strong for Bunting, too," he said. "I know what he's done for me whenever I needed practice, and I'll give his literature service a strong testimonial any time he asks for it. I believe in recognizing service before a fellow is dead, too. I must admit, however, I haven't bought any of Bunting's 7 per cent gold bonds; but I believe they're good; and I recommend them. Truth is, I had a very unusual opportunity to get in on a good stock that paid 8 per cent last year, and so I am putting every cent I can save into buying more of it."

"After all, you know, a man's business investments are a thing apart from professional gratitude, and I feel it my duty to put all my money where I get the biggest dividends. Still I'm strong for Bunting—and I want to see his work for osteopathy recognized. I would like to make a motion—if I am in order, Mr. Chairman, and I hope all will join me fully in the sentiments I feel. I move, Mr. Chairman and friends, that this meeting express its good will toward *OH* and *The OP* for their twenty years of vital assistance in building up osteopathy, and that we give *three generous cheers for Bunting!*"

There were seconds. The motion was put and carried with but two opposing votes.

"Gentlemen, I want to explain my vote," said one of the "nays". He had voted loudly, even petulantly. Everybody wondered what kick he could have against Bunting. He proved to be the first "vet" that brought up the discussion about journalism.

"I am so built," he said, with a little quiver in his voice, "that I can't feel I am paying a debt for high-grade professional service with a mere vote of thanks. I, at least, never feel that I am adequately paid when my customers mint their gratitude in the coin of applause only. The several different sorts of service that Bunting has extended us—freely enough, through a period of twenty years,—has been, much of it, without remuneration, either asked or expected, while that part of it that was on a price basis, I am sure, has been figured on slender profits that

did not always repay the man or his business staff for the time and quality of service they rendered us. I know this to be true. Therefore, I voted against 'three cheers for Bunting.' I think that such a vote—unaccompanied with actual business co-operation when it has been finally asked—is equivalent to repudiation of a financial obligation. For my part, I shall go home and send Bunting my order for a thousand dollar gold bond, and the fact that it will be difficult for me to squeeze out the money to pay for it in the next six months will give me all the sweeter pleasure because I shall know I am actually doing something for Bunting as well as for myself."

He sat down.

Silence.

Speaker No. 2 said: "Neither can I square my obligation with 'three cheers.' There has always been something more than wind in what I got from Bunting. I will buy a hundred dollar bond—it is really all I can do—but I would be doing less for Bunting than he always does for me, and for osteopathy as a profession, if I do not do all I can to help make his new printing plant a big and instant success."

More silence.

Some thinking.

"Come to think about it friends," said the maker of the motion, "I have been a bit thoughtless in this matter. Now that I give it real consideration I realize I can well afford to convert \$1,000 of that 8 per cent stock into cash 'while the going is good' and buy a Bunting Building Bond with it—even if it does pay 1 per cent less. First, I know I shall get that 7 per cent without gamble, while my 8 per cent stock, by a little ill luck, might cut to 4 per cent, or even pass dividends entirely. In the second place, you make me realize that Bunting has been the one most important factor, next to A. T. Still and myself, for my having money to invest which I receive from osteopathic practice. Dr. Still gave us our profession; Bunting has been our chief journalist and propagandist."

"I owe some degree of my professional establishment to Bunting's twenty years of propaganda to put osteopathy right with the people. I must acknowledge this. Such benefits, in a way, represent dividends that I have already collected—dividends which his work helped to produce. Therefore I should not be penurious in dealing with him—and I will not! And the fact that he is selling bonds to build a publishing plant whose presses will continue to grind out millions of messages of osteopathic propaganda will make me—and will make all of us in practice—more money, ten times over, each year, than any small difference I might hope to make by buying some other security that promises to pay a slightly higher return."

Silence again.

Other speaking.

Adjournment.

But when that conference ended each of the seven osteopaths present had gone on record with his name on the dotted line (including both men who voted against "three cheers") and \$2,900 of Bunting Building Bonds had been subscribed for, in the following amounts: \$1,000, \$100, \$100, \$1,000, \$500, \$100 and \$100.

May you and your colleagues take up the discussion and go and do likewise.

Bunting Building Corporation's 7% first-mortgage-on-real-estate gold bonds are not a speculative stock offering. You cannot lose your money.

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 \$3.00 per annum. In Canada \$3.25. In other foreign countries \$3.50. Advertising Rates on Application. Copyright, 1920 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

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

Vol. XXXVIII August, 1920 No. 2

HOW TO PRODUCE A COMPETENCY IN TWENTY YEARS

A Recommendation to the Men and Women of
the Profession Who Are Not Yet
Accumulating

\$1,000 per annum laid aside each year for 10 years, saved and invested in sound bonds, with interest re-invested, and such capital and interest as have accumulated in the 10 years then allowed to compound for another 10 years, would at the end of the 20-year period amount to approximately \$30,000. In other words, \$10,000 saved and invested in the course of 10 years will increase to \$30,000 in another 10 years.

The secret of producing a competency from saving is to commence making savings and the sound investment thereof *early in life*. It is a "Begin Now" proposition. If today you are 30 years of age and have a fairly lucrative practice, you can reasonably assure yourself of a \$30,000 competency by the time you are 50, if you start at once on a definite prudent plan of making and investing savings and stick to it. If your practice is running \$5,000 per annum, you can well save \$1,000 a year if you really make up your mind to do it. But money won't save itself! You will have to be the one to do it.

Mind you, the figures we give contemplate your saving \$1,000 a year for 10 years *only*. If you continued to save and invest—in the same way for the second ten years, you would, of course, have a much larger capital at the expiration of the 20-year period.

The first big point is that the advantageous time to save and invest is *now*—while you are comparatively young. The second big point is to let the money saved and invested, together with interest thereon, *stay invested* in a safe place bringing such remuneration as comes with safety. You can't speculate with such money. It must be kept prudently invested.

The money thus saved and safely invested goes on accumulating as the years roll on.

The great mistake of many is that they "put off" the starting of such systematic saving under the delusion that they "will be better able to do it later on." Not only is it not true that saving comes easier "later on," but savings made later in life do not have the necessary time in which to multiply.

Start now your personal savings plan for a competency in later life by buying some Bunting Building Corporation Real Estate Gold Bonds. They yield you 7% per annum with absolute safety as to principal. To collect your profit you simply deposit your semi-annual interest coupons at your local bank.

Thus, besides helping on yourself in life by adopting such a plan of investment, you will also be rewarding *with material co-operation* the man and publishing house that for twenty years have been on the firing line for osteopathic advancement, fighting to build up wider recognition for the science and make more appreciative demand and reward for your professional services. You will be commuting some of the good will and gratitude that you naturally feel for this support into the only kind of factor that adequately expresses such appreciation, namely, the coin of the realm.

But *you will still own your money* that you invest in Bunting Building Bonds!

You only give osteopathy's pioneer publishing house the *use* of it and you get well repaid in money for such a loan. You not only will realize the rate of gain on your investment outlined in our opening paragraph, thus laying the foundation for private fortune (if you really have not yet entered upon such a needed program), but you also will be helping yourself professionally, and also helping the science and profession materially by assisting The Bunting Publications, Inc., to build and occupy their proposed new model publishing plant at Waukegan, Illinois, in which their service of the profession can not but be magnified and bettered in a very substantial manner. You will therefore be serving three good purposes all at once:

(1) You will save money and see it grow; (2) you will help improve the service that you now enjoy for osteopathic publicity and promotion; and (3) you will help the profession-at-large to obtain permanency and establishment through giving greater establishment and permanency to its publishing interests.

Incidentally, you also will be meting some reward to Dr. Bunting for the faithful services he has rendered the profession as editor, publisher and propagandist, lo! these twenty long years.

Do you call all this worth while?

Do you know any other way in which you can *make money so work overtime for you* and buy results, both financial and professional, for your own express benefit?

Is not buying Bunting Building Bonds a better and more remunerative investment than merely placing your savings in some impersonal, wholly commercial investment where your reward can never be anything but dollars and where you get no other benefit from your money's work whatsoever?

It is a rare chance indeed thus to be able to loan your money at 7 per cent with safety, and then see that money set at work to promote further direct and substantial benefits for you! That is equivalent to a wheel-within-a-wheel in mechanics—compounding power, or profit-added-to-profit in business—which is to say, compounding interest.

Buy your bond today. You may pay for it on the installment plan if you choose. Take a \$500 or \$1,000 bond if you are at all prosperous. The osteopath with even the most modest practice can well afford and will well profit to help on this project by taking at least the minimum bond which is for \$100.

ANTISEPTIC WILLIAMS ADORNS JOURNALISM

We have had it in mind for some months to speak a word of praise for Editor Williams for the handsome form in which he is bringing out The Osteopath nowadays. It is really beautifully printed and in view of the cost and scarcity of paper the fine stock in which it is dressed up is remarkable.

Nor is it all in show. The Osteopath has a wealth of good articles in it. We noticed with pleasure the good report of the AOA convention by "Neos" in the last issue. "Neos" is a sparkling writer and Editor Williams is lucky to have his services.

Verily Editor Williams is a man of multi-tudeous activities—antiseptics, soap, water, journalism! Even at that he finds time to come to Chicago and root for Babe Ruth at baseball games. Success to him!

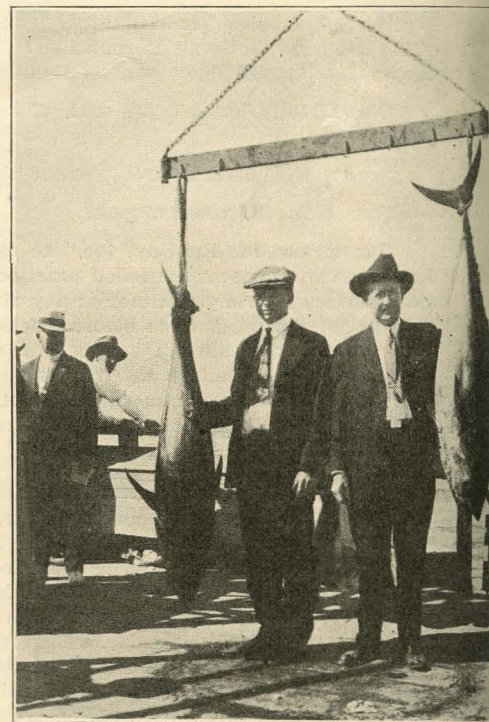
OSTEOPATHIC CARTOON POSTCARDS

We are glad this month to show several postcards designed and used by Drs. H. S. and J. K. Beckler, of Staunton, Va., to advertise osteopathy. They say they found the use of them very satisfactory. They are copyrighted and no one could use them of course, without permission from Drs. Beckler. They have the plates and can run editions on order. Write them if interested.

McManis Puts One Over on Neptune

After saving the backs of 2,500 osteopaths, more or less—we'll say more, if you speak of the degree of spinal salvation—The McManis, Himself, went to Catalina Island for a little rest—put it, rather, arm exercise. There were with him Mrs. McManis and Dr. and Mrs. W. W. Howard, of Medford, Oregon. Mac hired a boat and took the crowd fishing. He had heard about the sardines, albacore, tuna and whales that infest that far off Coast.

"What do you want to catch?" asked the guide. "Make mine a whale," said modest



Mac. The guide fitted him out with apparatus and the party cut out for deep water.

While Mac was throwing his bait consisting of a flying fish just above the water the luck of the Irish was on him and Neptune (who himself boasts Irish lineage) hung a tuna onto his hook that weighed 96½ pounds after all the water had been squeezed out of him! Neptune thought, of course, that a fisher boy from the Chariton couldn't land a deep sea fish, but McManis used his table technique on him and had him swung into the boat in just 55 minutes. "I usually treat 'em in 10 minutes," said Mac, apologetically, to his guide. Dr. Howard improved on Mac's technique and pulled in a 105 pounder. But he spent one hour and forty minutes giving treatment and still, he says, it was all specific work! Mac says they would have gotten more and bigger fish—real fish if good-hearted Mrs. McManis hadn't

fed all the fish in the bay from the open boat. (She was sea-sick, you know).

Here is proof of it—the photograph. No, inland friends, these fish were not painted ones on a photographer's screen in the Avalon

photograph studios. They are regular fish. You can see the boys haven't let go of their prize catches yet.

Now, will you buy a McManis table? If not, why not? Be kind to your own spine.

Little Stories of the Clinic

Dr. C. W. Young, Grand Junction, Colorado.

Mr. B was a Jew, traveling salesman. He had a short, well knit frame with fine vitality. He complained of great distress with flatulence and some constipation. His tongue had a heavy white coat. His digestive disturbances had caused him lowered vitality and loss of pep and vigor, and it took much will power to keep at work. He had suffered this affliction for many years. He had consulted eminent specialists and had spent \$1,800 on doctors. He took their prescriptions year after year and progressively grew worse and suffered more.

I gave him five osteopathic treatments, loosening the upper dorsal vertebrae and manipulating the abdominal walls. At my first treatment I dilated the sigmoid with a sigmoid probe. I had him fast thirty-six hours and the first morning of the fast he washed out his stomach by drinking and vomiting three pints of warm water. I told him to select any food he wanted in the following list:

EAT—Bananas, very ripe, uncooked or baked with the skins on. Green vegetables, raw, such as celery, lettuce, onions, turnips, carrots, artichokes, radishes, tomatoes, cucumbers, cabbage, and water cress. Make salads if desired. Use lemon juice and olive oil for dressing if desired. Cooked vegetables: turnips, squash, corn, beets, beans, peas, brussels sprouts, egg

plant, lentils, okra, greens, parsley and spinach, sweet potatoes, parsnips and baked potatoes (eat the skins). Bloodless meat such as fish, tame rabbit and white meat of tender fowl. Course cereals: cracked wheat, shredded wheat biscuit, triscuit, whole wheat bread, rye bread, corn bread, unpolished rice, milk, cottage cheese, malted milk, butter milk, eggs, melons, nuts, sweet fruits, (dates, raisins, figs, prunes), wheat, bran, butter, honey.

