

The Osteopathic Physician

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The Osteopathic Physician

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Volume XXXVI

CHICAGO, DECEMBER, 1919

Number 6

WILL ACADEMIC FREEDOM IN PENNSYLVANIA BE STIFFLED BY OUR OWN HANDS?

Osteopathy has developed serious turmoil within its own ranks in the state of Pennsylvania and the discord promises to do osteopathy vast, if not irreparable, damage if wise counsels do not prevail. The row—for such it is—broke out over the character of testimony given by several official spokesmen for the profession in the Court of Quarter Sessions, Philadelphia, October 27th and 29th, in defense of one P. S. Daily, mis-called an osteopath, who was prosecuted and convicted by the medical profession for practicing drug medicine under an osteopathic license.

Nothing is to be said in defense of this man. He never was an osteopath in practice and is not worth defending. His course must be despicable in the eyes of every sincere osteopath. The *OP* feels only deepest contempt for practitioners of his ilk.

But Institutional Osteopathy is a stake well worth defending and it is too bad that its life, liberty, development, freedom of thought and pursuit of usefulness are brought into jeopardy through the errors of such a weakling.

From a long range, impersonal point of view it is evident that our whole profession in Pennsylvania is in need of good advisers. They need a friendly warning. They are about to sew themselves up in a bag with a big rock in it and beg their medical competitors to kindly ask the next legislature to drop it into the ocean.

Therefore read the whole story that follows with this corrective vision: The osteopaths who went on the stand in defense of Daily were endeavoring—however, blunderingly and poorly they did it—to defend the principle of academic freedom for osteopathic physicians, a sacred right and privilege without which there could be no science of osteopathy, and without which our practitioners could not really function as physicians. Daily was only an incident—a puerile and pathetic one at that. Would you really expect our medical seducers to pick a representative osteopath when laying a trap for our discomfiture?

Then this second corrective vision: The sincere and natural repugnance of our fellows throughout the state over the fact of defending an unworthy renegade osteopath like Dr. Daily. Failure to further realize that Institutional Osteopathy was really the remote stake. Failure to appreciate that a man on the witness stand who knows he is being ambushed by his profession's enemies and who must extemporize

his answers will be apt to blunder. Observe that some statements made in good faith by these witnesses were actually untrue. (e. g. Osteopathic colleges do not teach Hahnemann's Organum or homeopathic remedies, although Dr. Snyder's testimony would seem to indicate they do.) Set these discrepancies down to confusion of mind natural under the circumstances.

Also, for a third correction of vision, bear in mind that there has been a violent party of opposition to Dr. Snyder all along. We are not to pass on the merits of these disputes of the past or say who was right or wrong. We do not pretend to know. It is sufficient for present purposes to realize that bitter antagonisms have existed. There are those who have "been after Snyder's goat" for many years and vowed they "would get it yet." Perhaps they ought to get it—we don't know. But we want to caution these osteopaths not to "get" Institutional Osteopathy's goat while evening up old grudges with Snyder. We also know that Dr. Snyder makes blunders. We have seen him make them. His technique in politics is often a bit rough. But he has *vision* and at least one other of his big fights in his home state arose over this fact.

In this instance of giving testimony in the Daily trial—while his testimony was weak and faulty in glaring respects—we applaud him and also Dr. Flack for their main idea of trying to defend the liberty and academic freedom of osteopathic physicians, and the integrity of osteopathic colleges and hospitals. We only wish that all our good friends of Pennsylvania had equivalent vision. A lot of them seem to be as blind as bats.

Now, then, having tried to give you your bearings so as to read this story without partiality or hysteria, go to it, and make up your own conclusions.

* * *

A careful study of the testimony in the trial, Dr. Snyder's statements, the printed letter of the State Executive Board and the communication in the *North American* will reveal to any impartial reader that the two parties are really not very far apart in what they say. While the court testimony was far from presenting Osteopathy adequately or advantageously it at least had the merit of consistency and did not contradict itself. Unfortunately the documents of the Association seem actually to do so.

It is only fair also to call attention to the fact that the testimony at the trial is not given in full here. We do not know whether anything else was said which might change the general impression given or not.

That Row in Pennsylvania

Excerpts from court records in the case of Commonwealth *versus* Philip S. Daily, for practicing medicine, etc., without a certificate of licensure, etc. Tried in the Court of Quarter Sessions, county of Philadelphia, October 27th and 29th, 1919.

THE CASE OF Commonwealth vs. Philip S. Daily

Tried and Convicted of the Charge of Practicing Medicine, Etc., without a Certificate of Licensure, Etc.

In the Court of Quarter Sessions, Philadelphia County, Oct. 27th, the case of Commonwealth vs. Philip S. Daily was called.

The first witness was a doctor employed by

the medical bureau to "investigate cases." He testified that on visiting Dr. Daily's office and complaining of "pains in my stomach, looseness of the bowels and very nervous," Dr. Daily said: "I will give you some pills you are to take, and come back and see me in a few days * * these pills will make you well." The envelope containing the pills was shown.

Next a court detective testified that he called at Dr. Daily's office. "I told him I had a bad cough and a hoarse voice." Dr. Daily examined his throat and as the witness testified: "He gave me some pills and told me the cost would be a dollar and to come back in a few days."

Several witnesses followed, all of whom had received either drugs or prescriptions from Dr. Daily for various ailments.

Next followed a number of druggists, all of whom identified prescriptions which they had filled for customers, written by Dr. Daily and signed by him. These prescriptions called for calomel, citrate of magnesia, creo terpin compound, morphine, compound jalap powder and other drugs.

Dr. Daily on being sworn admitted having given drugs or prescriptions according to the testimony of all of the previous witnesses.

Court officials and a deputy prothonotary testified as to the recording of Dr. Daily's license, and the next witness called was Dr. O. J. Snyder. A part of the testimony given by Dr. Snyder follows:

DR. O. J. SNYDER, being duly sworn according to law, testified as follows:

EXAMINATION BY MR. GRAY:

Q. You are a practicing physician, A. I am.

Q. How long have you been a practicing physician? A. In the State of Pennsylvania since 1899.

Q. And is there any particular branch of medicine with which you are connected? A. Osteopathic branch of the practice of medicine.

Q. Have you any official position under the State of Pennsylvania in that connection? A. President of the State Board of Examiners, Osteopathic Examiners.

Q. How long has that board been in existence. A. Since May, 1909.

Q. How long have you been its president? A. Ever since that date.

Q. How many members are there on the board? A. Five.

Q. And it is that board that under the laws of the state of Pennsylvania examines and either refuses to grant or grants licenses to them as osteopathic physicians? A. Yes, sir.

Q. Do you know Dr. Daily? A. I do.

Q. How long have you known him? A. Three or four years, or five years.

Q. I show you a certificate and ask you whether that is the certificate that the board granted to him to practice medicine in this state? A. It is.

* * * * *

Q. What is osteopathy as it is practiced in this college? A. Osteopathy is that system of the practice of medicine which recognizes that disease is very frequently due to bodily perversions, that the structure of the body becomes perverted through displacements of parts or

THE OSTEOPATHIC PHYSICIAN

interference with tissue in some manner, and in addition to that it also recognizes that disease is often due to bacterial infection and injurious infections of various kinds and to overcome these conditions, overcome the structural perversions when the structures of the body become distorted, correct this by suitable manipulations to overcome these perversions and *any other agency that we have found, scientifically proved to be helpful to overcome the disease, whatever the agency may be.*

Q. Can you tell us with some more detail what those things as taught in the college include? A. We do our cold packs, cold baths and means of that kind in the reduction of fever, use hot compresses and antiphlogistic poultices and plasters and various things, counter-irritants, *internal medications*, as a purgative or a sedative; this we do not find necessary very often, because we accomplish through the manipulative procedure, *but there are cases when that does not reach the condition as effectively or completely or as quickly as we may find necessary under certain conditions, and under those conditions we employ such other means as I have mentioned as are demonstrated to be helpful.*

Q. Does your teaching include the use of drugs? A. It does.

* * * * *

Q. What other branches? A. All the branches taught by the medical colleges. Some more extensively than taught by the allopathic and homeopathic, more extensively because we utilize them more extensively, others not as extensively, because we do not use it as extensively, *but there is no branch in an allopathic or homeopathic college that is not taught in an osteopathic college.*

* * * * *

CROSS EXAMINATION BY MR. MAURER:

Q. As I understand you it is not only manipulation of the body, either of the muscles or whatever else there may be, *but the curriculum includes the administration of drugs to be taken internally and the medicine internally?* A. Yes, sir.

Q. Includes all? A. Includes that.

Q. So you are more than an allopath or a homeopath doctor, aren't you? A. Yes, sir.

Q. You are that, plus? A. We are modest.

Q. I am asking you. A. We claim to have appropriated anything that is helpful in the treatment of diseases and injuries.

Q. You are not only the equivalent of a homeopath or an allopath, but you are something more? A. Allopathic physicians claim they do all the manipulation that they find necessary to use, and all assistance known to science. They claim to use everything that is helpful, and so do we.

BY THE COURT. What is the difference between your school of therapeutics and the eclectics? A. They derive theirs on drugs derived from vegetables—they don't believe in *inorganic drugs like minerals.* [Inference is that we use inorganic drugs.]

DR. ARTHUR M. FLACK, being duly sworn according to law, testified as follows:

EXAMINATION BY MR. GRAY:

Q. What is your full name? A. Arthur M. Flack.

Q. And are you connected with the Philadelphia College of Osteopathy? A. I am the dean of the institution.

Q. For how long have you been dean? A. Since 1911.

Q. As dean you have, of course, entire charge of the arrangement of the course of study? A. Subject to the supervision of the board, yes, sir.

* * * * *

Q. These things you have mentioned practically include all of the various branches of

medicine taught in what are commonly called the medical colleges? A. Yes, sir.

Q. In connection with the various branches that are taught, you have said, of course, generally that *all of the things which are taught by the medical colleges* are taught by your institution incidentally to these branches? A. Yes, sir.

Q. I suppose to make a prescription is also taught wherever necessary? A. Yes, sir.

Q. Or the giving of prescriptions? A. Yes, sir.

BY THE COURT. Do you teach the treatment of diseases by the uses of medicine and surgery? A. Yes, sir.

CROSS EXAMINATION BY MR. MAURER:

Q. And medicines taken internally? A. Yes, sir.

Q. And write prescriptions for medicines to be taken internally? A. Yes, sir.

MR. GRAY. I have practically the whole staff of the college here, your Honor—

MR. MAURER. I think we can agree that if they were called they would all so testify.

(After discussion the hearing of further testimony was adjourned to Wednesday, October 29, 1919, at 10:00 A. M.)

Wednesday morning, October 29th, 1919.

DEFENDANT'S TESTIMONY (Continued.)

DR. ARTHUR M. FLACK, recalled for further cross examination. By MR. MAURER:

* * * * *

Q. Was there anything in the course of study in the college which in any wise concerned itself with treatment of diseases through the use of medicines? A. Did it what?

Q. (Question repeated.) A. Surgery, obstetrics, gynecology, diseases of the skin.

Q. Do you call that medicine?

MR. GRAY. You asked whether anything was taught with the use of drugs in the treatment, didn't you?

BY MR. MAURER.

Q. Was that a part of the curriculum? A. Yes, sir, I think I make no mistakes.

Q. Was not the whole idea of osteopathy as then taught that medicines and drugs were useless and deleterious, and not to be used, and that the whole theory of osteopathy was the manipulation of the body by the hand? A. If I may answer that by yes or no I would say no, but if I am permitted to elaborate—

BY THE COURT. You may explain. A. In the use of surgery and obstetrics we would use anesthetics and opiates and antiseptics and germicides, etc., in the administration for the different cases, or in a poison case we would use an antidote, and we taught toxicology.

BY MR. MAURER. Did you teach that? A. I did not.

Q. Was it taught? A. It was at that time.

Q. Was there anything in the course of study in the College of Osteopathy with respect to the treatment of diseases by the use of drugs? A. No, not in the sense as being listed a subject of drugs but incidentally we use treatment for various diseases. At the present time we list various subjects, subjects as diseases of the heart, diseases of the lungs, etc., we mean by that the osteopathic and general treatment of the diseases of the heart and lungs as they may appeal to the physician in charge of the individual case. In the same sense in those days we taught symptomatology and practice which comprises the knowledge as taught by all of the schools that could be used to benefit the sick.

BY MR. GRAY. *Drugs or otherwise, whatever they may be?* A. *Drugs or otherwise, without listing them as the practice of medicine.*

BY THE COURT. What is the difference between the practice of medicine and the practice of osteopathy? A. In the treatment of diseases the physicians rely upon mechanical, chemical, thermal and electrical means that affect the tissues. The medical practice is based

chiefly upon the chemical, but not exclusively. *Osteopathy is based chiefly upon the mechanical, but we do not exclude other agencies.* We use hydro-therapeutics, baths, massage, etc., as the general practitioner of medicine does. That is the difference between the practice of medicine and that of osteopathy in the sense that we speak of it. Osteopathy is that system that it based chiefly upon the mechanical means, specializes on that and makes that its foundation. We specialize on the mechanical, but not to the exclusion of others, that is, of other agencies.

Q. Osteopaths have a right to practice medicine and other things in addition? A. As pertains to the practice of osteopathy.

BY MR. MAURER. Do I understand you to say that in connection with the manipulations, or the osteopathic treatment, the curriculum then was that *certain drugs or medicines could be used in connection with that?* A. Oh, yes.

Q. But you do not say that the use of drugs or medicines alone, without any osteopathic manipulations was a part of your curriculum, do you? I mean the mere diagnosing of a case and prescribing medicine and doing no more. A. I don't know that I understand you fully.

Q. But you do not say that the use of drugs or medicines alone, without any osteopathic manipulations was a part of your curriculum, do you? I mean the mere diagnosing of a case and prescribing medicine and doing no more. A. No, sir.

BY MR. GRAY. The question that was just asked you was whether or not, as I understand the question, the use of drugs alone without applying to the principles of osteopathy is a part of your curriculum. I say frankly, I did not understand the District Attorney's question, but *you do mean you do not teach the use of drugs, or that you do teach the use of drugs?* A. *We do teach the use of drugs.*

Q. If I understand the thought that was back of the District Attorney's question, what he wants to know and what I would like to know is this: Are your teachings such that when a person who is a graduate of your college, and has a license under the osteopathic practice to practice medicine in the State of Pennsylvania, has a case before him, that he must necessarily treat by mechanical means, and not any other means, unless it is incidental, *or is he taught to use other agencies?* A. *He is taught to use either or all kinds to bring about the cure.*

* * * * *

Q. Was it any different in 1914 than it was in 1909? A. Yes, sir.

Q. In so far as the use of drugs and medicines were concerned? A. Fundamentally not, but we grew in the sense of finding out additional knowledge, and devised new methods, but not in the sense of its relationship to drugs—no difference. Some of the subjects we afterward divided as we grew in them and listed them as different subjects.

Q. You attended the State examinations at that time? A. What?

Q. You attended or had knowledge of the State examination of osteopaths? A. Oh, yes.

Q. And in those examinations were there ever any questions asked with respect to the use of drugs or medicines in connection with your osteopathic treatment? A. Now, as to the questions of the examinations—

MR. GRAY. State Board?

MR. MAURER. Yes. A. I think questions were asked which would comprise all treatment given in the use of drugs.

Q. So there will be no misunderstanding, if I understand you correctly now, an osteopath under the act of 1909, according to the curriculum which then existed in a regularly incorporated college of that kind, that not only the curriculum but the practice was that *osteopaths could prescribe drugs and medicines for a disease and do nothing more?* A. *Do nothing more?*

Q. Yes. A. if that was his judgment of the individual case.

Q. Without other treatment? A. Yes, sir.

DR. CADWALADER D. B. BALBIRNIE, being duly sworn according to law, testified as follows:

EXAMINATION BY MR. GRAY.

Q. You are a physician licensed under the Osteopathic School of the State of Pennsylvania? A. I am.

Q. Are you a professor at the College of Osteopathy? A. I am.

Q. For how long have you been there? A. Seven years.

Q. What are the branches that you teach? A. Bacteriology, serum therapy, writing prescriptions and pharmacology.

Q. For how long? A. Seven years.

BY THE COURT. Do you teach materia medica? A. Yes, sir.

CROSS EXAMINATION BY MR. MAURER

Q. You were not connected with the college in 1909? A. No, sir, only for seven years.

Q. You were not interested in osteopathy in 1909? A. I was a student then of osteopathy.

Q. Where? A. Philadelphia College.

BY MR. GRAY. Were those same things taught then? A. Yes, sir.

BY MR. MAURER. That is to say the use of medicine or drugs in the treatment of disease? A. Yes, sir.

A. Alone, or in conjunction with osteopathic manipulations? A. Alone at times—left to the individual to decide which he considered best.

Q. When did you associate yourself with the college? A. 1912.

Q. 1912? A. Yes, sir.

Q. What were you instructor in at that time? A. Bacteriology.

Q. That was all? A. I began with bacteriology, but toward the end of the term of the second semester I took up prescription writing, and then later on serum therapy, and then later on materia medica.

Q. Have you seen the catalogue of 1913 and 1914? A. Yes, sir.

Q. There, if this is correct, you are listed as an instructor in bacteriology and nothing else? A. Yes; nevertheless, we had never placed as much stress upon pharmacology and materia medica as the medical school; consequently they have not listed—they have been listed as one branch, but it has always been taught.

Q. If it is an integral part of the study, why wasn't it particularly listed or particularly discussed? A. I have never had anything to do with formulating the data, never had anything to do with formulating the editing of the catalogues, and I couldn't say.

Q. In 1909 the college taught not only osteopathic manipulations and certain other things, but also the use of drugs and medicines for diseases without any osteopathic manipulations? A. Yes, sir.

Q. So that you were an osteopath and a regular doctor of medicine at the same time? A. Practically.

Q. Is that right? A. Practically.

MR. GRAY. The defense offers to prove by the witnesses Dr. Charles H. Muttart, Dr. D. S. B. Pennock, Dr. L. L. Bentley, Dr. William S. Nicholl, Dr. Edward H. Fritsche, Dr. C. C. Curran, Dr. Edward G. Drew, Dr. S. Agnes Medlar, Dr. Peter H. Brearley, Dr. Ira W. Drew, Dr. William F. Hawes, Dr. William P. Master-son, Dr. James B. Elden, Dr. O. O. Bashline, Dr. Charles W. Barber, Dr. R. K. Eldredge and Dr. E. Zindel, who are professors at the Philadelphia College of Osteopathy, an incorporated and authorized college for instruction, that the following subjects are now taught in that college: Anatomy, physiology, chemistry, toxicology, pharmacology, prescription writing, pathology, diagnosis, hygiene, obstetrics, gynecology, surgery, gastro-enterology dietetics, principles and practice of osteopathy, ophthalmology,

rhinology, otology, laryngology, bacteriology, pediatrics, genitourinary diseases, medical jurisprudence, diseases of children, orthopedics, hematology, physics, biology, embryology, anaesthesia, nervous and mental diseases, cardiovascular diseases, skin and venereal diseases, acute infectious diseases, ear, nose and throat diseases, and *materia medica*.

The Court in the course of his charge to the jury spoke as follows:

Comment has been made upon the advancement and improvement of science. *There is nothing in the law to limit the science of osteopathy, provided it continues when changed or improved to remain osteopathy; but if an osteopath wishes to practice medicine, he must comply with the law and apply for a license to the Bureau of Medical Education authorized to issue a certificate of licensure.* If he possesses the qualifications which the law requires for the practice of medicine, he will be entitled to a certificate, and be authorized to practice medicine.

* * * * *

There is also testimony of the branches taught and practiced in legally incorporated, reputable colleges of osteopathy. *Dr. Snyder, President of the State Board of Osteopathic Examiners, described the courses of teaching at the Philadelphia College of Osteopathy which is a legally incorporated, reputable college.* He said—"All the branches taught by the medical colleges. Some more extensively than taught by the allopathic and homeopathic, more extensively, because we do not use it as extensively, but there is no branch in an allopathic or homeopathic college that is not taught in an osteopathic college." He also testified—"Osteopathy is that system of the practice of medicine which recognizes that disease is very frequently due to bodily perversions, that the structure of the body becomes perverted through displacements of parts or interference with tissue in some manner, and in addition to that it also recognizes that disease is often due to bacterial infections, and injurious infections of various kinds, and to overcome these conditions, overcome the structural perversions when the structures of the body become distorted correct this by suitable manipulations to overcome these perversions, and any other agency that we have found, scientifically proved to be helpful to overcome the disease, whatever the agency may be;" and that the teaching includes the use of drugs and medicines to be taken internally.

It is for you to determine whether or not you are convinced beyond a reasonable doubt that defendant practiced medicine, held himself out as a physician, and prescribed for the use of sick persons medicines and drugs as is commonly done by physicians.

CONCLUSION

After discussion of the legal points in the case the jury retired and in returning to the court room returned a verdict of guilty.

Excitement is Rife

Dr. Harry M. Vastine, Harrisburg, writes:

"This has been a severe jolt to osteopathy in Pennsylvania and our people are up in the air over it. Through this rotten testimony the medics have been giving us not a little unfavorable publicity. Their latest is an attack on the York Sanitarium, claiming it is operating without a State license. The facts are that they applied for a state license early, but it has been held up, quite likely by the medics to serve as ammunition for a drive on us which was brought about through this damnable testimony in the Daily trial, coupled with the attempt of Snyder and that bunch to place an amendment to our law giving the rights to our people to give drugs. They have surely made a mess of osteopathy in here. The state outside of Philadelphia is dead against them, as well as

quite a goodly number in Philadelphia—in fact, three-fourths to four-fifths of the State Society. It is not difficult to see what these men are driving at and what will happen if they are not checked."

Dr. Horace Walpole, Lancaster, wrote:

"The Executive Council intends to impeach Snyder and suspend other *materia medica* adherents. It is going to be a nasty mess, but there is no use being blind to such actions any longer. The outcome of all this will be of vital interest to the profession at large—the fight is just commencing. There will be a public statement made in the papers very soon, setting forth the views and attitude of the AOA. While this is not an official communication, it is all real news and at your disposal."

The Pennsylvania Osteopathic Association

(Letter sent out to the State Osteopaths)

DEAR DOCTOR:

Accompanying this letter is a statement of the case of Dr. Philip S. Daily, of Philadelphia, arrested and convicted on evidence secured by the Bureau of Medical Education and Licensure, for practicing medicine without a license.

The statement includes some remarkable testimony given under oath by the President of the Pennsylvania Board of Osteopathic Examiners and by members of the faculty of the Philadelphia College of Osteopathy, all of whom were called by the defense, and all of whom undertook to justify Dr. Daily in dispensing drugs and writing prescriptions.

It must be remembered that less than a year ago the President of the Board, acting then as chairman of the committee on legislation of the Pennsylvania Osteopathic Association, attempted to secure the passage of a bill to so amend the osteopathic law that osteopaths might use *any method or means* in the treatment of disease. This measure, which was not approved by many osteopaths, was overwhelmingly defeated.

The newspapers of Philadelphia and the state condemned this attempt to open up the osteopathic law so as to include drug practice, pronouncing the bill "vicious." At the meeting of the P. O. A. at Lancaster last May its sponsor very speciously, plausibly and almost truthfully defended the measure, though claiming that he had not expected that it would pass as written. That is, he laboriously tried to explain, the clause which would enable osteopaths to use "any method or means" was to be yielded to the pressure which the medical school was expected to bring. No other member of the committee had heard such procedure hinted at before the memorable oration in May. It is interesting to compare his statements made to the legislative committee, the May speech, and his testimony in the Daily case.

