

The Osteopathic Physician

July 1920

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The Osteopathic Physician

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Volume XXXVIII

CHICAGO, JULY, 1920

Number 1

Progress Was Made at the Chicago AOA Convention

Progress in the evolution of AOA government toward a good, orderly business-like administration was the keynote of the Chicago Convention, held June 28 to July 2 at Hotel Sherman.

The new business body, the House of Delegates, formed on paper a year ago, held its first sessions throughout the week and took over the consideration and dispatch of all purely business matters. This relieved the general convention of all such worries, just as had been planned, and gave the delegates all their time for program features, clinics and sections on technique. What business the House of Delegates could not clean up it passed along in part to the Board of Trustees to be disposed of in course of the year.

Visitors to the sessions were welcome and many availed themselves of the opportunity to sit in on the sessions.

The general program went off just about as scheduled. Chairman C. D. Clapp of the Program Committee had fewer absences and alibis to cope with than formerly. His program was praised in all quarters as hugely successful. The Olympic Theatre had been secured across the street for general sessions and it was a success.

There was one feature this year worthy of note. Technique sessions were more numerous, busy and popular than ever before. Certain rooms were provided where technique went on steadily. One big room offered to the technique sessions at 8 a. m. in some fear that none would get up early enough to make it worth while pulled the busiest of sessions, daily. It proved that the visitors want technique. They got it, too, at the hands of all the experts set down by name on the printed program and some volunteers.

Naturally the business which interested The OP most was the House of Delegates' work to get affairs of the AOA on the right business basis. As the profession knows, this reform has been urged by The OP as a necessary step for 10! these many years. It seemed too good to be true that finally a small representative body of picked workers were on the job doing their utmost to save the day for osteopathy.

President Hugh W. Conklin started the ball rolling by holding many informal conferences with delegates and other professional leaders, even before the House convened. In early sessions he called upon members to express their views about our problems. Then in his keynote address at the Olympia he made bold and revolutionary recommendations to reform the working basis and policies of the AOA. The result was that the House soon got busy and actually enforced several of his recommendations.

Among these were consolidating the offices of secretary and treasurer of the Association and putting the whole active management of the Association into the hands of one man under a five-year contract at a salary of \$10,000 a year. Dr. William A. Gravett, of Dayton, Ohio,

was put under contract for this work and will of course give his undivided time and effort to this work.

Secretary Gravett will move to Chicago where all AOA activities will be centered just as soon as he is able to transfer his practice, close up his home and move his stuff. That is expected to require several months. The AOA offices therefore will be removed from Orange, N. Y., to Chicago, and the Journal of the Association and the Osteopathic Magazine will be published from this city when arrangements have been perfected.

It was announced at first that Dr. H. L. Chiles was no longer to be an officer of the Association, but when the time necessary to effect the transfer of the offices was considered it was thought desirable to re-employ Dr. Chiles for a time, which was done, at an advance of salary over last year.

Dr. Carl P. McConnell was made editor-in-chief of the Journal of the Association.

Dr. Ralph K. Smith was made the press committee for the AOA and empowered to furnish publicity matters to the newspapers and periodicals.

Dr. C. B. Atzen was made Legislative Commissioner for the profession and it is expected that arrangements will be completed with him whereby he will give his whole time to working out a more or less uniform legislative policy, based upon our present educational standards, and seeking to get all state laws now at variance with our school standards modified to fit our school situation, rather than trying to run our schools to fit legislative ideals. In our leading editorial this month The OP offers Dr. Atzen our first assistance in trying to get at the basic facts of the situation in order to formulate a proper legislative attitude. We can doubtless win what we want by fighting for legislative modifications in accordance with a policy framed as the basis of the facts as outlined.

The officers elected were; President, Dr. Wm. E. Waldo, Seattle, Wash.; 1st Vice-president, Dr. Eliza Edwards, Cincinnati, O.; 2nd Vice-president, Dr. B. W. Sweet, Erie, Pa.; Sec-

retary and Treasurer; Dr. Wm. A. Gravett, Dayton, O.

Trustee to fill remainder of term of Dr. Frank Hunter Smith, resigned.—Dr. William C. Montague, Evansville, Ind.

TRUSTEES FOR FIVE YEARS

Dr. Canada Wendell, Peoria, (re-elected.)
Dr. Asa Willard, Missoula, Mont.
Dr. Jennette H. Bolles, Denver, Colo.
Dr. Nettie C. Turner, Philadelphia, Pa.
Dr. H. C. Wallace, Blackwell, Okla.

The week's session of the convention of the Osteopathic Oto-Laryngology Association held at the Chicago College of Osteopathy, prior to the convention, was the usual fine enthusiastic success. It went according to program.

Some very fine operations were performed by the members during this meeting. The editor had the privilege of witnessing a private tonsillectomy by Dr. Walter V. Goodfellow, of Los Angeles, at the Chicago Osteopathic Hospital and as clever a piece of technique he never before witnessed. Dr. Goodfellow is certainly a gifted surgeon in his specialty. We are proud that our profession has developed such men.

The banquet was a big success as usual. Dr. Hugh W. Russell, of Buffalo, was the toastmaster and he and the speakers brought much cheer to the feast.

The House of Delegates wrestled one whole afternoon with the question of how to co-operate with the Osteopathic Service League. Some very warm endorsements were given Dr. Francis S. Cave for his vision and enterprise. But the Delegates could not agree on what and how to do, so passed the buck back to the trustees to settle.

Exhibitions — very fine — finer and more numerous than usual. Roll call found McManis, John Janish, Williams, Geo. V. Webster and all the public servitors on deck, along with a lot of new ones.

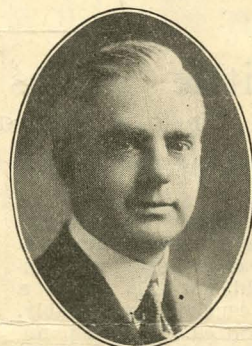
Professor Halladay's room showing his six rubberized-ligament skeletons in action was one of the most popular spots in the hotel. Virgil's researches in anatomy made a prodigious impression. "Herm" Goetz and a few of the boys were accused of using Halladay's exhibit room for lodging purposes—they stayed around so consistently. The real philosophy of osteopathic diagnosis and practical technique were handed out there without any fee to all comers. Halladay is doing a big work. His work is real research.

Oh, yes—the Associated Colleges got together on a practical program to enforce present standards. ASO re-entered the organization and Dr. Geo. A. Still was elected its president.

Professor Fuehrer of Kirksville was one absentee from the program. He underwent an operation for abscess of the ear a couple of days before and could not travel.

It was announced that Drs. Forbes and Ruddy have severed their connection with the Los Angeles College and will devote their time to private practice. Dr. Louis C. Chandler, the new president, was at the convention and made many friends.

You will get further details about the program and all routine matters in the Journal of the Association.



Dr. Wm. E. Waldo,
President, A.O.A.



Dr. W. A. Gravett,
Secretary, A.O.A.

Tom Skeyhill on an Osteopathic Lecture Circuit!

We received on July 8th the following characteristic wire from the Osteopathic Service League:

Skeyhill announcement extraordinary! Please announce to profession that the services of Signaller Thomas Skeyhill have been secured for two or three weeks during September to deliver his splendid new address, entitled, "Rebuilding the World." This address has already made many friends for osteopathy and secured much enthusiastic newspaper comment. It is wonderful opportunity for local osteopathic publicity with the co-operation of the A.O.A. Publicity Bureau. For particulars regarding itinerary and financial arrangements communicate immediately with Francis A. Cave, 30 Huntington Ave., Boston.—Francis A. Cave.

If you want to know what this possibility means to the community so fortunate as to get Skeyhill for an osteopathic lecture, consider what Tom did at Harrisburg, Pa., May 24th. This is from the Harrisburg Patriot:

Tom Skeyhill, Australian poet, soldier and one of the conspicuous figures of the great war, left Harrisburg yesterday after delighting Harrisburg audiences Friday and Saturday, to address a great gathering last night in Carnegie hall, New York. Skeyhill came to Harrisburg to address the Central Pennsylvania Osteopathic Association at its annual meeting at the Penn-Harrisburg hotel Saturday and was loaned by that organization to the Chamber of Commerce and the Women's Club, before which he spoke.

Skeyhill, who was made blind by shellshock in the war, was cured by osteopathy after many specialists had failed, and he was introduced Saturday evening by Dr. H. H. Walpole, Lancaster, president of the Central Pennsylvania Association, who, with these other officers, were elected at the preceding annual meeting: Vice-presidents, Dr. I. F. Yeater, Altoona, and Dr. Wilcox, Hanover; secretary, Dr. Mabel Maxwell, Williamsport; assistant, Dr. Shellenberger, York, and treasurer, Dr. S. R. Grossman, Williamsport. The committee which arranged the Skeyhill lecture and dinner consisted of Dr. Harry M. Vastine, Dr. Frank B. Kann, Dr. L. G. Baugher and Dr. G. W. Krohn.

Remarkable Address

Skeyhill's address in the Technical High School was one of the most remarkable ever delivered in Harrisburg and not the least interesting part had to do with his own recovery from blindness. The war left him sightless and, as he said: "No man not blind can appreciate the horror of my situation. I knew nothing of time. I waited for night and I waited for morning and could not tell when either arrived. I could tell it was day by the booming of the guns. I could tell it was night by the silence. Finally I could tell the dawn by singing of birds, though frequently I got awake at 10 o'clock at night thinking it was dawn. "And so there I was, I had been bayoneted. Now I was blind. I had eminent doctors from Egypt, France, England, and my own country. They gave me up. My case was hopeless—though I had learned to typewrite and play golf. I came to America to talk for Liberty Bonds. I was in Washington. I became ill. Somebody recommended an osteopath. I did not know what an osteopath was. I went to him. Now there has been a lot of misrepresentation about my case, but I want to tell the truth. I went to the osteopath blind. Thirty-six hours later I could see. Two days from the time I submitted to his treatment in Washington I left the house, went to the station, looked up the timetable with my own eyes and took a train for New York. That is the case. That is what osteopathy did for me and that is what I believe could have been done for hundreds of fine chaps who were afflicted as I was if osteopaths had been permitted in the Army."

Serious and Humorous

Skeyhill's address was entitled, "Rebuilding the World," but it abounded in humor of the war and a masterly description of the siege of Gallipoli. It is his belief that the "world is facing a graver crisis today than it did in July, 1914. History has shown that it is harder to rebuild a country after the war than to defeat the enemy at the gates. You defeated Dixieland, but Dixieland could not produce and could not finance, and so for years Dixieland remained in desolation. So it was with Russia and Japan. It is so at this time.

"It is for you—each one of you—to say whether all the sacrifices of our boys are in vain. It is up to you here in Harrisburg to say, for the world is but you in Harrisburg multiplied. The job is not finished. Tonight the gaunt specter of famine stalks through Europe. Henry Morgenthau and Herbert Hoover both predict 1,000,000 persons will die of starvation this year; 20,000,000 will be under-nourished while millions of babes not five years of age have not walked or tasted milk. Transportation is disrupted, the ranks of the unemployed are full. That's what invites Bolshevism."

Suggesting remedies for world-unrest and tools for rebuilding, Mr. Skeyhill recommended the spirit of optimism; fraternalism, the brotherhood and sisterhood of humanity; idealism, the service above self; more simplicity, less luxury; education, adequate pay for teachers; health, and finally, religion and a better democracy, and he closed with an appeal for worldwide peace that left his hearers profoundly moved.

The dinner, at the Penn-Harris, which preceded the address, was attended by Mr. Skeyhill, Dr. Emma Purwell, Lancaster; Dr. Maud E. Wyckoff, Brooklyn, N. Y.; Mr. and Mrs. Dean Hoffman, Miss Elizabeth Wentz, Miss Helen Fox, Dr. H. M. Vastine, Dr. and Mrs. I. F. Yeater, Dr. J. E. Barrick and daughter, Winnifred, Harrisburg; Dr. and Mrs. N. L. Swift, Dr. and Mrs. L. C. Mook, Lancaster; Mr. and Mrs. J. W. Eshenshade, Dr. and Mrs. M. W. Brunner, Lebanon; Dr. C. L. Richards, Huntingdon; Dr. H. H. Walpole, Dr. and Mrs. T. Harris Francis, Lancaster; Dr. S. R. Grossman, Williamsport; Dr. Irmine Gunsaul, Harrisburg; Dr. and Mrs. E. Clair Jones, Lancaster; Dr. and Mrs. Frank B. Kann, Dr. and Mrs. G. W. Krohn, Dr. and Mrs. L. Guy Baugher, Harrisburg; Dr. Gladys D. Thompson and Theo. G. Thompson, York, Pa.

Little Stories of the Clinic

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

Stories of the Stuffed Clinic

Story No. 13.