OMIT—Sharp acid fruits (lemons, oranges, grape fruit, pineapple), candy and sugar, coffee, tea, cream, meat (except fish and white meat of fowl), gravies, pastries, intoxicating beverages, tobacco, white flour and all white flour preparations, white bread, vermicelli, macaroni and polished rice.

In forty-eight hours he was completely relieved of the nagging pain that had troubled him for years. In twelve days he seemed completely cured of his malady.

Story No. 17: Mrs. L, of Grand Junction, Colo., came for treatment two years ago. Her sister, a professional nurse, brought her to me and expressed much alarm about her condition. She was very nervous and sometimes had severe hysterical crises. She often had severe abdominal pains, and was in pain in the region of the ptyorus at the time of my examination.

Physicians had diagnosed appendicitis and gall stones and advised operations. She had a heavy white coat on her tongue. She had flatulence and burning sensation in the stomach. She was a gardener's wife and often worked out of doors. She had a large, heavy frame and weighed 216 pounds. She complained of severe backaches. She had much accumulation in the bowels that had recently been cleared out by enemas. I found a tilted pelvis and the right kidney down below the margin of the ribs. At the first treatment I adjusted the tilted pelvis and put up the kidney where it belonged. I ordered forty-eight hours fast, and for two mornings she washed out the stomach by drinking and vomiting three pints of warm water. On resuming her eating she confined herself to the diet described in story 16. She was wonderfully relieved in forty-eight hours. She took only two treatments, two days apart, after the first treatment, and felt so fine that she decided not to go to the expense of any further treatments. Under the treatment and regime imposed she reduced her weight from 216 lbs. to 180 lbs. in two weeks. She has had good health for the last two years, except for a light attack of the "flu," and an occasional distress caused by eating the forbidden foods, but the distress would soon disappear as soon as she confined herself to the prescribed diet.

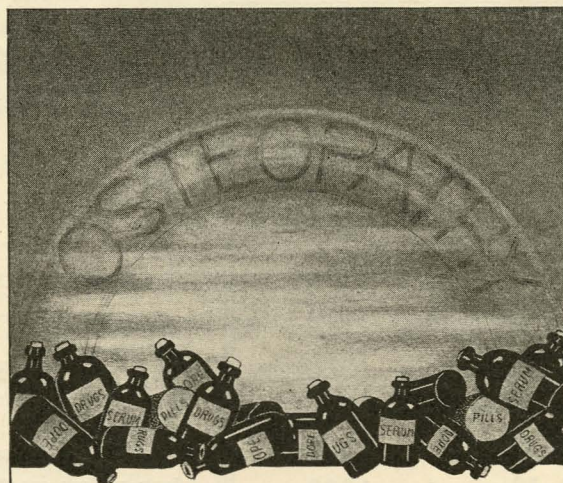
What Chiropractic Really Is

Chiropractic is a radical application of a few of the principles of osteopathy, applied by persons not well enough grounded in anatomy, physiology, pathology and the diagnosis of disease to be safe.—O. S. Miller, D.O., in *The Osteopathic Physician*.



Curst be he who moves my bones.—*Shakespeare*.
(He's been dead over two hundred years.)
Blest be the Osteopath who moves my bones.
—*The Modern Man*.
(He's a live one).

Copyright 1919 by H. S. & J. K. Beckler, Staunton, Va.



The rainbow of hope
Over discredited dope.

Copyright 1919 by H. S. & J. K. Beckler, Staunton, Va.

The
TAYLOR CLINIC

Des Moines General Hospital
Des Moines, Iowa

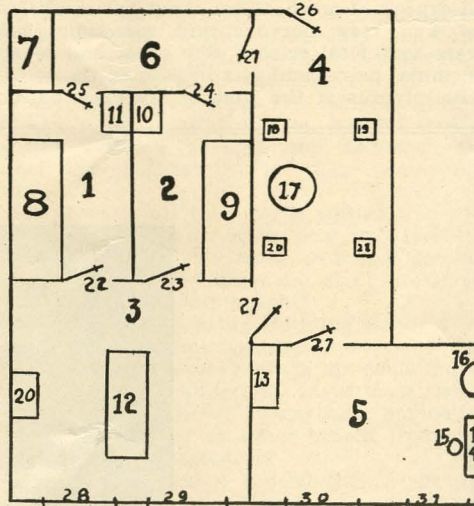
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President; Surgeon-in-chief
- F. J. TRENER, D.O.,
Superintendent; Roentgenologist and Anesthetist
- G. C. TAYLOR, B.S., D.O., M.D.
Genito-Urinary and Rectal Diseases
- L. D. TAYLOR, M.D., D.O.
Consultant
- B. L. CASH, D.O.
Clinical Laboratory and Cystoscopy.
- D. D. CLARK, D.O.
Field Manager
- J. P. SCHWARTZ, D.O.
House Physician
- E. M. DAVIS, D.O.
Staff Physician

Continuous Post-graduate Course.
Fee \$100.00 per month. Certificate
granted at completion of course.

How to Handle Heavy Practice
In Small Office Space

By Richard L. Capers, D.O., Bellefonte, Pa.

I submit a floor plan of my office at Bellefonte. The space in square feet is small but by the arrangement I can handle very conveniently, as many patients as I can treat. To explain, No. 1 is a dressing and rest room; No. 2, same. My nurse puts my patients in these rooms in rotation as fast as they arrive. When No. 1 is ready, I open door No. 22, which opens from the outside only and lets this patient into treating room No. 3. When I am finished with Patient No. 1, put him back in room No. 1 to dress or rest, as he desires. By this time, Patient No. 2 is ready for me, so I open door No. 23 and repeat the operation. No patient dresses in No. 3—doors No. 22 and 23 are equipped with outside locks so that patients cannot come into my treating room until I am ready for them. Door 27 is my private entrance to treating room. Room 4 is my reception room; room 5 my private office; No. 12 is a McManis deluxe table. A nice, fresh,



Floor plan of office of Dr. Richard L. Capers, Bellefonte, Pa. Explanation of figures is as follows: 1 and 2, Dressing rooms; 3, Treatment room; 4, Reception room; 5, Private office; 6, Hallway; 7, Kimona boxes; 8 and 9, Couches; 10 and 11, Dressing tables; 12, McManis table; 13, Instrument cabinet; 14, Desk; 15, Revolving chair; 16, Wash basin; 17, Table for booklets; 18, 19, 20, and 21, Chairs; 22, 23, 24, 25, 26, and 27, Doors; 28, 29, 30, and 31, Large windows.

clean pillow case is furnished for each patient. I have an office nurse who takes care of my appointments and collects the fee from each patient. I do a strictly cash practice and have neat cardboard signs in my treatment room and rest rooms giving warning of this fact. I give *Osteopathic Health* to all patients and use *Herald of Osteopathy* according to the plan suggested by Dr. McCole. Also, I give out William's booklets to new patients. I use appointment cards, one of which I am enclosing. I find them very satisfactory both as to "reminders" and for the advertising feature which is carried on the back. I always make a record—name, address and telephone number, of every patient so that in case I happen to get an emergency call taking me out of the office, my nurse can call patients and postpone appointments until a future date. My nurse does all the talking on the telephone and never bothers me about it except on important business. In

THE BUSINESS SIDE of PRACTICE

such cases she always takes the telephone number so that I can "call back" later.

The division of space as I have shown in floor plan was made out of one large and one small room. I used beaver board for partition for dressing rooms and office. It can be used to divide one very large room at a small expense, if office and treatment room are combined. This might be the plan for some fellow in a crowded city who can't seem to get a good place for his office. Patients can be treated as fast as they can be rotated in rooms 1 and 2. My appointment book shows an average of twenty patients daily.

I am allowed to practice in local hospital and get along well with M.D.'s. I take care of the State College of Pennsylvania "Athletes," who are second to Howard in football and champions in boxing and wrestling. Being in a college town I find plenty of good timber for our osteopathic schools.

M.....

Appointment with
Dr. Richard L. Capers

For

At o'Clock.

If impossible to keep this appointment, notice must be given, otherwise a reasonable fee for the time will be charged.

Front view of appointment card used by Dr. Richard L. Capers, Bellefonte, Pa.

Dr. Richard L. Capers
Osteopathic Physician

Bellefonte, - - - State College.

The OSTEOPATH is by education a Physician. He practices a complete system of healing and is not limited to a particular class or group of diseases. He diagnoses and treats all diseases. OSTEOPATHY is a most reliable treatment for the Winter diseases—Fever, Influenza, Pneumonia, Bronchitis, Tonsilitis, and all other acute diseases. It is equally as good for Rheumatism, Nervous Prostration, Constipation, Asthma, Headaches and the other chronic affections.

Available at all times for bedside and office cases. Calls answered anywhere day or night.

Phones:
Bellefonte, Bell 128
State College, Bell 74-M

Reverse side of appointment card used by Dr. Richard L. Capers, Bellefonte, Pa.

Workable Office Lay-out

I have noted office plans in last issue. My idea of a 100% efficient private office is one with only the things I use myself. McManus table—desk—chairs—scales—lavatory—typewriter—instrument and kimona cabinets and book cases. Keep the dressing tables and the couches in the dressing rooms. You are not embarrassed by having anyone overhear what you tell your patient (who wants conversation private) and you are never shut out of your office. My arrangement is as follows—with library table, eight rockers, couch, rugs and paintings in the reception room and I have never wished it different. Would gladly send complete plan.

—Nelle Lowe Parker, D.O., Carlinville, Ill.

Sold Out!

The following issues of "Osteopathic Health" are entirely sold out and many orders had to remain unfilled.

- No. 39 December 1919
- No. 40 January - 1920
- No. 42 March - - 1920
- No. 43 April - - 1920
- No. 44 May - - - 1920
- No. 45 June - - 1920
- No. 46 July - - - 1920

Extra heavy orders from old and new customers, coupled with the scarcity of paper, necessitating conservative printing, caused us to be short thousands of copies for filling orders on each of the issues listed. We shall continue to print "short" editions during the paper famine.

The Bunting Publications
(Incorporated)

9 So. Clinton Street Chicago

Osteopathic Insurance

The following information will be of service to all osteopathic physicians wishing to patronize insurance companies recognizing osteopathy:

The American Assurance Company of St. Louis, Mo., is an osteopathic organization and deserves the support of every D.O.

The Interstate Business Men's Accident Association of Des Moines, Ia., accepts osteopathic examinations.

The Business Men's Accident Assurance Company of America of Kansas City, Mo., insures osteopathic physicians and gives them the same classification as an M.D.

The Mutual Benefit Health and Accident Association of Omaha, Nebr., has the following to say in their contract Part D, "Medical Attendance Twenty Dollars," "or, if such inquiries require immediate medical or surgical treatment by a physician, surgeon or osteopath and insured makes no other claim on account of such injuries, the association will reimburse the insured for the cost thereof, not exceeding twenty (\$20.00) dollars."

The medical Protective Company of Fort Wayne, Ind., will insure osteopathic physicians against suits for malpractice, etc.

Every D.O. will do well to investigate any of the above companies before placing insurance.—*H. R. Juvenal, Oph. D., D.O., Maryville, Missouri.*

Another Medical Lock Out

Here's a new one! The latest way of shutting osteopaths out of the hospitals! Anyhow, do we like it? Not any, but what can we do? The people here do not enjoy it either, but our M.D. friends are so thoroughly entrenched they think they can get by with such rough stuff, D.O.'s have perfectly good licenses to practice surgery. You see, we all realize we are not first-class surgeons and have always left most of that work to the M.D.'s.

Whitman County, Washington, is one of the largest counties in the U. S., supporting eight active osteopaths and a bunch of M.D.'s. Recently these latter gentry in county convention assembled decided not to recognize, consult with, do surgery or any other work for or with any osteopath, kiropractor or other drugless healer.

They talked strongly at first of closing the hospitals to all but M.D.'s, but since the leading institution of the county is a Sister's Hospital and a charitable institution it seems they concluded it would not work, so they hit upon a more gentlemanly (?) way of accomplishing their purpose.

The osteopaths are doing very well, thank you, but believe, as do many of the people, that all patients should have the privilege of choice of who should care for them during serious surgical procedures and following such work. However, the arrogant M.D.'s ultimatum is "Turn your patients over to us entirely and stay away from them, or we will have nothing to do with them."

It may work a hardship, too, in obstetrics since in many isolated sections the D.O. will be obliged to call on M.D. assistance when in need of help, since no other osteopath can be had under some considerable time. Any man, no matter of what school, may get to the place occasionally where he needs assistance in bad "O. B." cases.—*E. A. Archer, D.O., Pullman, Washington.*

Dr. Bailey After Chiro

Dr. E. Marvin Bailey, Houston, Texas, has been on a chiro round-up. He has bagged two. P. H. Visser got \$50 fine and thirty minutes in jail. C. A. Robertus was also convicted. J. H. Dreher was to be tried later. Dr. Bailey says if you have a law, enforce it, and run the law evaders out.

If you put your savings in Bunting Building Bonds you cannot lose your money.

Toxic?

Replacing tonics and specially prepared liquid foods, many physicians are prescribing HEMO. It has especial value because of its high Hemoglobin content. Contains six times as much iron as cow's milk; as much as mother's milk.

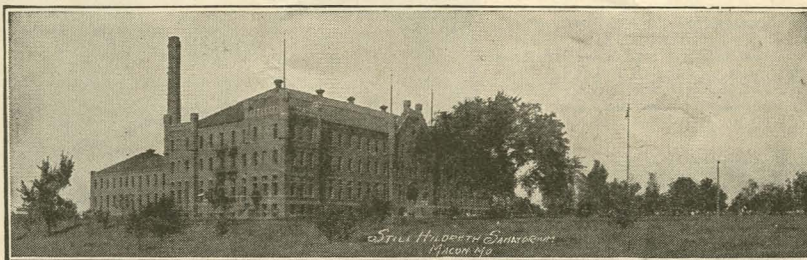
HEMO is rich, creamy, appetizing. A delicious food-drink for convalescents, prospective and nursing mothers, for the aged. Safeguards infants against anemia, rickets and backward growth. HEMO is much used as a beverage and in many homes has replaced coffee.