It is only reasonable to conclude that this bill was one of the immediate reasons leading to Daily's arrest. It is certain that it is the basis of announcements made by medical bureau officials and others that "osteopaths throughout the state are violating the law and more arrests will follow Dr. Daily's conviction."

WE CANNOT IGNORE ANOTHER FACT IN THIS CONNECTION. With the public record of a legislative bill to enable osteopaths to use "any method or means" and the court record in the Daily case, the medical forces can make a powerful plea in the next legislature to obtain a repeal of our law. They can urge that we claim one thing and do another. We must set ourselves right with the public if we hope to retain its confidence.

Please read carefully the extracts from the court record. Newspaper accounts may be misleading, but you may rely upon the accuracy of the certified copy of the court record from which these excerpts are taken. THEY ARE RECORDS THAT WILL BE USED IN FUTURE

PROCEEDINGS AS HAVING ESTABLISHED A PRECEDENT.

You will draw your own conclusions from the sworn testimony. We submit the facts and ask if your convictions agree with those of the witnesses. Candidly, we do not expect the P. O. A. to endorse such statements. We will say further—and say it with all the firmness we can command—that the present officers of the Pennsylvania Osteopathic Association denounce and repudiate such statements. They are far from true osteopathic principles as we conceive and practice them.

We ask an immediate expression from you on this matter. A most critical situation confronts us. A special meeting will soon be called, and every real osteopath in the state should make it his most sacred duty to attend. Meantime, send your opinion *at once* to the President, Dr. Nettie C. Turner, Land Title Building, Philadelphia. We must know how the profession of Pennsylvania stands. WE BELIEVE THERE IS A LARGE MAJORITY OF 100% OSTEOPATHS. Write or wire without delay.

Cordially yours,

THE EXECUTIVE COUNCIL.

Nov. 28 1919.

Dr. Snyder's Statement:

President O. J. Snyder, of the Board of Osteopathic Examiners, in reply to our interrogation wrote:

"In re the Daily case, final action has not as yet been determined upon. Dr. Daily is one of those irregular fellows who secured a license thru special legislation Act 313, Session 1915. He prescribed drugs in certain of his cases (but practiced more that way than osteopathically, as we have since learned) and was arrested and convicted for violating the medical practice act.

"Those of us who were called upon to testify as to what our colleges taught testified that for certain purposes and under certain conditions we taught the administration of drugs *but never for curative purposes*. Dr. Vastine and some others equally hysterical are on the war path because it was testified that the Philadelphia College taught prescription writing. We have not as yet decided whether or not to take this case to the supreme court. Had Daily been one of our regular licensees, we would not hesitate. Herewith I send copy of an article which I wrote for our 'Bulletin.'"

The Daily Case

President, State Examining Board, Explains Why Profession Supported Daily in His Defense

Dr. Daily was one of those registered osteopaths, who procured his license under Act 313 after attending the Philadelphia College the prescribed time. He prescribed drugs in the treatment of several of his patients. The charge against him was admitted at the trial. His defense was that he had authority to do this under his osteopathic license. The Faculty of the Philadelphia College testified that the effect of drugs upon the human system was taught in the college and that under certain special, unusual and extraordinary conditions and circumstances the administration of drugs was taught. The kind of drugs and the condition under which they were prescribed by Daily was not gone into at the trial. The fact that he prescribed *any* drug at all constituted the offense.

All of our surgeons and eye, ear, nose and throat specialists must positively employ drugs in their operations in some way and in some form or other. It was for that reason that the profession, after much consideration, decided that it was best to secure a favorable ruling from the court, upon this proposition, in order to establish the prerogative of our surgeons and specialists in their practice. The fact that Daily was not a regular licensee had no bearing on the case at all, and had the pres-

ident of your board been arrested for prescribing a dose of castor oil or calomel, the charge would have been the same and the prosecution would have taken the same course, for the State Medical Board holds that all that a D. O. can do legally is to "manipulate" his patients and do absolutely nothing else.

J. A. Cozart, D. O., Canonsburg, Pa., directed a nurse in the Canonsburg hospital to administer an enema to a patient of his. The nurse, Miss Blanche E. Lytle, superintendent of the hospital, wrote to Dr. Baldy for instructions whether to do this. Dr. Baldy, under date of January 8th, 1918, replied as follows: "Under the laws of the state, an osteopath is only authorized to administer treatment of a manipulative character. He is specifically excluded from giving any treatment which pertains to the use of medicine and surgery, excepting that surgery be minor surgery. No board of managers, even if they elect an osteopath to their staff, has any right to countenance any treatment by him of any patients, private or otherwise, in their institution by any means, excepting manipulative methods. This being the law, no nurse would have the right to administer the treatment (enema), ordered by a doctor or member of the staff.

Are you D. O.'s of Pennsylvania satisfied to have your professional endeavors circumscribed in that manner and to that extent?

While we do not approve of all of Dr. Daily's promiscuous drugging of his patients—in fact, condemn him and his methods without limit or qualification and shall attempt to revoke his license as well as that of any other D. O. who shall be shown to use drugs for curative purposes—we do insist that, in such cases as our surgeons and specialists may find occasion to use them as a part of their operative procedure and by the general practitioner for palliative effects under warranted circumstances, they shall be privileged to employ them. This annoyance of a court test case was not on account of Daily not having been a regular graduate. That question was not even touched upon. Act 313 providing for license of the "irregulars" is serving well the purpose of its enactment.

Dr. C. M. Bancroft, that wonder-worker of the New York State Association, seven years its secretary and now its president, wrote us a few days ago, as follows: "You had the vision when you provided for licensing your irregulars on the basis that your law provides. I was hard against it at first and said so freely; now I say that I was wrong and that you were right. May your vision continue strong and never grow dim!"

All of this detail is presented to you in this fullness, to the end that you may fully comprehend the situation and give your State officers every support that they may ask of you.

—O. J. Snyder, D. O.

[From Philadelphia North American, December 1st.]

Osteopaths Who O. K. Drug-Giving Are Repudiated

Pennsylvania Association Hits Defenders of Dr. Daily

No Right to Give Medicine, is View—Violation of Law to do so—Also Contrary to Teachings

The Pennsylvania Osteopathic Association, thru its executive officers has issued a statement forcibly repudiating those osteopaths who appeared in defense of Dr. P. S. Daily, convicted October 27 of practicing medicine without a license. Those named in the statement include the chairman of the state board and the dean of the Philadelphia College of Osteopathy.

The state association takes the ground that if Dr. Daily did administer drugs he violated the law, and his conviction was not only justified, but was in the best interests of osteopathy.

Dr. Nettie C. Turner, who, as president of the

state association, is one of the signers of that organization's statement, explains in an interview the purpose of the association's action.

"The position taken by those osteopaths who appeared in defense of the accused in that trial has been extremely distressing to the osteopathic profession at large, and is looked on by the association's officers as a menace to the standing of osteopathy before the law, and as a science.

"I am sorry for the defendant in that case, and I would like to believe that he is innocent. But if he or any other osteopath, unlicensed as a physician by the state medical board, administers drugs, he violates the state law, and he justifies perfectly the position taken by the medical men when they fought the bill creating a state board of osteopathy. It is necessary for the osteopathic association to repudiate the position taken by those osteopaths who appeared in that trial and maintained that the administering of drugs is part of osteopathic science. It is not, and the state board of osteopathy has no power to license any one to administer drugs."

The formal statement issued by the officers of the association acting with Doctor Turner contains the following:

"On October 27, 1917, an osteopathic physician was convicted in the court of quarter sessions of Philadelphia county for practicing medicine without a certificate of licensure from the state board of medical examiners.

"Among those who testified in his defense were Dr. O. J. Snyder, president of the state board of osteopathic examiners, and Drs. Arthur Flack, dean, and C. D. B. Balbirnie, professor of bacteriology of the Philadelphia College of Osteopathy. Doctor Snyder testified that the practice of osteopathy includes internal drug medication, while Doctors Flack and Balbirnie corroborated this, and testified that it is so taught as a part of the curriculum of the college they represented, tho drug medication is not listed in the school catalog.

"The Pennsylvania Osteopathic Association, not being in accord with said statement of said witnesses, issues this public statement of the true principles and teachings which govern the practice of osteopathy. It cannot afford to pass unchallenged any perversion of the principles and teachings of the said science of osteopathy which it represents by any one—official, college or otherwise.

"Our association is amazed to learn that one of our colleges has so far departed from its hitherto high standard as to be guilty of alien teaching. It is most deplorable. It is not within the scope of our understanding that any men of our profession should thus subvert our principles in an endeavor to secure the acquittal of a man found to be guilty of administering drugs, while practicing as an osteopath; they should have been aiding in his conviction.

"We take this means of publicly repudiating so much of their testimony which relates to the internal administration of drugs for it is manifestly incorrect, and out of harmony with osteopathic concept. Internal drug medication is not a part of our system of therapy; and when osteopaths resort to such methods they violate the law and automatically confess their lack of knowledge of the fundamentals of osteopathy.

"Osteopathy is a distinctive science in itself, in support of which assertion we take pleasure in quoting from a no less distinguished authority than the founder of osteopathy himself, Dr. A. T. Still:

"Osteopathy deals with the body as an intricate machine which, if kept in proper adjustment, nourished and cared for, will run smoothly into a ripe and useful old age.

"As long as the human machine is in order, like the locomotive or any other mechanical contrivance, it will perform the functions for which it was intended.

(Continued on page 18)

OSTEOPATHIC PRINCIPLES — and — OSTEOPATHIC TECHNIQUE

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

The teaching of osteopathic principles and osteopathic technique is, of course, of supreme importance in an osteopathic college. Unless the student absorbs the true osteopathic concept and acquires comprehensive ability in osteopathic technique, all his other studies will avail him little in becoming an intelligent, successful osteopathic physician—a really efficient helper to those who battle with disease. At the College of Osteopathic Physicians and Surgeons, these subjects are given thorough attention. The institution takes pride in the special emphasis placed on these studies and in the breadth of understanding attained by its students in these departments.

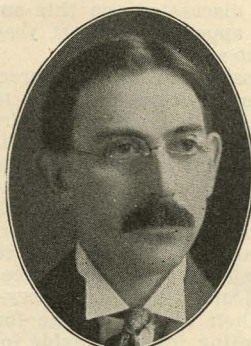
Dr. Harry W. Forbes conducts the course in osteopathic principles which requires 90 hours in the 5th semester. Comprehensive answers are given to the two questions which constitute the subject matter of the science of osteopathic therapeutics, namely: (1) What are the objects of treatment; that is, for what specific end is treatment given? (2) What are the agents or means that will accomplish these ends? The natural resistance of the human body to the various causes of disease is the first subject studied in this department. Why does the average person remain well? What keeps him well and fit for work? Disease producing agencies are everywhere and at all times present. Temperature and other climatic conditions and influences with which the body must maintain its adaption are unceasingly changing. Disease producing germs are ubiquitous and cannot be avoided. Poisons are universal in their distribution and everyone is exposed to them. Unsuitable and contaminated food, water and air are widely distributed. Work that is hard, hours that are long, unhygienic conditions in places of employments are common; and yet, notwithstanding all of these facts the average person remains well. He does this, not because he successfully avoids all of these causes of disease, but because he resists them. How does the living body resist the causes of disease? The answer to this question constitutes one of the most interesting in the course on principles of osteopathy. The natural agencies which surround the living body are classified into those which are necessary to life, and those which are injurious to life—the extrinsic causes of health and the extrinsic causes of disease. The living body must, under penalty of death, take advantage of the beneficial and necessary, and successfully resist the injurious and destructive things and forces in its environment. The protective mechanisms, by virtue of which the living body continues to live in a state of health, are carefully studied. The natural appetites and cravings which prompt pursuit of the beneficial in the environment are studied. The natural aversions and disagreeable sensations and feelings which prompt avoidance of

the injurious things in the environment are then studied. The mechanisms of the body, by virtue of which the body resists injury through a change, such as of temperature, altitude, food, or work, are exhaustively discussed. The remarkable defensive powers—active and passive—which the living body employs against germs, are thoroughly studied. In short, the mechanism of resistance to every cause of disease is studied. The student learns that resistance depends upon the normal working of certain anatomical and physiological mechanisms. He sees clearly that so long as these mechanisms are normal, the living body in the average environment, will remain well. The moment this fact, in all its relations, is understood, the full truth and significance of the osteopathic concept takes possession of the student's mind. Thereafter when he sees a living body the seat of disease, the first question which arises in his mind is: What is wrong with the body that it failed of adaptation and became ill? The student is required to give close attention to the subject of the recovery of the body from existing disease. Each process of disease is studied

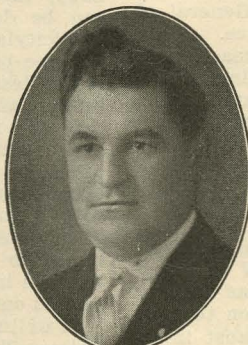
to discover what agencies and forces the living body uses to recover from illness. The student learns how and why the body recovers from typhoid fever and other infections; from the various intoxications and poisons; from injury, wounds, fractures, etc.; from fatigue, overstrain and exhaustion; from burns and local freezing; from inflammation of the various organs and parts of the body; and from all other conditions from which recovery is possible when the student reaches

an understanding of the natural provisions for healing, the function he, as a physician, must perform, becomes clearly defined in his mind. He sees that he must learn well the anatomical and physiological mechanism for healing and must discover each and every remedy that the body uses to produce healing in each process of disease. Having studied natural resistance, and the provisions for defense, and natural recovery, and the mechanism, agencies and forces which cause healing, the student is introduced to the subject of natural relief and the anatomical and physiological provision by virtue of which the body obtains ease from pain and other forms of distress, and relief from functional derangements—symptoms of various kinds. This study includes a discussion of rest, exercise, reaction, counteraction, vicarious action, diversion, counter-irritation, etc. The student is taught that symptoms must be translated into terms of cause and morbid anatomy before an attempt is made to treat them, and that remedial treatment and removal of the cause must always take precedence over palliative treatment. Methods and means for relieving distress and suppressing functional disorder without interfering with remedial treatment are fully explained. Osteopathic technique is taken up exhaustively in two courses, the work being done under the immediate supervision of the professors: Dr. John Ordway Hunt, Dr. Lura B. Nelson, Dr. Louis

T. Hull and Dr. J. H. Edmiston. In the first course of 144 hours, lectures are given and laboratory work done covering diagnosis and correction of anatomical lesions and the technique of spinal movement and corrective operations are performed. In the second course of 90 hours, advanced instruction is given in specific lesion technique. The work is taken up in a systematic manner. Each spinal and costal lesion is studied; corrective operations are practiced; and special attention is given to the principle of correction applying to each particular lesion.



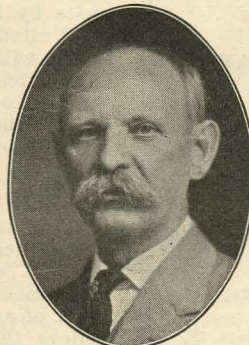
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Physical Culture Publishes a \$100,000 Boost for Osteopathy

PHYSICAL CULTURE for November contains as its lead article a 3,250 word presentation of osteopathic theory and practice in connection with giving the profession full credit for its remarkable achievement in life-saving throughout the late epidemic.

"Osteopathy's Victory in the Flu-Pneumonia Epidemic" is the title.

The statement is modern, quite adequate to illuminate the subject in the public mind, and is built on the text of the statistics recorded by the profession. Bunting did it. The statement is like another chapter of that noteworthy series of editorial discussions on this subject, six of which have appeared the past year in current issues of *Osteopathic Health*.

The profession seems very appreciative of the value of this service to adjustive medicine and many enthusiastic encomiums are being received by the writer who trusts that his friends will not forget to express gratification also to the editor of *Physical Culture*.

Dr. Ralph M. Crane of New York says it's a hundred thousand dollar boost for osteopathy. Well, be that as it may, it is deserved in the first place; and in the second place the publishers of *Physical Culture* were very glad to feature it as their leading article for the month and pay Bunting for his trouble in writing it.

Osteopaths will not fail to observe that their article takes precedence of one on venereal diseases by Dr. Rupert Blue, Surgeon-General of the United States Public Health Service.

The editor of *Physical Culture* himself calls this article one of the most interesting contributions to the subject that has appeared in the discussions of the epidemic. His comment on it is as follows:

WHAT HAVE THE DOCTORS TO SAY ABOUT OSTEOPATHY'S SHOWING AGAINST THE FLU

The success of osteopathy in battling with the "flu" as compared with the record of the "regular" medical profession last year was nothing short of amazing. It is for this reason that we believe this article is one of the most interesting statements of therapeutic methods and success ever published, covering, as it does, well over a hundred thousand cases. The question arises as to what has medicine to say about osteopathy in view of these facts? Why was osteopathy unrecognized in the U. S. Army, and osteopaths as such excluded from service, when the mortality from pneumonia in our army cantonment hospitals was over one-third of all cases, as against osteopathy's record of only one-tenth of all cases? *Physical Culture* would be glad to hear from the medical side of the case and to publish any satisfactory refutation, if such there may be, of the claim of the osteopaths.—*The Editor*.

Says Dr. Ralph M. Crane, New York City

"The masterpiece on osteopathy has finally been written and appeared in *Physical Culture Magazine* for November. I congratulate you, Dr. Bunting. You have done as much for osteopathy in that article as can be done in a hundred thousand dollar campaign."

Says Dr. Leslie S. Keyes, Minneapolis:

"Congratulations on your article in the current issue of *Physical Culture*. It certainly created lots of comment and was a presentation in which we are all proud."

Says Dr. McCole, Great Falls, Mont.:

"I read the first page of your article in the *Physical Culture* and said to myself, 'I must write Bunting at once and congratulate him on his splendid article.' Then I turned over a page and ran across my name and felt that

praising you too much would be like praising myself, but certainly do think you have done a masterly stroke for us.

"It is a wonderful article even if I have to say it myself. It is specially pleasing to me because I believe it with all my soul; because I want all the people to know about it and because I sat up nights writing my article when every fiber of my body called for sleep and rest.

"It is seldom that we get all we deserve in the way of gratitude or publicity when we have done a specially difficult thing in the cause of humanity. In this case, however, I feel repaid a thousand times over.

"Needless to say if you bring out reprints I want a liberal supply of them."

Says Dr. Joseph H. Sullivan, Chicago:

"Such a notable service to the science and profession is not to be compared with any of the petty things the profession so often attempts in the hope of osteopathic advancement. Our national association tried last summer to get just such recognition for osteopathy by a campaign pushed from the Orange headquarters, when those wonderful statistics were fresh and had news value—but they did not seem to get even a mention.

"Now, in the wake of such failure, you step in and turn the trick brilliantly in just one happy instance, as if to show us how it really can be done by experts, even after amateur publicityists have muffed the ball and really lost the profession's opportunity. It is all the object lesson I need, Harry—if I needed one before, which I really didn't—to demonstrate that our national publicity should be in your hands *carte blanche*, with adequate remuneration for your professional services as advertising expert. The AOA should create a portfolio of publicity and put you in absolute charge of it. Then, I'm thinking, we would get accustomed to seeing osteopathy put its right foot forward in American journalism, as it has done in this one step so brilliantly.

"I well recall, too, that front page story in the Chicago Tribune and other newspapers you gave the Chicago convention of 1911 when you caused osteopathy to challenge the three medical schools to a competitive show-down in treating pneumonia, la grippe and typhoid fever—have you forgotten it? The Associated Press put it next day in every newspaper in the land. That is the kind of publicity work we are in need of, Harry. Give us more of it. More punch to your pen!"

Says Dr. Herman F. Goetz, St. Louis:

Dear Harry: Read your article in *Physical Culture* and it is a dandy! When I say it is the best Osteopathic story that I have ever read and that I know of no other that has ever been written that even gets within shooting distance of its "power," I mean exactly what I say. The thoughts, the turning of the phrases, the style, certainly do arouse my pride. You were in good company too—that makes it all the stronger. My hand is on your shoulder, old friend, I am proud "to know you."—*With best wishes, Sincerely yours, Herm.*

Says Dr. Canada Wendall, Peoria:

"Good work. Keep it up. I have full faith that I will live to see Bunting in untrammelled direction of osteopathy's propaganda with a million dollars a year to spend in putting it over the top."

The editor is very grateful to his friends of the profession for such appreciation and joins them in wishing that our science's publicity were a professional instead of an amateur sport.

Harmony at Kirksville— *Can You Beat It?*

Dr. Carl P. McConnell packed his old camp kit, put on a happy smile and went back to the Cradle of Osteopathy last month—reconnoitering. Carl was used to seeing the old cradle Rock in the days when he knew it. What he found out is told in two interviews.

“That curriculum we are giving the students now is certainly the goods.

“There hasn't been a single committee wait on me this fall to kick on a faculty member or ask any change in the curriculum.

“School is in the fourth month now and, you know, nothing like this ever happened before! So much for unity of purpose, centralization of authority, and harmony in school administration.”

— The speaker was *Dr. George A. Still, President, ASO.*

“Everything is so serene and peaceful here in the college now that it frightens me. Nobody does anything but work and make good. I pinch myself once in awhile to be sure I am not dreaming.”

— The speaker was *Professor Charles C. Teall, Dean, ASO.*

Carl came back and told “Joe” Sullivan the Millenium had Dawned and that it was already quite busy at Kirksville.

Post Graduate Work

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

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

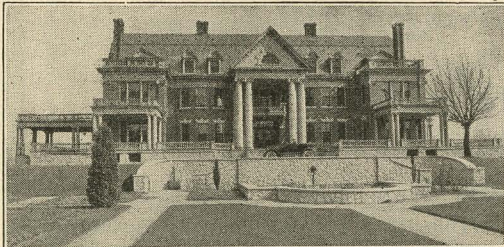
"I should like to express the appreciation I feel toward the School for the splendid work we received at the clinics arranged for us in Chicago. The abundance and variety of clinical material was very gratifying and the illuminative demonstrations of the work by your Director and his able assistants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

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

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M. J. Shambaugh, Esq.
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Rotary Helps Osteopaths

YOU know, I am not much of a scientist, anyway, so let's cut the high-brow movement and delve in the ever present needs of the now. You know when I was in Salt Lake at the International Rotary Convention I was chosen chairman of the Osteopathic Division and I saw there a great opportunity to do good for the Osteopathic work. We are dividing up the several districts into twenty-four of them and putting a chairman in each district and it will be his business to see that osteopathic men get out to district conferences of the Rotary Club, that they get to their local state and county meetings, that they get to the International meeting of the Rotary Clubs at Atlantic city next spring, and that they all go to the Osteopathic Convention at Chicago next summer.

Incidentally, we are making a very strenuous movement to get osteopathic men into the Rotary Clubs all over the country because thru them there is a wonderful opportunity to educate a high-grade clientele in regard to the needs and the progress of osteopathic work.

I am enclosing this card, together with the list of the district chairmen of the International Rotary, so that you can see who they are and if you want to publish that you will find a lot of interest taken on the part of outside people. You know that with the Lions Club, with the Kiwanis Club and other organizations of a similar nature we have an opportunity for Osteopathic Physician to become interested in outside affairs, much to the benefit of themselves and to the benefit of the community at large—to say nothing of the benefit of the Osteopathic Profession itself in the added dignity and the opportunity for service.

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3. Dr. Clinton E. Achorn, 6 East Thirty-seventh St., New York City.
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21. Dr. Geo. W. Perrin, 515 Empire Bldg., Denver, Colorado.
22. Dr. W. E. Waldo, 327 Northern Bk. Bldg., Seattle, Wash.
23. Dr. H. F. Miles, Forum Bldg., Sacramento, Calif.
24. Dr. Franklin Hudson, 12 Lansdowne Crescent, Edinburgh, Scotland.