Mrs. C., aged 70, after being under chiropractic care for flu for several days, came under my treatment. She was getting along nicely, except that she could not talk above a whisper and, though she coughed considerably, she had scanty expectation. I thrust my finger past the epiglottis, as described in *OP* for June, 1919, and pulled the base of the epiglottis upward and forward, and out came an avalanche of slime. I went down to the larynx several times, sometimes pressing against the posterior wall, and still came great quantities of slime. Immediately after the first treatment she could make some sounds above a whisper. This laryngeal treatment was continued every other day for two weeks, when voice restoration was complete and the treatment would secure only small quantities of slime. During the days after each treatment the patient could and did expectorate very freely, without any difficulty. She had had pulmonary tuberculosis for twenty years, and I had listened to her lungs several times before she had the flu and had heard many rales all over both lungs. After I was through giving the inter-laryngeal treatment, I was much surprised to find no rales in the lungs. She is also free from coughing and soreness of the lungs as was constant before she had the flu. Dr. Edwards calls this treatment a drainage of the laryngeal sinus.

Story No. 14.

Case of a 16 months' old baby, named Geraldine, with whooping cough and violent spasms. Two hours before my arrival, the medical attendant pronounced the case hopeless and said he could do nothing more for her. Ten minutes before I came, she had had a terrible spasm of coughing, with gasping and struggling for breath, and apparently had not recovered from the spasm. She lay on a neighbor's lap very quiet indeed, with eyes closed, scarcely breathing, blue in the face, and feeble pulse. Except for faint movements of respiration, one would say she looked for all the world like a corpse. I reached under the upper dorsal vertebrae and began gentle muscle stretching. In a few moments she stirred and opened her

eyes. A moment later she began to cough. I lifted her up to a sitting position, slightly inclined forward. One neighbor thrust a finger in the rectum, another a finger down the throat, and we secured a fairly loose cough with some discharge of slime. I ordered a towel with end that had been thrust in boiling vinegar water. I placed the wet end against my cheek and held it there until I deemed it not too hot to touch the baby. The moist hot end of the towel was then pressed over the baby's larynx. Later gentle spinal treatments were given and external manipulation of the larynx. The hyoid bone and larynx were pulled forward. The appearance of cyanosis soon left and the baby began breathing naturally, with normal pulse. I sat beside the young mother and between her and the baby. She saw the color come to the pallid face and noted the easy breathing, and I had her reach past me and feel the full, even pulse beat. I told her that her baby was going to live. She had been up with the child night after night and fought what seemed a losing struggle. She had almost given up all hope. She had looked on the osteopath as the last desperate chance, and all at once the osteopath's fingers brought assurance of life. Under similar circumstances some mothers' thoughts would be only of their children, but this mother made me feel that she felt immensely grateful to the physician who had saved a life. I knew she desired to relieve her feelings by throwing her arms around my neck, but proprieties forbade and I was glad she obeyed propriety, and yet somehow I felt greatly rewarded for the years and the money spent to equip myself to be an osteopathic physician.

The baby did not have one dangerous spasm of coughing after the first treatment. I called early in the evening and during the night frequent applications of hot vinegar water were made over the larynx. There was some whooping, but the cough was loose. I thereafter made several calls, and when the baby began to cry she began to whoop, and then I thrust my large finger past the epiglottis and down to the larynx, and drained the laryngeal cavity. She made an uneventful recovery.

More Than a Catalog

My Dear Doctor:

Our newest catalog of the American School of Osteopathy is being mailed to you today.

If this book were made a text in the Osteopathic course of every school, it would be a distinct addition to their curriculum.

If every Osteopath would read this catalog from cover to cover he would be a better Osteopath and a better posted person.

One of our National officers writes us as follows: "This new catalog of the A. S. O. is the finest piece of literature I ever read. I hope no one receiving it fails to read it and either passes it on to a prospective student or has it bound for his library."

It is bigger than the A. S. O. in a way, because its scope covers the foundation and general outlook of Osteopathy, as a whole.

It should be in every library in America!

If yours doesn't come—write!

GEORGE A. STILL, M. S., M. D., D. O.

President A. S. O.

Kirkville, Missouri

The Following Books Made-a-Hit at the Last Convention

**H. V. Halladay's Applied
Anatomy of the Spine**
- - \$3.50 - -

**McConnell and Teal's 1920
Osteopathic Practice**
- \$7.50 and \$8.00 -

E. H. Henry's Sex Hygiene.
Original and OSTEOPATHIC
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Also the new featherweight Osteopathic
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A. T. Still; Founder of Osteopathy

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Sent postage paid on receipt of price—
\$3.00.

THE BUNTING PUBLICATIONS, Inc.
CHICAGO

Story No. 15 is about Velma, a sturdy, five year old sister of Geraldine. She, too, had been having whooping cough, with considerable distress at night. One morning I gave the inter-laryngeal treatment and she lost her breakfast and we ejected quite a lot of slimy mucus. Next morning the treatment was given before breakfast. The little one was the gamest one to take the treatment I ever met. When the finger entered the throat, every tissue was relaxed perfectly, including the epiglottis, which was not pressed against the roof of the mouth. The large finger passed to the larynx without any difficulty, and the treatment brought the

greatest amount of slimy discharge I ever saw come from a larynx. I repeated the treatment twenty times, getting copious discharge every time. I asked the youngster if she was tired and she said in a very matter-of-fact way "nope." So I went down twenty times more, and at the fortieth time the discharge began to be a little more scanty. Velma passed a much easier night than usual, and in the morning she told her mother that she didn't need any more of that operation. She received no more treatments, making an easy recovery, with scarcely any trouble night or day.

Osteopathy in Tubal Pregnancy

By J. S. Baughman, D.O., Burlington, Iowa.

Little, if anything, has been said on the subject of tubal pregnancy, and the treatment thereof. Several interesting cases have come to the writer's office for advice and treatment, and we report on them as follows.

Case No. 1, a primipera, age 24, very much pain in right iliac fossa, somewhat similar to appendicitis. In fact, before going further into this case, we wish to state that each case here presented is associated with symptoms of appendicitis, and on the right side.

Right tube very much enlarged, and tender. Uterus soft and flabby, with a full natural outline of both fundus, and neck palpable, a slight thickening of uterine wall over the tubal opening. Morning sickness regular since time of first cessation of menstruation, and no temperature made pregnancy most probable, and our efforts were directed to the normalizing of prevailing condition.

Three weeks work resulted in fully normalizing of this pregnancy by osteopathic methods.

Case No. 2, age 40, multipera—three months since last menstruation. Had been examined by two other physicians; one diagnosed the case as fibroid, and advised prompt operation; the second, her old physician, after a week's attention, pronounced it tubal pregnancy. Patient then decided to come to us for further examination. Bimanual examination, revealed an enlarged salpinx closely allied with the fundus of the uterus, but not a part of it so far as the enlargement went. Uterus very soft and pliable, and easily outlined and distinguishable from that of the tube. The tube was quite enlarged, even to the ovary, involving this to considerable extent.

This case of tubal pregnancy was normalized in three weeks, and carried to full time. Boy now 4 years old.

Case No. 3, age 31 multipera, had several examinations prior to coming to us for examination; one physician had made intro-uterine ex-

ploration with sound, according to patient's story. Findings, enlarged tubal condition, slightly toward the fundus, but entire uterus was soft and perfect outline with nothing inside, neck and crevix soft and pliable. Patient had several attacks of pain simulating appendicitis, in fact, one physician so pronounced it. Rectus muscle very taut, and severe pain at McBurney's point, pain in back, and in iliac region. No temperature, and regular morning sickness however rendered it negative.

Was called to see this patient frequently from time of first examination, which was then three months since last menstruation. Failing in getting a consultation with our surgeon because of an emergency case, the party was taken up to the Mayos. Here tubal pregnancy was confirmed, but no operation, and after one week's stay, patient returned, and called us again. Called in consultation the surgeon, and after going into the case carefully, consultation decided in favor of continuation of our former treatment. Case was continued to full term, and delivered the case of a pair of nice twin girls, a little over two years old now, and doing nicely; mother strong and well.

Treatment was bimanual, right hand recto-vaginal, left hand in iliac fossa with steady, gentle, but firm pressure toward the natural opening to uterine cavity, two fingers constantly encompassing the enlargement, and directing pressure toward the opening. This work, however, was always preceded with inhibitory treatment at second lumbar, and 1st to 3rd sacral region, to relax uterine tissue. Never failed to give patient prompt relief, and thereby held the confidence of the patient and conserved the patient's energy.

Arthur Brunsmann D.O.

THE HEAD AND NECK
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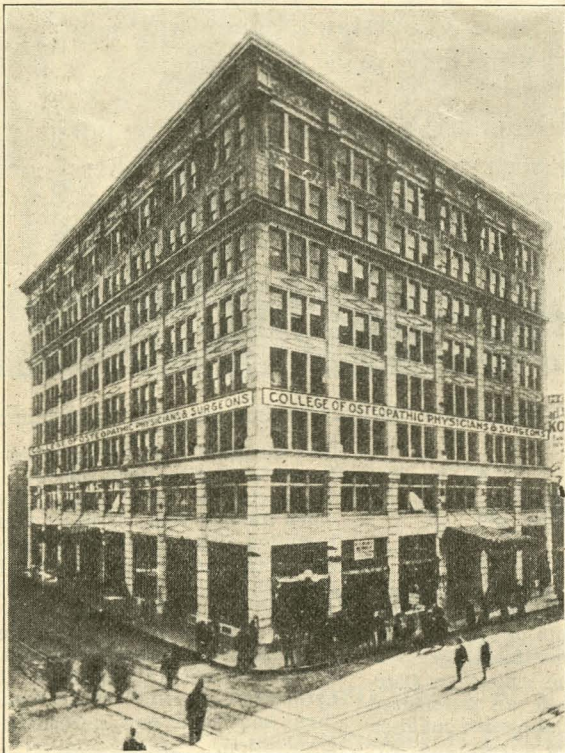
Chicago, Illinois

We Teach Osteopathy

As Taught by Andrew Taylor Still

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

The constant aim and endeavor of the staff of educators at the College of Osteopathic Physicians and Surgeons (operated under the supervision and control of the California Osteopathic Association) is to make out of each student an intelligent, highly trained, fully qualified, efficient osteopathic physician.



The faculty is composed of practicing physicians, each one a teacher of highest capacity distinctively fitted for his work by temperament, knowledge and experience. Theory and practice are harmoniously blended and the native ability of the student is sympathetically considered and encouraged.

The clinics maintained by the College of Osteopathic Physicians and Surgeons and conducted by the teaching staff are the best organized and most extensive enjoyed by any osteopathic institution. Clinics are conducted at the college, at various local hospitals and at Los Angeles County Hospital. The practical value of the experience gained by the student in these clinics is inestimable.

Fall Term Opens September 13th

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

The College of Osteopathic Physicians & Surgeons
 Los Angeles - 300 San Fernando Building - California

There is sunshine and pleasant weather all the year around in Southern California. Climatic conditions do not vary much. Winters are mild and summers are cool.

Did You Miss the Chicago Convention?

Better read the story of the meeting by Neos, a different sort of convention article; quite unlike any you have ever read on former meetings. Nineteen typewritten pages; we do not like long articles—this one is not long enough!

Neos is a progressive thinker, he will continue to make osteopathic progress and you will hear much of him in the years to come. We have three other articles by him, will publish them in early issues.

Sartwell of Massachusetts Contributes 24 Articles on Technic

He is a wizard technician, knows how to get wonderful results on short order; knows how to tell you how to do it, his articles are explicit, easy to read and easy to understand. They will begin in No. 57 or No. 58 and run for two solid years, \$6 will be all right, must be paid in advance.

The Osteopath is now \$3.00 a year, if paper goes much higher we will make it \$4.00 or possibly \$5.00. Some folks claim it is worth that much a copy, better see for yourself. Back numbers cannot be promised, once in a while we can include a few. Just 500 extra copies of No. 57 will be printed, if your subscription comes in late we will start you with No. 58.

The Osteopath, Kansas City, Mo.

Osteopathic Hospitals

The American Osteopathic Hospital Association was formed at the time of the A.O.A. Convention, with the following officers:

President, Dr. Geo. W. Perrin, Denver, Colo.
Vice-president, Dr. O. O. Bashline, Grove City, Pa.

Secretary, Dr. W. Curtis Brigham, Ferguson Building, Los Angeles, Calif.

This constitution was adopted:

ARTICLE I—Name

This organization shall be known as the American Osteopathic Hospital Association.

ARTICLE II—Purposes

The purposes of this organization shall be:

1. To promote efficiency in the management and work of the various osteopathic hospitals and sanitariums.

2. To unify the standards for osteopathic hospitals and sanitariums and their associated Training Schools for Nurses and promote proper and just legislation.

3. To promulgate the principle of the "Open Hospital," increase the proficiency of the profession in the prevention and cure of disease and otherwise increase the scope of activity and usefulness in relation to the general public.

4. To encourage and develop osteopathic therapeutics in osteopathic hospitals and sanitariums, promote preparatory and post-operative treatment in surgical cases, as well as general and obstetrical cases.

5. To encourage closer co-operation and better understanding between the various members of the institutional staffs, by regular staff meetings and otherwise.