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

Thompson's Malted Milk Co.
137 Riverside Drive, Waukesha, Wisconsin



HEMO

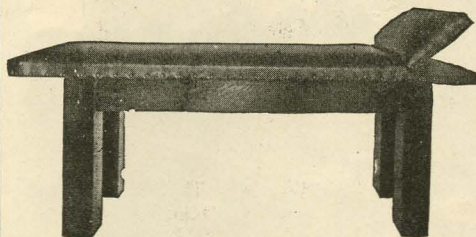


STILL-HILDRETH OSTEOPATHIC SANATORIUM
MACON, MISSOURI

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



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

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Pennsylvania

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

Mack Should Have Sung It

[From the Columbus Citizen]

Dr. M. F. Hulett, 8 E. Broad st., has had a lot of experience in receiving reports on person's ills so he thought he would try his hand at reporting and report his telephone, which was out of order.

So, dressed in his cheeriest mood, and with patience personified, he lifted the receiver, asked for trouble and got both her and it.

"I want to report my telephone," said Dr. Hulett.

"You what?" came back the reply.

"I want to report my telephone in trouble," repeated the physician.

"You what?" she asked again.

Desperately he tried it again.

"You must have trouble on your line," commented the operator.

"Yes, that's it," said the doctor, "trouble."

Prophylaxis

The medical man of today is always talking "preventive medicine" and yet all he has to offer in the great majority of cases is what people already know. Osteopaths have the real preventive medicine and this should be our real work. Constructively helping Nature to assert herself, as she most certainly will do if the sick are given osteopathic aid during the growing period, will give results that meet your highest expectations.—E. B. Carney, D.O., Fort Scott, Kansas.

Osteopathy In the Bible

[Dr. M. C. Hardin, in The Osteopathic Bulletin] Some time since we received the following letter from Dr. Robert H. Conover, of Trenton, New Jersey.

"Dear Doctor:

A patient of mine has told me that she has searched through the reference notes in the back of her Bible and is unable to find there any reference to the word Osteopathy. Dr. Walter Novinger wishes me to bring this to your attention. We fear that there is danger of the Medical Trust using this fact in their propaganda against us."

We wrote Dr. Conover that his patient had not searched the Good Book with due diligence, for it is filled with our principles and with several direct references to our school of healing

II. Kings, Chapter 13:21, we read, and He "touched the bones of Elisha, he revived, and stood upon his feet."

In the twenty-second Psalm we find a case that, osteopathically speaking, is in a very critical condition, for he says "all of my bones are out of joint."

We find a good description of the results of an osteopathic treatment in the 37th Chapter of Ezekiel. It reads like this: "There was a noise, and behold a shaking, and the bones came together, bone to his bone."

Should the Medical Trust undertake to prove that we have no place in the healing world, for the reason mentioned by Dr. Conover, then we might undertake to prove that when Job was using the potsherd—his improvised "back-scratcher"—on himself during his sickness, he was only giving himself a primitive osteopathic treatment. At any rate we do not hear of his taking drugs. Therefore, he must have had no other treatment than this described above. If so, it was by this means Job lived one hundred and forty years, "being old and full of days" when he died.

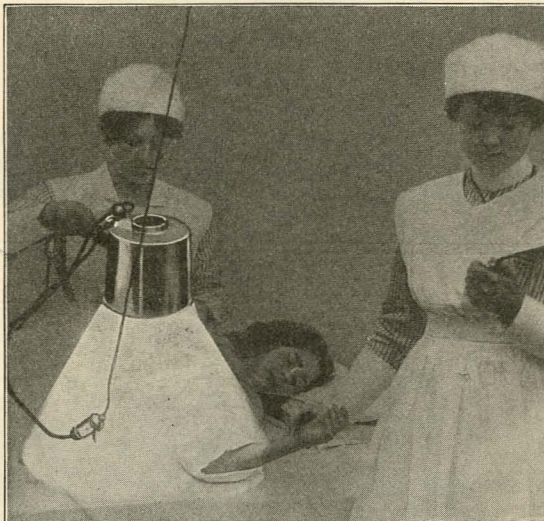
The Therapeutic Power of Penetrative Light and Heat in Skin Diseases The Value of the STERLING THERAPEUTIC LAMP

in certain skin diseases lies in the power of its heat rays to penetrate the cutaneous surface and to exert in the deeper layers a hyperemic, stimulating and germicidal influence.

In the microbic skin diseases, such as acne, furunculosis, erysipelas, tinea sycosis and similar infections, the STERLING THERAPEUTIC LAMP will be found of distinct value. The heat radiated into the tissues adds to the resisting power of the skin and brings about an increased local phagocytosis, helping it to overcome infection.

Chronic indolent conditions of the skin are a definite indication for the employment of the STERLING THERAPEUTIC LAMP. Thus, in chronic eczemas and lupus erythematosus the rays of the STERLING THERAPEUTIC LAMP will prove highly stimulating and exert a distinctly beneficial influence.

In alopecia and seborrheic conditions of the scalp, the STERLING THERAPEUTIC LAMP has given results in a considerable percentage of instances and should be tried in all cases.



Use Light and Heat Rays in Your Dermatological Practice. Illustrated booklet and literature on request

STERLING THERAPEUTIC LAMP COMPANY, 540 Garfield Avenue, Chicago, Illinois
Dept. L.



SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

The hospital stands for only the best in hospital care and treatment. Purely Osteopathic. Chartered on "non Profit" basis.

The future of osteopathy demands that the profession shall have creditable institutions. Are you doing your part to make such institutions possible?

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. H. C. Wallace, Surgery, Orthopedics, Diagnosis; Dr. L. S. Larimore, Eye, Ear, Nose and Throat and X-Ray; Dr. C. D. Ball, Obstetrician; Dr. S. T. Anderson, Staff Physician; Dr. C. G. Tillman, Laboratory and X-Ray Diagnosis; Dr. W. W. Palmer, Staff Physician; Dr. M. M. Estlack, Staff Physician; Dr. L. V. Cradit, Eye, Ear, Nose and Throat; Dr. Mary Quisenberry, Staff Physician; Miss Bessie M. Hutchison, R. N., Superintendent of Nurses.

Nailing the Latest Chiro Lie

As the "chiros" in his community set up their usual great newspaper advertising false claims about chiropractic having cured the deafness of Prince Jaime, of Spain, Dr. Gervase C. Flick, of Connersville, Ind., wrote direct to Dr. May, of London, England—the man who restored the Prince's hearing. His reply makes good osteopathic propaganda. Dr. May gives the lie to the shameless chiro, and the truth should be reprinted wherever that fake boost has been printed for chiro-quactic. The ad which Dr. Flick ran in his home paper presented these facts in this text:

MISREPRESENTED—Wide publicity has recently been given in this community to the cure of Prince Jaime, son of the Queen of Spain. The child is twelve years old and until seven months ago had been a deaf-mute since birth. On hearing that chiropractic had cured some one I immediately became suspicious and addressed a letter to the Prince's doctor. I received the following:

7, Park Lane, London, W. I.

Dear Sir:—

Doctor May wishes me to write and say that it is Osteopathic treatment he is giving Prince Jaime.

Yours faithfully,
E. A. STATEWELL,
Secretary.

Cures of this kind being every day occurrences in the osteopathic profession I had not deemed this one worthy of special mention until I noticed that others were claiming it.
--Gervase C. Flick, Osteopathic Physician.

An Osteopathic Victory

Not long since I was called by a maternity nurse whom two M.D.'s had instructed to give the patient morphine to relieve her sufferings, that it would soon be over. Now this patient was the nurse's niece and she felt justified in employing other than "regular" means to try to save her.

This was the fourth day after a miscarriage. Could not count the pulse; temperature 106 degrees. On examination I found nothing abnormal until I got to the stomach area. I asked what she had been eating. The nurse didn't know as she had only been sent for when she became so ill. The husband said he had given her lamb chops and baked potatoes and she hadn't seemed hungry since—three days prior. I said "Everybody get busy. We have a new disease—lamb chop fever instead of puerperal. Somebody make a pot of coffee as strong as she can drink it. We have a complication with morphine."

I gave the patient a treatment that she said herself she would never forget for she was conscious and heard what the doctors and family had said, though she could make no sign. After thorough relaxation I threw steady pressure on the fifth and sixth dorsals on the left side to relax the pyloric and allow the stomach to empty. Let her rest and pressed about ten minutes more.

She began to show a little life and we got a cup of coffee down by a spoonful at a time. Then I gave her a cervical treatment to reduce her heart action and stayed until she was 104 degrees—about four p. m.

At seven the nurse 'phoned me she was 101 degrees and hungry. She made a quick uncomplicated recovery. Personally I was only glad for the patient but for osteopathy it was a victory, for this nurse was at the head of the maternity ward of a state institution that had refused to allow me to take a patient there

the week before and one of the M.D.'s was the resident physician.—*Marthena Cockrell, D.O., Dover, Delaware.*

Scouts Possibility of Normalizing Tubal Pregnancy

I have read Dr. Baughman's article on "Tubal Pregnancy" (published in July *OP*) and I must say that it is one of the most impossible and unscientific documents I ever read.

Why does he use the term "no temperature" when he does not mean it? Why not say, "Normal temperature"? Why should he use the term "full time" in place of "full term"? Is there any excuse for such tautology as "neck and cervix soft and pliable"? Now as to his findings in these cases: In Case 1 he finds a "slight thickening of uterine wall." He must have a wonderful sense of touch to be able to determine this. Under Case 3 he reasons that "no temperature" contra-indicates the presence of appendicitis. Da Costa states that a very grave case of appendicitis may be found in the presence of a normal or even sub-normal temperature. If Dr. Baughman does not know this he had better look it up.

Now he claims that he has taken these cases, one of which was at least three months pregnant, and "normalized" them by manipulating the impregnated ovum out of the tube into the uterine cavity! At least, this is what I infer from this description of his work. Under the head of pathology of Ectopic Gestation Edgar says: "The attachment of the ovum does not differ radically from normal uterine pregnancy." How, then, is Dr. Baughman going to normalize a tubal pregnancy without causing an abortion? Where is the doctor who believes he can do such a thing? Why doesn't he tell us how many days after he took the cases for treatment delivery occurred?

—*Whitford C. Hills, A.B., D.O., M.D., Peoria, Ill.*

Special Information
for Osteopaths

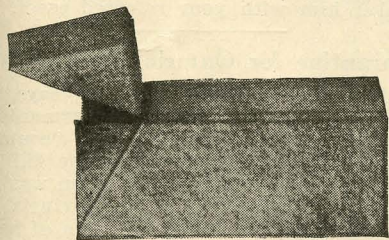
Under the laws of some States osteopaths are prohibited from using anything of a drug nature.

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.

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1 Doz. Lots - \$ 7.00 2 Doz. Lots - \$13.50
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Price of M. C. Kimono Cabinet, mahogany finish.

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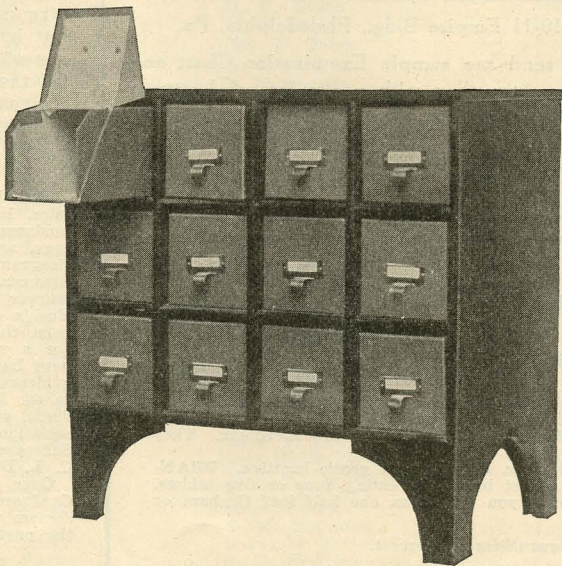
Cabinet and one dozen kimono boxes, without base. 20.50

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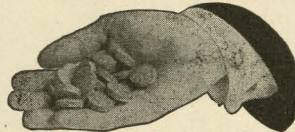
Dr. John H. Bailey, 608-9-10-11 Empire Bldg., Philadelphia, Pa.

Dear Doctor: Please send me sample Examination Chart and Mental Picture of Hay Fever, together with particulars of Lectures and Enrollment Blank. (no obligation)

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O-P 8-20

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BRAN-O-LAX is a light food diet for the sick and convalescing, as well as a gentle laxative. BRAN-O-LAX contains one heaping tablespoon of plain nutritious wheat bran. In eating four or five tablets, you will have taken into the stomach more wheat bran than if you had eaten one half loaf Graham or Whole wheat bread. 1 Box 25c Post Paid U. S. or Canada.

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GILBERT BRAN-O-LAX COMPANY

Lynchburg, Va.

Dr. George V. Webster Cures a Blind Boy

[From the Carthage Republican, July 22nd, 1920.]

Vincent N. Ward, 20 years of age, and the son of Mr. and Mrs. Charles Ward of Oswegatchie, N. Y., is undoubtedly about the happiest young man at the present time in this part of the country. Ward was nearly totally blind six months ago and today can read printing from the smallest type faces.

It was in December last that the young man first realized that he was gradually losing his eyesight and he consulted a specialist and received little or no encouragement as to whether he would ever be able to use his eyes again to any extent. In February, 1920, his condition became so serious that he could scarcely observe shadows.

He had been obliged to give up doing any kind of manual labor but was still under treatment when he decided to consult Dr. G. V. Webster, the local osteopathic physician. Dr. Webster made a thorough examination and came to the conclusion that Ward had sometime during his life received injuries to his head and neck which were responsible for his failing eyesight.

Ward has been coming to Carthage every week for treatments and his condition began to show improvement early in May.

A Republican representative met Mr. Ward Monday evening while he was in town and the young man was in fine spirits and highly elated over regaining his eyesight. He had just recently discovered that he could read the finest print.