Thank you.—*Merrill, Los Angeles.*

Is the Public Entitled to Know This?

IN an article in a medical magazine, Ely G. Jones, M. D., of Buffalo recently said: "As physicians we have failed in our duty to the sick; we have failed to find a definite treatment for the diseases common to our country. As a result of this sad state of things there are thirty-five million people in the United States that depend upon some form of drugless healing when they are sick. It is said that 'the average mortality from disease in this country would not be over 7 per cent without any medical treatment.' The mortality under the treatment of some physicians is 12 per cent. From this it will be seen that the public would be better off without them. If we as physicians are to be of any real benefit to the public the mortality under our treatment must be below 7 per cent."

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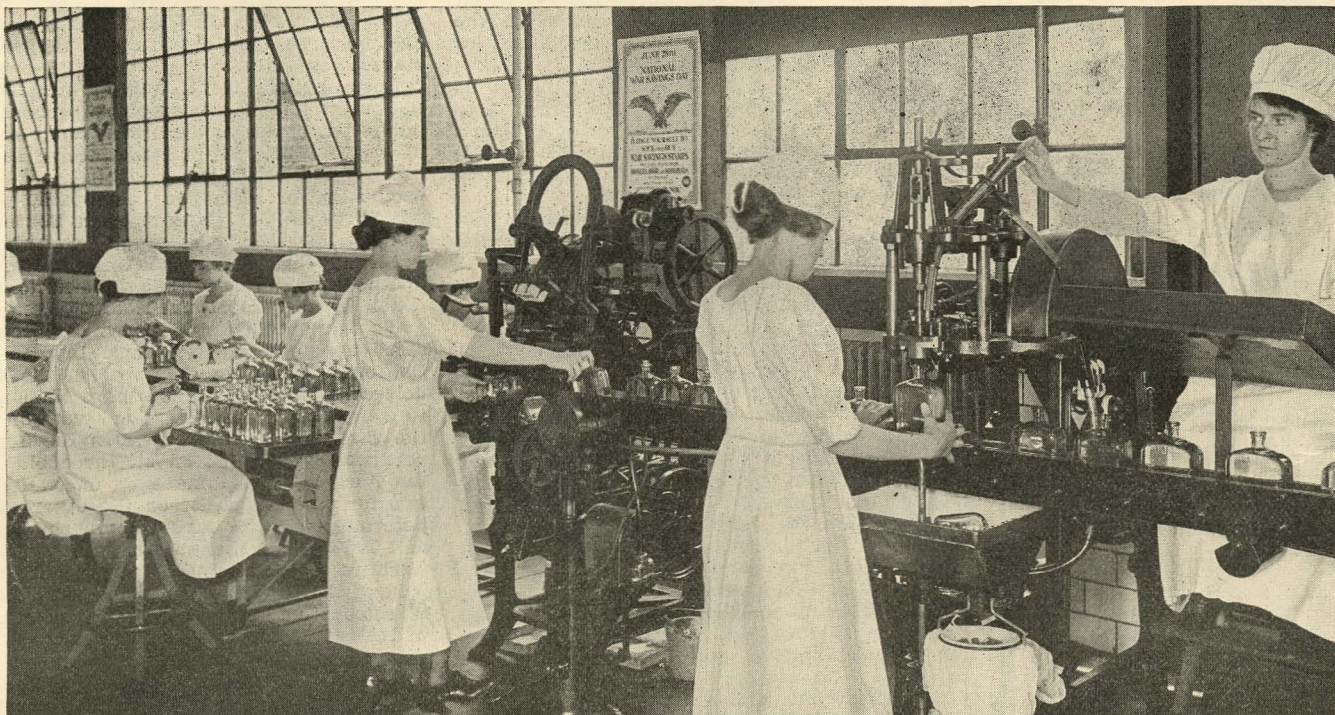
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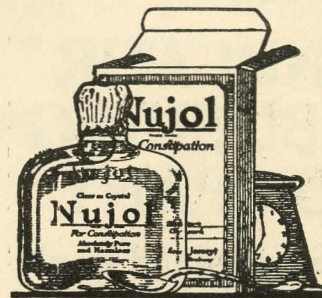
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California and Osteopathy

By George F. Whitehouse, D. O.

WHEN I left for California eighteen months ago, several osteopaths in the East said to me, "We have heard so much in criticism of the California Osteopaths that we wish you would investigate and let us know if these statements are true. We know you will have plenty of opportunity to learn the facts, and certainly we do not wish to condemn the California Osteopaths if the criticisms we have been hearing are not true."

I had met Drs. Forbes and Tasker in Washington, D. C., some months before and had questioned them very closely concerning these same stories, for I, too, was anxious to know the facts. After they told me the California side of the story, I made this remark: "Certainly, if what you say is true, California has been working and progressing while the East has spent its time in criticising. I, however, decided to wait and see for myself before saying anything in defense of California, and I feel that eighteen months in the West, of which I spent twelve months in California, meeting with every local society in the state from one to five times, visiting more than three-fourths the offices in the state, and meeting personally more than nine-tenths of the osteopaths, has given me a fair knowledge of the situation.

The statement I made to Drs. Tasker and Forbes in Washington, D. C., so clearly states the situation as it is, that if I were now asked to give briefly my opinion, I would say what I said then, but with a great deal more emphasis. California has been working and progressing and stands ready today for greater progress than ever.

COMPARISON AS TO NUMBERS

First of all, let me give you a comparison of California, and the East as to numbers:

The city of Cleveland, Ohio, (and Ohio is one of the best osteopathic states in the east,) with a population considerably larger than the city of Los Angeles, has approximately twenty-five osteopaths. Los Angeles has two hundred and twenty-five. In order to bring their number up to the same ratio as Los Angeles, Cleveland would need 315 more Osteopaths. Other cities of the East compare similarly. For instance, Detroit would need 294 more, Chicago 904, Philadelphia 588 and New York City 2,231.

KIND OF OSTEOPATHY PRACTICED

In answer to the old criticisms of the indiscriminate use of drugs by ALL of the California Osteopaths, it can readily be seen that the above figures alone conclusively disprove this statement. Two hundred and twenty-five osteopathic physicians could not make a living practicing medicine in a community already overrun with medical doctors. We all know that the average medical doctor goes through a starvation period of several years duration before he establishes even a meager practice, while the average osteopath builds a well established practice in a comparatively short time, and the better the osteopath he is the bigger his practice, providing osteopathy is well thought of in that community. There is not another large city in the world where the osteopathic physicians are universally doing as well as they are in Los Angeles. I am told that 100% of the last graduating class of the Los Angeles College located in Los Angeles. Why? Can you blame them for locating where business is good? A professional man's office is likewise considered as a fair indication of the size of his practice and anyone who has seen the California offices knows that they compare with the average osteopathic office in the east, about as the better hotels of Chicago and New York City compare with the better hotels of cities of from 50,000 to 100,000 population, and their practices, and in many in-

stances their fees, compare at about the same ratio. All of which goes to prove that they are not practicing medicine or they would be starving to death.

Does anybody think well of medicine? No, not even the men in the medical profession. The public patronizes medical men today either out of habit or because of ignorance of something better. Nor does anyone think well of poor osteopathy or of a poor osteopath, yet, osteopathy is so well thought of in Southern California, that if it were equally well thought of generally throughout the United States, osteopaths could secure state and national legislation by an almost unanimous vote. In congress every southern California representative stood unqualifiedly for Osteopathy, and in the California legislature the vote of the southern delegation last year stood more than nine for, to every one against, on every vote on each of the three osteopathic bills. In the Senate the vote was unanimous on all three bills and in the Assembly, unanimous on one, and twenty-two for to one against on the other two, or a percentage of 95% favorable in the Assembly, and 100% in the Senate.

Think what a similar sentiment in every part of this country would mean to the future of osteopathy. From almost every community in the east comes the cry, "Wake up osteopaths or osteopathy will sink!" No one in California thinks of it sinking. They are concerned only in brushing aside the obstacles that hinder its progress, and that progress will be greater in the next few years than it has ever been before.

The question may be asked, why is California making such progress? The answer is three-fold. First, numbers; second Osteopathy intelligently practiced; and third, organization, team work, a leadership that recognizes that it is elected not to dictate, but to carry out the wishes of the majority, and a membership that spends its time working instead of criticising. An osteopath in Portland recently asked me this question. "How about it, are any of the California osteopaths criticising this new plan?" I replied, "Just one." His answer was this "I certainly admire the California osteopaths the way they hang together on everything they undertake." Which is true, and as one California osteopath put it, "We either have to hang together or hang separately, and we prefer to hang together."

I might go on and give facts ad infinitum, but what's the use? Those who desire to be convinced will find the above facts not only sufficiently convincing, but a warning to the east to stop criticising and get busy, while those who do not want to be convinced, or who like the person "Convinced against his will is of the same opinion still," would not be convinced by any number of additional facts.

To illustrate: I presented the above facts and many others to one osteopath in the east, and after he had found it impossible to disprove any of them, but still was not convinced, he came back with this statement:

"Well, why is it then, if the California osteopaths are such good osteopaths, that they have a man like Vanderburgh representing them on the state board? Everyone knows he is a medical doctor and that the only reason he was appointed as a member of the medical board was because he was recognized as a medical doctor, and that he is representing the medical profession and not the osteopaths." When I informed this particular individual that he was mistaken, that Dr. Vanderburgh was not a medical doctor—in fact, never had been inside of a medical school as a student, he threw up his hands and exclaimed, "Oh, why talk to a man like you who won't stick to the truth!" and walked out. I felt like saying as

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Drs. Forbes and Tasker did when I asked them why they did not reply to the criticisms of California. "What's the use?"

The facts as I have since corroborated them are as follows: Dr. Vanderburgh has never studied medicine, does not use it in his practice, and to say he ever represented the medical profession would, by any California osteopath, be considered a huge joke. On the contrary, he secured recognition for the Los Angeles College four years ago while a member of the college investigating committee of the State Board of Medical Examiners, when the college had been without recognition for several years. He was chairman of the legislative committee during the past year when three osteopathic bills were passed, and because of his excellent service was elected president of the state association this year. If you were to ask the California osteopaths, particularly around the Bay, who would rather fight for Osteopathy than eat, they would answer in a chorus, "Vanderburgh!"

I have given the above illustration to show that the eastern criticisms of California are not always based on facts, but many times on biased or incorrect information. That some of the California Osteopaths give drugs, no one would attempt to deny, but those who do are by no means graduates of the California school. Some are, but there is a reason and the reason is being remedied. The California graduates in Texas and other eastern states which grant unlimited licenses are not using drugs any more than the graduates of other schools. The fact remains, however, that in these states every osteopath has the right to use drugs, and since all look down upon their indiscriminate use, the younger man finds it necessary to apologize for using them instead of having a reason to brag about it. On the other hand, in the state of Washington, where osteopathic graduates were permitted to take the medical examination, and in California where the law permits the younger graduates, and a few others who have passed on oral examination, to use drugs, without giving that right to every osteopath, a few of these have considered it necessary to show off their rights, and supposedly their knowledge, by giving drugs indiscriminately. The California pro-

fession, however, think less of these few than do the osteopaths of the east.

One California osteopath who went with me to see one of these men, after we had listened to his exposition of a new drug he had just discovered (evidently in a Park-Davis folder,) said as we were leaving the man's office. "The poor simp—isn't it too bad that some men were born without brains?" Fortunately for osteopathy, the most of these have out a shingle as "Physician and Surgeon," instead of "Osteopathic Physician and Surgeon," and since the public pays little attention to diplomas, osteopathy does not suffer a great deal. These men are, however, in poor standing, and several of the most flagrant ones have been voted ineligible to the California Association, and the others, as Dr. Spencer has so ably put it, "Will soon see the folly of their ways, when they find themselves starving to death, and return to the fold."

Never have the osteopaths of any state worked harder than did the Osteopaths of California during the past year, under the able leadership of Dr. Spencer, to change the law that is responsible for this condition. Unfortunately the Governor vetoed the bill, but that will not keep it from passing again.

The reference to the practices of the California osteopaths may have suggested this question to the reader: If the osteopaths of California are doing so well, shall we all go to California to practice? I would answer No, for even California will some day have a supply equal to the demand. On the contrary, why not try a little California Jazz on your own community? If every state would work as unitedly as does California, and their officers recognize as keenly that they were chosen to represent the majority and not to rule them, or the membership were given an opportunity to aid in the work of organization—a privilege which is often denied them by officers willing to represent the majority but too zealous to permit them to aid in the work—organizations could be built up in every community, which in a few short years, would change a seemingly hopeless situation into one so favorable, that we could go to congress or to any state legislature and secure, by an almost unanimous vote, anything we could ask for that was just and fair.



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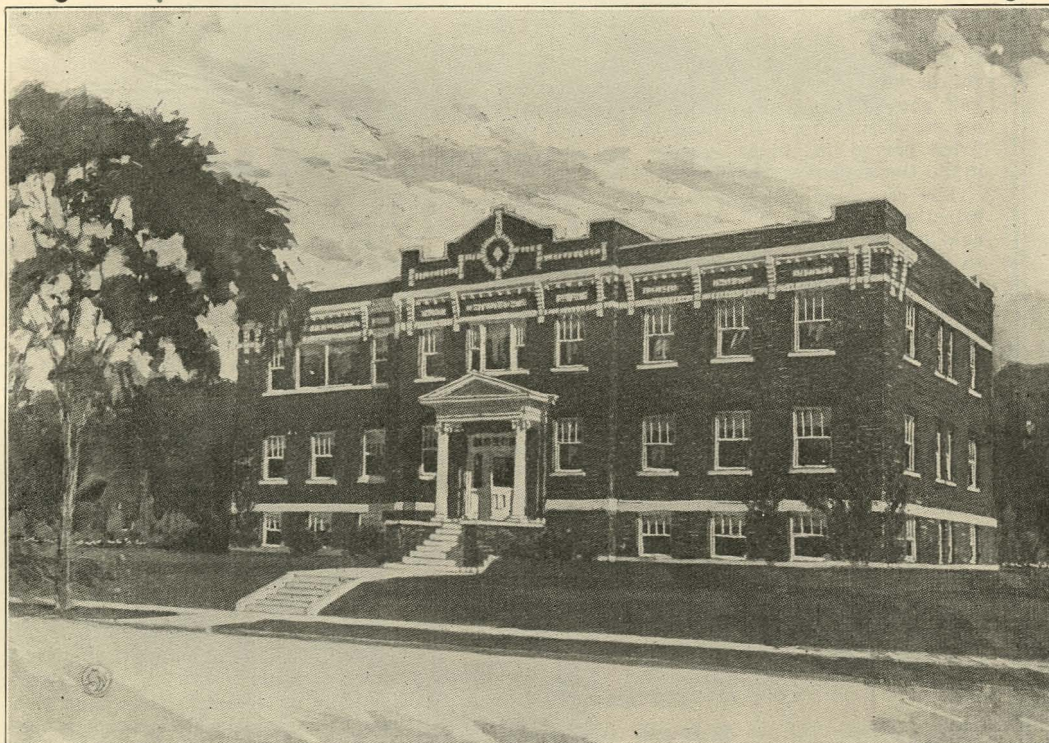
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Los Angeles County Society Discusses AOA and WOA Organic Incompatibilities

PERHAPS the largest meeting ever held by the Los Angeles Osteopathic Society took place November 3rd, at the Christopher Banquet Hall, during which the lack of mutual adaptability between the working plans of the AOA and the Western societies was seriously considered yet without finding the remedy.

The occasion was a reception to the returned service men of our profession, and 254 loyal men and women of the local profession turned out to extend the open arms of welcome, and made thoughts of joy moistened here and there with a threatened tear. All gave voices to the sentiment that they were sorry the boys had to go but were glad they had gone and very happy to have all but a very few of them return.

The program opened at 6:19 P. M. with a ten minute informal reception to the sixty-two Dough Boys who now are preparing to be real "D.O." boys; following this every three minutes until 8:00 o'clock something of unusual interest took place, beginning with the command to "fall in" and then go "over the top" with America led by "Hugo" Kerchoffer who is in charge of the community song service in Los Angeles County and who had charge of the community song service at Camp Lewis. He should have been named "Kick-off-er" because of his enthusiasm in the 'attack' and keeping every gun popping. The audience went wild when "Hugo" jerked off his coat and jumped on the table and with smiling eyes, clap of hands, turned-up-mouth corners, and a voice and personality that charmed the entire company, carried them every other number, or every six minutes, from triple pianissimo to triple forte, down diminuendo and up crescendo humming, chanting and actually singing until, as one man, they were on their feet at the finish, saluting and singing a tribute to our grand old Stars and Stripes.

The boys were especially honored by having present Dr. W. W. Vanderburgh, State President, who toasted the "Battle." He drew some splendid comparisons between the battle 'over there' and our battle for recognition; this was followed by Dr. Geo. Whitehouse, Western organizer, who responded to the toast "Victory" and made a splendid application of victory in every defeat. A telegram was read by Mrs. Goodfellow, welcoming the guests of the evening. The Bugle sounded and "Roll Call" of the service men by Capt. Ernest Bashor. The roll showed those present, missing, and listed as casualties, and the assembly stood for a brief period in silent respect for those who made the supreme sacrifice.

The reception was closed with a very fitting selection "America, I'm here" rendered in tenor solo by Dr. W. G. Green, who took first tenor in the "Loving Cup Win" at the Panama-Pacific Philharmonic Contest.

Following the reception, a business session of two hours was held in which all who were present, (including delegates from Pasadena, Long Beach, Pomona, Riverside, San Bernardino and Orange County societies) took a very active interest in noting the discrepancies between the AOA constitution and the constitution of the Western States. President Vanderburgh, of the California association, had announced the discussion in "Team Work," the bulletin of the LACOS, viz:

Dear Doctor:

It is no easy task to make our Constitution harmonize with that of the AOA. We of course desire to be a "divisional society," but it appears to me that changes in both constitutions are desirable. To accept the AOA Constitution as it now is would be to change our entire plan of organization.

Fraternally,
W. W. VANDERBURGH,

President.

Which do you think we should do? Answer by your presence.

While final action was not taken, it was practically unanimous that we let nothing disturb the harmony and strength of California or of the Western Osteopathic Association.

Dr. Vanderburgh outlined the program of the coming year for the State Association, particularly with reference to committee work and the legislative situation and prognosis. Dr. Whitehouse followed with a plea for more speedy responses to the requests of the state osteopathic administration, that the efforts of the Association might be more effective. Plans to get more students for the college, to meet the expenses of association speakers, and to pro rate car-fare to out-of-town visitors to joint meetings, were adopted.

That Hospital Boycott

Dr. Emery announced a committee to investigate the boycotting of osteopaths by the local hospitals and recommend the necessary remedy by the courts or otherwise.

Announcement of a paper to be published by the freshman class of the college, and the coming of the field day at Redondo Nov. 21st brought us to a close.

Publicity Committee

Dr. T. D. Ruddy, D. O., Chairman.
Marie Thorsen, D. O.
N. W. Giesy, D. O.

Dr. Cabot Tells the Truth about Drugs

[From Press Dispatches]

BOSTON, Mass., Nov. 5.—Dr. Richard C. Cabot, noted physician, tonight exposed some of the "neat tricks" which he says those of his profession practice upon the public. His address was before the Medical School Society.

Condemning the prevalent use of drugs he stated that out of some 400 diseases only seven were curable by using drugs while five may be curable by inoculation. "The people," he said, "ought to know this truth."

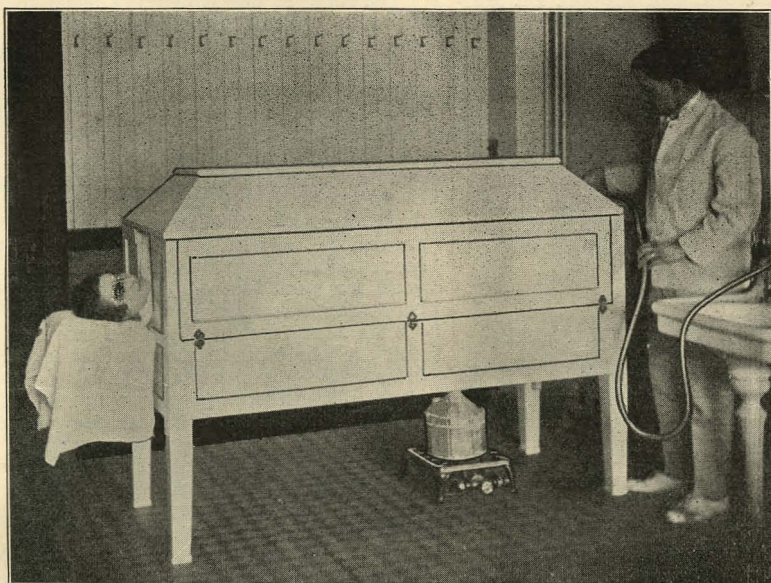
"I do not imply that drugs do not have value," he added. "But they are used too freely by many physicians."

British Medical Officer Reenters ASO

DR. George McDonald, a graduate of the University of Edinburgh with five years service in the British Medical Army Division in India, Egypt, German East Africa and other points, has re-entered the American School of Osteopathy to complete his osteopathic work, having taken two years of it nine years ago.

While in war service Dr. McDonald made the complete physical examination of over forty thousand patients, specializing in diagnosis, laboratory work and tropical diseases. He will assist the Department of Diagnosis at the ASO Hospital while in Kirksville.

He stated in a talk to the Rotary Club that the present course at the American School of Osteopathy equals anything in the way of instruction in the medical world, and that he had come all the way from Scotland, not only to get genuine osteopathy but a number of other subjects that were taught better at Kirksville than anywhere else he knows of in the world. Dr. McDonald is an enthusiastic osteopath and has a fixed determination to practice osteopathy rather than medicine.



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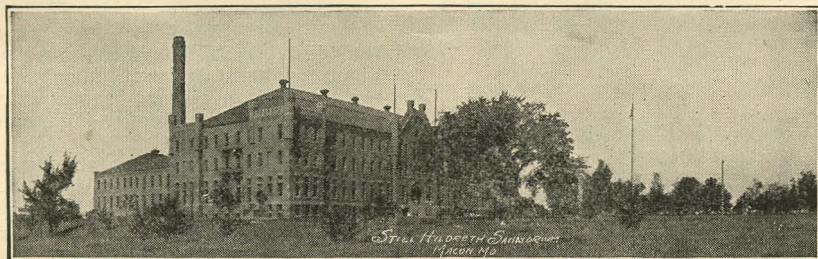
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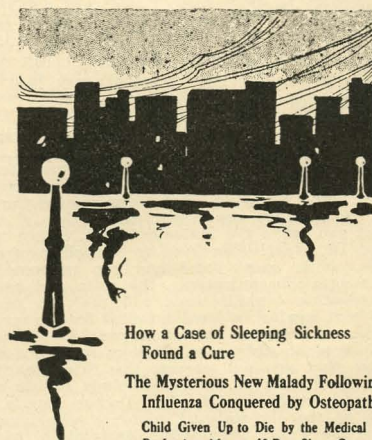
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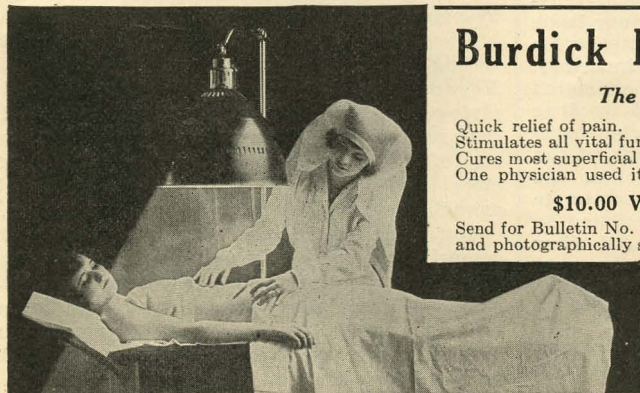


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The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVI DECEMBER, 1919 No. 6

TEXAS ASSOCIATION SPEAKS UP FOR DR. M. B. HARRIS.