6. To encourage the building and equipping of more osteopathic hospitals and sanitariums and training of physicians, surgeons and specialists thoroughly competent in their various lines of work, to the end that all osteopathic

institutions and staffs be a credit to the profession and the scientific world.

ARTICLE III—Membership

Sec. 1. Any osteopathic hospital or sanitarium may become an active member of this association by a two-thirds vote of all the trustees during the interval between meetings.

Sec. 2. Any member of the American Osteopathic Association may become an associated member of this association in the same manner as active members. Registered nurses and laymen are also eligible to associate membership in the same manner.

Sec. 3. The dues of all active members shall be Twenty-Five Dollars (\$25.00) per annum and shall be due June first of each year. The dues of associate members shall be Five Dollars (\$5.00) per annum, payable same as active members. No admission fee shall be required, but one year's dues shall accompany application for membership and shall pay dues till the following June first, provided if less than six months elapse before June first following the admission to membership, only one-half year's dues need be paid for the balance of such year.

ARTICLE IV—Meetings

Sec. 1. The regular annual meeting of this association shall be held on call of the president as early as practical during the annual meeting of the A.O.A., bulletin posted for 24 hours and announcement being sufficient notice. Special meetings may be called by the president whenever deemed necessary.

Sec. 2. At all meetings each active member shall be entitled to one vote. Associate members have voice, but no vote.

ARTICLE V—Officers

The officers shall be President, Vice-president, Secretary-treasurer, and Board of Trustees.

The duties of each being those which are usually performed by such officers. All officers shall be elected at each annual meeting and hold office for one year, or until their successors are installed. The Board of Trustees shall be composed of one person representing each active member and shall be designated by the member which he is to represent. The Executive Committee shall be composed of the President, Vice-president and Secretary-treasurer, and they shall have general charge of the affairs of the association during the interval between meetings and take any necessary action for the association.

ARTICLE VI

Sec. 1. Amendments—

This constitution may be amended at a regular meeting of the association by vote of three-fourths of the active members present.

Sec. 2. Representatives of a majority of the active members shall be present to constitute a quorum.

Sec. 3. This association shall be governed by Roberts' Rules of Order.

Keep It Pure

I thoroughly believe that many of the profession are losing ground by trying to do too many things under the name of osteopathy, and are forgetting the "first principles" laid down by our founder, Dr. A. T. Still. Checking up on what our medical brethren did during the world war with the "flu" and other contagious diseases in their charge proves internal medicine to be a failure. In the old school of thought only surgery and diagnosis have made any progress. Both are necessary. Let's concentrate on osteopathy and keep it pure.

—D. C. Crocker, D.O., Centralia, Wash.

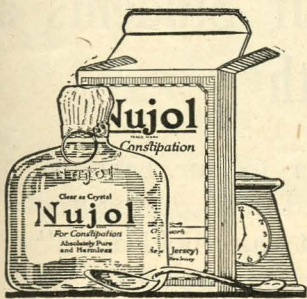


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Research Work in Kirksville

By Lamar K. Tuttle, D.O., a visitor at the I.T.S. House, Kirksville, Mo.

I have been here for several weeks and the A.S.O. and allied institutions are a revelation to me. The A.S.O. is a school we can all take pride in. If some of the older A.S.O. alumni, especially in the east, would take the time to visit Kirksville and at first hand investigate the school and the work performed, I believe we would hear generally more kindly remarks of the A.S.O. The student body as a whole is high class and compares favorably with that of any school in the country, osteopathic or medical. And they are getting OSTEOPATHY—real osteopathy, Meachem et al notwithstanding.

Your good words of praise for Halladay and his book in *The OP* are richly deserved. If any man ever deserved well in encouragement and support of the osteopathic profession Halladay is that man. His anatomical laboratory research work is new, true, lasting and to a degree revolutionary. It clears up for all time the cloud of doubt, uncertainty and speculation that has ever risen when we claimed the possibly of vertebral malposition and lessened spinal articular mobility as even possible causal factors of disturbed body physiology—to say nothing of disease processes. Halladay demonstrates with the spine with all ligaments in situ, the range of vertebral articular mobility and the actual possibility of vertebral maladjustment.

Abrams in his book "Progressive Spondylotherapy" p. p. 2, quotes Dr. J. Madison Taylor to the effect that Taylor "has studied this subject from an unprejudiced viewpoint and quotes the highest authorities on anatomy to show that, except when long standing or progressive morbid processes have been the cause, lateral curvature and tubercular disease—changes in the relationship of the vertebrae, are practical impossibilities." Medicine owes Abrams much. Osteopaths, I believe in general, endorse much of his work. His work in exciting certain vertebral reflexes is of value. Personally, I have in no small way investigated his claims re the effects on the heart of percussion of the spine of the 7th cervical vertebra and have in articles in osteopathic publications endorsed this phase

of his work. At the present time Dr. T. A. Rieger of the A.S.O. and myself are engaged in further work (employing an electro-cardiograph) to test out the effects of spinal percussion as advocated by Abrams versus osteopathic stimulation on the heart. Our work is made possible by Dr. George Still who has placed at our disposal the laboratory apparatus of the A.S.O. and an abundance of clinical material.

Now let Dr. Abrams investigate with an open and unprejudiced mind the research work of Dr. Halladay and I dare say Abrams will change his views in re the possibilities of changes in vertebral position. It seems to me that Dr. Abrams must in all fairness do this or lay himself open to just criticism.

What Wisconsin Does for Ex-Service Men

In regard to your question in editorial in June issue of *The OP* regarding the educational bonus law for ex-service men passed at special session of Wisconsin legislature September 8th, 1919, I think the following statement will answer the question.

Any ex-service man who was a resident of Wisconsin at the time of entering service will be paid \$30 per month for a period of five years or for such period as he remains in school. He must remain in school to get such monthly bonus. The applicant applies to the Wisconsin State Board of Education which assigns him to such school or such subjects which he may choose in schools within the state; but if he chooses a course of study like osteopathy which is not taught within the state, the Board will assign him to some reputable institution outside of the state.—F. N. Oium, D.O., Oshkosh, Wis.

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—O. S. Miller, D.O., St. Louis, Mo.

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Bear in mind that we are not offering to sell you shares of stock. Our offering is a first mortgage gold bond backed with real estate and other substantial assets. It is not a speculative purchase, like buying stock, but is a secure investment. One may suffer from shrinkage of market value or a decline or even loss of dividends when investing in the stock of any corporation; even some of the best stock investments of one day become the poorest buys or holdings at another time; for stock owners may even see their holdings wiped out when bondholders as mortgagors take over the ownership and operation of concerns that cannot meet their script obligations. That is the difference between a stock and bond. The bond holders actually own the property until their investment is paid back to them and there is such a margin of property behind their investment that they would be sure to get their money back even if it were sold at a sacrifice sale for their benefit.

For these reasons all investors should know that buying stocks is always more or less speculative; and that the greater the promise of profits, as a rule, the greater the danger of losing the principal. Promised profits on oil and mining shares, for example, (always highly speculative) are often most alluring, yet not one investor in a thousand actually ever experiences the wonderful luck. Speculations depend much on luck. The buyer gambles his money—risks all, as he would in a lottery—in the hope of winning the big prize. Hence all investment experts caution investors about buying stocks. They recommend the well-secured bond (which is a first mortgage upon property) as the standard type of investment, and it is this form in which financial institutions (like insurance companies) carry most of their funds.

Since the First Mortgage 10-Year Gold Bonds of the Bunting Building Corporation are of this latter and safe type of securities, our investors take no gamble and are sure to get their money back, as well as enjoying 7% dividends while the bonds run. This income is paid to you semi-annually through the Chicago Title & Trust Company. You only need deposit your interest coupons each six months in your bank as you would a check or currency. At its due date the bond itself will be paid in the same manner. Interest is payable June 1st and December 1st of each year. The issue is callable in whole or part as determined by lot on any interest date upon 30 days previous notice at 102 and interest. The corporation agrees to pay the normal 2% federal tax.

It is worth noting that the payment of your 7% income on these bonds is not dependent upon the profits of our publishing business.

The funds for meeting this interest are provided out of present operating costs of conducting the business in the form of rentals, etc., now being paid by the Bunting Publications, Inc., while present profits on operating and the expected increase of profits to follow from greatly improved manufacturing facilities are both just that much additional margin of security behind your bond but not figured into tangible assets. It is conceivable that we might lose our dividends on operating but you could not lose your principal or interest. You take no risk whatever.

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We surely appreciate that kind of sentiment; and it sweetens the cup of work, we assure you, to believe that it is shared by a large proportion of our practitioners, students and teachers; it bespeaks just the sort of co-operation that we have expected for our enterprise from our profession; but at the same time we insist that the security and returns on our bonds together constitute ample enough reason why they should appeal to provident osteopathic savers and investors.

It is of course not a charity to us to buy our bonds, for you get 100 cents on the dollar, yet it expresses a good measure of co-operation such as will actually help us realize our full opportunity as osteopathic propagandists, for each bond bought shows us that some fellow's heart is in the right place as well as his or her good business judgment.

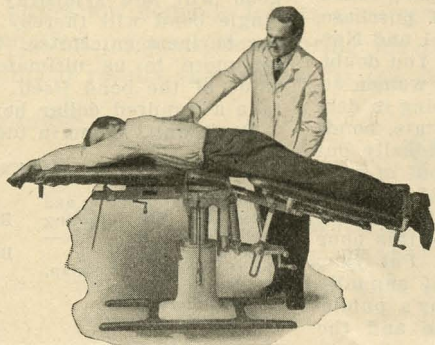
When you buy Bunting Real Estate Gold Bonds you give us the money, to be sure, but still you *have* it—and you continue to keep it in your strong box—and it pays you 7% in gold per annum. One can afford to "plunge" a little on making this kind of an investment for one can't lose out on it! The value is always there. You can afford to borrow money to pay for such a bond, if borrow you have to. You can afford better, however,—because it is the right thrift habit to cultivate—to subscribe for one (or more) of these bonds and meet your payments out of your current income savings on our easy-payment, installment-purchase plan.

Now, friends, co-workers in osteopathy, customers, fellow boosters of osteopathy—*each* and *all* of you—don't read this and then sit back and wait for the other fellow, male or female, to extend the helping hand! Rome wasn't built that way. Neither can osteopathy build up, meet the competition and resist the assaults of the day with that kind of backing. We are fighting your battle for you every day in the year—have been doing so for twenty years, and *you ought to back us up!*

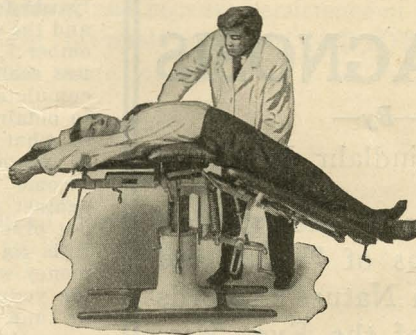
Don't assume, friends, that this bond issue is already over-subscribed. It isn't! Don't assume it will be. It really won't be. We shall cease to put it forward the minute we see these bonds are all spoken for. The best things on earth require pushing—look at osteopathy, for instance! You know our publishing house is but one of many factors that have been pushing osteopathy for 20 years and still osteopathy is not yet fully "sold" to the public! Even as good a thing as a 7% real estate first mortgage gold bond likewise requires advertising, pushing effort to sell. Help us reduce the cost of that effort and make a prompt success of our flotation. Do *your* part. Do it now—by return post.

(Continued on Page 12)

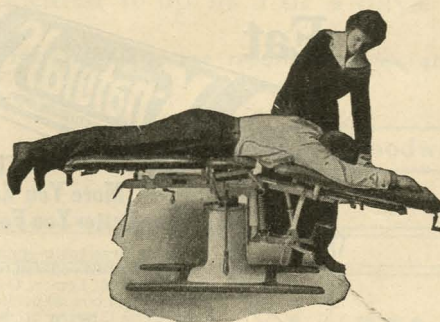
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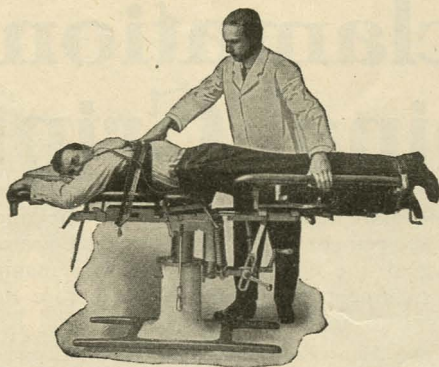
This illustrates the stretching and manipulation of the spine according to the method of Dr. A. G. French, Syracuse, N. Y., and is a quick and effective way of securing spinal traction.