Dr. Frank Farmer to Live In Los Angeles

Dr. Frank C. Farmer, who has recovered the use of his legs so he can dance the "shimmy" has been discharged by the War Department. He has gone to Mayo's, Rochester, to study internal diagnosis. In a couple of months he will drive through to Los Angeles in his Packard with Mrs. Farmer, where he will locate and be ready to engage in practice about November 15th. Chicago's loss is Los Angeles gain. Frank gave up his practice to go to war. Remember him with your referred cases.

Quarantine for Ontario Osteopaths?

The Toronto Mail and Express says that osteopaths and chiros who visit communicable diseases will now be quarantined as "contacts" as the result of a late devise of the M.D.'s to circumvent the law. The information was sent out by W. S. McCullough, M.D., provincial officer of health, to all the local boards of health in the province. Funny how systematically the osteopath picks on the medical man and injures him, isn't it?

Colorado Osteopathic Association

Fourth Annual Rocky Mountain Osteopathic Conference, held in Denver, July 26-30, was full of interest, business and pep. Press notices were quite satisfactory, and the messages of the speakers helpful. The program was carried out practically as announced. Drs. Spencer, Laughlin, Bigsby, Goodfellow, Ruddy, Gerding, Burner and Bush offered a feast of good things. Dr. Bush's exercises took the stiffness out of the meeting, even though it left some in the joints of participants for a while. The Polyclinic rooms and hospital were kept busy with clinics, mornings. The social part was evidenced in the reception and banquet, and particularly in the Mountain Park trip with chicken dinner, a wonderful seventy-mile drive. The Colorado Osteopathic Association held its annual meeting and elected Dr. P. E. Schoonmaker, of Colorado Springs, as president; Dr. C. L. Draper, of Denver, as vice-president.

Over sixty children were examined at the Children's Conference, and after the examination, one of the doctors would go over the scorecard and interpret it to the parent; this was a new feature.

—Martha A. Morrison, D.O., Secretary

Take a look at our "Harvest" Leaflet news on page 16 and act upon it like a prudent husbandman.

Information Wanted About "Lost" Osteopaths

Below is a list of osteopaths whose names appear on our records without present address. Mail sent to last known address has been returned to us. We shall appreciate the assistance our readers in locating any osteopaths whose addresses have become "lost" on our records.

We regret to say that we estimate we have 2,000 names of osteopaths who are "lost" either geographically or professionally. Some are both. Just how many of these osteopaths are actually "lost" to the profession, we do not know. We shall be grateful for any help in "recovering" as many of them as possible.

W. J. Adams	Rolla H. Brown	Fred J. Dawson	Helene W. Finster	E. D. George
C. W. Abeel	Sarah S. Brown	James B. Dawson	Addie Fish	Elizabeth George
J. Merlin Achor	S. E. Brown	Minnie Dawson	Walter E. Fish	Vera George
C. W. Ackley	W. S. Brown	A. E. Day	E. Agnes Fisher	Ross L. Ghering
Chester W. Albright	Joanna M. Brooks	J. H. Dellenger	Mary E. Peatfield-Fitch	Elizabeth J. Gerke
J. Bert Albright	M. T. Bruner	O. U. Deputy	J. H. Fitzgerald	Louis John Gertia
Chas. J. Alexander	C. H. Brunson	Thos. J. De Vaughn	Peter J. Fitzharris	Julia Gibbons
J. W. Alkire	Ida M. Bucharan	Catherine DeVeney	Helen Fitzgibbons	Selwyn Gibbs
Bertha S. Allen	F. M. Buckley	Lula Mabel Dibble	Walter Fitzpatrick	C. C. Gibson
H. J. Allen	Amy M. Budd	W. H. Dickson	R. D. Flansburgh	K. E. Gibson
William E. Allen	C. S. Bueler	W. F. X. Dierkes	Ermina Flattery	W. S. Giddens
Joseph S. Amussen	E. L. Bule	Emma B. Dill	Lou B. Fleming	Norman W. Giesy
H. A. Anderson	Millie Burk	Mary A. E. Dillabough	Etta Ermina Fletcher	H. M. Gifford
Martha Arledge	F. E. Burkholder	A. E. Dille	J. A. Fletcher	Martha A. Gifford
J. C. Armstrong	J. Clawson Burnett	W. M. Divoll	J. R. Flick	Lucy Gilbert
Willard C. Armstrong	Mary E. Burns	Ana Dobson	Annabelle Flint	W. H. Gildemeyer
J. B. McKee Arthur	Amelia Burt	Ella Dodson	Nellie N. Flory	Herman C. Giles
Marie A. Arthur	F. Louis Bush	Caston Dodson	Maurice H. Floyd	J. A. Gillespie
Edith Ashby	Bonnie Buss	Amily C. Dole	Lillian Floyd	Grover Gillum
F. V. Auberle	Eva R. Bussenius	M. Jane Doring	E. M. Foess	Geo. I. Gilmore
Carrie Backus	L. V. Butler	Robert J. P. Dormer	W. E. Fogel	Paul S. Girvin
E. F. Bagley	A. E. Byerly, Jr.	Howard C. Down	J. G. Follett	Ida C. Glasgow
W. C. Bailey	Asa D. Cain	David N. Dowling	J. Frank Focannon	J. D. Glover
Bertha Luce Bailey	Harry H. Campbell	Anna M. Drennan	Robert L. Ford	Emma K. Gnadinger
D. C. Bailey	E. G. Carel	Carrie M. Mabis-Duell	Roy Ford	E. Agnes Goble
Harvey M. Baker	Carey White	Flo. R. Dunuington	W. A. Ford	C. I. Gockley
Wm. Horton Ballew	Robert L. Carle	Carrie A. Durett	Edward E. Forman	F. R. Goddard
Helen M. Barber	E. A. Carlson	J. N. Durrett	Herbert E. Forster	A. L. Goff
Ralph L. Baringer	E. J. Carlson	J. M. Dyer	Aurel E. Foster	H. P. Golry
O. A. Barker	Albert Q. Carman	Mary M. Dyer	Ellis Edwin Foster	Milton H. Good
Minnie Barnard	Iva Mae Carr	Chas. F. Eagles	Chester F. Foster	Robert H. Goodale
Florence Barnes	H. T. Carver	William Early	Dail Foster	J. Lynne Goode
H. W. Barnes	C. R. Case	E. H. Eastman	F. B. Foster	Geo. M. Goodell
W. E. Barnes	Charles O. Casey	Ola Easton	S. D. Foster	A. E. Gooden
Anna M. Barr	Eyron L. Cash	Ferne Eckert	Chas. Luther Fowler	W. H. Goodger
R. V. Barrick	Walter W. Casweck	Elizabeth M. Eddon	Rebecca M. Fowler	B. O. Goodrich
S. B. Barton	F. L. Chadwick	Ada Louise Edling	Esther M. Fox	L. M. Goodrich
H. A. Bashor	Alfred J. Chandler	J. H. Edmiston	Earl E. Frake	Maude Goodwin
E. P. Beadle	L. R. Chapman	Bertha M. Eichman	Chas. F. Fraker	O. Goodyear
Frederick Beale	Helen Christensen	A. E. Ellis	Earl F. France	Chas. E. Gostick
Chas. P. Bean	M. Christensen	Ella Adelyn Ellis	Hulda A. Frandson	A. R. M. Gordon
Olga Beaver	Alfred M. Clark	Edward Ellison	E. F. Frantz	G. M. Gordon
Jas. J. Beckman	C. N. Clark	M. A. Ellison	Edmund L. Frappier	H. L. Gordon
Ernest Becker	Dwight D. Clark	W. H. Elmore	Chas. F. Frazier	H. A. Gorrell
W. H. Bedewell	Fred D. Clark	M. R. Ely	George R. Freas	Wm. V. Gosline
Alice I. Beebe	O. R. Clark	W. D. Engelke	J. W. Freestone	Burton M. Gotshall
Grace D. Beebe	C. R. Clemens	B. C. Epperson	Flora A. Frederick	Thomas B. Gotham
Clara B. Bennett	H. B. Cloud	J. Y. Ernest	H. H. Freeman	Walter E. Gottreu
Harry H. Bennett	Thomas H. Clover	Chas. H. Ervin	Irene French	H. E. Gould
H. C. Bennett	A. C. Cluff	H. E. Erwin	Elmer Fresch	Amelia Gowdy
Fay Bergin	C. C. Cockrell	E. C. Estes	F. Finery	James J. Grace
Pearl A. Berker	Benjamin L. Cole	Guy W. Estey	A. D. Fuich	J. E. Graham
M. Beslin	J. L. Callaway	A. B. Estlack	Anna M. Fuller	Mary Elizabeth Graham
Frank Betts	Clara Combest	E. S. Eunson	L. C. Fulford	Margaret L. McC. Graeme
James E. Biby	Mabel Conger	A. R. Evans	Geo. S. Fuller	A. C. Graves
Edw. S. Bickford	E. L. Connell	V. W. Evans	Justus L. Fuller	Jessie E. Graves
Dorothy S. Birlew	Arthur B. Conner	G. H. Eymann	Leroy Furbush	Homer Gray
Corene J. Bissonette	Mervin G. Conner	F. W. Fabric	C. B. Gaard	J. L. Gray
Emma Black	J. G. Connolly	Council E. Faddis	Hattie W. Gabel	G. Green
F. W. Blair	Harry J. Conway	Carl L. Fagan	J. E. Gable	Inez M. Green
J. F. Blanchard	Robert P. Coulter	Joseph W. Fager	Mary A. Gabler	Jas. G. Green
S. C. Blanchard	C. A. Cox	Harold V. Fairbanks	C. W. Gaddis	Russell Green
S. W. Blanchard	H. T. Craig	Ann Fairchild	Edna Galbraith	J. L. Gray
H. P. Bloxham	Irwin Fish Craig	Wesley O. Fanson	J. A. Gaines	G. Green
Emma B. Bogges	Wm. A. Craig	Chester Farquharson	H. A. Gallegly	Inez M. Green
Leonora Bond	W. A. Crawford	Chas. V. Farber	H. L. Gamble	Jas. G. Green
T. P. Bond	W. F. Crawford	C. E. Farrell	M. H. Gandier	Russell Green
R. W. Born	Louise P. Crow	L. Emerson Faris	Flora W. Ganon	Wilford E. Green
Adeline Boswell	I. Byron Crowe	Mary Anne Farthing	Era A. Ganong	Emilie L. Greene
H. D. Bowers	Archie D. Crowell	C. W. Farwell	Alice Gants	Ceo. B. Greenway
Ellsworth Bowker	C. H. Croxton	Theodora Farwell	W. D. Gardiner	Marie B. Greenwell
James F. Boylan	Arthur B. Cunningham	Jessie H. Farwell	John Gardner	Andrew S. Greenwood
A. F. Braden	Francis T. Curley	W. N. Fast	Edward Garard	Emelia K. Gregory
Josephine M. Bradley	Abbie L. Davis	Edwin L. Faucet	J. Garretson	A. M. Griffin
Sam Bradshaw	Amy Reams Davis	Mary P. Fawver	Louis L. Garrigues	J. C. Groat
Edwin W. Bray	E. C. Davis	Lois Mabel Fear	Mary Gatten	Earl Grover
J. F. Breton	Lillian B. Davis	Ethel S. P. Ferguson	Sophia L. Gault	O. P. Grow
Mary Brevard	C. R. Darrow	H. R. Feather	W. A. Gaylor	O. T. Grua
Jas. P. Bridges	Anna A. Darrow	Helen Fellows	J. A. Gazda	Effie L. Guillard
M. V. Bridges	Geo. Dary	L. M. Ferguson	Wilbur Fish Gearhart	Andrew Griener
Frank E. Brown	L. M. Davenport	Helen M. Ferrell	F. M. Geeslin	Nellie B. Griffith
John W. Brown	Ruth Clay Davies	J. G. Finrock	A. A. Gentry	H. W. Griffith
R. N. Brown	Wellington Dawes	I. G. Finrock		S. C. Guilbert

Watch for this feature—to be continued!

Acidosis

By W. Curtis Brigham, D.O., Los Angeles, Calif.

In the discussion of this very important subject, we must begin with the very fundamentals of Biology, and the discussion could be elaborated into a volume of great size. However, our readers are familiar with these, and we need only to assemble the facts already in their possession to appreciate the basic principles of one of the most important of all fundamentals in the treatment of disease. The true physician will have in his mind the following questions:

1. Why are the blood and lymph alkaline?
2. What reaction is tissue waste?
3. What may cause chemical unbalance?
4. Are the essentials necessary to the maintenance of chemical balance drugs?

Animal life began its existence in the great bodies of water that occupied parts of the earth many hundreds of thousands of years ago as single cells. The earthy salts were at that time much less concentrated than at the present time and the water was much warmer. Cells carried upon the beaches by tide and wave died as the medium from which they received their nourishment receded, unless perchance they deposited in numbers sufficient to retain this medium until the tide returned. Eventually, there occurred sufficient cohesion between cells to form co-operative groups that could live on dry land if occasionally they received moisture in sufficient quantities to supply the necessary salts and nourishment. These co-operative groups gradually differentiated into functional groups according to their environments. Some gathered food, some divided it into finer particles, others poured out chemicals to change chemical structure and render possible the action of other cells which transferred it into the intercellular spaces through which the food flowed to nourish all parts of the combined functional co-operative groups.

Leading physiologists are agreed that the intercellular fluids are about the same in general chemical nature now as they were these many thousands of centuries ago; i. e., slightly alkaline and containing salts of magnesium, sodium, potassium and calcium and traces of other elements. All accept the hypothesis that the blood stream must maintain a slightly variable alkalinity during life. With the increased activity on the part of the more and more complex organism, chemical changes in structure also increased. Thus, the law that change in environment precedes and determines function was enforced, and we have a wonderful demonstration of the laws of the interrelationship of physics and chemistry. No physical changes can occur without chemical changes, and no chemical changes can occur without electrical currents. Electric currents pre-suppose positive and negative, and chemically that necessitates acid and alkali.