Two issues back we printed the appeal of Dr. M. B. Harris of Amarillo, Texas, for AOA support in a local suit he is pushing against the medics to prevent them keeping him out of the local hospital where for some years the doctor has been accustomed to do surgical work.

Last issue we stated on the editorial page that the AOA would have nothing to do with Dr. Harris' suit because he is not an association man. Also that the AOA did not believe that the doctor's suit was of more than ordinary or local importance to the profession. We were told so by President Hugh Conklin, speaking for the American Osteopathic Association.

We also stated, what we understood to be the fact in discussing this case, that Dr. Harris had not affiliated with his local Texas association either, and had not contributed to its efforts to establish the profession legally in its former and official battles so that his Texas conferees were also not going to assist him.

From the following letter which we have received from the Secretary-Treasurer of the Texas Osteopathic Association we find that an injustice has been done Dr. Harris in so far as his home state connections are concerned, and so we gladly print the correction as prominently as the error was stated last month. The letter of correction follows:

Temple, Texas,
November 26th, 1919.

In the last issue of your paper some reference is made to the case of Dr. M. B. Harris, of Amarillo. Now, while I have misplaced the copy of your paper containing the article, I recall that you make the statement that, owing to the fact Dr. Harris has lived to himself professionally, so to speak, and has not supported the osteopathic organizations, the state and national osteopathic organizations will take no part in his suit against a local hospital for recognition.

Now I am quite sure that you have been misinformed in this case, Doctor Bunting, and I trust that you will correct this false impression you have painted upon the minds of our members about Doctor Harris. Doctor Harris, was one of the six stalwart pioneers who incorporated the Texas Osteopathic Association, back in 1900. Doctor Harris spent much time during the several legislative battles for osteopathic recognition. Dr. Harris, not only gave of his time but of his means for this work. Doctor Harris has been a member of the State Association since its organization, with perhaps the exception of one or two years when the health of his wife took him out of the state or his Post Graduate Study took him away.

Personally I would not know Doctor Harris, were I to meet him, as he lives in one section of the state far removed from the annual meeting place of our association and seldom attends, but I am quite sure that the Doctor does not deserve the black eye you unintentionally gave him, even tho he is devoting his energy to his special field of surgery.—H. B. Mason, D. O., Secretary-Treasurer, Texas Osteopathic Association.

We presume, then, judging from Secretary Mason's letter, that the Texas Osteopathic Association feels the call and will support Dr. Harris, morally if not financially, in his fight against medical oppression.

Now is this not a queer situation where our national body discredits a member of the profession who is admitted by his state organization to have been one of its founders, at present a member, and to have given freely of his time and means to help on the osteopathic cause?

We regret that we unwittingly did Dr. Harris an injustice, and if his home state profession is for him—as must be inferred from Dr. Mason's letter—so are we.

DR. CABOT SUSTAINS OUR POSITION

We would like to call the attention of several members of the profession who objected to our June issue of *Osteopathic Health*, entitled "95 Per Cent of all Diseases are Beyond the Realm of Medical Victories," to the statement of Dr. Richard C. Cabot, quoted elsewhere in this issue, who has now declared publicly the same basic facts that we set forth as our June periodical, only less conservatively than we put them.

Three good progressive men took a fall out of the editor on this issue as though the title and, to some extent at least, the contents also were quite wrong, and as if it were very faulty in judgment for use as osteopathic propaganda. Needless to say we believe these gentlemen were very wrong in their radical criticisms. Considerable argument failed to change the opinions of either doctor one particle. And yet these men are really wide-awake progressive osteopaths.

One of these thought the title especially was very erroneous and misleading, and calculated to excite unfavorable criticism for osteopathy, etc.

What does Dr. Cabot say as to the fact set forth in our title?

He says that 96-2/3 per cent of all diseases are beyond the realm of medical victories! *Osteopathic Health* said only 95 per cent.

If it is true when Dr. Cabot says it, it was also true when an osteopathic editor said it—wasn't it?

Dr. Cabot says that "out of some 400 diseases only seven are curable by using drugs while five may be cured by inoculations." That makes 12 diseases out of some 400. That figures 96-2/3 per cent. *Osteopathic Health* was 1-2/3 per cent under stating the whole truth as Dr. Cabot has revealed it.

Osteopathic Health, however, credited medicine with victories over only eleven diseases while Dr. Cabot counted a possible twelve. We should like to know what the doctor's additional disease is that he puts in this list.

Your editor's statement which was written seven months ago was wholly independent of Dr. Cabot's position in this matter and had no reference to any similar statement he may have made earlier. While we knew, of course, his attitude on drug therapy in a general way, we were not influenced in any degree by anything he had ever written. We drew our basic facts from Lane's writings in *Osteopathic Health*, now available in book form in "A. T. Still, Founder of Osteopathy," and estimated the percentage of diseases not helped by drug therapy at 95 per cent as a bit of original computation from all the well known facts of the situation. Not only did we believe that the percentage named was a good sensible estimate of the share of diseases, numerically listed as different diseases, but we were convinced, after giving the subject some study, that it would be as good an estimate as anybody could make of the total number of cases of sick persons who logically could not expect cure by drug agencies, accepting as true (for argument's sake) all the claims made for the cure of those

few ills listed as curable by specific drugs, vaccines and serums.

Yet some of our colleagues seem to feel that we were "in bad" in this estimate, or in using such facts at all for osteopathic propaganda. We are proud to see that such an untrammelled, sincere, competent authority as Cabot sustains the editor's position fully.

Sometimes in debating with his more intimate friends of the profession over the high standard, originality and dependable merit in *Osteopathic Health* the editor is wont to say in all candor, "It's better than you really know, or realize. When you don't like it there is room for argument whether it is not really too good for you, instead of being, as you sometimes say, not good enough."

This June issue presented a message of truth that the world needs, and that osteopathy needs to have the world know. The editor was proud of it. To osteopaths who said they "couldn't use it because the M. D.'s in their home towns wouldn't like it," the editor replied, "Never mind the M. D.'s and what they like or dislike—osteopathy is not built and will not go forward on medical favor. The point is, is it true? If it is true, circulate it."

"But I think it is too hard on the M. D.'s," reported a certain weak brother. "The hell it is!" we answered. "Don't you think promiscuous druggery is infinitely harder on millions of poor human beings who have their health destroyed and often come to untimely graves because M. D.'s persist in practicing and boosting an exploded, charlatan, superstition in the name of scientific therapy?" There you have it in a nut shell.

THE NEW AOA DIRECTORY

Dr. E. A. Archer of Pullman, Washington, writes to ask "would it be possible for you to stir the new AOA officers up to the point that we may have another professional directory?"

Aren't you a little unreasonable in this request, doctor? Don't you know that they gave you a directory in April, 1918, just twenty months ago? What do you think an organization deriving \$35,000 of revenue from dues annually ought to do for its members in exchange for ten dollars per caput per annum—print a new directory every year? Be reasonable, man. Be sympathetic.

You must realize that the Orange office is very busy now frying other fish. They are in commercial business now, you know, soliciting and selling bulk orders of field literature to the profession; and since they have put themselves vigorously into competition with corporate and private publishing houses that serve the profession—and this commercial competition is a fierce game of extinction for one of the other side that plays it—you must be reasonable and patient. Give them time at Orange. You must not expect the sort of service under these arduous circumstances that you could demand of the AOA were it merely a great scientific, social and professional brotherhood, with nothing to sell the membership except such service as could not be supplied by private initiative on a commercial basis.

The Orange office is now more interested in selling you a thousand copies of *Osteopathic Magazine* monthly on annual contract than in giving you a directory, or giving you acceptable case reports, or good clinics at conventions, or any of the other small and inconsequential society services that you seem to be selfish enough to expect in exchange for your money.

You must realize that the Orange office is compelled to make a showing of profit on our subsidized association field literature business since this speculative venture has really wasted thousands of dollars for the AOA treasury to date and there are signs that the profession is about to look into its investment.

The Violin and the Music Master

A FABLE

A VIOLIN quite out of tune criticized the Composition of the Music Master, pointing out insistently where theme and harmonies were spoiled by defective time and obvious discords, and demanded that the Music Master should write Perfect Music before appealing to the admiration of Violins.

"The image of one's eye is blurred by its own organic defects, the report of the ear becomes muffled by its own intrinsic errors," replied the Music Master. "Each person has the defects of his own qualities. The defect is not with my Composition but with your own Pegs which have so slipped and loosened your Strings that you do not vibrate to the joy and worth of my Composition.

"First let me tighten up your Pegs and tense your Strings and then you may come to understand and find joy in the Art of my Work."

The Master thereupon turned up the Violin, put it in harmony with his Inspiration, after which it was able to feel and reveal the glories of his Composition with fidelity to the Master's Art.

Moral: A physician who has never written one scientific case report in his life or penned a useful contribution to the technical literature of his profession should indeed hesitate to criticise field literature created for his service in the Laboratory of Advertising and Journalistic Specialism. Every man for his own craft. The person who has not shown eminent attainment or leadership in his own work, let alone in the literary and advertising fields, should not feel competent *on that account* to form expert judgments about a highly Technical Service which is a synthesis of two difficult and deep sciences, namely, Journalism and Advertising. The beginning of progress comes when we learn to respect and trust Expertism in any field of action. Differentiation of form and specialization of function should be the guiding law of Osteopathic Life and Growth, just the same as it is throughout all nature.

So the mills of solicitation and sales grind busily on at Orange and if the Directory that was due April, 1919, is still a few more months coming out, don't worry. Try to find consolation in the hope that Orange enterprise may yet turn that serious annual loss on Osteopathic Magazine into a few cents of profit.

Another thing: You should realize that the new officers of the AOA you speak of have nothing to do with such matters as publishing—and really, not much authority over anything. Publishing directories is in the same hands it has always been in. True, a new secretary was elected at the last Chicago convention and certain organization duties were divided up with him; and a new editor has taken over that detail, but the old Orange office goes on, as ever, under the same old auspices, with merely a change of title and after this sloughing off of a few detached duties now settles down in the same old way to run "the real business" of the AOA, the most active part of which obviously is your association advertising and job printing business. Of course you're proud of such able society management and leadership. Naturally!

SKILLED LABOR'S EARNINGS

As skilled labor is being paid today in many fields the osteopathic physician should receive a minimum fee of \$3.00 per patient if he were to be evaluated only in the class of "skilled technical labor."

Magazine with the Blue Mountain Cover carries a masterly plea for osteopathy as the "Proper Treatment of Winter's Diseases." No knocking here, gentlemen, unless you regard Truth as a slander. Do you? Surely not. It is a fine editorial, full of science and fact, in Bunting's best vein. That cover, too, is beautiful.

Osteopaths' Suit for Recognition Set for December 5th

From Los Angeles Evening Express

HEARING on the application of the College of Osteopathic Physicians and Surgeons of Los Angeles for a writ of mandamus directing the Board of Medical Examiners of the State of California to approve graduates of the college as eligible to take examinations before the board, was set today for next Friday by an order entered in Judge Jackson's court.

The college, in its petition, alleges that October 27, the state board decided that the college should no longer be approved as an institution qualifying its graduates to take the examinations, and asserted that no member of the board had ever attended a lecture of class at the college except one member who, at the meeting when the vote of disapproval was taken, cast a minority ballot in favor of the institution.

The action of the state board was characterized in the petition as "a capricious, wilful and arbitrary refusal" to comply with the act of legislature governing the qualification of candidates for the medical profession.

The state board it was said would defend its action on the ground of public policy.—*November 29th.* [Case postponed several days.—Ed.]

The Best Christmas Gift

You can send a friend or patient the little December magazine with the Blue Mountain on the cover telling him "What is Proper Treatment for Winter's Diseases." One of Bunting's best. The cover is real art.

My Septennial

By John Barr, D. O.

THERE is an old custom, rich in tradition and well worth while in thought. It is favored more by scholars perhaps than other classes of men and it seems to be altogether too leisurely to suit modern tendencies. Yet the man of today, busily intent on "getting on" might perchance gain his ends more rapidly, did he pause in his career to make a personal use of the custom.

I am speaking of the habit of spending one year in seven in getting out of the beaten path and letting life lie fallow while the time is spent, perhaps, in travel abroad as is the classical instance.

Of course, we are all too busy to intercept the forward swing of our ambitions in any such manner nowadays, but nevertheless, I have been indulging in my Septennial—much to my satisfaction. True it is, my journey abroad took on none of the classical dimensions. I did not go abroad; I did not spend a year in consumption. Yet as I say, the purposes of such an interlude have been fulfilled to my gratification.

Seven years have passed since my graduation from school. Seven years of effort and work and friendships, all carried on in surroundings rather definitely isolated from my school-days. Now in the seventh year, I have paused to reconsider.

It may be the ties of friendship founded in the old days first caused me to look backward, for out of the seven years has come the exquisite lesson of true friendliness. But whatever may have primarily induced this retrospection, the renewal of time-endured friendship has not been the only gain. I have learned that by retracing in the Past some of the steps there taken, one may with renewed confidence and reassurance look to the Future. The progress of the next seven years will be built largely upon the foundation of the mistakes, the failures, the successes of the previous seven.

My trip of contemplation has its starting point anchored in school associations. There I first comprehended technical training for my life-work, first shouldered direct responsibilities, and first founded the endurance of matured friendship.

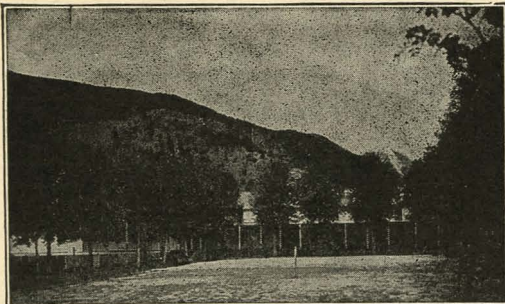
As a member of a rather sharply defined group of men, I was deeply impressed with several personalities which have since scattered. There I was associated with them in a loyal unit of aspirations and aims. Now, the tie is all but ephemeral. Each is located afar. The wideflung domains of our own country do not encompass all, for one is now on the high seas and another has not yet returned from war service in France.

During my septennial sally, I have revisited some of these former companions; recommunicated with many of them. I have seen the shining light of assured success, and the dark despair of utter failure. I have amazingly considered the note of true professional genius in one and have regretfully felt another slipping away into outside interests. I have followed hard on the trail of one ever looking for pastures green and I have broken bread with a sturdy plodder who does not yet know how he is coming out.

Happiness, disillusion, contentment, wanderlust; ambition and lackluster—all have passed before me. From each I have striven to gain the essential truth, for of such is built the path over which we make the journey of life.

Out of the pregnant Past comes the enfolding Future. Out of these separate strands of diverging experience is being woven the bond which may help to hold the uncertain course toward the far off horizon.

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

IN THE DOCTORS LIBRARY

"The Six Best Books for An Osteopath to Read"

KEEN interest is being shown by a great many for the recommendations by individual osteopaths as to "the six best books for an osteopath to read." We knew when we began this department in the August issue that it would interest ourselves greatly but we were not sure it would appeal so much to others. We always have been keen for knowing what kind of books any person reads in whom we are especially interested. It is both a front and back door introduction to his intellectual life. We feel that we know how to classify him and about what to expect of him if we know what he reads and studies.

Then there is that other big adventure of getting tips on new books or important books with which we are unfamiliar. Surely this one advantage alone makes it a real privilege to know what our co-workers value and recommend to us for our own studios hours.

We may say parenthetically that The *OP* is prepared to supply its readers with any of the books listed in these recommendations, or any other medical books wanted that are on the market at their regular selling price, plus postage. If you want some medical or osteopathic books (that are in print) and don't know where to obtain them, just send your order to The *OP* and we will do the rest.

These recommendations of our people for the "Six Best Books for An Osteopath to Read" will be published just as long as our field will send them in. We think it a valuable feature to keep going for months. Will you send in your *six preferred books* for a later issue?

By Dain L. Tasker, D.O., Los Angeles, Calif.

In re your request for a list of six best books for the osteopaths to read I submit the following:

Applied Anatomy. The Construction of the Human Body Considered in Relation to its Functions, Diseases and Injuries. By Dr. Gwilym G. Davis.

Hilton's Rest & Pain.

The Integrative Action of the Nervous System. By Dr. Chas. S. Sherington.

Diagnosis & Therapeutic Technic. A Manual of Practical Procedures Employed in Diagnosis & Treatment. By Dr. Albert S. Morrow. Dictionary of Medical Diagnosis. By Dr. Henry Lawrence McKisick.

The Case History Series. Published by Wm. Leonard, Boston.

Preventive Medicine & Hygiene. By Milton J. Rosenau.

A Synopsis of Medical Treatment. By George Trebor Shattuck.

You will note that I have listed more than six books. I have listed them somewhat in the natural order of educational sequence. The Case History Series is made up of several volumes covering different divisions of practice. The reading of them would give our people a better understanding of what the Osteopathic Academy of Clinical Research would like to have in the way of contributed case reports. The last book listed, "A Synopsis of Medical Treatment," is a small volume which sets forth in a concise manner, that which is now considered justifiable medical treatment. The exceedingly short list of so-called useful drugs given in this book will give the reader a good idea how severe an eliminative treatment has been applied to the pharmacopeia by the leaders in medical education.

The foregoing list of books will serve to give our osteopathic physicians a clear cut understanding of what constitutes scientific medi-

cine as it is now being practiced by the best of physicians.

By C. E. Abegglin, D. O., Colfax, Washington.

Since your symposium of "Books Osteopaths Should Read" is open to "all comers" I shall have my say.

1. In the first place I wish to say that without doubt the best thing that osteopathy has yet produced is the book of Professor M. A. Lane, published by The *OP* company. Last winter, both during and after the flu epidemic, I gave this book to two ministers to read, with the request to study it and not merely read it thru, because I had other copies, and was not in a hurry to get them back. Each kept the book for about a month, and the first clergyman, when returning, said, "You fellows certainly are on the right track, and the book is simply fine." The other clergyman had been rather skeptical about osteopathy, was sure that it was good for many things of course, but felt that there are other things that medicine is better for, etc. After reading the Lane book, on its return he said: "I am thoroly converted to osteopathy."

I believe that all osteopaths ought to have all the osteopathic books published, to begin with.

2nd. Some good Anatomy. Gray or Piersol.

3rd. Some good Physiology. Starling.

4th. Treatment of Fractures by Mobilization and Massage. Mennell.

5th. Book on the Physician Himself. Cathel.

6th. Nerve Injuries and their Treatment. Stewart and Evans. Both Lovett's and Millard's "Infantile Paralysis" ought to be read and compared.

[To be continued.]

Will you send in your recommendations?

That Row in Pennsylvania

(Continued from page 4)

"When every part of the machine is adjusted and in perfect harmony health will hold dominion over the human organism by laws as natural and immutable as the law of gravitation.

"Every living organism has within it the power to manufacture and prepare all chemicals, materials and forces needed to build and rebuild itself, together with all the machinery and apparatus required to do this work in the most perfect manner, producing the only substance that can be utilized in the economy of the individual.

"No material other than food and water taken in satisfaction of the demands of appetite (not perverted taste) can be introduced from the outside without detriment."

"At the last session of the Pennsylvania legislature a bill was introduced to amend the osteopathic law. This bill, in its original form, was meritorious, but a clause which would have conferred on the osteopathic profession the rights to administer drugs, a highly dangerous procedure and inimical to the public welfare, was inserted later. This clause was vicious and so headlined by a prominent Philadelphia newspaper at the time.

"After much contention, it was agreed that this clause was to be stricken out, but contrary to said understanding it was kept in the bill when it came up for final passage. We are grateful to the house of representatives for roundly defeating it. Why is it that those who so desire this privilege do not transfer their allegiance and become doctors of medicine?

"We hold that any osteopathic physician who prescribes and administers drugs or any osteopathic college which teaches materia medica is not only disloyal to our principles, but a menace to the public health.

"In surgical procedure, we concur with the schools of medicine in the employment of anesthetics and antiseptics. Our hospitals could not exist without them.

"While antidotes are the heritage of everybody, even the laity, they come in the class of emergency measures.

"The great point of diversion is on the intro-

duction or drugs into the human body to cure disease.

"The president of the medical board has taken occasion to state that virtually all osteopaths are violators of the medical act. This is absolutely incorrect. Legitimate osteopaths are as law-abiding as those of the other professions. Because a few have proved recreant to our principles in no way reflects on the body of the profession.

"Every offender and violator of the medical act should be prosecuted, and it is clearly the duty of our officials to aid in such prosecution and not attempt to shield and protect one clearly guilty of its violation. We commend the verdict and regret exceedingly being compelled to make this public statement in repudiation of the testimony of those who could corrupt the pure principles we advocate and the profession we love."

The Weakness of the Pennsylvania Osteopathic Association's Newspaper Utterance

Our Association is amazed to learn that one of our colleges has so far departed from its hitherto high standard as to be guilty of alien teaching. It is most deplorable.

We take this means of publicly repudiating so much of their testimony which relates to the internal administration of drugs for it is manifestly incorrect, and out of harmony with the osteopathic concept. Internal drug medication is not a part of our system of therapy, and when osteopaths resort to such methods they violate the law and automatically confess their lack of knowledge of the fundamentals of osteopathy.

We hold that any osteopathic physician who prescribes and administers drugs or any osteopathic college which teaches materia medica is not only disloyal to our principles, but a menace to the public health.

In surgical procedure we concur with the schools of medicine in the employment of anesthetics and antiseptics. Our hospitals could not exist without them.

While antidotes are the heritage of everybody, even the laity, they come in the class of emergency measures.

QUERIES

How can osteopaths use anesthetics, antiseptics and antidotes for poisons if these three classes of drugs are not taught in osteopathic colleges?

How can osteopaths administer anesthetics and antidotes except *internally*?

Does a drug cease to be a drug when we call it an "emergency measure"?

If we *must* dogmatise, why not revise the dogmas of a quarter century ago to fit present-day practice?

Why stultify ourselves this way before the public?

Caesarian Section Before ASO Students

A CAESARIAN section was recently performed on Mrs. William S. Charles at the ASC hospital, Kirksville, before the senior students.

It was done by Dr. George Still, Surgeon, and Dr. B. D. Turman, Obstetrician. The baby, a boy, weighed ten and one-half pounds. Dr. Still persuaded the parents to name the youngster after Julius Caesar. Caesar's mother did not live, probably being dead before the famous Roman was released. In the Kirksville case the mother did nicely and her organs were removed after delivery. The case was somewhat of a record as less than thirty minutes elapsed from the time the woman was taken into the operating room, and both operations performed, until she was put back to bed.

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.

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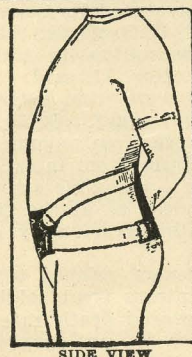
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Special Treating Rooms for Patients Not Living in the Sanitarium

Address Dr. L. H. English



SIDE VIEW

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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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Doylestown, Pennsylvania

Indications for Tonsillectomy

This is offered to present definite reasons for tonsillectomy, reasons which are not always clear to the general practitioner. Heretofore there were apparently only two indications for this operation. One was repeated attacks of quinsy, and the other when tonsils protruded beyond the pillars. We know now that tonsillectomy is indicated in only about twenty-five percent of the cases, as outlined in my communication to the AOA Journal, May, 1915, (CONSERVATIVE SURGERY OF THE TONSIL) a circumcision of the tonsil separating the pillars from the parenchyma. Many diseased tonsils cannot be detected without pulling the anterior pillar forward, and often are the most treacherous type.