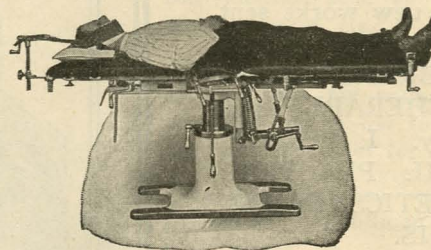
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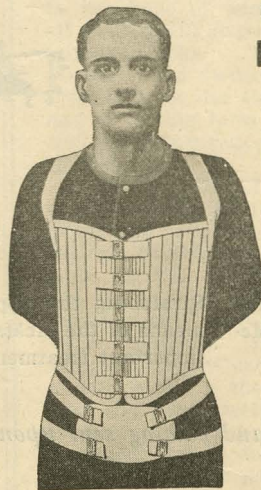
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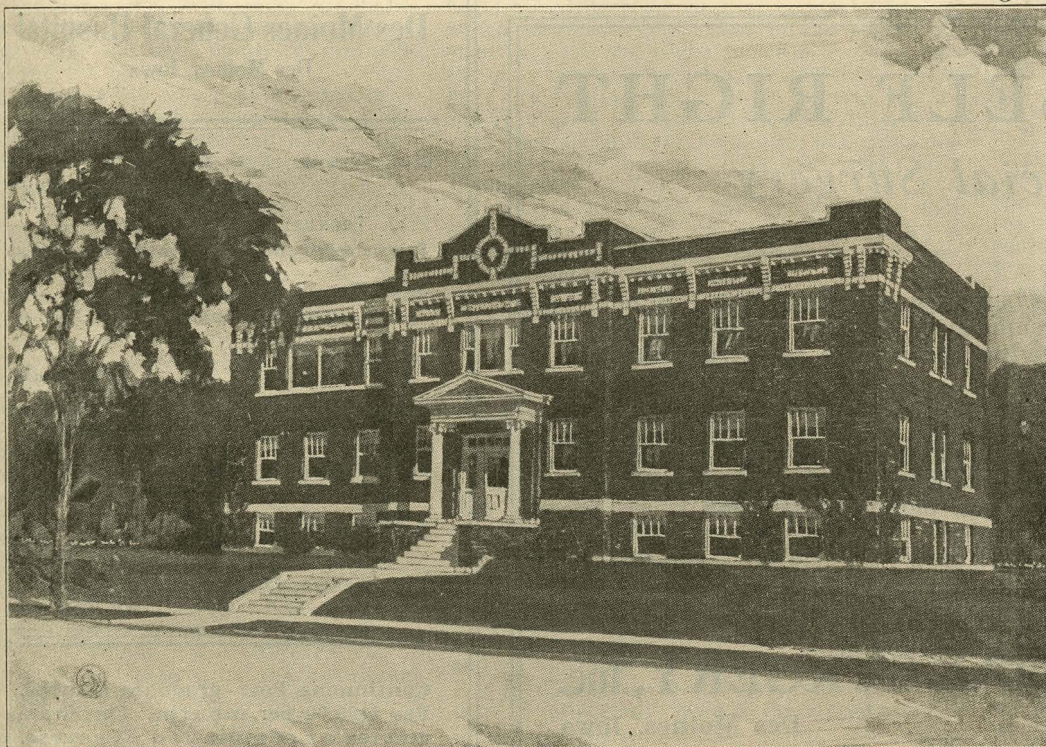
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A training school for nurses will also be maintained. A separate building for nurses' home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.

Narcolepsy or Sleeping Sickness

By W. J. Conner, D.O., Kansas City, Missouri.

I think the object for holding conventions each year is to gather new ideas in thought and practice from the profession at large—to note progress, as it were. New thoughts are to be given to the general profession. In discussing this subject I shall speak only from my own personal experience in treating this disease. What has been written on the subject you may all read as well as I. I have been made so tired at conventions listening to long papers paraphrasing textbooks that I have de-

cidied to spare those of like belief in this instance.

During my practice I have treated just seven cases of sleeping sickness and my observations are taken from these seven cases. Some I treated during the entire course of the disease; others only during the latter stage, they having had medical treatment in the earlier stages.

Narcolepsy, or sleeping sickness as it is usually called, is a nervous disease attacking people of all ages, men and women equally.

Until the flu became so epidemic little was known of it, only occasionally did we ever hear of a case, but during the last year or two quite a lot of cases have been reported.

CAUSE

1. Primary: The primary cause of sleeping sickness is, I believe, a lateral lesion of the atlas on the occiput which retards the drainage from the brain through the vertebral veins. This lesion may have been there for years when without an active cause the disease would never occur. This lesion may have been caused by a blow on the side of the head or a fall or any violence to the head.

The exciting cause in my opinion is some infectious disturbance such as flu which affects the tissues of the brain by poisonous substances carried in the blood.

SYMPTOMS

The symptoms of sleeping sickness are very much alike in all cases only varying in degree.

As I have observed them they are as follows: Onset is rather sudden, beginning with neuralgia in occipital nerves, pain extending down the neck and sometimes to the arms. Very nervous and unable to sleep, slight fever, 101 degrees to 102 degrees. This stage lasts from two to four days, then the pain subsides and the nervousness is better, the patient falls into a deep sleep quite normal in appearance; they sleep day and nights. They can be awakened any time but quickly fall asleep again. They wake up to eat or to attend the calls of nature (sometimes omitting to wake up for the latter.)

They have a dreamy delirium which gives the family much concern as they fear there is some mental derangement. But that all passes away as the patient recovers.

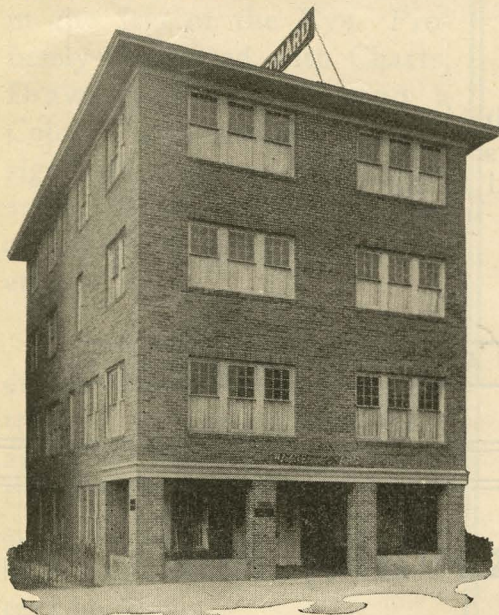
PATHOLOGY

As to the pathology in the case I have nothing to add, as I have not allowed one to get

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Superintendent; Roentgenologist and Anesthetist

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Continuous Post-graduate Course.
Fee \$100.00 per month. Certificate
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“An Assistant In the House”

“For a good many years,” says one of the country’s most successful practitioners, “I have made a practice of advising my patients to keep a bottle of

Dioxogen

constantly in the house to meet the hundred and one minor injuries or hygienic needs continually arising. As an all 'round antiseptic I know of nothing better or safer than a good peroxide of hydrogen—and in my experience the best and safest peroxide of hydrogen is Dioxogen.

When I tell a patient to use it, I do not have to *wonder* if it will do what I want it to, nor *worry* that it may prove toxic or harmful.

No, Dioxogen does not belong to the “wonder and worry” class

of disinfectants. On the contrary, it is a trustworthy, non-toxic antiseptic that medical men can confidently recommend whenever a germicidal or prophylactic agent is required.

This is why I advise my patients to always keep Dioxogen in the medicine cabinet, for in addition to its exceptional value for all routine hygienic purposes, in the case of emergency wounds its prompt and liberal application will assure abundant protection against germ infection until I get there. *It is like always having a dependable assistant in the house.*”

The Oakland Chemical Co.

59 Fourth Avenue

NEW YORK CITY

into the morgue, hence I could not hold post-mortems.

TREATMENT

In treating this disease I have paid particular attention to the first cervical vertebrae. Correct that lesion and your work is nearly done. That is not always easy to do, however, as I think those lesions are of long standing and require a great deal of work to get them replaced. The correction will come gradually and as the drainage from the brain gets better, the patient sleeps less until finally the drainage is normal and the patient is well.

The time required to cure a patient has been from one to three months. One patient woke up one morning quite normal and had no further trouble but all the others recovered gradually, sleeping less and less each day until complete recovery. I also give the upper part of the spine a tonic treatment.

I will detail two cases:

Case No. 1. Man about 50 years old. History of the case revealed the fact that he had been asleep eighty-seven days. Many eminent physicians had tried to waken him but all had failed. I did not know much about sleeping sickness then but I remembered Dr. Still used to tell us how he cured Bob Harras of going to sleep. I diagnosed the case as catalepsy. I found the lesion Dr. Still said Mr. Harras had. Thus armed with osteopathic knowledge I proceeded to correct the lesion at first cervical vertebra. I treated him once a day for twenty-six days. At the end of that time he waked suddenly and had no more trouble. I gave him a few more treatments to be sure the lesion remained corrected and in a few weeks he was back on the road as a traveling salesman.

Case No. 2. Woman about 50 years old. I had charge of her case from the beginning. When I was first called she complained of a fierce pain in neck and head, had not slept for three nights on account of pain, also she was very nervous.

I diagnosed the case as flu with occipital neuralgia; temperature 102 degrees. Called again that evening, found pain gone but temperature about the same. Next day called again, found her sleeping soundly. Still had slight fever. Treated her. Next day found her still asleep.

It began to dawn on me then that she had developed sleeping sickness and I turned my heaviest artillery on the first cervical vertebra which was badly dislocated to the right. In about a week she began to sleep less through the day but had that dreamy delirium which gave the family quite a lot of concern, but as she recovered, all that passed away. Her eyes were crossed from the beginning but gradually got better, yet her eyes remained weak until I dismissed her.

I treated her every day for a week, then every other day for six weeks, then twice a week for a month when recovery seemed complete except for weak vision.

Read before the Central States Osteopathic Society, Kansas City, Missouri, May 19, 1920.

Unity Was Paramount

The last convention was unique in that the spirit of unity seemed to permeate throughout the entire proceedings. Factions that had been at loggerheads for years found that, after all, they were not so far apart, and that in the end they were fighting and striving to find the best means to further the cause they loved. How can we help, was in the minds of every one present and as a result more activities were outlined for the next five years than has been done in the past twenty. It shall be the endeavor of your officers elected for the ensuing year to interpret and carry forward your desires. We ask the united support of the profession.—W. E. Waldo, D.O., President, A.O.A.—Seattle, July 9th, 1920.

Don't Let M. D's Talk Down to Us!

The other day I was called to consult with a medical “expert” on nervous and mental diseases regarding a patient who had been under treatment for 10 months. I was informed—before the patient’s parents—that “of course we don’t speak the same language.” That statement went in hard and I assured the M.D. to go right ahead and I would endeavor to follow. Thanks to Dr. von Gerdine, while in school—a brain that God gave me, to use—and books to read on the subject—this doctor soon decided that I was interpreting him very well indeed. He had diagnosed a condition of Pott’s disease in the neck—with *no other* symptoms than “enlarged swelling” on right side of 3rd and 4th cervical vertebrae and patient holding head to one side. It was no difficult proposition to back the “expert” to the walk on his diagnosis. I could give you much more about this case had I space. The *medical discussion* we had, etc.,—very lively.—R. K. Eldridge, D.O., Philadelphia, Pa.

Dr. E. H. Bean’s Dietary

Some time ago Mrs. Howell was asked to read a paper before the Unity Alliance of the Unitarian Church. As she and I were quite enthusiastic over the Bean plan of diet, as we called it, she decided to give them a review of Dr. E. H. Bean’s book. The ladies seemed very much pleased and quite a number took quite extensive notes and several wanted to borrow the book so as to go into the matter more thoroughly. We feel that the review proved quite a success and, undoubtedly, changed the menus of several families. Thinking that possibly some of the brethren might be interested in the subject, I decided to bring the matter to their attention through Shop Talk.

—J. C. Howell, D.O., Orlando, Fla.

A Few Features of the



Dear Doctor:

You have heard a great deal about the DES MOINES STILL COLLEGE CLINIC. No statement you have read has been incorrect in the least. Here we are giving you pictures of some of the Babies which have been delivered in the Obstetrical Clinic this year.

We Have Delivered Two Hundred Cases This Year

When you consider the many advantages for Obstetrical practice and experience, you can understand why our students know Obstetrics and are the envy of the profession when they enter the field of practice. We not only give the didactic work thoroughly, but *we demonstrate that work by actual cases which the students themselves deliver.*

We are quite sure we shall not disappoint you or the prospectives you recommend to take the course at this school. The one point in which the profession has been weakest has been clinical experience. Let no one hereafter criticise this institution along this line. Here is the golden opportunity.

Fraternally,

S. L. Taylor, President,
S. L. Young, Secretary.

Moines Still College Clinic



P. S. No. 1—We forgot to mention the strictly OSTEOPATHIC CLINIC in which last year our students gave 20,000 treatments. These cases ranged from Scolioses through dozens of Gynecological cases, Acute Fevers, Children's Diseases and all kinds of Local Infections.

P. S. No. 2—We forgot to mention the fact that we have the largest Surgical and X-Ray Clinic at DES MOINES STILL COLLEGE OF OSTEOPATHY you will find in any institution of the kind. The students take actual part in this operative work.

The above picture speaks eloquently for the institution. Will you give us sincere support?