The accepted hypothesis is that the products of cell catabolism are acid. Cells, however, exist only in an alkaline medium, and therefore there must be sufficient alkali in reserve to neutralize the acids produced by catabolism to maintain proper alkalinity of the surrounding medium. A reduction of normal alkalinity is called acidosis. What conditions tend to disturb this balance thus producing acidosis?

- (a) Decrease in intake of alkaline substances.
 1. Starvation.
 2. Diet composed of non-mineral containing foods.
- (b) Over-production of acid as in fevers and prolonged physical exertion.
- (c) Improper elimination of neutralized acids, as—
 1. Consolidation of lungs.
 2. Emphysema.
 3. Cardiac insufficiency.
 4. Kidney insufficiency.

5. Disturbed internal secretions which may affect one or all of the above.

(d) Over-absorption of acids.

1. The absorption of toxic products of decomposed proteins in the bowel.

2. Inhalation of gases, such as were used in the great war, etc.

What are common signs of acidosis?

(a) One of the most common signs is shortness of breath or the apparent failure of deep breathing to satisfy in chronic cases.

(b) Palpitation of heart at intervals.

(c) Distress in abdominal region without local pain or gas.

(d) Nausea and sometimes vomiting without evidence of gastro-intestinal lesion.

(e) Cyanosis even very slight may be observed under nails and in lips and ears.

(f) Slight swelling of tissues, without local lesions.

(g) There is localized acidosis in all inflamed tissues, muscular contractions in the tissues about disturbing spinal lesions, lacerations and intestinal ptosis, and in fact wherever circulation is being impeded.

In the laboratory the urine may show:

(a) Diacetic acid.

(b) Acetone.

(c) Oxybutyric acid.

(d) Low total acid elimination.

(e) Increased ammonium content.

The blood an increased hydrogenion concentration.

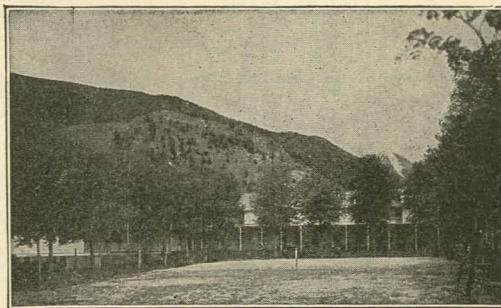
The expired air a decreased carbonic acid elimination.

Any essential of life is as essential as any other.

The human body can no more exist without soda than without a heart, or without lime than without lungs, or without phosphates than without a central nervous system. The salts are as essential as water, protein or carbohydrates.

The subject of acidosis is big. Not all phases are understood. The subject must be studied further, and it is your duty and mine as benefactors of humanity to pry into every phase of it.

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

When Will You Use It— Chiropractic Kleptomania?

It makes a great hit from the start, that 6-page folder under the above title which 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 \$12.50 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 Bunting Publications, Inc.
9 South Clinton Street
Chicago

Uses Racks to Display "Osteopathic Health" and Magazines are Taken Rapidly

I want you to send me a regular supply of "Osteopathic Health" each month again beginning with June issue. Through being busy I failed to distribute promptly my full quantity of magazines of previous issues, so I found I had an accumulation of about 600 copies, just odds and ends. Some of them were even six or seven years old. I placed a small rack to the right of my reception room door and in it I put a supply of these accumulated copies and in front a card reading "These magazines are for you; help yourself!" Patients and friends did help themselves liberally and my office attendant had to refill the rack every few days. The 600 accumulated copies were cleaned out in a very short while and now patients are asking when I will have some more. Please send them on.—D. W. Davis, D.O., Beaumont, Texas.

A magazine display rack with a "notice" sign as Dr. Davis used is one mighty good subsidiary method of distributing "Osteopathic Health" to office patients and callers. It provides a way whereby patients who are good osteopathic boosters can help themselves liberally with magazines to hand on to friends and acquaintances. Also it encourages new patients and visitors who might feel different about asking for literature to help themselves to just what appeals to them most in subject matter. This method of office distribution of magazines should not take the place of, but should be supplementary to, the mailing of one copy each month direct to the homes of patients and ex-patients. That's the plan that has won out through twenty years of application.

More About Prince Jaime

[From the London Daily Chronicle.]

I hear that Don Jaime, the little Spanish Prince, is benefiting greatly by his prolonged stay in England.

It is fairly common knowledge that he has never been strong, and has suffered from defective speech and hearing. He has lately been in the hands of a world famous osteopath in London, and is showing marked improvement.

Osteopathy came to us from America, but it is surely, if slowly, becoming to be recognized as the panacea for almost all ills. I know a large number of persons who have been treated, and have been astonished at the results. They include many soldiers, and also a large number of women who could not for the life of them have said from what they suffered—but who feel much better.

IDEAL CO-OPERATION!

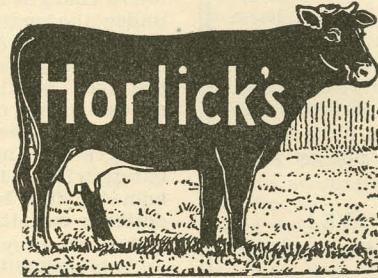
You still own your money when you buy Bunting Building Bonds. You have merely put it in a safe place where it will pay you 7 per cent per annum without risk until returned to you at a premium. It is giving us helpful business co-operation to buy our bonds. So we both benefit by it.

OH Job Lots at Bargain Prices

Occasionally we have some accumulated, assorted copies of OH for sale as "job lots" at bargain prices. Some bear a professional card imprint put on thru error. These are otherwise in first class condition. Others are slightly damaged or soiled. Mixed assortments of these copies "as is" and taken just as they run without selection, are priced at \$3.00 per hundred. Reduced price when any large accumulation is taken. Old imprints blotted out and new imprints made without extra charge. If interested in large lots, write for description of what we have.

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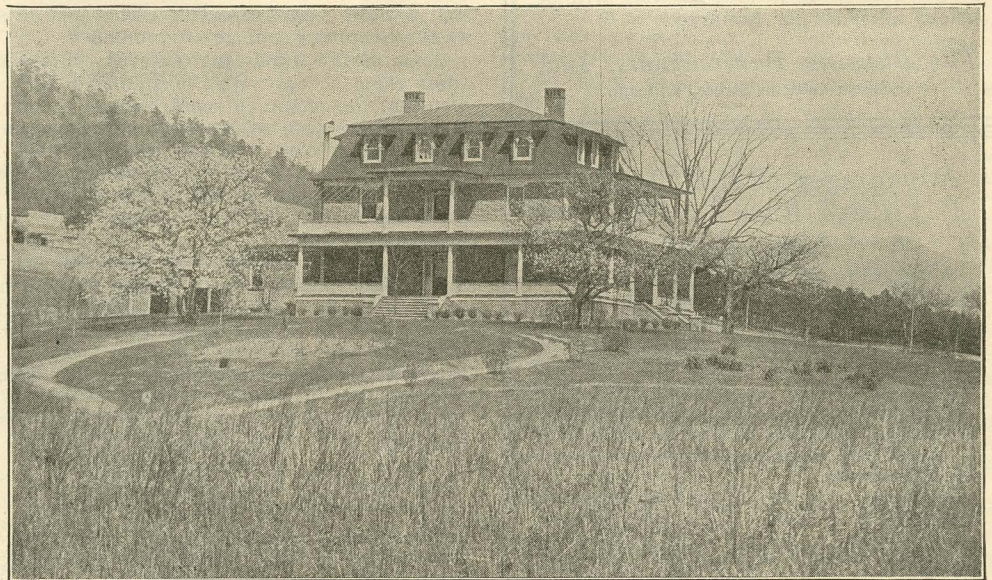
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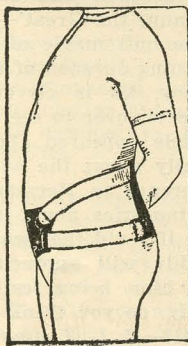
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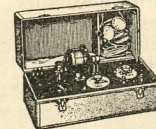
There is nothing better for the treatment of Sacro-Iliac-Luxation, Strain, Sprain of the Sacrum than the El-Ar Sacro-Iliac belt and Abdominal Supporter. Patent applied for.

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

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SUMMER SALE!

Your Last Chance to Buy at Old Prices

Our stocks of Standard Literature are running very low. They can not be replenished at old rates because of high labor costs and paper scarcity. On basis of present production costs these magazines are "way under-priced," but we give you this chance to buy at old rates. If you do not take the opportunity, do not blame us if, later on, you have to pay more money, or perhaps can not get what you desire at any price.

THIS IS ALL WE HAVE!

No. 8—2,000 copies "Osteopathy in Inflammatory Diseases."

No. 16—6,500 copies "Osteopathy Potent Where Serums and Vaccines Fail."

No. 18—1,000 copies "A. T. Still as a Medical Thinker."

No. 34—2,000 copies "How a Case of Sleeping Sickness Found a Cure."

No. 36—6,000 copies "Most Diseases Are of Spinal Origin."

No. 37—8,000 copies "Osteopathy as a Science" and Short Case Stories.

No. 38—3,500 copies "The Why of Nervous Diseases."

No. 41—2,000 copies "How 'Bad' Mechanism in Our Joints Makes Sickness."

Prices:

\$4.00 per hundred in lots of less than 500 copies
\$3.75 per hundred in lots of 500 or 1,000

This sale is for 15 days only. Any stocks remaining after that time will be priced at \$5.00 per hundred.

The Bunting Publications, Inc.
9 South Clinton Street, Chicago

Advantages of the "Mailing List" Plan for OH Customers

By sending us your list of names and letting us do your mailings of "Osteopathic Health" direct from Chicago you secure many important advantages. You are relieved of the bother and save the time of attending to distributions. You get a regular sure-fire service of monthly mailings. You save money on addressing of envelopes, affixing stamps and inserting magazines.

Relieving yourself of looking after addressing, etc., means more time for productive practice work. Conserving practice time is highly important. It is the time in which you make your income.

Regular monthly mailings to a selected list of persons produce best educational results and largest winning of new patients.

Special facilities and large volume enables us to do addressing, inserting and stamp-affixing at rock-bottom cost. We do it at much less expense than you can do it and we give you the benefit.

We recommend the "mail list" plan. It is economical and efficient. The addressing is done neatly and accurately. Our "cross check" system automatically prevents skipping of names and guarantees full delivery of magazines to postoffice each month, without fail.

You should be interested in the "mail list" plan. It is provided to advance your business welfare. We will explain in detail on request. Write us about it!

The Bunting Publications, Inc.,
9 So. Clinton Street, Chicago.

New Legislative Plans Outlined

In order to quiet the apprehension that seems to have arisen in the minds of some of our practitioners that the newly appointed legislative chairman might attempt to introduce radical reforms in states, allow me to say there need be no fears on that score for all legislative changes in any state will remain entirely under the control of the local people in each state. The AOA program does not contemplate disruption of our forces but co-operation on the part of the AOA with local legislative needs. Any changes contemplated must be initiated by the members of the state desiring changes and not by the National Chairman; but it will be the duty of the National Chairman to offer to assist any state organization desiring assistance.

Our attorney has been requested to draw up a model bill for use in each state and this bill will contain the AOA program as adopted in Chicago.

The National Chairman will prepare plans of organization suitable for each state campaign, if requested so to do, and this plan can be secured by any state desiring the same. He will come to any state and explain this campaign, and will help to set the plan into operation, and do any other thing within his powers, but you must give advance notice so he can arrange his plans accordingly.

All those interested in the legislative and educational plan adopted by the House of Delegates will find this information in the report of the committee on Professional Policy and the report of the Educational Committee, which will come to your respective offices just as soon as the Secretary can get it published.

Some of the important features contained in these reports deal with the standard AOA curriculum, the entrance requirements to our colleges, and length of training both for the degree of physician and for the degree of surgeon, universal reciprocity in all states, the independent examining board where it can possibly be secured, etc., and many other minor details.

Will you get behind this movement? Can the national legislative chairman depend upon your individual support? I feel certain that he can. We owe this to our profession, to the people of our land, to the Deity, and to ourselves to develop our profession to its utmost. Nothing less than this will suffice—*C. B. Atzen, D.O., Chairman, Bureau of Legislature, Omaha National Bank Bldg., Omaha, Nebr.*

Ruddy, Stand Revealed!

Dr. Thomas Jefferson Ruddy, after attending the South Dakota convention July 9-10, at Mitchell, had to lay over in Aberdeen until Sunday evening. He and I were in a cafe, he eating desert while I went to the telephone. A young man sitting next to us whom I had noticed watching Dr. Ruddy very closely came up to me and said, "Say, isn't that gentleman back there the magician that is on at the Orpheum this week?" I laughed and said, "Yes, he used to be 'Hermann, the Great'—do you remember him'—but he quit magic many years ago to become a lightning surgeon of the osteopathic stamp—and, boy, he is clever!" This young man sent a reporter over to see us. Next day a very nice article appeared about the convention and especially about the work of Dr. Ruddy, but no reference to Hermann. After that I had several inquiries about the tonsil operation, asking me if I did that work. Those who know Dr. Ruddy will appreciate this. I have heard of him being called Mephisto before. But, really, do you think he actually looks like the devil?—*C. L. Timmons, D.O., Aberdeen, South Dakota.*

Confound the Chiro!

It is easy to do it by circulating literature of an authoritative sort which explains the lesion theory of osteopathy and illustrates it with good pictures. When that is successfully done it leaves nothing for the chiro to say in explanation of his system but to prove that what he offers is elementary osteopathy. This is the indirect method of assassinating a lie. The September issue of *Osteopathic Health* has been prepared with this in view. It has five new full-page illustrations of rib and spinal lesions. Where is there anything "new" or "different" left for chiro-quac-tic after osteopathy once gets squarely on record in this manner? Use the weapon fashioned for you to promulgate and defend your beloved science, or forever hold your peace and let the chiro-quac-tic steal your birthright.