The indications for tonsillectomy may be classified as follows: Repeated attacks of cryptous tonsillitis, frequent tonsillar catarrh marked cheesy crypts, pus exuding from peritonsillar tissue, and when interfering with voice production.

In the chronic degenerative type the tonsil is often submerged and difficult to examine, the plica-tonsillaris completely covering the parenchymatous tissue. This kind of a tonsil the general practitioner will diagnose as normal or non-pathological. These cases will report an offensive odor and bad taste in the mouth, the diagnosis however, is questionable, as the teeth, accessory sinuses and gastro-intestinal condition should be considered.

About 90 per cent of auditory impairment is due to naso-pharyngeal diseases with the tonsil a cardinal causative factor.

Tonsillectomy is indicated in cervical adenitis with a non-tubercular history or lung involvement, repeated attacks of bronchitis pointing to tonsillar infection, asthma in early childhood with questionable tonsils, acute or chronic articular rheumatism with diseased tonsils, acute nephritis preceded by acute tonsillitis, chorea with tonsillar infection, arthritis deformans by exclusion, and transitory joint disturbance with chronic pharyngitis.

Valvular diseases of the heart is a common sequella to articular rheumatism which in 90 per cent of the cases it due to tonsillar infection. In these cases tonsillectomy is indicated as a prophylactic measure to arrest the progress.

Tonsillectomy when properly performed will not damage the throat, or interfere with voice production, either Sluder operation or the dissection method may be used. I am using the Sluder technique in 95 per cent of my cases. —James D. Edwards, D. O., M. D., St. Louis, Mo.

Medical Helplessness in the Epidemic

A paper read by Colonel F. F. Russel, U. S. A., which was to have been presented by Surgeon General Merritt U. Ireland, U. S. Army, before the Southern Medical Association in public session at Asheville, N. C., Nov. 11, said:

"Of 98,000 deaths, 48,000 were from external causes (referring to the late war). Of 50,000 deaths otherwise, 40,000 were from pneumonia and pulmonary causes. Deaths from intestinal causes had been reduced to a negligible amount. Yet we are nearly as helpless as at the time of the Civil war, in handling respiratory diseases."

Yet these medical gentlemen refused to allow 1,500 osteopathic volunteers treat soldiers and prove by a greatly lowered death rate in respiratory diseases that we are not nearly so helpless as at the time of the civil war.

—Chauncey Lawrance, D. O., Asheville, N. C.

Child Welfare in Colorado

The chairman of the Woman's Bureau of Public Health of Colorado is proud to report that Colorado is the first state in the Union to establish a State Child Welfare Bureau in conformity with the Federal Children's Bureau. The osteopaths did their part in securing the passage of the bill in our last legislature. During the past month the Denver Osteopathic Association has established an Infant Welfare Station or Baby Clinic which will be conducted under strictly osteopathic auspices, and under the direction of the State Child Welfare Bureau.—Jeanette H. Bolles, A. B., D. O. Denver, Colorado.

My Responsibility

Yesterday a fine big Swede less than 40 was buried—pneumonia. First I knew he was ill.

Last year I treated him with very good results for Grand Mal. Later he brought his little girl from Chorea. Results equally satisfactory.

We are taught it is unethical to "Advertise our results." But that does not relieve me from feeling responsible for a widow and three children without a Dad who did not think of Osteopathy for acute pneumonia.—H. L. Landis, Secy., Ind. Os. Assn., Elkhart, Ind.

Those Three Disease Realms

Don't forget that man is a soul working through three bodies, the physical, emotional and mental. The lesion may be in any one of them. After the physical is thoroughly investigated try to get in touch with the emotional and mental nature of the patient and above all surround your patient with an atmosphere of optimism and hope. It will accomplish wonders. Don't fix the patient's mind on his symptoms: Talk health to him, but do it tactfully.

—Lillian B. Daily, D. O., Rochester, N. Y.

D. O. Economics

Doctor, if the \$2.00 fee with a \$1.00 purchasing value is satisfactory to you now you have been a profiteer in days gone by. If you can make the old price meet present demands you are a financier and should be a banker. I am convinced however that but few physicians are financial wizards, and for us to fail at this time to adjust our prices to the purchasing power of money is a decided backward step for our science and profession. Don't wait to improve service before raising price. Improve it if you can, but that has not been the rule with other necessities—wool is no warmer, leather no hardier, nor sugar sweeter than before the 100% raise.—E. W. Patterson, D. O., Louisville, Kentucky.

Live at Peace with Competitors

The attitude of the Osteopathic School to the older schools of healing is wrong. We are taught, faciously perhaps, in our schools that we must hit first, as well as hit hard in our fight against medical practices. Why should we hit at all? True our ideas differ radically; true also we have at times been mistreated by men who believe in pills. Perhaps they have had some reason to mistreat some of us, and like the Indian believed in exterminating the whole race.

Moral: Be honest with your medical brother and make him your friend. You'll like him.

—D. Marty, D. O., Moberly, Mo.

A Frank Medical Quotation

Says a Western M. D. temporarily in the East and under my treatment, "I tell you, Doctor, the orthopedics have nothing on the osteopaths. All they know is strapping and casts and in my experience, not very successful at that." At another time "The old-school doctors have a good deal to learn yet. We spend a lot of time studying a serious case with our microscope and in the laboratories, but the patient gets tired of having nothing done for him, goes to the osteopath and gets cured. We are losing to the osteopath in that way all the time, for the patient cares nothing about the method—all he wants is the result." This doctor is most frank and the most appreciative for what the treatment is doing for him of any patient I have had for a long time.—*Alfred W. Rogers, D. O., Boston, Mass.*

Osteopathic Vision

What the osteopaths need more than anything else is an enlarged osteopathic vision, as "Dad" would say. Too many do not see further than the ends of their noses. We have the condensed medical knowledge at our finger ends, we are indeed rich, but many think we are poor and wander away after strange gods.

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

Respect Professional Mystery

If you want the patient to look up to you and trust you because of what he imagines you know, don't tell him too much. What he imagines you know will far out-weigh what you know.—*A. N. Ovens, D. O., Springfield, Illinois.*

Demonstration Not Talk

Some are complaining that we did not have enough osteopathy on our recent AOA Program. If as some seem to think "osteopathy" begins and ends with an examination of the spine and ribs and the application of manipulative technique, we hadn't much of it, but if we could have a great variety of clinics upon which to demonstrate what Butler calls the "Diagnostics of Internal Medicine" we could well afford an "off year" of "manips." If there is one department in which physicians of all schools are weak in it is differential diagnosis. After a correct diagnosis is made, the application of osteopathy, including conservative surgery, will result in a greater percentage of success than any other school of medicine, but we, especially those who have been practicing longer, must brush up on internal diagnosis. If the next convention is held in Chicago much of the program should consist of operation of actual hospital cases, acute, chronic and surgical, at the Chicago Osteopathic Hospital. What we need is demonstration and not talk.—*Chas. J. Muttart, D. O., Philadelphia, Pa.*

Do It Now

The Irishman said to the fellow stuttering: "Quit talking so much and say something." It is time for us to quit talking so much and do something. We talk about how little the public knows about osteopathy yet we are doing the minimum in the education of the public. How little our patients themselves know! How much less the stranger to osteopathic treatment knows! We believe that the education of the public as it should be done is the underlying solution of all our problems; our school question, the practice question, the legislative problem, the hospital problem, the army problem and all. Let's inaugurate a great educational crusade on the public for a period of five years, anyhow.—*M. C. Hardin, M. A., M. D., D. O., Atlanta, Ga.*

Diet

The big thing that grows bigger on my therapeutic horizon is the subject of diet. And the milk diet and the fruit and green vegetable diet seem to be attended with more decidedly noticeable results than any other, altho two cases of pellagra did best on Salisbury meat diet, the one after milk diet according to Porter and then Salisbury. Can't we have some primary lessons in diet to get an interest started?—*H. S. Beckler, D. O., Staunton, Virginia.*

Pain in Back from Intestinal Stasis

The professors in the Osteopathic College that ordered 17 X-Ray pictures made of a spine in search of lesion-causing pain in the back that was due to intestinal stasis, had better study diagnosis. After failing to receive any benefit from hot water bottles and massage prescribed by osteopaths the patient secured complete relief from the pain by the use of a rectal dilator. In the above case the medical men advised an exploratory operation on the back to search for the pain.—*C. A. Dodson, Little Rock, Ark.*

Study Other Fellow's Technique

Christ said, "Therefore all things whatsoever ye would that men should do to you, do ye even so to them; for this is the law and the prophets," and one might spell the last word "profits," and apply to osteopathic practice. Half the profession have some "pet" lesions which they have failed to have corrected. One reason is due to the fact that we don't realize how inefficient our treatment feels to the other fellow. If we would study the technique of those who treat us we could vastly improve our own. I have learned more of the efficiency of various methods in this way than I did in observing the demonstrators in three osteopathic colleges.

—*Leslie S. Keyes, D. O., Minneapolis, Minn.*

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for Osteopaths**

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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.

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3030 Tracy Ave. Kansas City, Mo.

Sample Case

Small boy—bad cough nights—everybody awake in the house for a month—cough medicine galore, etc.—family distracted—consumption ahead (?) etc., etc. Lesion 3rd Cervical rotated to right. Cough stopped in 24 hours. Family ready to turn handsprings—and sleep.
—A. W. Hart, D. O., Boston, Massachusetts.

Make Them Take It Seriously

Do all we can to make the people accept osteopathy more seriously. Their idea that "every little helps" is hurtful to the profession and belittling to our principles and practice. We do them good. Make them admit it.

—C. M. Case, D. O., St. Louis, Mo.

More Light in Osteopathy

Lift up your eyes, Oh Ye D. O.'s and let them ever be open to the truth; ditto your mind. I love to hear and read of specific techniques, careful diagnosis, etc., and too, I am pleased to note that a goodly number are directing our attention to the eyes, ears, nose and throat. Fine! keep it up. A rotten tonsil has no claim to a cure; it can't be done. Nasal polypus, sprues, etc., are osteopathic lesions just as truly as are rotated dorsal vertebrae. Be specific. "Fit it."

The Old Doctor used to tell us, "If you step on a cat's tail and it cries, don't pet that cat and say 'poor pussy' but take your foot off that tail." Likewise, if you find a too short fraenum keeping a constant tension on the point of the glans penis, especially during an erection, or preputial adhesions fixing structures to the glans penis or clitoris, rectal pockets, papillae, ulcers, etc., don't turn away, like the priest and the Levite, and leave the helpless sympathetic nerve to suffer.

You can not find if you do not search. If your "osteopathic string" reaches only from the occiput to the coccyx, throw it away and get another, or better still, add to it until it will permit you to extend your observations and corrective manipulations to the upper orifices, the rectum and genitalia, and let this *soak in*. The individual who stated that "God made one end of man and the devil the other" was in error. Let us join in the plea *More Light in Osteopathy*.—A. C. Tedford, D. O., Huntington, W. Va.

Points in Pediatrics

In obscure fever clean out the intestines, sweat as follows: Boil 4 ordinary bricks 20 minutes in vinegar. Wrap bricks in towels dipped in vinegar, cover with dry towels, place two bricks on each side of patient, cover patient with blankets. Acid of vinegar produces prompt, profuse sweat.

Examine all orifices, rectum as well as oral cavity and ears.

When unusual conditions are present in child, examine parents. Remember they brought the child into the world.

The quiet child is usually the most ill. A baby with a sore bottom howls louder than one with diphtheria.—Ira W. Drew, D. O., Philadelphia, Pa.

Simple Indican Test

A simple test for the estimation of indican can be made by placing 2cc of chloroform in a small test tube and adding 4¼ cc of urine and 4¼ cc of Obermayer's reagent. This is shaken thoroughly and on standing a few minutes the amount of indican present will be shown by an indigo blue deposit. If difficulty is found in locating a vein for the withdrawal of blood for examination the vein may sometimes be made prominent by using a vibrator for a few minutes on the forearm at the bend of the elbow or by striking a few times with a percussion hammer.—Robert W. Rogers, D. O., Somerville, N. J.

Shirtsleeve Professionalism

Thou shalt not appear in thy treatment room in thy shirt sleeves. Neither shalt thou be seen in thy reception room clothed in like manner, lest thou create a bad impression amongst thy patronage. Selah.—*Ernest C. Bond, D. O., Milwaukee, Wisconsin.*

Health and Accident Insurance

Several Health and Accident Policies (and of good Companies, too) contain a clause something like the following:

If accidental injury to Insured requires immediate medical or surgical treatment by a physician, surgeon or osteopath and Insured makes no other claim on account of that injury, the Company will reimburse the Insured for the cost thereof, not exceeding \$10, provided claim be filed within 90 days from date of accident, together with physician's, surgeon's or osteopath's receipt and certificate duly filled out on the company's blank.

When taking out a Health and Accident Insurance it appeals to me as a good business to look for this clause.—*Geo. M. McCole, D. O., Great Falls, Montana.*

Must Have Been Acute Dilatation

The only criticism I have to offer is regarding that article entitled, "Mitral Insufficiency and Hypertrophied Heart." I have no doubt whatever that the good doctor got the results that he claimed in this case, but the very fact that he got the results proved that his diagnosis was wrong. The case was, no doubt, one of acute dilatation of the heart and mitral insufficiency was caused by the acute dilatation.

As you know, a true hypertrophy, which means a hypoplasia of tissue, is not reduceable. True mitral insufficiency with regurgitation is caused by streptococcic infection. Streptococcus get under the valves and start up an inflammation which causes the valves to curl up and become insufficient. In some cases you know streptococci fasten themselves to the auriculo-ventricular opening, in which case, vegetations are liable to result, causing stenosis and thrill.

You know, of course, a condition of this kind cannot be cured—in fact, there is no way in which it could be remedied except by surgery, which, undoubtedly, would prove fatal.

This is not written in the spirit of criticism but simply to draw attention to the fact that if this claim should fall under the eye of an M. D. well trained in physical diagnosis, he would put the whole down as a fake. I think physical diagnosis is one of the things in which our older practitioners are very deficient and they would all do well to take a course in that branch of the science whenever possible.

—*J. C. Howell, D. O., Orlando, Fla.*

He Set the Jaw

Once upon a time I was called to set a lady's jaw who was very very much excited (as she was not just certain that any one could set it save her father who was a "psudo osteopath" and happened to be out of town when her jaw flew out on this special occasion.) Well, I set her up in a straight back chair and set her jaw—but law, she opened her jaw as far as she could and nervously called her sister to see if it was set just straight, and low and behold, that jaw flew out again and she wouldn't let me touch it but went to a surgeon and paid him a fee to set it. Ha! Ha! It's our failures as well as our successes that make us strong in the osteopathic faith, (for hasn't dad often slapped me on the head and said: "Bub, find it, fix it AND LEAVE IT ALONE.")

You see I should have made her keep her mouth shut. This is the best lesson on patient silence that I have ever received in my nineteen years of practice.

—*Eugene Pitts, D. O., Bloomington, Illinois.*

Helpful Office Assistants

Nose & Throat spray:

Alboline 100 parts

Menthol 3%

Phenol 1%

Sig-Spray with Devilbiss atomizer No. 15, A. M. and P. M.

Pruritis Ani:

50% Sol. phenol painted on anal tissue and left until same turns white; then paint over with alcohol. Repeat every few days until a cure is performed. Other tissue lesions must be corrected.

To be called a good physician, you must look for all tissue lesions from head to foot; including head and foot lesions. Make your new patients say "That's the best examination I ever had." You can do it, too. Do not miss the orifices of the body, which have so much to do with the welfare of the sympathetic system in general. You never will cure some of those old chronics (neurotics) until you do.

—*Arthur Taylor, D. O., Stillwater, Minn.*

Want Light on Obstetrics

These associate editors seem to be telling what they know, and some of them know a lot. But how about the fellow who does not know much? I take it they must ask questions. So here are three of mine. Why don't we have some literature on Obstetrics? How would you handle the following cases?

1st. Prospective mother, 39 years old, first child. Mother not strong. Father big vigorous fellow. (six months).

2nd. Mother young, second baby. No blood passed when born. Doctors bled mother. Kidneys were very bad. I find kidneys very weak at this time, (six months).

3rd. Small young mother, with marked lateral curvature, lower dorsal and upper lumbar. Never been strong, (three months).

A personal letter from members of the profession who have handled such cases successfully would be appreciated by.—*B. H. Cabbage, D. O., Eldorado Springs, Mo.*

Three-Year Course

One of the finest, sanest sayings in advice to the profession is that of Dr. C. H. Whitcomb copied by *Osteopathic Truth* from *The Blotter*. To save the situation in New York State he advises a bill for all drugless practitioners with a three-year course. The profession in general needs this change to save it from stagnation and perhaps decay. The greatest factor that prevents us filling our colleges with students is the four-year course.—*Alfred W. Rogers, D. O., Boston, Massachusetts.*

Appreciates Dr. Edwards' Work

I hope you will take the stand for Dr. Edwards as I am certain a great many doctors have gotten a little taste of specialty work through short courses that have been given by the leaders of our profession under the enthusiasm of the National Convention. These have taken up such work as this and under other conditions never would have done so.

—*H. S. Beckler, D. O., Staunton, Virginia.*

Osteopathic Immunity

I did not treat many cases of the flu, as I do no acute work excepting among my own clientele. There were no cases among patients recently under treatment. The worst cases I saw had had no osteopathic treatment in two years. I deduct that osteopathic treatment had raised the natural immunity of my patients so that the prevailing infection could not reach them.—*Ralph H. Williams, D. O., Rochester, New York.*

Dr. Amsden Paged!

In the last *OP* Dr. Amsden's paper on "colon" stopped just when it commenced to get interesting where he mentioned the fact that he had cured all his cases. If you can persuade him to give you a boiled down resume of what his treatments consist of, I know it will be eagerly sought after by the profession.

—*Leslie S. Keyes, D. O., Minneapolis, Minn.*

Another Mouth Gag Seller Victim

Referring to the attached clipping, this fellow Williams stung me in a similar way. I purchased one of these mouth gags at the Columbus Convention, I found it impracticable and placed it on my obsolete shelf. Williams dropped in and offered to take it along and sell it for me. This has been more than a year ago, I have not seen or heard from him since. This crook should be jailed. I don't remember the name of the firm I purchased the gag from.

—*James D. Edwards, D. O., St. Louis, Mo.*

D. O. Drug Dupes

Someone asks, "what's wrong with osteopathy?" There is nothing wrong with osteopathy, but there sure is something dead wrong with a big bunch of osteopaths. I see in this one's office several shelves of dope the size and variety of which would make a drug doctor feel small, in comparison. In another moment I pick up some drug advertisement and see it indorsed by some dozen so-called osteopaths, and then again I listen to an address by the president of the State Board of Osteopathic Examiners, in which he praises to the skies another therapeutic mud. No great wonder the chirós are claiming to be the only exclusive bone setters. Let us get back to A. T. Still!

—*F. E. Wilcox, D. O. (100%), York, Pa.*

The Osteopath's Responsibility

The osteopathic physician in his community is more than merely a man who has educated himself for a doctor. He is even more than a man who has educated himself to be a particular kind of a doctor. To all with whom he comes in contact professionally he stands for osteopathy itself. Osteopathy to the majority is an abstract idea for which there is no concrete conception. People must personify abstract ideas and osteopathy is nearly always personified in the personality of the osteopathic physician with whom they come in contact. Here rests the great responsibility, to make that personality so positive and thoroughly osteopathic, that if A. T. Still might see into the minds of patients he could say "Well done, good and faithful servant."—*Leon E. Page, D. O., Newport, Vermont.*

Liberty Hospital Clinics and P-G Work

We are beginning the establishment of a clinic here which I hope to make quite large and very useful. In addition to the obstetrical and gynecological clinic which I will conduct personally we will have a clinic of general surgery, general osteopathic, general orthopedic, eye, ear, nose and throat and rectal diseases. We have specialists who will have charge of each of these departments and I think I can see some very profitable and interesting work as well as some satisfactory research work. We are conducting a post graduate course in obstetrics and gynecology and eye, ear, nose and throat. This will be open the year round so physicians may come in and get the entire course which will cover a period of four weeks.

—*J. H. Crenshaw, D. O., St. Louis, Mo.*

Another Case of Sleeping Sickness Cured by Osteopathy

By Dr. H. C. Wallace, D. O., Blackwell, Oklahoma.

THE case was treated by Dr. Hugh E. Wells of Cedar Vale, Kansas, from the beginning of the attack and is one of the very few cases that was handled osteopathically throughout the attack. The patient made a good recovery, which is not usual under medical treatment. I was called in consultation on this case after the boy had been asleep fourteen days, and it was a genuine case of Lethargic Encephalitis as is evident from the findings in the case, and not a hysterical or hypnotic sleep as is sometimes encountered, and this should not be confused with genuine African Sleeping Sickness which is caused by the bite of the tsetse fly.

Numerous cases similar to those which have occurred the past few months have developed following epidemics of La Grippe. Such occurred following the grip epidemic of 1737, and again following the epidemic of 1890. Quite accurate descriptions are recorded of this latter epidemic when the disease was known as Noma, the first cases appearing in Italy and spreading over continental Europe and to America.

The pathology of the disease is very similar to that of anterior poliomyelitis, except the location is higher in the nervous system and motor and sensory cells are not so much involved, although usually the motor cells are involved to some degree. The onset with slight fever of course is also similar in many respects. The treatment, in my judgment, should be gentle, relaxing and corrective keeping up good blood supply and drainage to the inflamed cells on exactly the same plans as in anterior polio, and it seems there is no good reason why the same excellent results would not obtain as in the osteopathic treatment of the more common malady.

Patient, boy aged 14. History indicates no pre-existing disease. Has a neurotic constitution and never has been robust. Unusually

bright mentally. Previous ailments, with the exception of an attack of three months previous, which simulated Influenza, throw no light on the case. The Influenza attack if it was such, was not typical and recovery appeared complete. Patient became tired out and quite warm from cranking a car about three weeks before present ailment. Family history negative. Sunday, March 2nd, complained of headache and was sleepy and sluggish. March 3rd, had double vision which continued Tuesday and Wednesday. Vision was also blurred. Temperature was 102. Was drowsy and delirious most of the time. Thursday began sleeping, which continued until Thursday, March 26th. In no great pain at any time. Fever first week only. Pulse subnormal most of the time. Eyes changed after a few days. Seemed to cross some; could not focus both at once. At all times during sickness could see better out of the left eye.

Physical examination reveals nothing abnormal in heart, lungs, kidneys or other chest or abdominal viscera. Patient can be roused long enough to take some nourishment by some persistent effort. Nystagmus present. Ptosis marked of both eyelids when patient is roused; left more marked than right. Pupils unevenly dilated and sluggishly and incompletely react to light. Some difficulty in deglutition. Tardy thought stream and slow motor response when induced at all. Sensation impaired but no anaesthesia. Babinski's toe sign positive. General condition appears fair, but some pallor and emaciation. Urine practically normal except considerable increase in phosphates. Hemoglobin, 90 per cent. Erythrocytes, 3,780,000. Leucocytes, 7,800.

The case was treated morning and evening for three weeks, then once daily for ten days, then occasionally until recovery was complete. —*Bulletin, Southwestern Osteopathic Sanitarium, Blackwell, Okla.*

is during this time that I have the chance to work out these things. During the last four years I have seen and observed about 250 dissections and some day I will correlate this stuff and publish my findings. This next year I will have an assistant in the work, one whom I have trained and I know that we will be able to give the profession something tangible in regard to the much discussed Sacro-Iliac and perhaps add to our work on the spine.