Des Moines Still College of Osteopathy
Des Moines, Iowa

The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVIII July, 1920 No. 1

RAISE IN OP SUBSCRIPTION

Effective July 1st, 1920, the subscription price of *The Osteopathic Physician* is increased to \$3.00 per annum.

This is the first increase of subscription price of *The OP* since our youth. When we doubled the size and cost of the paper three or four years ago we doubled the subscription price, to be sure, but that was figured at that time only to pay the actual increase of cost of the double sized paper.

Since then production costs have increased 100 per cent or more.

Paper now costs 400 per cent more, while printing has about doubled. It will take the new subscription rate plus the total advertising revenue to pay the present costs of production. The \$3.00 rate therefore leaves us, as publishers, no profit. The *OP* doesn't make any money on operation, never did and never will. It has been our contribution to the cause of osteopathic development for twenty years. We hope our subscribers realize this and give us the co-operation we deserve.

OUR "LEGISLATIVE DIRECTOR"

By all odds the most important thing done at this convention was the step taken by the House of Delegates to create the job to be called our "legislative director" and then persuading Dr. C. B. Atzen, of Omaha, to take up the great work cut out for that official.

As we understand it our new legislative director is to be a researcher of existing osteopathic laws and college standards whose duty and opportunity it will be to fully inform himself as a commissioner on all phases of the situation confronting our profession, its practitioners, schools and students alike, and then formulating one central policy which we will adopt for the future. He will, of course, take counsel on every side until he has all essential facts of our situation at his finger's ends.

That means, we take it, advising with our school officials as to their status, problems and requirements. It means advising with our legislative workers of all opinions. It means using the legal acumen of Mr. Patterson, our AOA counsel. And out of all this welter of information and counsel to take the responsibility of deciding what is the best policy to be adopted for the science of osteopathy (as bodied in its schools) and for the art of osteopathy (as exemplified in its profession) and then make that policy operative for the future.

The intention of this job is to get the economic foundations of our practice and its school work rightly based and adjusted, and then set

out as one man to have such a program and standard made nationally effective.

Once we know what we require in order to survive and grow as a profession and to continue to be able to serve the public as physicians in the best possible manner, all laws out of harmony with that requirement must then be modified—if united work can put it over—until existing laws are re-written in accordance with our just needs.

In other words, we propose no longer to have our colleges trying to operate on an artificial standard, set by legislatures for the satisfaction of a given law of extraneous source and conflicting purposes; but rather to have laws enacted which accept the standard for osteopathic colleges that the profession itself determines is proper for the promulgation of osteopathic therapeutics. It is a corollary inference that the profession, once it has arrived at such a determination, will seek to enact uniform laws in every state of the union—laws that mean the development, not the extinction of osteopathy.

It is a great and fundamental work.

We regard Dr. Atzen as well adapted to do it. Indeed, all things considered, we regard him as the best adapted man in the profession for this work.

The job is one for a self-starter. Dr. Atzen, we believe, will qualify as that. It was made a one man's work because we wanted somebody to get busy at once and not waste a year in the old-time committee way of passing the buck and wondering where to begin.

Perhaps it is not hoping too much that Dr. Atzen has begun already and will have the whole problem cleaned up in a few weeks and that it will be well begun of accomplishment by the time of next convention. If anything at all notable is to be done, it will be done in just that way.

Dr. Atzen has the opportunity in his hands. He can go ahead. He does not have to get the sanction of a committee. He is not restrained from initiating anything that will help cut the gordian knot of our present handicaps just the minute it occurs to him. He can travel. He can ask others to travel to him. He can call conferences. He can O.K. his conferees' traveling expenses and hotel bills. He can pay his lawyer's fees.

May be he doesn't realize all this yet in his profound natural modesty, but it will come to him. Surely that is just what authority the House of Delegates mapped out for him and conferred upon him when they referred to the job and called him "legislative dictator." So, we hope he realizes it soon, and moves to perform the great achievement set before him.

Giving this wonderful portfolio to Dr. Atzen is the most progressive and the wisest thing the AOA ever did. It is likewise the most revolutionary. If Dr. Atzen succeeds it will mean that the policy of giving one thing to one man to do—no matter how big the task is we ask of him—will be more generally followed in our professional work in the future. As *The OP* has steadily advised this policy for years, we are taking the role of prophecy by predicting that it will win out big in this first experiment. We are strong for Dr. Atzen.

THE REAL MEANING OF OVERSTRESSED MEDICAL EDUCATIONAL STANDARDS

Very few persons today outside the "regular" medical profession seem to understand the real status and trend of medical education as its advancing standards affect the interests of the laity on the one hand and those of therapeutic competitors on the other. Yet radical changes are rapidly coming about and of such profound importance as to demand impartial inquiry on the part of the state.

Revolutionary effects of the over-stressed standards of education now in effect in med-

ical colleges are to be judged here and there by items such as the following from the *Illinois State Board of Health Bulletin*:

Country Districts Face Shortage of Physicians

Unless steps are taken to offset the advantages offered by the large cities to young men entering the medical profession, the country districts will, in the near future, be without competent physicians, according to a statement recently made by Dr. John Whitridge Williams, dean of the John Hopkins Medical School. To meet the situation he suggests the establishment by counties or by state or public health centers, whose physicians and nurses would be paid regular salaries to supplement their incomes from regular practice. Some such arrangement as this will have to be made in the not distant future or the country districts will be without a sufficient quota of physicians.

This condition of shortage of physicians in towns and countryside has been deliberately created by the American Medical Association with its enforcement of Class-A college over-stressed medical standards. It is the fruit of a mere trade's union device aimed directly to limit competition and establish a "state medicine," and the welfare of the people is not being considered primarily. The aristocratic, rich Class-A colleges are intended to be the only medical colleges allowed to live after a few more years. Already most of the Class-C colleges are dead—under sentence of the Flexner drumhead court-martial, the few remaining Class-B colleges are being groomed into Class-A schools, and those that don't qualify will be strangled. The result is the diminution of medical colleges to a fraction of the former number under the slogan "fewer colleges and better."

Insofar as that program works to improve the education and fitness of physicians it seems wise and beneficent and only in the interests of the people. But there are economic aspects not seen on the surface that are squarely against public welfare. These are so important to society, we predict, that when the situation comes to be fully understood by our legislatures it will force a legal reversal of the present policy of over-straining educational standards. It is only natural that a good movement, over-stressed and pushed to an extreme and harmful application, will bring about its own reaction. This pendulum of educational standardization must now swing back and finally rest where it rightfully belongs.

The costly mistakes of the present medical program of forcing college standards too high are already three-fold:

First, the necessary supply of physicians to attend the sick is being so rapidly diminished that soon vast communities will not be able to get the services of medical doctors at all. Use your pencil on this problem. There are now only seventy Class-A medical colleges left. The biggest and richest of these, such as the medical schools of John Hopkins, University of Chicago and Harvard, aim to graduate only fifty students apiece each year! That is just what they are now doing. Their highest ideal is to operate with but 200 students apiece—fifty to each class, with not more than 50 postgraduates allowed to matriculate at any one time. For this the tens of millions of dollars now being rolled up into the endowments of these "biggest" institutions are devoted—to the manufacture of just fifty new doctors apiece each year! Of course this produces a very fine type of medical graduate—hand picked, as it were—but there are not and cannot be enough of them produced to supply the 110,000,000 people of this rapidly growing country with medical physicians.

Multiply seventy Class-A medical colleges by fifty graduates apiece per annum and the "standardized" output of new doctors a year cannot exceed 3,500. There are also eight Class-B and eight Class-C medical colleges still on the map. Give them each the same allowance for output and the total possible output of new medical physicians per annum on the present plan of educating only fifty is but

300. As a matter of fact the number of students being graduated is much less than that. At the present time there are fewer than 252 graduates per annum. In 1904 there was a total of 28,142 medical students enrolled in all the medical colleges while in 1919 there were only 13,052—a shrinkage of over 50 per cent. Meanwhile the total of population had increased by about 16 per cent.

With 147,000 medical doctors in the country and a normal death rate of .014 per cent there are 2,058 deaths per annum in the profession. As there are many middle-aged and elderly doctors probably the death rate is even higher than this. Besides not all medical graduates enter practice; not all doctors continue in practice; some go into business; some teach and some retire.

There remains a present margin of but 1,304 graduates a year to make good all these adventitious losses to the profession and as well to administer to the million additional population each year, which means 830 new inhabitants to be taken care of by each new medical doctor, not allowing for these adventitious shrinkages. It is easy to see that for every new doctor now created by the medical profession, over and above the number required to fill gaps in the ranks from death's annual toll, the country produces about one thousand additional people who will have to be served by each such new medical recruit, not allowing for the functioning of the osteopaths and other schools of physicians.

Furthermore, the avowed educational program is to contract still further the total number of these Class-A schools. None but well endowed schools can stand the strain. "Fewer colleges and better," is the A.M.A. slogan. "The fewer, the better," is the conviction. So we may expect to see still other doctor-making machines scrapped and the output of doctors further lessened as the effect of present standards, not to estimate the restraining effect of adding two additional college years of pre-medical work, which already is promised.

So that while the demand for doctors is rapidly increasing the annual supply of medical doctors has been cut down and will be still further curtailed by the overstress of educational standards.

The net result is to foster the aristocratic medical institutions which will provide ample medical attendants for certain favored classes of our population in the cities but which will rapidly deprive a large portion of the people of medical attendance. This we do not believe the legislatures of the future will tolerate.

The second disadvantage from oversteering medical educational standards is that practically the total output of present-day medical colleges under the vision of Class-A medical preparation is fitted only for specialized city practice. It is literally true that the Class-A doctor is directly unfitted for small town and country practice. The present-day medical graduate comes out prepared to be either a specialist or consulting diagnostician or surgeon. He has been educated *away from* general practice. He is without any general therapy, owing to the plight of his "curative art" today, and that means that he is apt in conviction to be a drug nihilist—whatever he may come to practice later under stress of economic necessity. Such a physician can only live and function in cities where he engages in office and hospital practice largely, and lives for the most part on cases referred to him by general practitioners. But as all the doctors being turned out recruit this city specialist class, at length there will be no more general practitioners to refer cases to these specialists. What then?

It is obvious that while not enough medical doctors are being graduated to supply the small town and rural populations with medical doctors, considering numbers only, such a boycott of these many millions of people by our

present-day aristocratic medical institutions will be found to be complete with every doctor being turned out educated to practice in a city as a specialist or starve—for that is what any specialist must do in town or country practice, starve!

There is a third reason why this present-day over-stressing of medical standards of education is ridiculous from the point of view of the people. As it now is a young man or woman under osteopathic standards must put in eight years of study to graduate as a doctor—four years of high-school and four years of study in the medical sciences. With Class-A medical requirements today he puts in two additional college years of premedical work or a total of ten years of study. If two more years of college work is yet to be added to medical requirements (which they promise as soon to follow) it will take twelve years of study before a young man or woman who aspires to become a physician can qualify for practice. That would mean practically that no doctor could *begin* to earn a living until he was thirty years old! That means that only the children of the rich could study medicine! Here again the present school standards are seen to be operating in the interests of favored classes and not in the interest of the masses.

What an economic waste of life that would mean for the young physician! Twenty years ago vital statistics showed that the average length of life was only 40 years. Here is a system of education, then, which would require a doctor to spend three-fourths of life (and more money than most of them ever accumulate in practice) in order to begin to live! What a farce! Most doctors have to practice ten years before they get established. Our new vital statistics give the average age of life as fifty years. A Class-A doctor of the new regime would spend 60 per cent of his life, therefore, before he set out to earn his own living, twenty per cent more in getting well started and reaching a "productive" basis—or eighty per cent in all—in order to be able then to practice ten years more *if he be lucky enough to live out his normal expectancy!* If he isn't—say, if he dies at 40, he has spent all his life getting started! Such an arrangement is against nature, common sense, and the ambitions and necessities of ordinary folk. It is uneconomic. It is ridiculous. It will not be endorsed by the people. It will not have the approval of legislatures, once the matter is put before them in its true meaning.

We recommend that the osteopathic profession take a stand and "dig in" on its present satisfactory educational standards which are four years of high school and four years of college training to equip its physicians, and that they resist the present medical standard and tendency as not necessary or even of advantage in equipping general practitioners. Already the effort to exalt standards has passed beyond reason.

The osteopathic profession demonstrated 20 years ago that it was possible to prepare good, successful doctors who were very satisfactory as a class to the general public with only two years of college training. Since that time our standards have gone up to four years of college work to produce a physician, and the product is still very satisfactory to the people. In the flu-pneumonia epidemic notably our two-year graduates constituting our pioneer practitioners and our four-year graduates of later times alike had no trouble in saving a greater percentage of cases than the doctors of the "regular" school, either its pioneers or its products of the Class-A institutions. It gave a demonstration that the people will not soon forget that mere added years in college do not increase the success of a doctor in practice. It demonstrated that the four years of college training which osteopathic physicians now en-

(Continued on next page)

My Septennial

John Barr, D. O.

EL PASO, Texas, is a long ways south of Rochester, N. Y. During the eastward flight or my septennial year, I passed through the one and on the way west again, I smothered through the other. In both places I met Jimmy Thorpe, with a bare six months separating the two visits!