Denver Polyclinic Closes Registrations for Efficiency Course

The registrations for the "Osteopathic Efficiency Course" given by the Denver Polyclinic and Post Graduate College were closed two weeks before time for the course because there were more osteopathic physicians desiring admittance than could be accommodated. Enrollments are being made already for the next course which will be given in the month of February and the indications are that that class will be filled far in advance. This college is proving to be of great value to osteopathic physicians. The work given is planned with a view to aiding the general practitioner in all lines of every day practice. It takes him out of the ruts, helps him to conserve his health and strength and gives him new visions. Get in early on the February Course.

Impressions

I have been in practice seventeen years and this year for the first time took a post graduate course and I here set down my impressions. I am amazed at the amount of study, observation and skill in applying radical and new methods every specialist exhibited. It is impossible for a general practitioner to secure this knowledge by individual study and practice because the work is too vast. The information obtained either supported ones own methods or good reasons were given why a contrary course should be pursued and many original procedures were demonstrated. In osteopathic diagnosis and technique the result was remarkable. No one can see the demonstrations and applications and test out the work given without coming to the conviction that it is utterly impossible for any one practitioner to have absorbed all that is to be known as to the best method. It is therefore very important that one attends post graduate courses and conventions. It is not book knowledge that will help us. It is the actual practice demonstrated and tested out by ourselves. Only in this way can we develop the growing science of osteopathy.—*Dr. Morris Lychenheim, Chicago, Illinois.*

South Dakota Osteopathic Meeting

The South Dakota Osteopathic Association met at the offices of Dr. Edith M. Shank, in Mitchell, July 9th and 10th. The Ruddy-Whitehouse Publicity Campaign Methods had been used as a means of getting osteopaths together. The best crowd and the most enthusiasm that has ever been shown was the result. Dr. T. J. Ruddy, of Los Angeles, lectured and held clinics, enthusing everybody with his usual amount of efficient pep. Local osteopaths assisted in the general program. Plans were formulated for a bigger and more worth-while meeting at Sioux Falls next year. Officers were elected: President, Dr. C. Reichard Graham, Lake Preston; vice-president, Dr. J. H. Cheney, Sioux Falls, and secretary-treasurer, Dr. E. M. Shank, Mitchell.—*Edith M. Shank, D.O., Secretary.*

Buy a Bunting Building 7 Per Cent Real Estate Gold Bond today!

PUBLISHER'S DEPARTMENT

Ever See a Real Picture of a Lesion?

"Wonderful!" will be your comment on the September message of *Osteopathic Health*—that is, if you believe in lesions and practice lesion adjustment in the good old A. T. Still way. If you don't, then you may not want to circulate this magazine in your field—but have a look at it, anyway, to make up your mind. No explanations necessary.

If you practice this kind of osteopathy, we assume you will order it. If you don't, why, naturally, you won't order it. Why should a doctor preach what he doesn't believe and practice? And by the same token, why shouldn't he preach what he *does* believe and practice?

Just as we hold it logical that a non-lesion osteopath—if there is such a thing—should not like to use this article and its up-to-the-minute picture proofs of osteopathy; so, we hold that a true-blue can not help using it, unless he be asleep at the switch and doesn't count for the osteopathic evangelization of the multitude.

This presentation of osteopathy is brand new. Has it ever been done so well before? You make answer. We will say the pictures, at least, are the best ever made to illustrate osteopathic diagnosis and adjustive therapy. We can say that in all modesty, for it is praising Dr. F. P. Millard and Dr. Virgil Halladay who made them. We will leave praise of the text to you.

But let us call your attention to the fact that the Halladay drawings which explain the picture of osteopathic lesions fully could not have been produced until the past year, for the research in anatomy which gave them to the profession had never before been done! In fact, these foramina sections by Professor Halladay have not yet appeared in any other osteopathic periodical, and in part only appear in the author's new book just out.

So, here is the last word of scientific research in proof of osteopathy—presented *as usual* in the pages of *Osteopathic Health*, before it appears in any other professional journal. You will recall that all the original Lane series (now published in book form) first appeared in *OH*. You see, we keep up the good work of being always in the lead.

Use this September installment of *OH* with its five full pages of matchless lesion pictures and it will do the work you so much want done for osteopathy among your people.

Edition limited because of the paper famine. Get yours before too late.

Sign a 12-month contract and get your regular supply of this invaluable periodic propaganda. That enables us to print it up for you on your standing order and you need never be disappointed about getting your supply.

—Faithfully, H. S. B.

Good News—"Osteopathy for the Ills of Childhood" Still on Sale

There was a press "over-run" on the August issue of *OH*—"Osteopathy for the Ills of Childhood"—consequently there is yet a chance for you to obtain a supply. As it is, only 3,000 copies remain available at this writing—so, if you are really anxious to let the mothers and fathers know how osteopathy helps to make sturdy children, don't "hesitate" and lose your chance. The slight "overage" we are now announcing will be gobbled up quickly, have no misunderstanding about that! There will be many asking for this issue after it is all gone,

but you can assure yourself of your supply, if you act promptly.

The July issue—"A Simple Explanation of the Science of Osteopathy" is "sold out" and we are regretfully returning remittances on orders arriving too late! It hurts us, too. We are sorry to disappoint any customer, but in these days of paper famine and ungodly printing costs we are compelled to figure the sizes of editions like misers and limit them to approximately immediate sales.

Bear this condition in mind, too, for this new September issue—"The Philosophy of Osteopathy," with five pages of lesion talk and lesion illustrations. It is a superlative message for popular enlightenment, and it will be in great demand and "go" like a gun!

* * * *

SAVING THE PRACTITIONER'S HOURS

If the doctor who mails out his own field literature only realized what advantage and profit there are in having it done for him on a regular schedule, he would never think of bothering with it himself again—not, at least, if he is busy.

We would like all who read this statement to get the point of the view of the satisfied practitioner who has tested the plan and would not go back to the old basis under any circumstances. Here is what our practitioners say. They advise you to accept the mailing service. Does it interest you?

* * * *

I cannot think of one objection to your "mail list" method of sending out "Osteopathic Health." In fact, it is the only way to do it successfully. Even tho one has a secretary (the fact he has one shows he is busy) no time can be found by the average practitioner to mail the magazines regularly and if they are not sent out regularly, their value has depreciated to almost nil.—W. E. Waldo, D.O., Seattle, Washington.

* * * *

I have used "Osteopathic Health" service for several years. At first I tried to mail out the magazines for myself; but with a busy man that does not work. Then I took the "mailing list" plan—having you attend to the details—and found the results entirely satisfactory. Many people—and of the best here—speak of the magazines very favorably. Of late I have had 400 on my list and they all receive their magazines REGULARLY. As a matter of fact I would increase my list to 500 names right now but for the reason that I have to pay 15% exchange on the bills and 15 cents on each pound that the Customs Officers gather out of the mails. When customs charges and "exchange" get back to normal, I shall likely increase my distributions heavily.—John M. Ogle, D.O., Moncton, New Brunswick.

* * * *

I have found your method of mailing "Osteopathic Health" from your office to list of names furnished a tremendous help and there is no question but what it does increase interest in osteopathy.—H. W. Burnard, D.O., New York City.

* * * *

As to an expression of opinion on the "mailing list" method of using "Osteopathic Health" in educating my community, I can say that after eight years of its use, I am still very much pleased with the results. As you know, I keep with you a mailing list—changed from time to time—of former patients who are glad

to have the information the magazines contain osteopathically, and who pass them on to friends. I can trace many patients to this source. I also keep a few copies on my reception room table for distribution to new patients or prospective ones—those who wish to know more of our system and what it will do. I think "Osteopathic Health" is the "regular, consistent, reminder and educator" that does the work and thru the "mailing list" plan the physician himself is relieved of all details. I can heartily recommend these little educators to the new men in the field as well as to those others who desire to put new "pep" into their practice.—A. B. Caine, D.O., Marion Ind.

* * * *

You ask me what I think of your "mail list" plan of sending out *OH*. Well, I have tried it now for over a year and I realize now what a fool I have been for not making use of the plan sooner. As you know, I have always used *OH*, but it has always been in a spasmodic way. I tried having them sent out from my office but it was a failure. My advice to any one contemplating using *OH* is to pay you monthly and let you do all the work. "That's the only plan that pays"—Irving Whalley, D.O., Philadelphia, Pa.

* * * *

"Osteopathic Health" service—"mailing list plan"—has been my method of advertising for the past two years and I have circulated monthly 100 copies or more. My present list has about 200 names. I send a copy of "OH" into the home of every patient I have treated and to the homes of friends and neighbors of good patients. I have experienced wonderful success with this plan of educational publicity. I find that patients look forward to receiving the little magazine each month with great interest. In the May issue of "OH" there was a case report of one of my good patients. When I sent the case report in I purposely used a different initial from the lady's real name. She read it; her neighbors and friends read it; each one either telephoned me or met me on the street, and said: "That little book you publish every month had a good article which correspond to Mrs. 'D's' case; you must have made a mistake in the initial." (It seems that because my name appears on the back cover they think I publish the magazine.) Frequently some one will meet me and say: "Why, I didn't know you osteopaths could treat such and such a disease. That little book told about some particular disease and my neighbor read it and is coming up to see you." And the "neighbors" always come, too! "Osteopathic Health" has been the means of increasing my practice from \$2,500 to \$5,000 per year.

—H. R. Juvenal, Oph.D., D.O., Maryville, Mo.

* * * *

For a number of years I used "Osteopathic Health" by mailing them out myself but for a year or more I have been saving myself a lot of trouble and getting better service by having you mail the magazines from Chicago.

Under my old plan many times I would not get the magazines into the mail for two and sometimes three weeks after they arrived. Even now I have an accumulation of some issues that came a year or so ago that I didn't get mailed out at all. I am using them now in instances where I wish to send a few pieces of literature for some special purpose. They come in handy but am sure they would have done more good had they been mailed out when first received.

Having the magazines mailed monthly from your office saves time and energy and insures prompt service—a most important factor.

There is just one thing that would induce me to go back to the old method, and that would be for you to say that you would not do the work. Please do not send such a distressing message.—W. C. Dawes, D.O., Bozeman, Mont., June 2nd, 1920.

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Eye, Ear, Nose and Throat

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Official Gynecology—Diseases of Sigmoid,
Rectum and Anus

Dr. W. Frank Powers
Acute and Chronic Diseases

REFERRED CASES CONSULTATION

Detailed diagnostic report and complete instructions as to advisable treatment returned by mail to physicians.

Professor Halladay's Lesion Proofs

Are shown by picture in the September issue of "Osteopathic Health." Never before shown in field literature. They explain as well as demonstrate the truth of what you practice. Get a supply of this edition before it is too late.

Alas! that such invaluable literature so soon must be out of print! You won't be able to buy any of this number by October 1st, and we know it. There's a paper famine, you know, and we cannot print as many as we might easily and promptly sell.

So, your only safety nowadays is to use "OH" on regular contract, and then be sure of getting your quota. We always protect our contractors on orders and many single or occasional order customers unfortunately have to go unsatisfied. Of course, it nearly breaks our heart, but we are powerless. Let us protect your need for all these excellent editions of *Osteopathic Health* by putting your order on the 12-month basis.

Advertising a Duty

In an address June 8th before the Annual Convention of the Associated Advertising Clubs of the World, Mr. Edward N. Hurlley said;

"A man has not done his full duty when he produces a machine to eliminate human drudgery and cheapen production. He owes an obligation to society, as well as to himself, to use the educational influence of advertising to put its dynamic forces to work in the interest of the general welfare."

This statement applies with great force to osteopathic therapeutics and to the men and women who practice it as a profession. A person who has thoroughly familiarized himself with the science and art of osteopathy and practices it as a profession is not doing his full duty to society unless he uses every effort to make the public of his community at least understand the nature and potency of osteopathy for saving life and promoting health.

New Officers, Washington Association

The new officers elected at the annual meeting of the Washington Osteopathic Association in Tacoma, July 9th and 10th, are: Dr. Aura B. Ford, president, Seattle; Dr. F. L. Montgomery, 1st vice-president, Puyallup; Dr. C. A. Hughes, 2nd vice-president, Sunnyside; Dr. C. E. Utterback, treasurer, Tacoma; Dr. C. E. Abegglen, secretary, Colfax; Dr. H. F. Morse, Wenatchee; and Dr. F. K. Walsh, Hoquiam; Board of Trustees: Dr. M. E. Caster, Spokane; Dr. E. A. Archer, Pullman, and Dr. Roberta Winner-Ford, Seattle, delegates for 1921 A.O.A. convention

The O P a Help in Dailey Practise

We enjoy The *OP* very much and do not want to miss one issue.—*Nowlin & Curry, Farmer City, Illinois.*

I have just glanced over the April issue of The *Osteopathic Physician* and it is certainly a good one. I do not know what I would do if The *OP* stopped coming. I look forward to its arrival every month. It is brimfull of good old osteopathy and news as well as good dope which we all as purebred osteopaths need in our every-day practice.—*S. B. Kiblinger, D. O., Joplin, Mo., April 23rd.*

"Chiro Klepto" Does the Business

"Chiropractic Kleptomani" is good stuff. Just the sort of information many people need—those who are continually confusing chiro with osteopathy.—*Dr. Paul R. Kohlmeyer, Weeping Water, Nebr.*

I want some more Chiropractic Kleptomani folders. I find they do the business.—*Dr. F. F. Woodruff, Denver, Colorado.*

True Enough, But Their Own Fault!