Drs. Harry Vastine, Asa Williard, Geo. W. Riley, John MacDonald and Marion Clark have each inspected my articulated spine with rubberized ligaments and can give definite opinions about its value for study, teaching, diagnosis and research work generally.

The Hippocratean Oath—2,500 Years Old—
Good Today

"I swear that I will work in the interest of suffering Humanity first of all"—*Hippocrates.*

Office Equipment of Dr. Howell at Orlando

PROBABLY there are few subjects of much more general interest to the practitioner than lay-outs of the offices and the therapeutic equipment in use by our successful practitioners. We are glad to show the "practicing plant" of Dr. Jose C. Howell at Orlando, Florida this month.



"I have recently installed a McManis De-Luxe table, a 2,000 candle power radiant heat lamp and the Alpine sun lamp (or ultra-violet rays). The latter I have found particularly valuable in the treatment of old skin lesions, especially eczema," Dr.

Howell tells us by letter.

"I have also installed a McIntosh Number 12 wall plate, which I find very convenient in treating rectal or uterine diseases.

"I have also installed an Auto-Hemic laboratory and am using the Auto-Hemic treatment, discovered by Dr. Rogers of Chicago, in the treatment of obscure conditions, especially those traceable to lack of internal secretions and am getting some splendid results."

Dr. Howell is president of the Florida Board of Osteopathic Examiners.

Anatomical Research at Kirksville

By Professor H. Virgil Halladay, A. S. O.

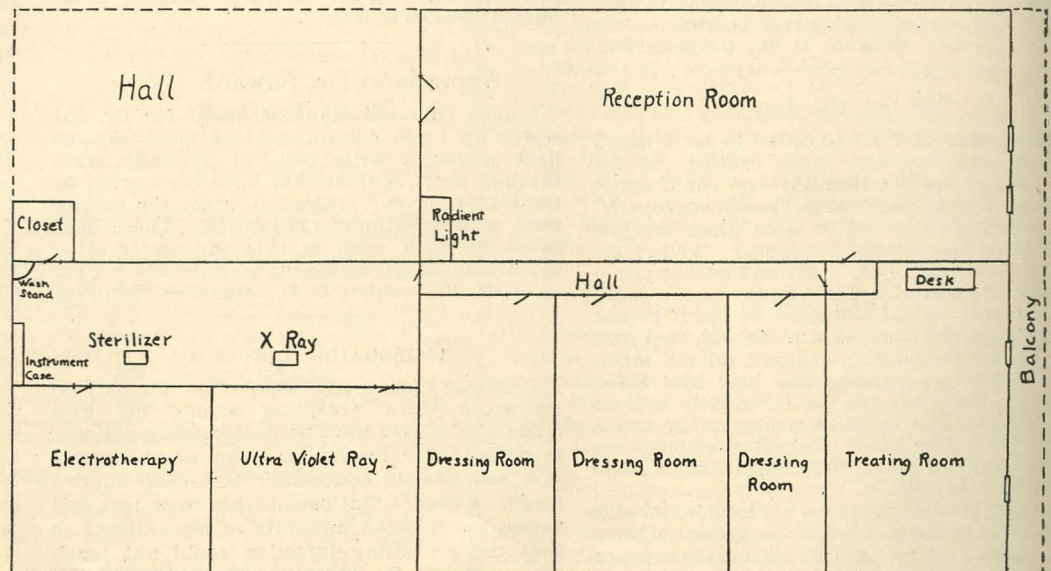
THIS work of mine in preparing movable articulated spines started about three years ago when I got the idea that I would like to see movement in the spine as written about in the various text books. You know, we cannot take the 24 bones and make them sit up after they are cleaned and do the tricks that they do while in the body; so the first thing was to note the movement, using the ordinary methods of embalming. This was not satisfactory so I worked with various fluids and embalming methods for over a year until last year I got a fairly good specimen out and it was shown at Boston.

This last spring I worked out a little variation of the process and was able to get a better showing and with a little more labor I hope to have the fluid and method perfected.

Next year at Chicago I want to have six of these spines where the bunch can come and manipulate to their heart's content. Also if possible this year I am going to work out the sacro-iliac joint and when I do I will have something to say about it. The thing that gets my angora now is that everybody gets up and says something about the movement of the spine or sacro-iliac and no two say the same thing. Something should be done to standardize the thought along this line. I do want to make this statement in regard to the Lumbo-Sacral articulation; it varies in the individual. In one case we find a great degree of rotation and in another none at all. This is due to the arrangement of the facets on the 5th L and the Sacrum. So this should be taken into consideration in

the treatment of cases that indicate trouble there.

As you perhaps know, my work here is all Anatomy. I spend the entire afternoon in the laboratory working with the specimens and it



Layout of Dr. J. C. Howell's Office at Orlando, Florida.

We Gasp For Blood, Not For Oxygen

A New Vision of Healing that Repudiates Old Shapes of Foul Disease

[From the London Times.]

NO movement in modern medicine has been more striking than that which has directed attention away from disease as a fixed point and turned it towards health. No movement has been more speedily productive of results. We are on the threshold of a new vision of healing.

In these words the medical correspondent of the *London Times* introduces the subject of what he calls the "struggle for blood." He takes a single illustration from modern work, "upon which the ink is not yet dry," and around which storms of controversy are bound to rage—criticism of the theory of the need of more oxygen during effort. According to this theory, when effort is undertaken more oxygen is required for the body, and so active and forcible breathing takes place. The lungs are expanded. The man brings into play additional means of securing needed oxygen, and so on. This theory has dominated medicine for a very long time and it has been used to explain all manner of disease symptoms. It has scarcely been questioned. Children in schools are taught it and instructed to act upon it. In a hundred ways it has affected the current of modern life.

"Its apparent simplicity has made it welcome in the sick-room. The patient suffering from pneumonia, who is manifestly in difficulties with his breathing, is accepted as an illustration. He struggles for breath; he is fighting for oxygen. It is pointed out that the inflammatory condition in his lungs has 'left him only a little lung space to breathe with.' Hence, no doubt, his efforts to secure enough oxygen. And the reasoning stops there.

"Had the reasoning been carried only a little farther, disaster must have overtaken it. Because patients who recover from pneumonia pass, as a rule, through a 'crisis.' That crisis is admittedly one of the most dramatic events in the whole of the realm of disease. A man who has been in obvious distress, who has seemed to be within sight of death, who has been struggling for breath, often blue in the face, suddenly passes, as at the stroke of a wand, into rest and peace. The anxious look disappears, the struggle for breath ends. Easy and comfortable respiration follows upon the agony of an hour ago. The blue color is dissipated.

"And yet every medical man knows that after the crisis the lungs of this man are just as greatly out of commission as they were before it. He is still vastly restricted in his lung space, and should therefore be just as greatly in want of oxygen as ever. Why, then, is he not now struggling for breath? Why have his struggles ceased?"

Those questions were asked by a group of workers recently. While they were being asked, the influenza epidemic came with its terrible "septic pneumonias." In the case of these pneumonias the "struggle for breath" was all too apparent, the blue look, supposed to denote blood which had been insufficiently oxygenated owing to failing circulation, the anxieties, these were all present. The lung space, however, as proved by post mortem, was not affected. These patients died of blood poisoning. Often there were no gross lesions in the lungs at all. Thus the questions were answered. Whatever else this "struggle for breath" might denote, it did not denote desire for more oxygen. What, then, was it? Why do so many of the victims of disease show this struggle towards the end?

"The research workers turned to health in search of guidance. The first thing that struck them was that the public, the man in the street, thought quite differently on the subject,

as the expressions commonly used by them in regard to it showed. The man in the street did not talk of 'breathing himself' while working. He spoke, on the contrary, of 'stopping to breathe himself'—a very important distinction. It was therefore decided to watch various persons engaged in hard work and at exercise. The result was interesting. It was found, for example, that during most strenuous efforts the breath, far from becoming freer and fuller, was held altogether. The runner in the last lap of a race always holds his breath—or, in other words, always stops breathing. The blacksmith, swinging his hammer, always holds his breath at the moment of greatest activity—expelling it later with an audible sound. The same applies to every other form of hard bodily exertion.

"But it applies to light exertion, too, even to mental exertion. An ingenious apparatus was assembled whereby it was possible to record on a drum the closing and opening of the windpipe and the movement of the muscles of the abdomen. It was found that when a man is told to listen intently, for example, to the distant ticking of a watch, to look intently, to think closely, *e. g.*, adding up figures mentally his windpipe at once closes, he holds his breath, and his abdominal muscles contract."

For what reason? The chest of every animal contains air and blood in considerable volume and as, with the windpipe shut, air cannot leave the chest, blood must do so, if pressure is applied. The contraction of the abdominal muscles supplies this pressure from below, much as does the piston of a syringe. Blood is consequently driven out of the abdomen and chest, the air in the lungs, which cannot meantime escape because of the closing of the windpipe, serving as a kind of pneumatic buffer or lever. This blood can go only to two situations—the muscles and the brain:

"Here, then, is a beautiful mechanism, whereby, when close attention is required, the brain receives more blood, and when muscular effort is required, the muscles receive more blood. Oxygen plays no part in the process, because the windpipe is shut while it is being carried out.

"But it was noted further that the 'muscular picture' of effort is similar to the muscular picture seen during severe pneumonia. The chest is expanded, the abdominal muscles are tense, the windpipe opens and shuts in a spasmodic fashion, the face may become dusky, and so on. It was at once evident that the patient suffering from severe disease is trying to do, in his bed, what the athlete is doing on the field—namely, charge his brain and muscles with blood. The healthy man by this means is rising above the normal level of his strength, the sick man is struggling to reach or to maintain his normal level."

At once a new conception of the effect of disease was secured. It was seen that in some manner the poison of disease tends to cause the blood to stagnate in the body and to leave the brain and muscles. As the brain loses its blood supply great efforts are called for to "pump" the blood back to it. The "struggle for breath" is not a struggle for breath at all but a struggle for blood to supply the brain, a pumping action, upon the success or failure of which the patient's future depends. The need for this pumping action is obviously determined by the amount of disease poison present. At the crisis, when the poison is finally overcome by the patient's blood, the struggle ends. The man is at rest. He has won his fight.

"The practical value of this knowledge is bound to be great. For one thing, the administration of oxygen, long held in doubt, is seen to be useless. For another, the giving of morphia 'to ease the struggle' is seen to be a doubtful proceeding—as many of the older clinicians believed—because if the struggle or pumping process is eased, or stopped, the patient is likely to die.

"But the value of the work goes beyond this, because it suggests a new explanation of the manner in which disease operates. The reason why blood tends to stagnate in the body can only be a weakening of the circulation in conjunction with a loss of tone of the vessels of the lungs and abdomen. There is good reason to believe that this weakening and this loss of tone is produced by a direct action on the nerves controlling these vessels, or, in other words, that the poisons of disease act primarily on the nervous system, not on the organs themselves. This, at least, is one of the vast new fields which open today to the disciple of the new medicine."

By M. C. Hardin, M.A., M.D., D.O.,
Atlanta, Georgia

A patient under the influence of a general anesthetic sometimes ceases to breathe. A common method of restoring respiration is to lower the head so that gravity will bring the blood to the anemic brain. When this is accomplished, the centres of respiration are stimulated and respiration moves along normally. This proves that the brain is anemic and needs blood. It must be that the poison of the anesthetic produces this anemic condition. The patient, in this instance, does not need oxygen. He needs blood—to the brain. When the blood reaches these centres, normal function is restored.

In pneumonia we have a toxic condition. From all symptoms, we know that the circulation is disturbed. The lungs are congested. The blood is filled with toxins. The nervous system—its chief characteristics and functions being irritability and conductivity (of impulses of energy)—is upset by the toxins and the reflexes cause abnormal functions—congestion of the lungs and anemia of the nerve centres. The extra effort of the body at the crisis is probably due to the weakening of the impulses of energy from the brain centres whose anemic condition causes the lack of normal stimulus. If the blood reaches these centres, the impulses of energy sent out cause the reaction throughout the entire body of the disturbed circulation. The blue venous congestion disappears and the forces of the body are modified in the direction of the restoration of normal function.

It appears to the writer that this idea explains to us the greater success we have had with pneumonia over the medical men. We have done something for the circulation, even if we did it ignorantly. With an intelligent view and knowledge of what we should do, if this new view proves correct, we ought to do our work with an increased intelligence which always means progress and success.

Comment by C. W. Young, D. O.
Grand Junction, Colo.

That we gasp for blood is not new to osteopathy, whose founder declares the rule of the artery to be supreme. He says that the obstruction of the artery makes the hour for the beginning of disease. He also speaks of the impure and muddy waters of the artery. In the middle of the last century Louis Kuehne proclaimed the oneness of disease, asserting that all diseases have one cause only—accumulations of impurities. This article speaks of blood stagnation, due to poisons, of disease. Other writers speak of toxins in the blood and lay great emphasis on auto-intoxica-

tion as a cause of disease. It is a mistake to view disease from only one standpoint, but any physician will increase his efficiency greatly if he assumes that there are impurities to be removed to secure cure of disease. Bad hygiene is the greatest cause of accumulated impurities. But we must not over-look injury from trauma, congenital defects and injury from parasites or germs. Too much food, the wrong kind of food, impure food, air or water and insufficient quantities of air and water, destructive thinking, that impairs activity of eliminating organs and insufficient or excessive activity of muscles or brain are great causes of accumulations of impurities according to early writers on the subject, and the osteopath makes a great mistake if he overlooks these causes.

But it is the crowning glory of the osteopath to point out the great role that trauma and anatomical mal-adjustment play in bringing about obstruction to the flow of blood and abnormal transmission of nerve forces. The osteopath too has a most helpful agency in manual stimulation and inhibition to help the organs of elimination do their work. But the osteopath should also clearly understand how to aid the body to clean itself of disease poisons by fasting, enemas, water drinking, stomach washing, sweating, poulticing, compresses, light, heat, cold, etc., etc. It is no easy thing to become an expert in doing the best thing to be done under given conditions to rid the body of impurities.

The author of the "Gasp for blood" article speaks the truth in pointing out the phenomena of pneumonia and influenza as indicating a struggle for purer blood, rather than a struggle for oxygen. He also hits the nail on the head in objecting to the giving of morphia to ease the struggle. What we should do is to give osteopathic treatments and the indicated poultices, water applications, light, heat, etc.,

to help the struggle along to a successful issue. We osteopaths have been signally successful in the treatment of the flu and pneumonia, for the reason that we use the agencies calculated to help the gasp for blood.

* * *

Comment by Geo. M. McCole, D. O.,
Great Falls, Mont.

I have read the article "We gasp for blood, not for oxygen" with considerable interest.

If the author had been more specific and stated whether we gasp for the water, the mineral salts, the vitamins or the oxygen contained in the blood or whether we gasp for blood in its entirety, the article would have been of more scientific interest. However, he advances one more proof of the osteopathic idea of complete adjustment of body fluids and tissues for complete health.

Four worth-while ideas or principles of healing are out-standing today:

(1) *The adjustment of body tissues*, as supported by the original osteopathic idea;

(2) *The supplying of vitamins* for body vitality and the supplying of *fibrous food* for the hygiene of the large intestine, as advocated by scientific dieticians;

(3) *The removal of points of focal infection* for the curing of disease in, perhaps, distant tissues in the body, as discovered by that branch of the medical profession operating under the title M. D.;

(4) *The removal of mental tension* (which means *nerve tension*) as developed at the hands of the cults of mental therapy and the psychoanalysts.

The 1st, *Osteopathic adjustment*, and the 4th, *mental therapy* are both openly directed to the relief of *nerve disturbance*.

We already know it to be true that (2) *correct diet* means good health, largely through its

effect on the *nerves and nerve centers* of the body. We also know it to be true that the toxins generated in *focal infections* exert their evil influence largely by their poisonous effect on the body's *nerves and nerve centers*. It is quite possible that future investigations will prove both of the above to be entirely true.

As I see it, the article "We gasp for blood, not for oxygen" is of more moment to the student of healing-by-adjustment.

To the student of adjustment the battle cry in the fight of adjustment against disease or mal-adjustment is "Find the cause and remove it." He already knows that under the control of the nervous system, "The rule of the artery is supreme."

* * *

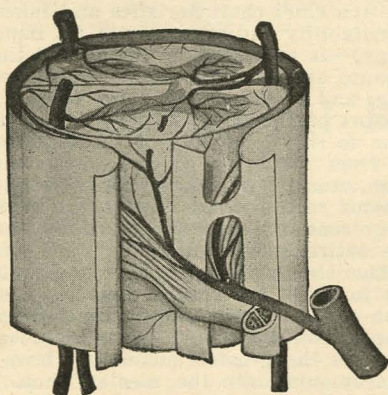
Comment by Riley D. Moore, D.O., LL.B.
Washington, D. C.

We gasp for blood, not for oxygen. Perhaps, but I am not satisfied that this statement is altogether correct. At least taken by itself, it is somewhat misleading. While the blood has other functions than that of distributing oxygen, in so far as this is one of the chief uses of the blood, the gasping for blood (the vehicle of oxygen) is equivalent to gasping for oxygen.

The writer of the article attacks the theory that more oxygen is required during effort than at other times. While there may be sufficient evidence, not therein given, to support his theories, I do not think he has made out a case.

Motion and oxydation are the two great manifestations of life and while we may have these without life we do not have life without these. Oxydation furnishes the energy for the doing of work, the continuation of life.

This *Times* correspondent seems to ignore the existence of internal respiration and the fact that the blood is not robbed of all of its oxygen the instant the respiratory action of



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

EVERY OSTEOPATHIC LIBRARY

SHOULD HAVE THIS BOOK

Poliomyelitis (*Infantile Paralysis*)

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

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

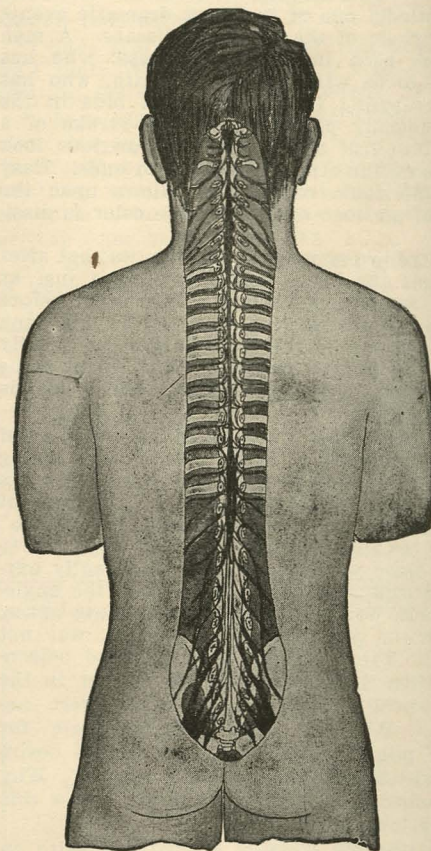
outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially valuable. In a review of this book in February, 1919, issue of the *OP.*, Dr. Bunting said:

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

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

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

the lungs ceases. A fish has no lungs, but take him out of the water and he will gasp as soon as his gill plates begin to dry. He is not gasping for blood, but for the oxygen which he cannot extract from the air except through the moist tunics of the gill plates.

The correspondent presents the fact that in many influenza patients who became blue and struggled for breath, postmortem examination showed the lung tissue to be unaffected by the disease. While admitting that the "struggle for breath" might denote much else than a desire for oxygen, a perfectly intact lung is not final evidence that there is no air-hunger, no demand for oxygen in the tissues.

The blood itself may be in such a state that it is unable to take up or to release the oxygen. The intrapulmonary air-pressure which greatly influences the interchange of gases between the air and the blood varies greatly, depending on whether respiration is deep or shallow. In the influenza cases and others where there is extreme tension in the muscles or respiration, the breathing, while it may be rapid, is likely to be shallow and inefficient.

Granting that under severe muscular or nervous strain one holds the breath, one cannot do but one thing at a time and do it well, even breathing interferes. The fact that the man on the street must stop to breathe after muscular effort, indicates, for one thing, that the reserve of oxygen in the system is becoming depleted and must be renewed. The combustion of carbon compounds in the body seems to be the chief source of energy and this requires oxygen, the more work the more combustion, the more combustion the more oxygen is necessary.

After describing the blood-pumping mechanism of fixing the chest walls, closing the glottis and tensing the abdominal muscles, the writer tells us that "Oxygen plays no part in the process, because the wind-pipe is shut while it is being carried out" Being a matter of physics and not chemistry, I had never heard it claimed that oxygen did play any part in that process. However the writer appears to say, in a left handed sort of a way, that oxygen is not necessary to the performance of mental or muscular effort. Just as well say carbon and oxygen are not necessary to keep your boilers hot in an engine because it may be good engineering at times to stop shoveling coal and close all drafts.

Of course, the blacksmith fills his lungs and holds his breath just before delivering a heavy blow with the sledge. He fills his lungs to get a reserve of oxygen to tide him over while he is concentrating for the supreme effort he fills his lungs to make a pneumatic cushion to absorb much of the shock as the blow falls: he holds his breath because if his blows fall accurately his arms must swing from fixed attachments, not from a shoulder girdle heaving with respiration.

Our correspondent missed just one more proof of his theory which would not prove it. He forgot to tell us that a diver needs no oxygen because he holds his breath while diving. But most divers take down a reserve of oxygen in their well filled lungs in spite of the fact that they could keep down easier and dive deeper if they should empty their lungs before diving.

The proposed theories are not essential to prove that in most cases at least the administration of oxygen is useless. The difficulty is not in there being not enough oxygen, but in the fact that the cells of the organism are unable to appropriate to their use the oxygen already available.

* * *

Comment by Dain L. Tasker, D. O.
Los Angeles, Calif.

In discussing the "struggle for blood" article let me call attention to the fact that you have a group of people near Chicago who argue seriously that the world is flat.

Whether we "struggle for blood" or struggle for oxygen is a distinction without a difference, since the blood carries the oxygen.

I spent five weeks this summer in the high Sierra Nevada Mountains, part of the time at 10,000 ft. elevation. Was it because my blood wouldn't circulate that my respiratory rate increased, or was it because of a lessened amount of oxygen in the respired air? Everybody is affected in practically the same way in high altitudes.

Laymen might read the London Times article and imagine they were being enlightened. I think you are joshing your *OP* readers if you print it as anything else than as evidence of how easy it is to theorize if you leave out a knowledge of chemistry, physics and biology.

Comment by C. B. Atzen, D. O.
Omaha, Neb.

It is my opinion that this article is sound in judgment; the deductions are based upon the theory of reactions to stimuli.

The living organism is held to be fundamentally an adaptive mechanism. In all its struggles for self-preservation it depends upon motor activities which fundamentally are physical or mechanical in nature, whether active in work or play, fight or flight, the struggle is essentially a transformation of chemical energy, into physical or mechanical motion.

The theory set forth in this article implies that the organism will make appropriate and purposeful responses to emergencies confronting it, irrespective of whether the emergency is a physical, psychical, or chemical condition.

That antibody elaboration is dependent upon circulation and nerve control must be clear, when the organism is viewed from the standpoint of organic adaptation, for circulation acts as a common carrier of supplies, and the nervous systems act in the capacity of co-ordination and control of the entire body-mechanism, and that the physical struggles observed in pneumonia are self-preservative, appropriate and purposeful, to the existing conditions within the organism, follows as a necessity.

That respiration is a factor involved in the process is of course, self-evident, but it is not the fundamental factor. Antibody elaboration is the essential factor, and circulation and nerve control are fundamental to this condition.