Now Rochester is a pretty fine town and El Paso is booming along, but I'd hate to try and build up a practice in each of them during the same year. So I told Jimmy when I accidentally ran across him in the Texas town.

"But you don't understand," said Jimmy. "It's the oil down this way. Rochester was all right if I had stayed there ten years, but I ought to do as well in a couple of years out this way."

To myself, I had to confess that I did not see the connection between oil in the ground and Jimmy's professional vocation. But as he enthusiastically painted to me the brilliant future of his present location, my thoughts involuntarily went back to the old school days and I remembered that Jimmy's trait was in pretty good working order even then. He used to change boarding houses about once a month and he didn't like the beds they had at the fraternity house. They did say in those days that Jimmy moved about just to keep in touch with his latest girl, but in the last analysis, that simply means that he changed girls pretty often for a college youth. One year he even changed from the Junior to the Sophomore years in school.

Well, when it came time to eat instead of talking oil, we went out and had dinner in a little restaurant around the corner. Jimmy said he would have taken me to the hotel but he tired of that. Seems he had been eating there for all of a week. After dinner, and while Dr. James Thorpe was professionally engaged in the next room, I chanced upon a pile of A.O.A. directories. It occurred to me to look Jimmy up and see what he had been doing the last seven years. Sure enough, he was in all six or seven directories but only in one town had he stayed long enough for two consecutive directories to overtake him! It had taken me seven years to get in shape to take the little swing around the States that I was then enjoying, and here Jimmy had done just about as well every year or so.

I made up my mind, when Jimmy came out I would ask him how he did it, but what really happened was that he poured more oil into me until almost train time and then as we stood on the public platform waiting for the train, it didn't seem just the place to ask quite such a personal question so instead, I said:

"Jimmy, how does it happen that with all your traveling, you have stayed so consistently with the A.O.A. and its directory?"

"Oh, that's easy," Jimmy came back at me, "sister Lou is a D.O., too, you know. Been over in K. C. for the last 'steen years and every year for Christmas she mails me a nice little membership certificate."

That night, in the sleeper, I got to wondering if maybe Jimmy's sister Lou didn't pay his fare for some of his cross-country jumps, which wasn't a very nice thought, but it was a most reasonable answer to the question I hadn't asked.

joy is ample to educate general practitioners and that any more time required to be spent in preparation is an unnecessary waste of human resources without bringing adequate compensations.

The real purpose, then, of this over-stressing of medical college requirements, as hinted, is to be found in the *economic* advantage it will give the "regular" medical profession. Primarily it is strategy devised by the medics with which to meet and overcome osteopathic competition. Clearly, with many medical colleges heavily endowed and others enjoying state support, while osteopathic colleges are almost not endowed at all and are compelled to pay their own way largely out of tuitions and sacrifices on the part of their officers and teachers, the best way to close their doors would be to enforce standards of education upon them by legislation which they cannot meet. That is precisely what the American Medical Association's legislative program has aimed to do for the past ten years or more. They have raised their own standards higher than there was any need of to produce general practitioners merely as a means of forcing osteopathic colleges to follow further and further until the point would be reached where a non-endowed institution would have to close its doors. Each of the seven osteopathic colleges in operation is perilously near extinction today for just this reason. They have raised their standards faster than they have gained assets with which to carry on their work.

The other economic advantage to accrue to the members of the American Medical Association from over-stressing college standards, is already in sight. That is, a trade's union benefit to its membership from limiting supply below demand. Already the country districts feel the need of more physicians. The medical men are the first who know and apprise us of this situation. It is Dr. Williams of the John Hopkins Medical School—the very school that originated this piece of allopathic politics for over-stressing college standards—who detects the countryside famine in doctors. Evidently he has been watching for it! He offers a cunning proposal to take doctors back to the towns and countryside where they can again look after the plain people. Make them officers of the state. Give them a salary at the expense of taxpayers. Make the establishment of "state medicine" in the U. S. a complete historic fact. That and the death of osteopathy through killing its colleges by forcing an artificial, useless, impossible standard upon them are all that the A.M.A. program set out to achieve when this "reform of medical education" was first conceived and launched as a "protection to the people."

Will this farce be saddled upon the people until allopathic "state medicine" has fully triumphed?

That depends in part upon how well the osteopathic profession may acquaint legislatures with the true facts in the case. It is time to begin.

NO, FOR THREE GOOD REASONS

I note a suggestion by one or two correspondents that The *OP* should be enlarged into a weekly. The idea sounds very, very good to me, as the issues now seem very few and far between, and the whole turn-out gives me the impression of having lots of good material crowded out from lack of space. Is there any possibility of this change being made?

—James Emerson Horning, D.O., Lethbridge, Alberta, Canada.

We appreciate your appreciation Doctor, and similar sentiments are often expressed to us, but the idea is not feasible. We could not afford to print The *OP* weekly even if the subscription price were \$10.00 a year. It would not be worth that amount to subscribers, we both well know, since the big A.M.A. Journal is

circulated for \$5.00 per annum (by its large volume of advertising). We could not get \$10 a year for The *OP*—we both know that. It would not be a satisfactory business proposition to us, even if we could. So, you see, there are three perfectly good reasons why the idea is impossible.

THOSE WINGED WORDS!

Not long ago the editor produced a message of truth entitled "Chiropractic Kleptomania" which speeds osteopathy on its way. Just as we go to press we are told from our own press-room where this folder is printed that a total of 98,000 of this helpful message has been printed and distributed by us through the in-

strumentality of our profession. New orders are received daily. Before you read this the edition will have passed the 100,000 mark.

It means a lot to the osteopathic profession to have such a publishing house as ours in the field, always busy in behalf of osteopathic publicity and promotion—an agency that not only produces such meritorious literature for osteopathy as "Chiropractic Kleptomania," but also secures the distribution of it by the hundred thousand.

We expect the second hundred thousand to follow out in much quicker time than the first. Have you ordered your stock of this helpful antidote to the chiropractic lie? \$1.00 per hundred; \$9.50 per thousand, and no charge for your professional card in thousand lots.

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

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

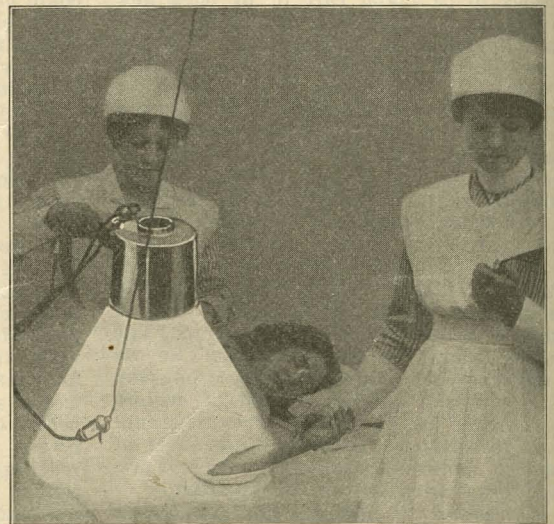
In the microbic skin diseases, such as acne, furunculosis, erysipelas, tinea sycosis and similar infections, the STERLING THERAPEUTIC LAMP will be found of distinct value. The heat radiated into the tissues adds to the resisting power of the skin and brings about an increased local phagocytosis, helping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

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

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

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

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

The House of Delegates

By Geo. F. Whitehouse, D. O.

That the business of our national association should be conducted through a House of Delegates was first suggested by Dr. O. L. Butcher of Newark, N. J., just prior to the convention at Columbus four years ago. I told Dr. Butcher at that time that it was, in my judgment, the most pertinent suggestion I had heard for some time and suggested that he present it to the Trustees. He stated he was not going to Columbus so I agreed to present it for him. Due to an antiquated ruling requiring all amendments to be previously published it had to lay over a year. Then at Boston it was voted down by the Trustees which meant another year, but at Chicago it was made the paramount change in the new Constitution and By Laws adopted a year ago.

The present convention saw the House of Delegates in working order. Considering that this was its first session, business was conducted with considerable alacrity and dispatch, and yet with a thoroughness that was determined upon decisions final and satisfactory in character.

The actions of the House will, no doubt, be reported in detail in the *AOA Journal*, so I will confine myself here to a general resume of its conduct, so that those not present may have some knowledge of the working force which is empowered to elect its officers, decide its policies and make its laws.

Criticisms of the conduct of the House this year would hardly be just, for any one who understands the organization of new bodies from such widely scattered territory, must realize the difficulties that would be encountered if a thorough organization of the House had been attempted. But if we should fail to make such changes next year, as this year's conduct of affairs clearly indicated to be essential, we would only again stand in the way of that progress which our profession must make and make quickly, if it is to maintain the position in the therapeutic field it has heretofore held.

Representation by states through a House of Delegates to make the actual decisions representative of numbers through a representative voting power is essential to any organization that claims democracy as its principle. However, with a profession as small as ours, and with as many in attendance who are just as vitally interested in our business problems as those elected to represent such state in the house of delegates, it is, in my judgment, a mistake to hold the sessions of the House entirely apart from the membership. Nor should they be held at an hour when the delegates are compelled to miss virtually all the scientific sections of the convention.

The following suggestions cover changes which I am convinced would make possible the completing of a great deal of work in a comparatively short time.

Suggestion No. 1. That the House of Delegates be organized and then divided into committees, one committee for every department or bureau of the association's activities. Each member to be appointed to the committee on which he can serve most capably, and a list of such committees to be published and distributed to the membership.

That on the first day of the session the House meet as a part of the regular program, and that the reports of all bureaus and departments and of the secretary-treasurer be read in open session to the convention, so that every member present would know what business was to come before the House and who the members of the Committee were to whom such report would be referred.

That for the remainder of the first day, all of the second day and up to the afternoon of the third day these committees conduct hear-

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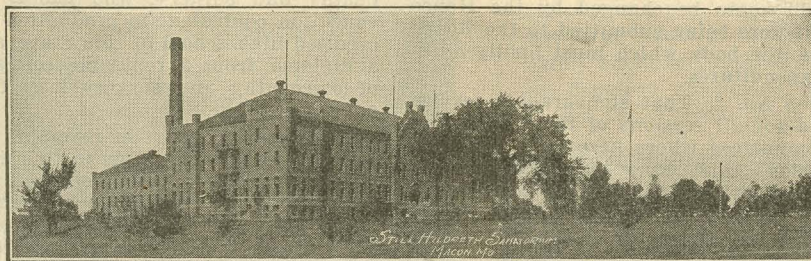
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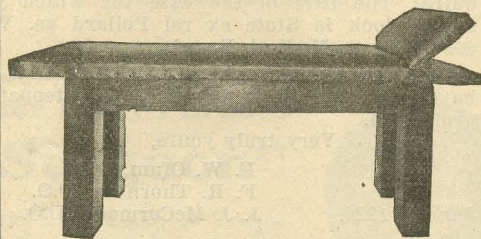


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For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision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

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ings, where any association member who did not agree with a certain Bureau or Department's report of recommendations, or wished to supplement them, or to present new methods or plans or suggestions, could appear before such committee during its hearing. These committee hearings should be open to all members, and held following or preceding scientific sections. After having investigated every detail of reports or matters presented to them, each committee should report favorable or unfavorable or substitute for the report of such bureau, a report of its own.

On the afternoon of the third day of the session (Wednesday), following the scientific program, the House should again reassemble as a whole and one by one the reports of its Committees and Sub-committees be heard. Members of the House could then discuss the reports and either adopt them, reject them, modify them, or refer them back to such Committees with instructions for changes.

It certainly requires no lengthy argument to convince any one familiar with legislative procedure that in this way much more could be accomplished than the House acting, as it did this year, as one large committee, trying to hear everything as a whole, and therefore unable to give every question the time, thought and investigation necessary for an intelligent decision.

The Chairmen of all the House Committees should constitute the Finance Committee. This committee should go over the expenditures approved by each committee and adjust them, so that the total of all funds recommended would not exceed the funds available. This report could again be changed by the House if desired, before being submitted to the Board of Trustees, the body which must finally authorize all expenditures.

Suggestion No. 2. That stenographic service be provided for all sessions of the House, and for the Committees where necessary, and that the discussions concerning important matters be transcribed, printed and mailed to the membership, so that every member may clearly understand the reasons for taking certain action.

Suggestion No. 3. That the House invite a representative of each of the Osteopathic publications to attend all sessions of the House, so as to enable them to give a clearer discussion of its actions to the profession.

With the above changes in the conduct of the House of Delegates it will be able to decide intelligently every matter presented to it, and to pass upon all the activities which the association may develop or plan—in other words, do a great deal more than it was able to do this year, and yet not compel the delegates to miss virtually the entire scientific program.