I have been hitting it up pretty strong in my campaigning with "Osteopathic Health" in Harvey and Chicago Heights during the last few months. I feel sure it has paid me all right and I have recommended it to two of my friends in the profession that they go after practice development in the same strong way in their own towns. I have not heard as yet whether they have followed my advice but I hope they will. I wish you the best of success in your work. *I am sure that osteopaths miss a mighty good thing when they neglect to use "Osteopathic Health."*—*C. E. Stewart, D.O., Harvey, Ill.*

Admires "Osteopathic Health" Cover Design

Osteopathic Health is certainly very nicely gotten up. Several of my patients have mentioned the beauty of the designs on the cover as the first attraction. Once the eye is attracted to the cover designs, the chances that the contents will be read are greatly increased.—*E. M. Pincock, D.O., St. Catharines, Ontario, Canada.*

"Osteopathic Health" is fine. As a matter of fact I think there is no popular literature issued for the profession that gets the results as does "Osteopathic Health."—*Dr. Orville R. Milstein, St. Paul, Minn.*

I am mighty glad that you are getting back on your old-time schedule and to see "Osteopathic Health" arriving in time to be sent out on the first of each month. I can trace most definite results to the use of "Osteopathic Health" and besides it saves me a great deal of valuable time in explaining osteopathy to prospective patients.—*Dr. D. C. Crocker, Centralia, Wash.*

"Osteopathic Health" continues to take first place as osteopathy's message to the laity.—*R. K. Eldridge, D.O., Philadelphia, Pa., July 10th.*

The June issue of "Osteopathic Health" is a very good number—in fact, all the issues are good and I am more than satisfied that I have chosen "Osteopathic Health" for my publicity educational work.—*Olive B. Williams, D.O., Worcester, Mass.*

The July issue of "Osteopathic Health" is especially fine. Accept my congratulations.—*John W. Riley, D.O., Norwich, N. Y.*

Our last letter may have been vague but please do not misunderstand us. We wish you to continue sending out regularly each month 525 copies of "Osteopathic Health" to our mailing list, or larger quantity if we send you new names. We will let you know all right if we ever wish to discontinue. At present we are getting fine results through our campaigning with "Osteopathic Health."—*Drs. Wirth and Wirth, Ainsworth, Nebraska.*

The March number of *Osteopathic Health* dealing with osteopathy and influenza is one of the best I have seen but the various issues of *Osteopathic Health* are splendid anyhow.—*T. D. Bowman, D.O., Yankton, South Dakota.*

The January issue of *Osteopathic Health* was very good. I realize that it must be difficult to suit everybody in this field every month, but one thing is sure; I never had to apologize for anything that appears in *Osteopathic Health*. So here's to you! All issues of *Osteopathic Health* are good and some are better.—*W. C. Dawes, D.O., Bozeman, Montana.*

I want an extra supply of the July *Osteopathic Health*, entitled "A Simple Explanation of The Science of Osteopathy." It is one of the best ever and the illustrations are so good that people not only may understand but really must understand.—*Nelle Lowe Parker, D.O., Carlinville, Ill.*

I want 100 additional copies June issue "Osteopathic Health." I think it is one of the best in its particular way that I have ever seen.—*Samuel L. Grossman, D.O., Williamsport, Pa.*

The Osteopath

By Mrs. Homer E. Sowers, Sharon, Pa.

O, who are these who tread the earth,
With such dignity and worth,
Who come to us with science new
To cure our ills and health renew?
Who can always give us hope,
And with all our ailments cope,
Without powders, pills or dope?
The Osteopath.

Who pummels us 'till we are sore,
And pulls our leg, then pounds some more?
Who pokes our ribs and twists our backs,
'Till every single back-bone cracks?
Who listens to our tale of woe,
Then relieves us of our dough?
The Osteopath.

When your fever's running high,
And you think you're sure to die,
When your head aches fit to burst
And you're ready for the worst,
Who is it comes with skillful touch
To draw you back from death's cold clutch?
The Osteopath.

So here's to this most noble band,
Of the finest in our land,
May the worthy tribe increase,
And their usefulness ne'er cease.
I give you the Osteopath.

Line Up

It ain't the guns, nor armament,
Nor funds that they can pay,
But the close co-operation
That makes them win the day.

It ain't the individuals
Nor the army as a whole,
But the everlastin' team work
Of every bloomin' soul.
—*Rudyard Kipling.*

Dare to be as radical as science and as conservative as the multiplication table.
—*Governor Coolidge of Massachusetts.*

IN DO. LAND

Next AOA Meets at Cleveland

The 1921 AOA convention will be held at Hotel Statler, Cleveland, Ohio, the week of July 24th.

Chicago Convention a "Hummer"

The Chicago convention of the AOA was certainly a "hummer." The men behind the scenes deserve the thanks and a standing vote thereof from the whole profession.—*H. J. Pocock, D.O., Toronto, Ontario, Can.*

Birmingham Chiro Fined

Four chiros were fined \$100 each in the Birmingham (Alabama) recorder's court July 31st when Judge Martin held that chiros are physicians under the present statutes of Alabama. Names: James A. Edwards, W. K. Dean, Ada Brewster and Stephen Brewster.

Proud for Edwin M.

Mr. Bradley Downing, who graduated with the Bachelor of Science degree from Princeton University in June, the son of Dr. and Mrs. E. M. Downing, of York, Pa., will enter a college of osteopathy this fall to prepare himself to take up his father's profession.

Applications for Internships Chicago Osteopathic Hospital

All who wish to apply for the September internship in the Chicago Osteopathic Hospital should have their applications in the hands of the Hospital Committee before August 20th. Address Dr. O. C. Foreman, Chairman, Chicago Osteopathic Hospital, No. 5250 Ellis Ave., Chicago, Ill.

Was He One of a Company?

Dr. H. J. Pocock, of Toronto, Canada, sent us a clipping from "Punch" of London, England, with a terse comment "What's in a Name":

A Sympathetic Auditor

Dr. R. C. Ghostley, of Edmonton, was in the city last week and attended Sir Oliver Lodge's lecture.—*From Canadian Paper; Punch, London, England, June 2, 1920.*

Chicago Hospital Increases Student Nurses Allowances

The Nurses Training School of the Chicago Osteopathic Hospital have increased the allowances for student nurses to \$20.00 per month for the first year, and \$25.00 a month for the second year. Kindly have your applicants address Superintendent of Hospital, Anna Jones, Chicago Osteopathic Hospital, No. 5250 Ellis Ave., Chicago, Ill.

Seven Licensed for Osteopathy in Ohio

The following applicants were successful in the June examinations for licensure to practice osteopathy in Ohio: Harry L. Crossen, Robert E. Davis, Gerald M. Peterson, John W. Keckler, Lucy Gilbert, Leonard R. Hensch, Roy J. McDowell. Also a license was issued to Benjamin H. T. Becker for practice of surgery only. *Percy Evan Roscoe, D.O., Cleveland, Ohio.*

Ponto's 1920 Cruise

Commodore Chas. H. Whitcomb, of the good ship "Ponto" left Rouse's Point, N. Y., August 1st for a ten days cruise with osteopathic cargo. Route: To Thousand Islands and Lake Ontario via Richelieu River, St. Lawrence River, etc. Stowaways: Hazzard, Green, "Red" Williams, MacDonald (Boston), Wallace (Brooklyn, N. Y.), A. B. Clark, H. A. Thornbury, W. W. Cook, et al.

Dr. C. C. Reid, of Denver, Heads I. A. of L. C.

Dr. Charles C. Reid, of Denver, Colo., was elected president of the International Association of Lions Clubs at the association's annual convention in Denver recently. Dr. Reid has been very active in the Lions Club and is one of the founders of the Denver organization, the oldest Lions Club in America. Dr. Reid has practiced in Denver for the past eighteen years, specializing in eye, ear, nose and throat.

Dr. Roy M. Wolf Sells to Dr. Meek Wolfe

Dr. Roy M. Wolf has sold his interest in the practice at Big Timber, Mont., to Dr. J. Meek Wolfe, who it will be remembered became a partner last December. Dr. Roy M. Wolf will go to Kansas City, Mo., where he will spend the year attending college and clinics and then he expects to do post-graduate work at Chicago and Kirksville. He will pay special attention to obstetrics and to studying refraction and surgery of eye, also ear, nose and throat work.

Los Angeles School's Good Outlook

Everybody here is hard at work and all are optimistic about the outcome in the school. We have splendid prospects for a good sized class in the Fall and there is harmony of action in reference to several reforms in connection with management of the school which are going to make for its betterment. The staff is almost completely and will be a creditable one we believe. *Walter V. Goodfellow, D.O., Los Angeles, Aug. 6th.*

Chiro Loses Court Fight in Georgia

Judge W. E. Thomas, of Georgia, on July 27th, upheld the constitutionality of the Georgia medical practice act sustaining the contentions of the county board of health of Moultrie, Ga., that Dr. Clay L. Dean, chiro, should be restrained from practicing because chiropractic is not recognized or licensed by the laws of Georgia. Attorneys for Dean intimated that a bill of exceptions would be filed in which case the Supreme Court of Georgia will later take the case under consideration.

Law to Suppress Excelsior Springs Fakery

M. E. Igenfritz, D.O., has obtained the passage of a law in Excelsior Springs, Mo., which forbids fake practitioners of osteopathy, medicine or surgery to practice without a state license from the board regulating such practice which is duly filed in the county. This makes it impossible for bathhouse masseurs to "give osteopathy" (which they often claim to do), use salves and ointments, etc. The doctor urges osteopaths whose patients are coming there to report to one of the six osteopaths in practice so as not to pass out of the osteopathic influence.

Dr. L. Allabach, Mother of Four Osteopaths, Dead

Dr. L. Allabach, of Brooklyn, N. Y., died July 21st at her home, of arteriosclerosis, after a month's illness. She was 70 years of age. Osteopathy saved her life 25 years ago and thru this she became one of the pioneer osteopathic practitioners, graduating from A.S. in June, 1900. She practiced for a short time in St. Charles and St. Louis, Mo., before locating, 18 years ago in Brooklyn. She was twice married. Her first husband, Theodore Berger, died 45 years ago; her second husband, Dr. Lazarus D. Allabach, survives her. She has the mother of a daughter and three sons, all of whom are practicing osteopaths, namely: Dr. Frederica Allabach, and Dr. Lazarus B. Allabach, of Brooklyn; Dr. Charles P. Berger, of Wilkesbarre, Pa., and Dr. Theodore P. Berger, of New York City.

Dr. Frank Hunter Smith in San Diego

Dr. Frank Hunter Smith, formerly of Indianapolis, Ind., has located at San Diego, Calif., with offices at the First National Bank Building. Dr. Smith writes that he decided to locate in "the land of sunshine" primarily for the reason of getting a good rest but also with the view of building a practice while doing so. He says that the osteopaths of San Diego welcomed him most cordially into their midst. Dr. Smith always gave a first-class account of himself in his practice in Indiana and he was held in highest esteem by the osteopaths of Chicago whom he visited quite often, attending meetings of the Chicago society and on many occasions making addresses and demonstrations. We wish for him the enjoyment of the rest which he has been needing for some years back and also eventually a lucrative practice from the people of the sunny city of San Diego.

An Appreciation

In response to the check sent the one upon whom the sick girl is dependent has come the following letter; it shows the fullness of appreciation and gratitude with which the help was received. The aggregate amount was three hundred dollars. The friend writes: "It has come—the splendid check! It has lifted me up to the still spaces where words never enter, and where one is alone with God. It is all very wonderful what has been done; I cannot find words to thank you, it is all too big, almost miraculous. I wish I could pour out my thanksgiving to all who have helped, especially to those who have given their "Mites." It means so much, I am sorry my sick girl may not hear about it now. Some day she must and will know; if not in this world, in the Beyond. With deepest gratitude—" Personally, I wish to thank each one who has so spontaneously and freely answered the Call in behalf of Another's need.—*Edith Stobo Cave.*

Dr. W. S. Mills Appointed for Third Term on Michigan Board

Dr. W. S. Mills, of Ann Arbor, Mich., has again been re-appointed for service on the Michigan State Board of Osteopathic Registration and Examination. He was originally appointed by Governor Bliss in 1903 as a member of Michigan's first osteopathic state board. That appointment was for a two year term and Dr. Mills was president of the board for one year of that term. He was re-appointed to the board by Governor Ferris in 1915 for a five year term and under that appointment he is now serving his third consecutive year as president of the board. On June 11th he was again re-appointed to the board this time by Governor Sleeper for a term of five years beginning May 30th, 1920, and ending April 30th, 1925. It really begins to look as if they like the way Dr. Mills handles state board affairs in Michigan and that they think he is a good man for the job!

Drs. Melenbacker and Chubb Take Over Atlantic Sanitarium

Dr. Charles D. Finley and wife, Dr. Josephine Cook Finley, operating the Finley Sanitarium at Atlantic, Iowa, sold their practice the latter part of March to Dr. W. B. Melenbacker and Dr. Chubb, and the new owners took possession April 1st. The Drs. Finley have removed to Los Angeles, Calif., where they intend to open a sanitarium. They have no further interest in the institution at Atlantic, which is now called the Atlantic Osteopathic Sanitarium. There are five beds and they are filled all the time. Dr. Lena Wood, formerly associated with Drs. Finley, remains with the institution. She is in charge of the sanitarium, carrying out the instructions of Drs. Melenbacker and Chubb. She does not treat patients osteopathically, as one of her arms has become incapacitated.

In addition to their sanitarium work, Drs. Melenbacker and Chubb are engaged in general practice. Dr. Chubb specializes in x-ray and laboratory work and Dr. Melenbacker in rectal and colon diseases.

Dr. Arthur Campbell Wins Controversy with State Board

Dr. Arthur Campbell, of Tulsa, Okla., who practices as a specialist in eye, ear, nose and throat work, was recently served with a notice by the Oklahoma State Board of Examination and Registration to appear before that body and show reason why his license should not be taken from him. The cause for this action was the publication in a local newspaper of a small advertisement by Dr. Campbell reading "Tonsils normalized or removed by bloodless, painless, and proven successful methods." Dr. Campbell appeared before the board on the 13th of July and the whole matter was fought out before the entire board consisting of six M.D.'s and one osteopath. The president of the board reprimanded Dr. Campbell for doing any advertising at all and especially advertising of the class described but the entire board was unanimous that the evidence in the case proved that Dr. Campbell had done exactly what his advertisement stated he would do and the result of it all was that Dr. Campbell's license was returned to him and he was told that the board had no fault to find with his surgery. In fact, they admitted that they considered it high class. At the recent Chicago convention of the American Osteopathic Association, Dr. Campbell demonstrated his technique and it aroused a great deal of interest and discussion.