Fixing of the abdominal muscles does not aid respiration, but impedes respiration by forcing the abdominal viscera against the diaphragm, and further holds the chest cavity in a condition of exhalation, but it does assist in forcing the blood out of the abdominal cavity into the body framework.

* * *

Comment by H. M. Dawson, D. O.
Augusta, Ga.

I don't think the deductions of this newspaper contributor convey anything new to the osteopath who has reflected on the phenomena of the pneumonia crisis. The amount of lung involvement, or lessened breathing space, seems to have but little bearing on the severity of the case of pneumonia. We have seen double pneumonia with large involvement of lung tissue, and breathing space considerably lessened, with comparatively little toxemia; and on the other hand we have seen very small lung involvement produce extreme toxemia, and out of all proportion to the amount of lung involved—which shows rather conclusively that symptoms and severity of the case are not dependent on the amount of breathing space affected, or lessened oxygen intake. Then too we have noted the utter futility of the administration of oxygen in the "fighting for breath" cases, they being followed by the undertaker in plus 99% of cases.

The Article bears out the Osteopathic Maxim "The rule of the artery is supreme." The heart, of course, is considered as part of the arterial system, all under the influence and control of the nervous system, thru direct connection with high nerve centers, and thru sympathetic vasomotor nerve centers. We know that pneumonia toxins in the blood have a direct effect on circulation thru action of these nerve centers, causing probably both general and localized stasis in blood stream. Stagnated blood means more poison formed and increased labor for heart in the effort to keep blood moving. The blood must go thru the elaborating organs to throw off poison, and thru the antitoxin forming cells to form the antitoxin necessary to neutralize the poisons.

The areas of stagnated blood are usually manifest to the osteopath by congested and sore areas along the course of spine, and with this pathology in mind we go to work to relieve this stagnation in circulation by relaxation of affected parts, thereby lessening the work of, and protecting heart. I recently had a patient go into the crisis while I was administering this relaxing treatment.

I was with an Army physician here at Camp Hancock daily during the height of the flu epidemic, when the death rate from pneumonia was high. This physician marveled at the extreme toxemia of these cases from very small lung involvement.

Is the struggle for more blood to the brain or for a poison-free blood?

Relieve these stagnated areas, equalize circulation and trust to the selective powers of the body to manufacture its own antitoxin. This is the best treatment so far known.

* * *

Comment by Dr. C. W. Johnson,
Des Moines, Iowa

In respect to the article, "We Gasp for Blood, Not for Oxygen," I can offer no objections when it is stripped of its mystifying inferences. It is pregnant with the fundamental principles of our school of thought. The keystone of our whole philosophy of therapeutics is the "Rule of the Artery," "The Artery Supreme," and so forth.

This article argues but one thing—the movement of the blood mass, the free and unstinted supply of blood to the most active organ at any given phase of animal activity. To say we gasp for "blood" in any given state, be that a physiological act, or an act to combat the products of disease, is nothing more nor less than a broad statement of a well established fact in the animal organism. To gasp for oxygen, expresses but a fraction of what is demanded by the tissues. Since the life and function of every organ is dependent upon the purity and quantity of its blood supply, and the blood supply is dependent upon the integrity of the nerves controlling the arteries, it follows that if the blood becomes loaded with the products resulting from organic action or disease, the nervous tissue, along with the others, must suffer from the toxins. Result—general stagnation due to vasomotor inhibition, and at the same time excitation of the one nerve center which is affected, constantly, by the quality of blood, viz.—the respiratory center. Hence, the struggle for breath is the outward phenomenon of insufficient oxygen, or the effect of toxins in the blood, or the combination of both as in pneumonia, flu, etc. Therefore the patient's recovery rests upon the efficiency of the tissues in the production of antitoxins, or protective substances, together with oxygen enough to meet the tissue demand. Deoxygenated blood would not serve, oxygen in solution, would not do it. It is not exact to differentiate in this case.

Scientists are Scarce

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

THEY say Diogenes unsuccessfully went around with a lantern to find an honest man. Now if this old duffer had used his lantern to see if perchance he could get the rays to illumine the form of a scientist, he certainly would have had some job, as they are scarcer than any other kind of men.

A real scientist is a man who is really trying to find the truth. But as the farmer said to the camel, "There ain't no such animal." The man who can always look the truth in the face does not live. Once in a while there is a man who, for a brief period of time, looks for truth. When you see this great event take off your hat, but remember it cannot last long.

Example No. 1

Illustration No. 1. Mr. O. came to me suffering with complete paralysis of his left arm caused by an elevator accident. He said he had for six weeks been under the care of Dr. C., an M. D., a good orthopedic surgeon, and was told that nothing more could be done for the arm, but if left to nature, it might be restored in a year. He said Dr. C had told Mr. Behnke, his employer, that osteopathy could not help the arm. I used technique described in *AOA Journal*, December, 1915. Immediately after the first treatment he had some use of the arm and in two weeks there was a great improvement. He said he was to report to Dr. C in two weeks and I accompanied him to the doctor's office. The doctor with a broad smile on his face, asked him how he was getting along and for reply he held up his arm. With great enthusiasm the medic said, "Isn't that fine!" and then referring to me said, "Is this a relative of yours?" "No," said Mr. O, "this is Dr. Young, he has been treating me." "How do you do, doctor," said Dr. C as he grasped my hand cordially, "where are you located?" I told him and he ceased to smile, as he asked, "Are you a regular physician?" I replied "No, I am an osteopathic physician, and I thought you might like to know how I fixed this arm." Immediately an angry frown overspread his face as he said with great vehemence "I told Behnke that nothing could be done that way," and then to Mr. O, "What are you here for?" Mr. O replied, "You told me to report in two weeks." "You needn't come in this office again," said the doctor, as he disappeared into his inner office, leaving us standing in the reception room. Mr. O said, "He doesn't seem to care anything about my arm." This doctor was not a scientist. Are osteopaths any better?

Example No. 2

Illustration No. 2. Some years ago I learned Dr. X's method of correcting a tilted pelvis. This technique proved of great value to me and applicable to many cases. Dr. B, a D. O., heard Dr. X the same time I did, but again and again he declared the technique worthless. Sometime later Dr. B said to me, "Now at the next State Convention, Dr. Platt will demonstrate a splendid technique for the tilted pelvis and I want you to hear him, for he is a fine gentleman, and he is not egotistical and he will present his subject in a fine way." Dr. B said the truth about Dr. Platt, but I learned why Dr. B's patients would never get the benefit of Dr. X's technique and I knew he wasn't a scientist.

Example No. 3

Illustration No. 3. Last summer while attending a most excellent Post Graduate course in Chicago, while the class was in session, I called attention of the class to a man before the class, whose legs I had previously caused to be of the same length and whose back I had straightened. The man admitted that the treatments I had given him had brought said results. I called to the attention of the class, technique that I had described in *AOA Journal*

for the tilted pelvis, and asserted that knowledge of this technique was of great importance to the profession, whereupon Dr. Z rose with considerable looks of wrath in his face and told me I ought to hire a hall. I replied, "That is a good idea—will you come to my class if I do?" "No," he said, "I don't care anything about your pet theories."

Example No. 4

Illustration No. 4. In one of the rooms in the Sherman House, I saw Dr. W, an osteopath, whom I esteem highly, use a technique on a patient that he claimed would correct a rotated innominate. I ungraciously butted in, and remarked that I did not think the great majority of pelvic lesions were fully corrected, until the legs of the patient became the same length. He replied to my impertinence with angry words. I then said, "I am trying to find the truth, and if you can show me that your technique is the best, I want to use it." He was not yet mollified as he replied, "I don't care whether you use my technique or not."

* * * * *

Illustration No. 1 was an eye-opener to me. The M. D. had rejoiced with his patient over his rapid recovery, but when he found that an osteopath had contributed to the recovery, he was angry. He was not looking for the truth. When truth presented itself *contrary to what he wanted truth to be* he was angry, and refused point blank to investigate further. He was cordial to the physician who had helped his patient, while under the impression that he was a "regular" physician, but when he learned that the physician was an osteopath he became insulting. It was like flirting a red rag at a bull and he became no more reasonable or scientific than a bull. And the great tragedy of it all is that ninety-nine percent of the great medical profession are just like Dr. C! Our service men treated for flu by doctors with title M. D. died like flies and their dead bodies were piled in the camps like cord-wood. Every possible effort was made to call to the attention of these M. D.'s the extraordinary success of the osteopath in treating flu, but they cried out "Away with him! Away with him! Crucify him! Great is Dianna of the Ephesians!"

Last winter I attended the lecture of a visiting medical missionary. He told how he brought truth and light into heathen countries. He was truly a good man, and it was pleasant to see his face glow, as he forcefully delivered an inspiring message. At the close of the meeting I was introduced to him as Dr. Young and we soon began to discuss the flu. He spoke with intense interest about the Mayo vaccines, but when I told him that I was having great success with the flu and that it responded remarkably well to a good sweat, he was not the least bit interested. Even this fine gentleman could enthuse over worthless vaccines, and be utterly indifferent to a statement that sweating would help stay the ravages of the awful plague.

Illustration Nos. 2, 3, and 4 all show how osteopaths, average American citizens the same as medical doctors, are just as truly unscientific as are these doctors. It is just amazing *how we all insist that truth must be dished up in a way to our liking* or we will refuse to accept it; and we all must suffer as a consequence. Ignorance will bring its penalty upon ourselves as well as on the people, who pay us for falsely assuming that we have knowledge. How childlike, how absurd it is to refuse information a man has to offer *because we do not like him or because we think he is egotistical and not a fine gentleman!*

While we refuse to consider or test assertions of men of whom we do not approve, we are constantly ready to accept as true, without the

testing, any statement by a man whom we consider as an authority. It is just as truly a mistake to assume that an assertion is true, because Dr. Still says so, as it is a mistake to assume that it is not true, because Mr. Nobody says it is so. The scientist should "Prove all things, hold fast to that which is good."

I am a great lover of glory. I'd rather have glory than three meals a day. Several years ago I cured a desperate case of gonorrhea rheumatism by directing a big fast. My chest swelled with pride. I thought I would have the case published by the osteopaths, and they would be delighted and would deliver to me large chunks of glory, but instead they plastered me with mud. They said I *cured the man the wrong way*, and that I was no osteopath for doing so. But a man who truly lives, is not easily discouraged, so I changed my tactics and began to develop my ten fingers and study my skeleton and my living models. I believe my diligence was rewarded with success. I originated some mighty fine technique and year after year some of it has been published in the journals. Again my chest swelled up. Again I thought I would get glory.

There is a certain group of osteopaths who are actuated by really high motives in spending time and money to publish Osteopathic Truth. They are using all kinds of language to induce their fellow osteopaths to cling tight to the osteopathic philosophy and to osteopathic truth, and to reject any truth that is not osteopathic truth. I particularly expected glory would be handed out to me by this group. I had stopped talking about non-manipulative technique, and had tarried in the camp, where osteopathy is kept pure and simple. But again I was doomed to disappointment. Dr. Z mentioned in Illustration No. 3 was a member of this group. He very evidently is not pleased with my personality and I do not blame him for that. He also probably thought I had no right to take up any time of a class met to receive the teachings of another man, and in drawing such conclusion he would be correct. He may have justly believed that I was disrespectful to the professor in charge, and be justified in handing me a good big rebuke. But it is unscientific to bite off your nose to spite your face. He was not justified in declaring what I offered to demonstrate to be a "pet theory," as I had presented right before him a fact not a theory. He took precisely the same attitude as did Dr. C., M. D., described in Illustration No. 1. I presented to him a fact, that he ought to know for the good for his patients. But he did not want to accept any truth that was presented to him through what he believed to be irregular channels.

Dr. W's attitude in Illustration No. 4 is the attitude we all take at times, but it is not the attitude of a scientist. The attitude was as follows "You must be respectful to me and treat me right, or you and your patients must endure such suffering as will come from ignorance of the truth I have discovered." The true scientist is always loyal to the truth. The discovery and promulgation of truth is his first consideration. But we are all selfish, and narrowly think first of ourselves. Dr. W was sure he had a technique that would relieve suffering. But if I did not conduct myself satisfactorily, he did not care if my patients, who never did him any harm, should suffer through my ignorance. That, in a way, is the attitude of nearly all medical men. Their first consideration is for themselves. They do not care about relieving the sufferings of humanity, except as such relief brings advantage to themselves. They much prefer to have hundreds of thousands of flu patients die under their bungling treatment, than to have them survive under osteopathic treatment.

The leading osteopaths making a specialty of diseases of the eye, ear, nose and throat have taken a truly scientific attitude toward their specialty. It was indeed a refreshing ex-

perience to meet with them at their convention in Chicago last June. They all seemed to make truth a first consideration and not their own feelings or prestige. Can you beat it? Actually one doctor was allowed to treat a clinic another had treated and point out why and where the other doctor had failed. At the opening session, Dr. Deason enjoined on every member the duty of criticising the other fellow freely. He was told to state the truth as he saw it, without regard to the other fellow's feelings! Another great thing they did, was to give credit when they thought credit was due, as well as criticism. No man felt he might lose in standing by praising another for his original discoveries or for his great work. Every man keen to recognize the good metal of truth the other man had, and just as keen to point out spurious metal. Each one anxious to benefit from the truth the other fellow had, and yet determined not to be misled by error. Each one encouraged to stand for the truth as he saw it, and let it stand the test of the light of

the other fellow's knowledge and experience. Drs. Ruddy, Deason, Edwards, Goodfellow and others, as scientists, are making a most brilliant chapter in osteopathic history, and we hope students of other phases of osteopathic investigation will strive to become real scientists also.

To secure earth's most brilliant gems for the osteopathic crown, we must have our osteopaths become scientists. The earth is honeycombed with treasure. Its bounties are beyond computation. No man, woman or child need go hungry. There is adequate clothing and shelter for all. No one need be lonesome or discouraged. There should be love and companionship for all. Hunger, hate, distress and disease are all in a large measure due to our great scarcity of scientists. There is truly a glorious opportunity for the osteopaths.

Note: Beginning next month The *OP* will feature a monthly department by Dr. Young entitled "Little Stories of the Clinic."—*Editor*.

PUBLISHER'S DEPARTMENT

Woman's Diseases Number for January

ONE thing must have occurred to you very often in your studies of woman's ailments, to wit, that while textbooks classify and describe her complaints with very sharp and precise boundaries and give certain groupings of symptoms particular names, yet in actual experience, we seldom find such isolated typical diseases. One really weak and ailing woman may have a half dozen different things in combination wrong with her at the same time. Isn't it so?

For this reason we have prepared the new January issue of *Osteopathic Health* on the plan of letting it appear what osteopathy will do for women who are sick in various ways, by telling of actual cases that have been cured of a combination of ills. The sick woman who reads this number will feel that it covers her condition far better, we think, than if it dealt with the classic pictures of female ills.

It really makes it very plain and in rather a new way to read about a woman who had half a dozen pronounced symptoms, each important enough to her to seem a separate disease, and yet under osteopathy they all were observed to clear up about the same time.

Dr. Carl McConnell said once that eighty per cent of osteopathic practice came from women patients. If that is anything like true, it emphasizes the opportunity and necessity of using literature freely which will talk to the heart of a woman as this, our January educative service does.

It is a number that will make friends for osteopathy and better friends of old friends. You would do well to put a copy into the hands of every matron in your region.

"Why Women Praise Osteopathy," is the title. Here are the subjects treated in this issue:

- Chilblains and Leg Cramps
- Slipped Ribs May Simulate Tumors
- Lame Hip Cured
- How to Treat Painful Breasts
- Peritonitis with Breast, Kidney and Bowel Involvement
- Dropsy, Milk Leg, Bowel Ulceration
- Hemorrhoids and Indigestion
- Persistent Vomiting in Pregnancy
- A Happy Confinement Experience
- Flooding Following Currentment
- Amenorrhoea or Absence of Menstruation
- Suppressed Menstruation and Headaches
- Stopping Menstrual Cramps
- The Reflex Cause of Dysmenorrhoea
- Leucorrhoea and Backache
- Goitres, Simple and Exophthalmic
- How Treatment is Given.

Owing to unsettled industrial and high production costs we have printed this splendid campaign story very conservatively. We expect it to sell out soon and doubt if it will last as long as the inrush of orders. So get your allotments right away.—HSB.

What Is Proper Treatment for Winter's Diseases


See the magazine with the Blue Mountain cover. A typical Bunting brochure for osteopathic advancement and private practice building. "Osteopathic Health" for December.

Overcoming Handicap of Deficient Education

ONE of the greatest faults in our profession, from the time of its origin until a few years ago, has been the deficient preliminary education required; when a graduate of one of our largest colleges writes a letter full of mistakes in English and spelling (and I have received many such, so have you) it is reasonable to assume that his education has been deficient in other lines as well as English. It is a matter of great gratification that our present college entrance requirements prevent the matriculation of those whose education lacks the fundamentals. Now, the question is: What are we doing to improve the education of these unfortunate ones? It *does* make a difference to us. If I do poor work in my community all other DO's suffer because of it. I don't mean to suggest that we institute classes in the "three R's" but I do say that we ought to insist on and emphasize the importance of more post-graduate work.

The example of the California Osteopathic Association in the matter of a week of post-graduate work after each State Convention is a step in the right direction, and is worthy of praise and duplication in other States. Each member of the Association is urged and expected to take the week's work (free of charge to members of the Association). The work for the last two or three years has been conducted at OUR COLLEGE in Los Angeles and has been a wonderful impetus to further study, more careful diagnosis and better Osteopathy.—*Yours Fraternally, J. Strothard White, D. O., Pasadena, Calif.*

No. 37



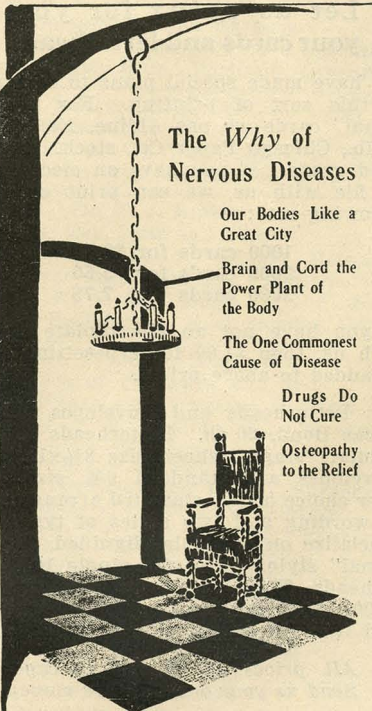
OSTEOPATHY
as a
SCIENCE

Gastralgia Caused by
a Fall

Mercy for Appendicitis
Victims

Deafness Following
Influenza

No. 38



The Why of
Nervous Diseases

Our Bodies Like a
Great City

Brain and Cord the
Power Plant of
the Body

The One Commonest
Cause of Disease

Drugs Do
Not Cure

Osteopathy
to the Relief

That U. S. Army Failure of Anti-Typhoid Vaccine

THE high percentage of typhoid during the Spanish-American war was due to the notoriously insanitary conditions in the camps. On the other hand in the recent war the sanitary conditions in the camps were in general very good. The men were housed in permanent buildings and the sewage properly disposed of. Hence in this war the troops were not exposed to typhoid until they went overseas. And when they were exposed, due to insanitary conditions at Chateau-Thierry and the Argonne, they contracted typhoid as easily as did the troops in the Spanish-American war.

To prove that vaccination against typhoid affords immunity it is necessary to show that men who are vaccinated and exposed to the disease do not contract it. Figures showing how many vaccinated men did not contract typhoid are of no value when the men were not exposed to the disease.

On the other hand if men who have been vaccinated nevertheless contract the disease when exposed to it then vaccination is proved a failure. That this occurred in the recent war is set forth in the official report of Col. W. D. McCaw, chief surgeon, who says: "In July, 1918, a replacement unit consisting of 248 men from Camp Cody, N. M., reached England with typhoid and the case death rate was 8.42 per cent."

This is what happened when men who had been vaccinated against typhoid were exposed to it because of insanitary conditions.

As for my authority in saying that during the recent war our boys at Chateau-Thierry and the Argonne contracted typhoid as readily as the troops in the Spanish-American war, I quote from the official government health report on this point:

"During the Chateau-Thierry offensive diarrheal diseases were very prevalent in the troops

engaged—approximately 75 per cent. It was demonstrated bacteriologically in this area that the prevailing intestinal diseases were simple diarrhoea, bacillary dysentery, typhoid, paratyphoid A and B.

"Following the offensive in the Argonne sector typhoid and paratyphoid began to be reported from practically all divisions engaged in that offensive. * * More than 300 cases of typhoid paratyphoid may be attributed to the Argonne offensive. Eight hundred and seventy four typhoids and paratyphoids have been reported in the American expeditionary forces since Oct. 1, 1918." Walter D. McCaw, colonel, medical corps, chief surgeon, March 28, 1919.—*Kent Conser, Ph. B., in Rocky Mountain News.*

We Said It First

You will recall that Professor Lane in his book "A. T. Still, Founder of Osteopathy" (made up from contributions to "Osteopathic Health") published before the war, said (page 154) "there is no serum to cure typhoid fever"; that "vaccines and serums have been prepared that are claimed by some to be preventive; that is, if a person is about to be exposed to the germs these serums and vaccines are said to prevent the infection, but it is exceedingly difficult to say whether results are positive or the reverse. In no case are these claims made by any of the scientific experimenters of first rank but by the commercial pharmaceutical houses which make money out of putting forth every conceivable kind of 'cures,' as fast as any new theory comes out to make new experimental preparations possible."

Yet the editor of "Osteopathic Health" was called down at that time (May, 1914) for his boldness in printing that the much vaunted allopathic anti-typhoid serum was not a specific and had not been proved to wipe out typhoid effectually. When Prof. Lane states science facts you may accept them as facts. Have you got his book? It's authoritative. And you might as well realize now as later that "Osteopathic Health," while a purely popular periodical for the laity, has always been about ten years ahead of its time in its authoritative utterances on such matters. In fact many of the "old guard" call it their "post graduate course in the scientific statement of osteopathy's strength and allopathy's weakness." Doesn't a lay journal of such merit deserve its wide popularity and usage at the hands of our profession?

Dr. Starr Acquitted in Montana

IN the case of the State vs. Dr. C. W. Starr of Big Timber, Montana, the jury returned a verdict of not guilty. The trial was held on the 12th and 13th of November. Dr. Starr was charged with practicing medicine without a certificate. The case arose out of his having given an anaesthetic for a dentist. It was backed and pushed by the medical men. Although it required but a two-thirds majority for the jury to reach a decision, the offense being a misdemeanor, the vote was unanimous for acquittal. Dr. Starr is an ASO, 1915, graduate.

Not Malpractice

[From The Farmer City, (Ill.) Tribune.]

TWO or more newspapers of the vicinity last week contained an item to the effect that Dr. J. A. Nowlin, Osteopath, had been sued for malpractice by local parties through the state's attorney. A suit was lodged, to come before the October term of court, but its nature was not correctly stated.

No charge is made that the professional services rendered were not proper and efficient, or that there was a lack of professional skill or ability displayed, it being conceded that the treatment in each case was highly successful. No question of malpractice is involved in any of the proceedings; nor is there any averment

that the proper and recognized modern treatment of each patient's case was not followed. The only issue raised is whether or not an osteopathic physician has the right under the present medical act to administer drugs and anaesthetics and perform surgical operations. This question has never been passed upon by the Supreme Court of this state, and these cases will be made test cases as to the meaning and interpretation of the new medical act; whether or not the contention of the osteopathic school that they have the right under the present medical act to administer drugs and anaesthetics and perform surgical operations is correct, or whether the contention of the medics that osteopaths have no such rights is correct.