International Osteopathic Kiwanians Organize

During the week of the National Convention of the American Osteopathic Association which closed its sessions in Chicago July 2nd, there came into existence an organization of International Osteopathic Kiwanians. This new organization, as its name indicates, is composed of osteopaths who are members of Kiwanis Clubs. At the initial meeting thirteen men were present and each one agreed to put up \$10 as annual dues and \$130 cash was immediately collected. Officers were elected, namely: President, Dr. J. F. Spaunhurst, Indianapolis, Indiana; Vice President, Dr. E. Marvin Bailey, Houston, Texas; Secretary, Dr. Walter E. Elfrink, Chicago. The new organization will devote itself to the pushing forward of all good movements for osteopathy and will particularly interest itself in the fight to protect the rights and privileges of osteopathic

physicians in attending their patients in hospitals, and also to secure the organization and proper endowment of hospitals under osteopathic control. The motto of the Kiwanis Club is "We Build", and the osteopathic Kiwanis organization has taken for its motto "We Build the Builders", the motto having reference to the fact that osteopathic physicians are the men best qualified to restore, build up, and maintain the physical and mental energies of the men of affairs who are leaders and builders in industrial, commercial, social, and civic progress.

D.O. Supreme Court Victory in Wisconsin

We are pleased to announce that the Supreme Court of Wisconsin on June 2nd decided the test case fathered by our association in favor of the contentions made by our Attorney, Walter D. Corrigan. In other words, the Supreme Court reversed Judge Stevens of the Circuit Court and held in substance and effect that after the first of January, 1919, all applicants for a license to practice osteopathy and surgery were required to have as a preliminary education nothing more than the equivalent to graduation from an accredited high school of this state. Applicants for license to practice medicine and surgery are, of course, required to have not only this preliminary education, but also the equivalent of a two-years' pre-medical course at the University of Wisconsin. Therefore, under this decision of the Supreme Court any applicant for license to practice osteopathy and surgery, who has a preliminary education equivalent to graduation from an accredited high school of this State, and who has a diploma from a reputable college or school of osteopathy and surgery may take the examination.

The Supreme Court in reversing Judge Stevens, who ruled against us in this fight, ordered that the peremptory writ of mandamus should be issued by the Circuit Court commanding the State Medical Board to give to Dr. Pollard, of Champaign, Illinois, the applicant whose case we took to the Supreme Court, the examination in the subject of surgery, which they had heretofore denied to let him take, and because of which we took his case to the Supreme Court to test the question.

The decision, of course, means that hereafter licenses issued by the Wisconsin State Medical Board of Osteopaths are to be licenses to practice osteopathy and surgery.

The full decision will be printed in about four weeks in the advance sheets of the Northwestern Reporter, to which you can get access in pretty nearly any law office if you will inquire. The title of the case for which you should look is State ex rel Pollard vs. Wisconsin State Medical Board.

It is unnecessary for us to state that we have won a great victory for the osteopathic profession.

Very truly yours,

F. W. Oium, D.O.
F. R. Thornton, D.O.
J. J. McCormack, D.O.

June 3, 1920.

Use the Acid Test of Truth

Giving the public light on the historic truth about Chiropractic as an imitation of Osteopathy is the best way to avoid having our birthright stolen. You can give this light in an economical profitable way by using 1,000 of the pamphlets, "Chiropractic Kleptomaniac" which we deliver to you for \$9.50 with your card imprinted free on the 6th cover. \$1 per hundred, without card.

Chiros Flunk in Alberta Examinations

Dr. N. L. Sage of Janesville, Wis., sends us some news about development in Alberta, Canada, which will be interesting and gratifying to osteopaths. The Alberta legislature at its last session passed an act instructing the senate of the University of Alberta to conduct examinations for medics, osteopaths, and chiros, in which "all should be treated alike but requiring that such knowledge and training should be made necessary as to enable the candidates license to "diagnose disease." This act of the Alberta legislature brings osteopathic examinations directly under the University of Alberta which is where osteopaths wanted to be and where they thought they were when the original act legalizing osteopathy was passed some years ago. At examinations held under the new act by the University of Alberta, May 26th, Dr. W. J. Siemens of Calgary, appeared and passed a full examination in thoroughly creditable style. Fourteen medical men were examined of whom 10 passed, two got "supplementals" and two failed. As regards the chiros, the senate of the University found some difficulty in deciding what examination should be prescribed as it felt that to really satisfy the requirement that those licensed, to be able to "diagnose disease," chiros should be examined in the full list of subjects described in the medical examination. Concessions were made, however, and it was decided that chiros might omit the subjects of midwifery, gynecology, surgery and materia medica and that in place of these subjects, take examination in "chiropractic." It was finally arranged that chiro applicants should write on four subjects set by professors of the University, namely: anatomy; physiology; hygiene and public health; and pathology, including bacteriology. Also that they should write on the "principles of practice of chiropractic" as set by a chiropractor licensed in Saskatchewan. Also a chiro was appointed to conduct an oral examination in chiro principles and practice. Twenty chiros applied for examination under these terms. On the day of examination only two appeared. These two got marks ranging from 10 per cent to 50 per cent in the scientific subjects and did not show up at all for their oral examination. Naturally they were not recommended for license and so there are no licensed chiros in Alberta today.

Professor Halladay's Anatomical Research

Which has done so much to prove the osteopathic bony lesion theory by demonstrating compressions of the spinal foramina from vertebral maladjustments, is presented as just a feature of the September issue of "Osteopathic Health." It will be ready to fill orders by August 18th. You know what to do. Make it early.

In fact, we would like your order in in advance—right away—to help us determine how big an issue to print. It breaks our hearts to have to reply to customers "All sold out" (which we have done five out of six months for the past year) but with paper as precious as scarce and as hard to buy at any price as it now is we just have to hold the edition down to a narrow margin above actual orders. That is why we are now announcing the contents of "Osteopathic Health" sixty days in advance. Will you meet us half way?

Advertising

My own best thought is that Bunting's best thought was "how to advertise"—presented in his lecture at Pittsburgh, May 28th, 1920.

—H. H. Walpole, D.O., Lancaster, Pa.

Insurance Survey to be Made for Osteopaths

Dr. Geo. M. McCole, Great Falls, Mont., will compile and report the statistics for your benefit on an insurance survey to disclose the best thing for osteopaths to do for their own interest. Be sure and report to him on these points at once:

1. Do you carry Life Insurance? Amount. In what Companies?
2. Do you carry Health or Accident Insurance? Amount. In what Companies?
3. Do you carry Physician's Liability Insurance? In what Companies?
4. Have you ever had a policy cancelled unjustly by any of these Companies? If so, name Company.
5. If you have ever had a claim to settle with any of these Companies, please name Company and state how the claim was handled by the Company.
6. Do you know of any discrimination against Osteopathy?
7. Do you know of any Company whose policy states that Osteopathy is recognized?

How Dr. W. E. Waldo Made Things Right with His Wife

Dr. W. E. Waldo, of Seattle, Washington, the new president of the American Osteopathic Association, was sent to the Chicago convention as representative in the House of Delegates for the State of Washington. It happened that it was impossible for him to take his wife with him on the trip to Chicago and of course when he went away he did not know that he was going to return crowned with such high honors at the hands of the convention. So to square himself with his wife for making the trip to Chicago alone, he bought her a \$6,000 Cadillac enclosed car for her use during such absences. A nice little "consolation" gift. Incidentally, the fact that Dr. Waldo had the "where-with-all" for this purchase would seem to indicate that good osteopathic services are highly appreciated in Seattle. Steady boys, don't crowd! Give the young town a chance to grow. There will be room for all by-and-by—may be.

Cheaper than Day Labor

1. Osteopathy without limitation is food for a lot of thought.
2. The D.O. who still gives treatments for \$1.50 and \$2.00 should change his occupation for he can earn more as a day laborer.
3. Nature always tends toward normal function. So does osteopathy.—H. H. Christensen, D.O., Pender, Nebraska.

Analyze Your Situation

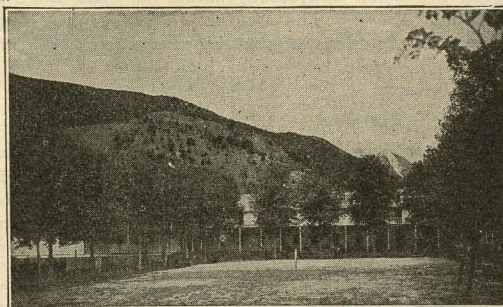
Under twelve headings, viz: Office, Personal Appearance, Economy, Office Help, Personality, Habits, Practice Methods, Equipment, Health, Management, Publicity, Progress—the writer has listed different phases of professional success or failure. One can easily subdivide them still further, and should to make this practical.

Ask yourself the following twelve questions and analyze where your success or failure begins and where it leaves off.

1. Is my office adequate?
2. What is my personal appearance?
3. Am I economical?
4. Does my office help reflect my ideals?
5. Does my personality make for professional success?
6. Are my habits tending toward professional efficiency?
7. Are my practice methods up to date?
8. Is my equipment modern and ample?
9. Can my health be improved?
10. Does my management of practice and office save lost motion?
11. Do I use sufficient and best publicity methods?
12. Do I concentrate on professional advancement.

—C. L. Draper, D.O., Denver, Colo.

Chico Hot Springs Sanitarium and Hospital



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

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

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

Special attention to surgical cases.

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Surgeon-in-Chief

Emigrant, Montana, Post Office

Special Information for Osteopaths

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

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

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

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



The Delaware Springs Sanitarium

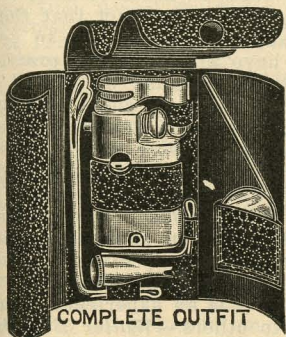
Emphasizes *Diagnosis*, believing that a condition accurately diagnosed is half cured.

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

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

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A Pocket Diagnostic Light for Every Purpose "The De Lyte Surgeon"



An Electric Head Light, A Tongue Depressor, A Nasal Speculum, An Ear Speculum, Magnifying Glass for Eye and Skin Diagnosis, complete with battery and lamp in a genuine leather case. READILY STERILIZABLE. Standard batteries to fit case obtainable at any supply station.

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Open Season for Sneezin'

500,000 Hay Feverites re-open nasal hostilities August 15th

Now is the time to get Dr. John H.

Bailey's Lectures

on diagnosis, technique and treatment of nasal, pharyngeal, laryngeal aural and ocular conditions, with special emphasis on Hay Fever, Asthma and Sinusitis, Catarrh, Catarrhal Deafness, Tinnitus, Bronchitis, Laryngitis, Tonsillitis, Adenoids, etc.

These 24 lectures are a short cut to increased efficiency, better results and

bigger income

1. **Hay Fever Examination:** 500,000 people will shortly quit work and be miserable for six weeks. These people lose \$200,000,000 every year, through loss of earnings and expense of going somewhere—anywhere—to escape the irritating pollen. Figure it out for yourself. In your city five people out of every thousand have Hay Fever. It costs them each \$400 a year to have it. Why not let them know that Osteopathy can give them more relief than anything else they have tried, getting results in 19 cases out of 20. If you only got 10 cases a year it would add at least another \$1,000 a year income.

Sample examination. Chart and Mental Picture of Hay Fever sent free on request.


2. **Eye, Ear, Nose and Throat Examination:** needed by a surprisingly large percentage of patients, many of whom do not suspect the danger of infected sinuses, obstructed air-way, sub-oxidation, etc. If used when it should be, this chart could add another \$1,000 a year to your income.

3. **Deafness Examination:** every year a million children in the U. S. contract measles, scarlet fever, whooping cough, mumps, diphtheria, influenza and other diseases that impair hearing. If the damage is discovered, the hearing may be saved. These patients when addressed, incline the head and ask: "What's that?" The Deafness Chart makes diagnosis of deafness almost automatic, and, if used when it should be, would add another \$1,000 to your income.

4. **General Examination:** every patient should have one every year, and would be glad to pay ten to twenty-five dollars for an examination such as is given in the chart and accompanying lecture. If you have six hundred permanent patrons, this feature alone would add more than \$6,000 to your income every year.

5. **Technique:** Over a thousand valuable pointers on technique, treatment and management of the conditions mentioned above which would easily add another \$1,000 a year to your income.

Resolve to increase your revenue —


**Send in
the coupon
right now**

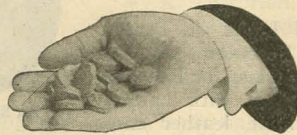
Dr. John H. Bailey, 608-9-10-11 Empire Bldg., Philadelphia, Pa.

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

Name..... Address.....

O-P 7-20

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Gilbert's BRAN-O-LAX is used extensively by Osteopathic physicians and hospitals in treating patients for constipation, indigestion and internal disorders. BRAN-O-LAX combines the merits of all other wheat bran preparations. It is in the only logical form—that of a condensed tablet, sanitary and convenient. They will keep indefinitely.

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

5 Boxes \$1.00 Post Paid. Prices in quantities on request.

GILBERT BRAN-O-LAX COMPANY

Lynchburg, Va.

Kansas City College to Erect Own Building

The Kansas City College of Osteopathy and Surgery, Kansas City, Mo., has taken steps leading to the permanency of the college by purchasing a site for the erection of an up-to-date college building.