Dr. W. H. Dickson, formerly of Kansas City, Mo., is now associated in practice with Dr. Will H. Bruce, at Nacogdoches, Texas.

Dr. Walter E. Elfrink and Dr. Blanche Mayes Elfrink, of Chicago, are enjoying a trip through the Canadian Rockies and California this summer.

Dr. Russell M. Perry, of Bedford, Ind., has been elected secretary of the Kiwanis Club recently organized at Bedford. He reports that it is "sure some job."

Dr. Paul R. Kohlmeyer, formerly of Weeping Water, Nebr., is now located at Lincoln, Nebr., where he is associated in practice with Dr. Paul Sinclair.

Dr. Glenn S. Moore, of Chicago, has announced that he has opened an office, Suite 901-902 Goddard Building, 27 E. Monroe St., for the exclusive practice of diseases of the eye, ear, nose and throat.

Dr. James L. Hollaway, of Dallas, Texas, is spending a vacation during July and August at Macatowa, Mich.

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

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. C. C. Reid
Eye, Ear, Nose and Throat

Dr. C. L. Draper
Dr. J. E. Ramsey
Adjoining Suites with tiled and specially equip "surgery" in common.
501-10 Interstate Trust Bldg., Denver.

Dr. Benoni A. Bullock
Consultation and Surgery
Specialist in Orificial Surgery
623 Stevens Bldg., Detroit, Mich.

Dr. W. F. Rossman
Surgery: Eye, Ear, Nose and Throat
Referred cases solicited
Grove City, Pa.

Dr. S. P. Ross
Surgeon
Office, 1000 Land Title Building
Residence, Hotel Adelpia, Philadelphia, Pa.

Dr. Jerome M. Watters
Osteopathic Physician
Ear, Nose, Throat and Eye
2 Lombardy St., Newark, N. J.

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

Dr. Leland S. Larimore,
Eye, Ear, Nose, and Throat.
President of A.O.S. of Ophthalmology and Oto-Laryngology.
Chief of Eye, Ear, Nose, Throat, and X-Ray Departments, S.W.
Osteopathic Sanitarium.
Blackwell, - - - Oklahoma

He states that he is having the rest of his life—eating, reading, sleeping, swimming, fishing and all other “ings” that have a pleasurable tinge to them.

Dr. S. Leroy Leonard, of Redwood Falls, Mont., took his wife to the Des Moines General Hospital about the middle of June where, on June 18th, Dr. S. L. Taylor performed an operation for kidney stones, two large stones being removed from the left kidney.

Dr. Percy Evan Roscoe, of Cleveland, Ohio, is in Denver, Colo., for the month of August taking the special course of the Denver Polyclinic and Postgraduate College under the direction of Dr. C. C. Reid. Dr. Rench, formerly with Dr. Glascock, at Raleigh, N. C., is now associated in practice with Dr. Roscoe, at Cleveland.

Dr. William Eton Allen, of Emmett, Idaho, was married July 15th to Miss Addie Mae Klepper. After a pleasant ceremony and reception at the home of the bride's parents, Dr. and Mrs. Allen left for a tour to visit various points in California with the expectation of returning home sometime the early part of September.

Dr. J. H. Cheney and Dr. F. E. Burkholder are now associated in practice at Sioux Falls, S. D. The doctors were schoolmates and pals for a number of years and were never separated until the advent of the great war, which caused their ways to part for two years; now, however, they are again together and they hope to remain that way throughout the future years.

Dr. Ora L. Buckmaster, who has practiced osteopathy for a number of years at St. Cloud, Fla., has recently discontinued practice there and joined the realty firm of San Johnson Co., at Orlando. His practice has been turned over to his associate of several years, Dr. C. L. Brundage. Dr. Buckmaster has been in practice twenty-three years and tho not in ill health feels that he will be greatly benefited by the outdoor life in his new line of work.

Dr. E. H. Calvert, of Columbus, Ohio, has announced the removal of his offices to 41 So. Grand Ave., where he has his own office building. Dr. Calvert says that he has just about as much practice as he can take care of but he is counting on being able to get hold of a good assistant when it is necessary. A mailing of announcement cards about his change of address brought back to him eight old-time patients, so he is going to follow it up with an educational and propagandic campaign with popular literature.

Dr. and Mrs. W. C. Dawes recently made a trip to Garneil, Mont., where they were called on account of the death of Dr. Dawes' mother. They drove over by motor car and were absent for about a week. Dr. Ethel Meriweather, of Stevensville, had charge of Dr. Dawes' practice while he was away. Mrs. Dawes died at the home of her daughter, Mrs. P. W. Polly, at Emmett, Idaho. Dr. Polly and Dr. W. C. Dawes graduated together at the ASO in 1904. Another son-in-law, Dr. J. L. Mullenbrook, of Spokane, graduated from the ASO in 1914 and another son, Dr. Wellington Dawes, Great Falls, Mont., graduated from ASO in 1906. Two other brothers own and run the home ranch at Garneil, Mont., and another daughter, Mrs. H. J. Betten, lives in Spokane, Wash. Seven children and two brothers survive Mrs. Dawes. She had eight brothers and was a direct descendant of a brother of Davy Crockett of Alamo fame. She would have been 79 years of age had she lived until September 16th.

Dr. Calvin Henry Grainger, now of Hattiesburg, Miss., was married on June 27th to Corrie Haney, of Hattiesburg. The ceremony was celebrated at Gulfport, Miss. After the event Dr. and Mrs. Grainger left for Franklin, Ky., to attend a family reunion at “LaGrange”, the home of Dr. Grainger's mother. On July 8th, a marriage reception to their daughter and to Dr. Grainger was given by Mr. and Mrs. J. Rowan Haney. This was made one of the fashionable events of the season in Hattiesburg and was given prominence and consideration in the Society Events column of the local newspapers.

Dr. George A. Townsend, chief surgeon at the sanitarium and health resort at Chico Hot Springs, Mont., in the Yellowstone district, has installed another piece of modern equipment, a White Line “high pressure” sterilizer. It is a five-piece battery operated by steam, and sterilizes bandages, dressings, surgical instruments, etc., in twenty minutes. This outfit is considered one of the most modern and complete pieces of surgical equipment manufactured today.

LOCATIONS and REMOVALS

- Dr. Robert E. Davis, at Springfield, Ill.
- Dr. J. H. Coady, from Anna, Ill., to Paris, Ill.
- Dr. E. C. Hiatt, from Rexburg, Idaho, to Weiser, Idaho.
- Dr. Gena Crews, from Paris, Mo., to Cape Girardeau, Missouri.
- Dr. Markey Dearing, from Okmulgee, Okla., to Malden, Missouri.
- Dr. W. H. Lefler, from Utica, N. Y., to Cassville, New York.
- Dr. W. C. Armstrong, from Crafton, Pa., to Bellevue, Pennsylvania.
- Dr. Josephine E. Neame, from Atlantic City, N. J., to Geneva, Calif.
- Dr. N. H. Cathcart, from Grand Rapids, Mich., to Three Rivers, Mich.
- Dr. Florence Mount, from Brown Bldg., to 305 Leflang Bldg., Omaha, Nebr.
- Dr. M. C. Embrey, from Bellwood, Pa., to 313 Virginia Ave., Pittsburgh, Pa.
- Dr. O. E. Johnson, from Bucklin, Mo., to 525 So. Ashland Blvd., Chicago, Ill.
- Dr. B. R. Leer, from Niles, Mich., to 1219 Lincoln Way East, South Bend, Ind.

Osteopathic Health for SEPTEMBER

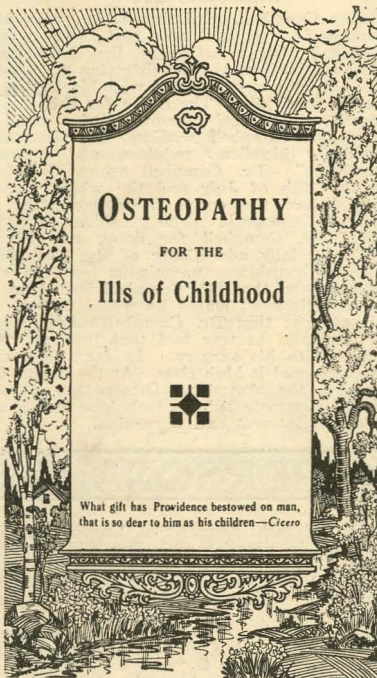


The Philosophy of Osteopathy
 What is Wrong with Your Back
 How Spinal Nerves and Bloodvessels
 Get Compressed
 Five Full Page Illustrations of Lesions
 Educational Standards of Osteopathy



This issue carries articles and illustrations of absorbing interest. The osteopathic idea is made luminous. References to the recent research work in spinal anatomy by Dr. Halladay, and the significance thereof, makes the discussion of “up-to-the-minute” freshness and authority. You will want a hundred or so we know. Make haste with your order. Many requisitions already booked.

Osteopathic Health for AUGUST



The value of Osteopathy for children is all too little appreciated. This issue tells facts in the matter which every parent should know. You can win esteem for osteopathy and help little sufferers by circulating widely this important message of information.

Dr. A. E. Cole, from 307 Mitchell Bldg., to 815-817 Fairbanks Bldg., Springfield, O.
 Dr. S. B. Miller, of Cedar Rapids, Iowa, to new offices, Suite 227 Masonic Temple.
 Dr. W. B. Lewis, from Washington, D. C., to 307 Garbutt-Donovan Bldg., Fitzgerald, Ga.
 Dr. Paul R. Kohlmeier, from Weeping Water, to Lincoln, Nebr., with offices at 114 S. 13th St.
 Drs. C. H. and Blanche Beatty, from Cape Girardeau, Mo., to 316 Corcoran St., Lewiston, Mont.
 Dr. Algot F. Hulting, from Loraine, O., to Minn.

MARRIED

Dr. J. N. MacRae, of Galt, Ont., and Dr. Lenora Heist, of Galt, Ont., November 6th, 1919.
 Dr. Lorenzo A. Rausch and Miss Leona K. Stevens, both of South Bend, Ind., June 26th, 1920.

Dr. V. C. Bassett, of Horton, Kansas, and Miss Helen Crawford, of Greencastle, Mo., July 14th, 1920.

Dr. R. W. Van Wyngarden, of Mexico, Mo., and Miss Velma Wells, of Kirksville, Mo., June 17th, 1920.

Dr. William Eton Allen and Miss Addie Mae Klepper, both of Emmett, Idaho, July 15th at the home of the bride's parents.

Dr. James D. Edwards and Miss Clementine Block, his nurse and assistant, both of St. Louis, Mo., at Chicago, Ill., July 3rd, 1920.

BORN

To Dr. and Mrs. I. K. Moorhouse, Beaumont, Texas, a girl, June 22nd, 1920.

To Dr. and Mrs. Arthur Ernest Were, of Albany, N. Y., May 29th, a son, Theodore Henry.

To Mrs. S. J. and Margaret Penfold Gilmore, Ridgeway, Mo., a 9 lb. girl, June 15th, 1920.

To Dr. and Mrs. J. L. Coles, Pawnee, Okla., an 8 1/2 lb. daughter, Mildred May, June 23rd, 1920.

To Dr. and Mrs. G. W. Barrett, of Pittsfield, Mass., a boy, Gordon Winthrop, Jr., June 27th, 1920.

To Dr. and Mrs. Jos. B. Schrock, of Scotts Bluff, Nebr., a son, Joseph Benson, Jr., June 18th, 1920.

DIED

Dr. Neva Triplett, of Enid, Okla., a suicide about June 15th, 1920.

Dr. L. Allabach, of Brooklyn, N. Y., July 21st, at his home, of arteriosclerosis, after a month's illness. Age 70.

Mrs. Dawes, mother of Dr. W. C. Dawes and Dr. Wellington Dawes, July 22nd, at Emmett, Idaho. Age 70.

Dr. Frederick H. Martin, of Pomona, Calif., at his home following an illness of about a year, June 10, 1920.

EXCHANGE and MARKET

WANTED—Thompson's Malted Food at \$1.10 a share. Address L. J. Mather, 6807 Union Ave., Chicago, Ill.

WANTED—An assistant for the winter, man or woman, must be of good character and good osteopath. Dr. Etta Chambers, Geneseo, Ill.

WANTED—Position as assistant or buy practice or terms. Address No. 239, c/o The OP, 9 So. Clinton St., Chicago, Ill.

WANTED—Osteopath with Pennsylvania license would like position as assistant to osteopath. Address No. 239, c/o The OP, 9 So. Clinton St., Chicago, Ill.

WANTED—A physician to take charge of a good osteopathic practice, office and furnished apartment. Established twenty years. Location the best. City of 25,000. Write if you mean business. Splendid opportunity for man and wife. Address No. 236, c/o The OP, 9 So. Clinton St., Chicago, Ill.

FOR SALE—Practice, office fixtures and residence. Price \$6,000.00. Terms \$3,150.00 cash; balance \$2,850.00 monthly. Established 21 years. Income over \$500.00 per month. Heavy acute and obstetrical practice. Address No. 238, c/o The OP, 9 So. Clinton St., Chicago, Ill.

FOR SALE—Practice in Texas, collections \$7,000 paid six months. Deliver September 15th. Equipment cheap—small rent. Take cash or secured notes. Address No. 227, c/o The OP, 9 So. Clinton St., Chicago, Ill.

FOR SALE—A live practice in county seat in Northern Illinois; established 10 years; select clientele; collections good; \$300 cash includes office equipment. Address No. 235, c/o The OP, 9 So. Clinton St., Chicago, Ill.

PRACTICE FOR SALE OR LEASE—In lively western Illinois town of 4,000 with educated people who use osteopathy. Hospital open to osteopaths. In practice twenty years; grown too big so must sell or get assistant. House and office together in a central location. An ideal place for man and wife, both osteopaths. References required. Address No. 230, c/o The OP, 9 So. Clinton St., Chicago, Ill.