The osteopaths claim that our colleges prescribe and teach a course of surgery and the use of drugs and anaesthetics equal to the standards of the best medical colleges. Consequently, the result of the Supreme Court's decision in these cases is awaited with great interest by all members of the osteopathic and medical professions of the state.

News from Kirksville

Dean Teal has been appointed Counsellor for the Vocational students of which there is an ever increasing number.

After a years suspension because of war the Osteoblast will be published in 1920 with F. E. Johnson, editor, Andrew D. Becker, art editor and J. J. Coan, business manager. Work on it has progressed far enough to show that it will be up to the high mark of previous editions.

Every fraternity house is filled to capacity with happy students. This phase of school life is a feature of the ASO and receives every encouragement from the management and faculty.

With a coal mine in its back yard the hospital and school is warm and happy, although, with sympathy for less favored ones.

IN DO. LAND

George Fights Vaccination

Dr. George W. Reid had a column communication in the Worcester Sunday Telegram of Nov. 16th entitled "Dr. Reid Flay's Vaccination and Ways of Getting Virus."

Dr. Hain Gives Illustrated Lecture

Dr. H. S. Hain gave an illustrated lecture before the Third District Osteopathic Society at Ottumwa, Ia., recently, using an illuminator and about 50 x-ray pictures, mostly orthopedic cases from his clinic at the ASO.

ASO Hospital Buys Two McManis Tables

The ASO Hospital recently purchased two DeLuxe McManis tables for the osteopathic work of the hospital. These are in addition to the equipment of the A. T. Still Infirmary and School, and are solely for use in the surgical hospital. Dr. George Still says these tables represent the bulk of his drug supply.

Versatile John!

John Comstock, secretary of the Los Angeles County Osteopathic Society, is some speaker. He spoke before the Cliff Dwellers Club, the American Institute of Architects, and the Travel Club, all in one week. Johnnie is right at home in a cliff, building a castle, or on a hike—and buttering a butterfly.—"Team Work" for November.

Dr. Coffman Lectures ASO Students

Dr. M. J. Coffman of Owensboro, Ky., one of the real Old Guard, was a Kirksville visitor recently and was so impressed with the good work at the school that he requested to be allowed to talk to the upper four classes and tell them the plain fact that they are getting much more osteopathy than any old class ever got, in addition to the many science subjects that the old classes never even heard of.

Boston Osteopathic Society Meets

The November meeting of the Boston Osteopathic Society was held at Trinity Court Cafe, November 15th. There was an attendance of twenty-four. After the dinner, the following program was given: "Not a Pest, but a Protest", by Dr. George W. Reid, Worcester; "The Diagnosis of Some Surgical Conditions of the Abdomen", by Dr. R. W. Walton, Belmont, formerly of California; "Diagnosis in Children's Diseases", Dr. Howard T. Crawford, Boston; "Osteopathic Technique Department", Dr. Alfred W. Rogers, Boston, Chairman, assisted by Dr. Anna G. Tinkham of Waltham. Several other good numbers were on the program but owing to lack of time were held over for a future meeting. In the business meeting it was voted that a legislative committee be appointed by the president to watch for legislation which would be unfavorable to osteopathy in Massachusetts and to guard against the same.—*Frances Graves, D. O., Secretary, Boston, Massachusetts.*

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SOS—When Matthews Salesman Calls!

When the next medical book salesman for Matthews of St. Louis calls upon you, please ask him for his card and personal address and send it to The OP.

ASO Hospital Interne Examination

In order to accommodate field practitioners, the ASO Hospital Interne Examinations for next spring's work beginning February 1st, was held on the 11th and 12th of December and will be repeated also on January 1st.

Dr. Cherrill Takes Interne Examination

Dr. Kate Cherrill of Carthage, Ill., took the ASO Hospital examination at Kirksville, just before leaving for her winter vacation in Honolulu. She will take up interne work and special studies at the hospital in April.

All Say the Same Thing

I had a daylight ride home from the New York Society meeting with Dr. Earl Jones of Lancaster over the Lehigh Valley and felt that the trip was a fitting end to the best and most instructive state meeting I have yet seen. May there be more as good.—*Walter J. Novinger, D. O., Trenton, New Jersey.*

British Osteopathic Association Meets

The British Osteopathic association held a regular annual meeting at Hotel Russell on the 18th of October. The following officers were elected for the coming year: President, Dr. Harvey R. Foote, London; vice-president, Mrs. Hough-Collins, London; treasurer, Dr. F. H. Ashton, Manchester; secretary, Mrs. Harvey R. Foote.

Smallpox in Toronto

Toronto, Canada, is having a smallpox epidemic and had 361 cases on Nov. 15th and over 1,000 citizens in quarantine. We are indebted to Dr. W. L. Durham for a file of Toronto newspaper clippings covering the situation. Dr. F. P. Millard had a column communication in the Toronto World of Nov. 17th claiming that vaccination was a fruitful source of cancer and sterility.

Dr. Virgil Halladay Lectures at Many Places

Dr. Virgil Halladay has lectured during the past month before the Associations of Ohio, Michigan, Indiana and the local osteopaths in Chicago. Dr. Halladay's vulcanized-ligament dissected spine will be made a part of osteopathic exhibit in the National Museum at Washington. If it wasn't for having to pass up lecture dates on account of his classes, Dr. Halladay would be kept on the road by our professional societies most of the time.

New York City Society Meets

The regular monthly meeting of the New York City Osteopathic Society was held November 15th at the Holland House, 5th Avenue and 30th Street. An exceptionally good program had been arranged which was as follows: "Arthritides, Differential Study of the Arthritides; Pathology and Treatment, Dr. O. J. Snyder, Philadelphia; "Applied Anatomy of Colonic Disease," Dr. A. M. Flack, Philadelphia.

Fraternity Men Attention

Graduates and under-graduates of Phi Omicron Gamma, Phi Sigma Beta and Phi Sigma Gamma Fraternities are urged to immediately send their names and addresses, also their chapter and year of graduation to the National Secretary for publication in the new National Phi Sigma Gamma Directory. Members listed in the publication will receive copies of the directory. Mail data to Nathaniel W. Boyd, D. O., 138 E. Washington Lane, Germantown, Philadelphia, Pa.

Dr. Steffen on Anti-Typhoid Vaccine

A. F. Steffen, D. O., Scottsbluff, Nebr., took a hand in a recent communication battle over vaccines, serums and smallpox vaccination which has been running in the Rocky Mountain News of Denver. He made this point against the claims of anti-typhoid vaccines: "Vaccinated troops contracted typhoid when taken away from the comfort and sanitation of the camps and placed in battle conditions just as they did in the days before vaccination and sanitation. And the death rate was just as high."

Dr. Joseph Swart Visits Chicago College.

Dr. Joseph Swart of the Kansas City College of Osteopathy stopped off in Chicago on his return from the New York State Convention, at Rochester, N. Y., and spent the day with the Chicago College of Osteopathy; he addressed the upper classes, and later demonstrated his strap technique. It is a great pleasure to have the visiting doctors give the student body the benefit of their experiences, writes Mr. Bower, secretary, and as Chicago is the stopping place for many of the field men on their journeys, an invitation is extended to all who will, to visit the school and speak to the students.

Chicago College Hears Drs. Hildreth and Gerdine.

While enroute to the Conventions at Toledo, O., and Detroit, Mich., Drs. Hildreth and Gerdine took the opportunity of visiting the Chicago College of Osteopathy. The student body was assembled and both doctors spoke. Dr. Hildreth admonished them to be true to the Osteopathic Principles as laid down by the Old Doctor; to learn their anatomy and physiology and the adjustment principle. Dr. Geraldine spoke on the Osteopathic

Theory of Disease, and the success of that theory as developed in practice; he compared the success of the Osteopathic Physician with that of the Medical Doctor of the Old School, and pictured the success to which they might attain. Both doctors were extremely well pleased with the showing of the college, and expressed a willingness to assist whenever possible.

Philadelphia Osteopathic Hospital Wants a Manager

The board of managers of the Philadelphia Hospital want a business manager for the Institution. Do you know of any one in the profession who might be valuable to us in taking charge of the business affairs of the College and Hospital? I mention the profession, having in mind the fact the value that might come to the College if we had a good man to devote his entire time to same.

We are entering upon a prosperous year, we hope, as we have a satisfactory class. If you can put me in touch with a professional man who will have enough business ability to take charge of our Institution, kindly communicate with me.

—*James C. Snyder D. O., Philadelphia.*

Dr. Dayton of Escanaba, Wants Help

I am busy with many things and yet practice continues to develop. On the cash register practice for September 1919 showed up twice as much as practice for September 1918 and the attendance at my free clinic for children showed over 50 per cent increase, 72 in attendance for the month of September and in September I made a trip over to Marquette which took three days, to help out the osteopathic brethren there. I am planning to spend February with Dr. C. C. Reid at Denver. Would like to have a good osteopath take hold of my practice here for me about January 20th and continue until about March 10th. October 11th, work at the children's free clinic was especially good, 15 children out with four helpers. There is nothing the matter with osteopathy in this neck of the Michigan woods.—*F. E. Dayton, D. O., Escanaba, Michigan.*

Theta Psi Enters Chicago College of Osteopathy.

On Saturday night, November 15th, 1919, Beta Chapter, Theta Psi Fraternity celebrated the installation of a Chapter in the Chicago College of Osteopathy with a banquet at the Chicago Athletic Club and a vaudeville performance. Theta Psi was organized in Kirksville, Mo., on May 21st, 1903, and has continued local until now. Their house is at 5109 Kimbark Avenue. They now have an active chapter of nineteen members which includes two Post Graduates, Dr. P. Keller Jones, June '18, A.S.O., and Dr. Wm. B. Lamb, June '17, A.S.O. Others of chapter are J. Burrus Perrin, Hubert M. Eckerson and Jean B. Claverie, who has returned from 59 months in France, and of whom so much has been written in osteopathic circles. Among recent initiates is Arthur Still Hulett, son of Dr. "Mac" F. Hulett, of Columbus, Ohio, grand-nephew of the "Old Doctor," and namesake of Dr. Arthur G. Hildreth.

Following the feed the boys were entertained by six acts from vaudeville. The party were all the guests of Dr. Oliver C. Foreman, who represented the Alumni Association. Those present were Drs. P. Keller Jones, Wm. B. Lamb, O. C. Foreman, Messrs. E. Bernhardt, T. W. Perry, Vernon R. Carlisle, A. S. Hulett, Jean B. Claverie, J. B. Perrin, H. M. Eckerson, Arthur D. Mayer, Chas. Sugden, Stanley Howe, Stanley Brainard, T. L. Stein, A. J. Clark, R. Tappan, W. Neff, L. Anderson and R. Walker.

Michigan Association Annual Meeting

The 21st annual meeting of the Michigan State Osteopathic Association was held at the Hotel Statler, Detroit, October 29th and 30th. Dr. H. W. Conklin spoke on national matters and AOA conditions. Dr. W. A. Gravett discussed AOA affairs and then gave a brief talk on arthritis. Dr. Jerome Hall Raymond discussed the colleges and their conditions. Dr. Frank E. Dayton of Escanaba, Michigan, told of his experiences and results in connection with Children's Clinic work. Dr. A. G. Hildreth told of the cases handled and methods used at the Still-Hildreth Sanitarium. The fraternal dinner in the evening was followed by the business meeting. The association endorsed the declaration and policy of the new Detroit Osteopathic Hospital, voted to become a Divisional Society of the AOA and elected the following officers: President, Dr. C. A. Williams, Coldwater; Vice-president, C. J. Manby of Battle Creek; Secretary and Treasurer, C. B. Root, Greenville; Statistician, George B. Clark, Detroit; Trustee, E. G. Sluyter, Alma; Delegates to AOA, E. A. Ward, Saginaw and A. J. Carlinghouse, Charlotte. On Thursday Dr. Carl P. McConnell of Chicago gave a fine demonstration of Technique. Dr. Von H. Gerdine discussed the prognosis in mental diseases with concrete examples. Dr. H. V. Halliday gave a fine demonstration of his osteopathic spine. Dr. E. S. Comstock told of recent discoveries in research work and Dr. Harry Irish gave a resume of influenza.

Indiana State Association Meets

The twenty-first annual meeting of the Indiana Osteopathic Association was held November 12th and 13th. An exceptionally interesting program had been arranged. Dr. Halladay of the ASO, chairman of Anatomy, was there for the entire time and not only did he give a wonderful demonstration and lecture, but he was a great assistant on other parts of the bill. Dr. Gerdine

was also there for the entire session. He examined and described all cases brought in with his tireless persistent thoroughness and entered into the life of the meeting as really one of the members. A new constitution and by-laws was adopted to conform with the AOA and application made to form a divisional association. Dr. Frank Hunter Smith discussed thoracic and rib conditions and technic. He received a very cordial welcome. The following officers were elected for the coming year: President, C. J. Crain, Union City; Vice-president, J. G. Morrison, Terre Haute; new trustees, Dr. J. C. Gulmyer, Elkhart, publicity bureau; Dr. R. C. McCaughan, Kokomo, educational bureau; Dr. J. F. Spaunhurst, Indianapolis, legislative bureau. Secretary and treasurer will be elected by trustees under new By-laws, Dr. H. L. Landis, Elkhart, holding over as secretary and Dr. Kate Williams, Indianapolis, as treasurer. The fiscal year was changed from November 1st to June 1st, and dues were made \$10.00 per year. The time of annual meeting will be decided by the trustees and probably will be but a business meeting at the Chicago AOA convention.

Professional Cards

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

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

Wm. Otis Galbreath, D. O.
Oculist,

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

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

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

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

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

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

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

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

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

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

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

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

PERSONAL

Dr. W. W. Palmer, of Blackwell, Okla., is taking special work in operative surgery under Dr. George Still at the ASO.

I was chosen as a charter member of our local Rotary Club and made Vice-president of same.—*Arthur Taylor, D. O., Stillwater, Minn.*

Dr. Leonard A. Mundis, of Alexandria, Louisiana, was recently appointed president of the Louisiana Board of Osteopathic Examiners.

Dr. J. Edwin Downing of York, Pa., was elected at the annual meeting to serve for another three year term on the York Chamber of Commerce.

The Women's Auxiliary of the Chicago Osteopathic Hospital held its first bazaar at the Blackstone Hotel, Chicago, on November 21st. It was a big success.

Dr. Guy L. Barr has located at Tremont, Pennsylvania, for the general practice of osteopathy and the 15th of November he opened a branch office at Pottsville, Pennsylvania.

The Chicago Osteopathic Association commemorated the death of the Old Doctor at their regular meeting, December 4th, at the Sherman Hotel. Dr. Joseph H. Sullivan was chairman of the occasion.

The Osteopathic Woman's Club of Chicago held a dinner-dance on the evening of December 11th at the Edgewater Beach Hotel, the receipts going to establish a scholarship fund for some student at the Chicago College of Osteopathy.

Another Osteopathic baby has arrived; born to Mrs. and "Private" Peat, Nov. 4th, a baby girl. This makes two girls in their family, and as the first was nicknamed "Pat" the second is to be "Mickey." Both mother and babe are doing fine.

Dr. R. E. Curry, of Farmer City, Illinois, recently had the misfortune to have the radius of his right arm fractured by being "kicked" by his Ford and is therefore enjoying a forced vacation at his home in Holdrege, Nebraska, for a few weeks.

Dr. A. M. McNicol, of Dixon, Illinois, recently purchased an abbot frame and put on his first cast. The patient being a girl, eleven years old, with a marked scoliosis of the upper dorsal, brought on, the mother claims, from neuritis about six years ago.

Dr. L. A. Rausch, a post graduate of the American School of Osteopathy, has just recently purchased the practice of Dr. Geo. V. Nienstedt at South Bend, Indiana. Dr. Nienstedt has decided to retire so Dr. Rausch is going to take up the work where he left off.

Dr. Edmund A. Roe is now permanently located at Edmonton, Alberta, with offices at 322 Tegler Building. After he graduated from college Dr. Roe was, for a short time, in practice in Picton, Ontario and from there he went to Edmonton and temporarily took up his residence at 538 Fourteenth street. His proper permanent address is now 322 Tegler building and all mail should be addressed to him in that way.

Announcement has been made of the marriage of Dr. Edith Brown of Charleston, Illinois, to Archer Nicholson, M. D., of Stamford Connecticut. Dr. Nicholson is in literary work being connected with Good Health magazine of New York for the time being and Dr. Brown Nicholson will continue her practice in Charleston. Next spring it is expected she will join her husband as they expect to reside in East Orange, New Jersey.

Lieutenant Andrew P. Sullivan, the "soldier boy" son of Dr. Joseph H. Sullivan, of Chicago, has returned from France and is now stationed at Camp Eustis, Virginia. He is a first lieutenant in the regular army. Lieutenant Sullivan is only 22 years old. He was a real osteopathic baby as he was born while Dr. and Mrs. Sullivan were at Kirksville. Dr. Sullivan expects to spend a Christmas holiday with him at Camp Eustis.

Rather late in the day, Dr. Michael J. Howard, of Ottawa, Ontario, Canada, has let the profession into the secret that he was married June 25th last at Ottawa, to Miss Beatrice S. Brazean, of New York City. Dr. Howard reports that he has had a great deal of difficulty in finding a home and he has been busy house hunting but has succeeded in getting a nice residence and he has changed his address from Aylmer Apartments to 188 Cooper Street.

Dr. Ella H. Quinn of Miami, Florida, made an address before the Parent-Teacher Association of the Riverside School at Miami, Florida. This is the largest school association in the city. The Miami Herald states that "there was a large attendance and an interesting meeting." "That Dr. Ella H. Quinn made a fine talk on the care of young children. Dr. Quinn was formerly a teacher and her talk was valuable and interesting." This is the first talk given by a D. O. in a public school on the East Coast of Florida.

Dr. M. L. Hartwell of St. Joseph announces the association of Dr. R. H. Hurst and Dr. C. W. Mayhugh in his office. Dr. R. H. Hurst will limit his practice to laboratory diagnosis and consultations, fully equipped for analysis of all body secretions and tissues. Dr. C. W. Mayhugh will practice surgery and treatment of the eye, ear, nose, and throat; eye testing and fitting of glasses. Drs. Hurst and Mayhugh will co-operate with the Osteopathic Service League in conducting free clinics at the osteopathic hospital in their lines of practice. They will have the facilities of the osteopathic hospital and well equipped offices and laboratory offered by Dr. Hartwell.

Drs. Church and Plummer of Calgary, Canada, have announced that they now have associated with them in practice, Dr. W. F. Siemens, who will specialize in eye, ear, nose and throat work and surgery. Dr. Siemens is a graduate and post-graduate of the Des Moines Still College of Osteopathy, also he is a graduate of the Iowa Optical College and for one year was House Physician

Why Women Praise Osteopathy

Chilblains and Leg Cramps
Slipped Ribs May Simulate Tumors
How to Treat Painful Breasts
Lame Hip Cured
Peritonitis with Breast, Kidney and Bowel Involvement
Dropsy, Milk Leg, Bowel Ulceration, Hemorrhoids and Indigestion
Persistent Vomiting in Pregnancy
A Happy Confinement Experience
Flooding Following Curettment
Suppressed Menstruation and Headache
Amenorrhoea or Absence of Menstruation
Stopping Menstrual Cramps
The Reflex Cause of Dysmenorrhoea
Leucorrhoea and Backache
Goitres, Simple and Exophthalmic
How Osteopathic Treatment is Given

The above shows title and contents of January issue Osteopathic Health. It has a new and pretty cover design.

No. 39



What is Proper Treatment for Winter's Diseases

A System of Healing that was Safe in the Flu-Pneumonia Epidemic can be Safely Trusted in any Disease



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and Surgeon at the Des Moines General Hospital. Also he has taken special work of Dr. Reed of Denver and Dr. Andrews of Chicago. Before locating in Calgary he was assistant eye surgeon at the Illinois State Medical Eye Infirmary at Chicago. Dr. Siemens was in United States service during the war, being attached to the Medical Corps and connected with the Eye Department of the United States Army Base Hospital at Camp Grant, Illinois.

Commodore Louis D. Beaumont, N. Y. City, president of the commission to establish the first aero derby around the world was entertained by the Chicago Assn. of Commerce the day this commission was in Chicago; after lunch, Commodore Beaumont stole away from the party with his protegee Jean B. Claverie and Dr. P. Keller Jones, whom he had met in Paris, to visit the Chicago College of Osteopathy and the Hospital. The Commodore was urged by the association to accept many other invitations during the day, but preferred to inspect the school. He expressed himself greatly pleased and predicted a great future for the institution, and said he would buy some of the bonds the school is putting out. Mr. Beaumont is head of the May Stores Corporation, and is noted for his many philanthropic activities. The commission were guests on the trip, aboard the private car "Philadelphia" and the party numbered 14; he sailed November 3rd on the S. S. "Siberia" to continue his trip around the world, which is to last until next April. Passports were necessary for 32 countries, thru which he will pass. The Commodore expressed himself greatly pleased with the improvement Osteopathy had brought about in Jean Claverie, whom he had not seen since Jean left Paris in May.

LOCATIONS and REMOVALS

Dr. A. E. Watts, at Maitland, Mo.
Dr. E. S. Bendix at St. Peter, Minn.
Dr. G. A. Johnson, at Vinton, Iowa.
Dr. C. E. Mead, at Red Wing, Minn.
Dr. Geo. Clement Bell, at Santa Maria, Calif.
Dr. Paul R. Kohlmeyer, at Weeping Water, Nebr.
Dr. V. V. Everson, from Toulon, Ill. to Wyoming, Ill.
Dr. M. B. Starbuck, from Urbana, Ohio, to Whittier, Calif.
Dr. A. B. Clark, at 341 Madison Ave., New York, N. Y.
Dr. P. Lander Tait, 1118 W. Lehigh Ave., Philadelphia, Pa.
Drs. C. L. and Ethel Wheeler from Ira, Iowa, to Madrid, Iowa.
Dr. Chas. A. Bennett, at 721-721 Stevens Bldg., Detroit, Mich.
Dr. Geo. H. Snow, from Kalamazoo, Mich., to Los Angeles, Calif.
Dr. Charles Bradbury at 509 Auditorium building, Los Angeles, Calif.
Dr. Laura P. Tweed, from Bowling Green, Mo., to Lindwood, Mich.
Dr. Mary G. Hunter, from Norwalk, Ohio, to Bank Bldg., Elyria, Ohio.

MARRIED

Dr. Michael J. Howard, of Ottawa, Ontario, and Miss Beatrice S. Brazean of New York City, June 25th, at Ottawa, Ontario.

BORN

To Dr. and Mrs. J. C. Howell, of Orlando, Florida, on October 26th, a son, Theodore Morris. Mother and son doing nicely.

EXCHANGE and MARKET

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

For Sale—Established practice, city 40,000. Address No. 186. c/o The OP, 9 So. Clinton St., Chicago, Ills.

Wanted—Lady assistant, capable of taking full charge; or will sell practice to her. Address No. 187, c/o The OP, 9 So. Clinton St., Chicago.

Experienced lady osteopath wants position as assistant to osteopath. Have Nebraska and Iowa licenses. Address No. 190, c/o The OP, 9 So. Clinton St., Chicago, Ills.

For Sale—Well established practice in Ohio town of 6,000. No competition. Want to take P. G. work. Your opportunity. Write quickly for particulars. Dr. E. M. Steele, Wilmington, Ohio.

Wanted—Woman graduate osteopath to take care of practice for four months while I take much needed rest. Would not require state license.—Address No. 188, c/o The OP, 9 So. Clinton St., Chicago.

Wanted—A live couple, man and wife, D. O., to take charge of a good practice in a good town of 30,000 January to May 1920. Write at once.—Address No. 189 c/o The OP, 9 So. Clinton St., Chicago, Ills.