The location, at Admiral and Highland boulevards, is ideal for the purpose. The property consists of a nice tract 216 feet deep with a frontage of 100 feet on Admiral. Situated thus on one of the main boulevards of Kansas City's well known system, the college will be at a point of vantage as regards both publicity and accessibility. Removed far enough out to escape the noise of the city, the location is close enough to the business center of the city to be reached by bus or street car in a maximum of ten to twelve minutes. A number of car lines which connect easily with all parts of the city are just one block distant. In the immediate vicinity is an immense field for clinical material. Immediately to the north is a large tract occupied by foreign and colored elements from which to draw for obstetrics, venereal and surgical cases. To the south stretches boarding houses, apartments, and many homes. To the east is a high grade residence section, while a few blocks to the west is the margin of the retail center.

Definite plans as to the character of the building, together with specifications, are being completed by the architect. Complete plans for financing have been made and a number of bonds have already been sold. It is expected that the 1920-21 session will be opened in the new building. As soon as the college building is completed plans are on foot for the erection of a 100-bed hospital.

Dr. J. L. Lowe, dean of the college, made the following statement in connection with the announced plans: "When the Kansas City College of Osteopathy was founded three and one-half years ago, we realized it was an experiment and no definite plans toward acquiring realty were made. Mostly our initial assets consisted of faith—faith in osteopathy and faith in Kansas City as a desirable location for a college of osteopathy. We feel we have long since passed the experimental state—we know our faith was justified. During this time we realized that permanency demanded we erect and own our own quarters; we have felt time and again the necessity for an osteopathic hospital. And at the same time, we determined that when these should be erected they must be second to none. Our school building must be modern and adequate. Our hospital must be on a par with or better than, what the "medics" have to offer."

The entire proposition is supported by a group of individuals who can and will see that it is properly finished and who are determined that their work shall be a credit to the profession.

A Practitioner's Problem

One of the things which trouble me is that so many people waste so much of their money with doctors because of the fact that they do not stay with anyone long enough to get results. While I have a fairly large practice, I am often distressed because of people who, needing regular treatments, come in once or twice and then disappear. I would much rather that such patients would stay away altogether, for they are wasting their own money and are a loss to me. If there is any successful way to either hold these people for a reasonable time or to "spot" them in advance, so that I could refuse to treat them, I should like to know it. While this may be largely my own fault, I know that it is an experience which is rather common to others.—Walter E. Elfrink, D.O., Chicago, Ill.

Work Among High School Students

By Mary Patton Hitner, D.O., Philadelphia, Pa.

In an effort to reach the graduates of various High Schools throughout the State of Pennsylvania and place before them an appeal for the choice of osteopathy as a life work, the following letter was addressed to the osteopathic doctors throughout the State:

I would appreciate your co-operation in placing before the graduates of the various High Schools throughout the State of Pennsylvania an appeal for the choice of osteopathy as a life work.

In order to accomplish this task I would ask that you be good enough to send to me at your earliest convenience a complete list of the names and addresses of the High Schools in your city and vicinity.

Thanking you for your interest and help, I remain,

Very truly yours,

As a result of the co-operation of those appealed to I was able to get in touch with the schools listed below, to date fifty-five in number, sending the following communication to the Principal of each:

To the Principal:

With your permission I will be glad to furnish each member of this year's graduating class with a copy of the enclosed pamphlet.

Upon receipt of your advices as to the number required, the pamphlets will be forwarded immediately.

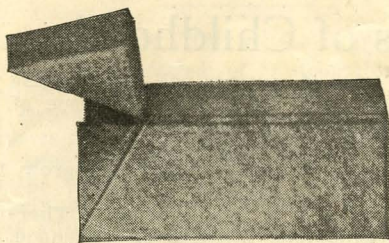
Appreciating your interest and help in this matter, I remain,

Very truly yours,

- William Penn High, 15th and Mt. Vernon Sts.
- West Phila. High (Girls), 47th and Walnut Sts.
- West Phila. High (Boys), 48th and Walnut Sts.
- South Philadelphia High, Broad and Snyder Sts.
- South Philadelphia High, Broad and Jackson Sts.
- Kensington High, Amber and Cumberland Sts.
- Northeast High, 8th and Lehigh Ave.
- Girls' High, 17th and Spring Garden Sts.
- Frankford High, Oakland and Harrison Sts.
- Central High, Broad and Greene Sts.
- West Phila. Cath. High, 49th and Chestnut Sts.
- Penn Charter School, 8 So. 12th St.
- The Holman School, 2204 Walnut St.
- Miss Hills' School, 1808 Spruce St.
- Eratz College, Broad and York Sts.
- Gordon-Roney School, 4112 Spruce St.
- German-town Friends' School, Coulter and German-town Ave.
- German-town Academy, School Lane and Greene St.
- Friends' Select School, 140 No. 16th St.
- Friends' Central School, 15th and Race Sts.
- The Farnum School, 1807 Pine St.
- Miss Emma M. Cowles' School, Oak Lane, Pa.
- Chestnut Hill Academy, W. Willow Grove Ave.
- Catholic High School, Broad and Vine Sts.
- Catholic High (Girls'), 19th and Wood Sts.
- German-town-High, German-town and High Sts.
- Miss Marshall's School, Oak Lane, Pa.
- York, Pa., High School, York, Pa.
- Lebanon High School, Lebanon, Pa.
- Lewistown High School, Lewistown, Pa.
- Greensburg High School, Greensburg, Pa.
- Jeannette High School, Jeannette, Pa.
- Irwin High School, Irwin, Pa.
- Latrobe High School, Latrobe, Pa.
- Mt. Pleasant High School, Mt. Pleasant, Pa.
- Scottdale High School, Scottdale, Pa.
- Doylestown High School, Doylestown, Pa.
- Hatboro High School, Hatboro, Pa.
- Lansdale High School, Lansdale, Pa.
- Quakertown High School, Quakertown, Pa.
- Buckingham High School, Buckingham, Pa.
- Sellersville High School, Sellersville, Pa.
- Souderton High School, Souderton, Pa.
- Phila. Normal School, 13th and Spring Garden Sts.
- School of Pedagogy, 12th and Brandywine Sts.
- Hanna School—Miss Michener.
- Morristown High School, Morristown, N. J.
- Chatham High School, Chatham, N. J.
- Madison High School, Madison, N. J.
- Summit High School, Summit, N. J.
- Dover High School, Dover, N. J.
- Whippany High School, Whippany, N. J.
- Barranger High School, Newark, N. J.
- Manual Training High School, Newark, N. J.
- East Side High School, Newark, N. J.

Up to the present time I have been able to place in the hands of over nine hundred graduates an appeal for the choice of osteopathy as a life work and wish to take this opportunity of expressing my appreciation to those whose co-operation has enabled me to obtain these gratifying results.

The Kimono Problem Solved
 — BY M. C. KIMONO BOXES and CABINET —



The M. C. Kimono Box is for keeping your patient's kimono clean and out of the dust; sanitary and convenient; a separate box for each patient. Each box has a brass card holder to insert patient's name. Boxes are made of extra heavy Chip Board covered with water proof brown paper. Size of box is 13x5x5 inches. Prices:

1 Doz. Lots - \$ 7.00 2 Doz. Lots - \$13.50
 5 Doz. Lots - 30.00 100 Lots - - 46.00

The M. C. Kimono Cabinet, including base, is 21 inches high, 19 inches wide, 13½ inches deep. It holds 12 kimono boxes. Cabinets are carried in stock in mahogany finish only. Prices on other finishes furnished upon request.

Price of M. C. Kimono Cabinet, mahogany finish.

With base and one dozen kimono boxes\$24.00

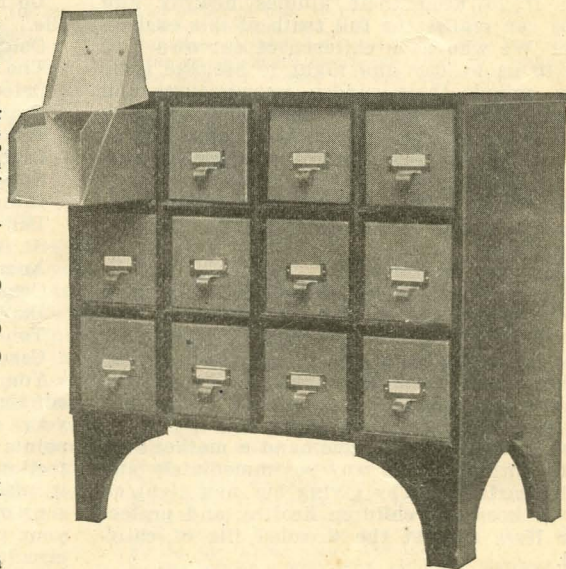
Cabinet and one dozen kimono boxes, without base. 20.50

Cabinet without base or boxes... 14.00

All prices f.o.b. Michigan City, Indiana

Michigan City Paper Box Company

Michigan City, - - Indiana



What I Had Handed Me

I was telling a new patient of the success the osteopaths had in treating the flu and pneumonia. He smiled and said, "Doctor, that reminds me of a story I heard about a faith healer in the old country. There was a poor girl begging on the streets who met a lord. He said, 'My girl, why are you begging?' She said, 'Because I am poor.' Then the lord said, 'Why do you not be a faith healer?' The girl said she was not gifted. 'Why,' the lord said, 'you do not need to be gifted to do that; all you need to do is just think you can do it and when any one comes to you, just put your hands on him, feel his neck a little and say, 'If it does not cure it will do no harm; if it does not cure, it will do no harm,' etc. Well, this girl in time became a great faith healer and also wealthy. Twenty years later, this lord took sick with a bad throat abscess and was given up to die by all the learned doctors. Then one old lady advised them to call a faith healer. It was the once poor girl he had befriended with advice. They did so and when she came and started her tune of 'If it does not cure, it will do no harm,' the lord looked up, remembered the poor beggar and it struck him as so funny that he started to laugh and, laughing so heartily, broke the abscess and he got well. Can you beat it?—T. G. Burt, D.O., Groton, South Dakota.

Osteopathic Liability Insurance

The following letters will post the profession on this subject as far as we have been advised to date:

We issue Physicians Liability policies separately at the full rate of \$15.00 each. In view of our agency contracts throughout the country, it would be necessary for such policies to be written and countersigned by the agent in whose territory the risk is located. The resi-

dent agents laws of many states require this procedure.

Thanking you for calling our attention to the matter, I am, yours truly, E. P. Amerine, Secretary, Georgia Casualty Co., Macon, Ga., April 2, 1920.

I am informed by the Fidelity and Casualty Company of New York, that they will recognize an osteopath in connection with their policy contract.

—Robert W. Rogers, D.O., Somerville, N. J.

The Osteopathic Physician: Your communication of the 15th instant received some time ago, but the writer hadn't any chance to make a satisfactory reply.

I would be glad, however, to arrange for the Osteopathic Physicians' protection, which is most essential to their profession, and when stating this am glad to post you that the best form that they should really have is the Fidelity & Casualty Company's contract, because of the various additional protections they receive thereunder. For instance, illegal commitment, the loss of services of a husband's wife, etc., are not covered by other form insurance.

If I can be of any assistance to the profession in this way, I would be glad to give you all the advice and particulars in the matter. —Yours very truly, Wm. J. Horan.

The Osteopathic Physician, Chicago, Gentlemen: Replying to yours of the 16th, this company has for several years past been gradually drawing out of the Physicians Liability business, and there are a great many states where we do not write the business at all.

On this account we regret that we cannot become interested in the proposition you place before us, as we would not be willing to write the business in many states and, of course, you wish a company writing in all states.—Yours very truly, F. Highlands Burns, 1st Vice Pres., Maryland Casualty Co., Baltimore, Md.

PUBLISHER'S DEPARTMENT

Osteopathy for the Ills of Childhood

That is the interesting subject of the August installment of Osteopathic Health's educative service for the laity. What benefits osteopathy *does* bring to childhood! Only those who rely upon it to keep their kiddies healthy and happy can realize the full truth of this exclamation. We who have children of our own that look to us by day and night to assuage their pains, relieve their sudden temperatures and restore them to comfort when they get sick can answer out of the abundant gratitude of our hearts just what benefits osteopathy confers upon children!

Osteopathy is the natural therapy for children.

We'll say it is.

Tell it to the world.

The world will never realize the truth of it until you tell it and keep on telling it, over and over and over. This August issue tells the story more pleasingly, we think, and more up to the minute from the point of view of prophylaxis and scientific therapeutics than it has ever been told anywhere before.

You cannot possibly command a mother's attention in any other way so immediately and whole-heartedly as by giving her new light on how to keep her children healthy and protect their lives against the dreaded ill of childhood.

Then this is the issue par excellence for giving you a fine return of interest on your investment in the homes of your community. You would be short-sighted and thrifless not to avail yourself of this benefit.

This table of contents will give you the wide range of appeal of this August issue of *OH*:

Drugging Out of Fashion.
Chronic Ills in Early Life.
Do Not Wait for Children to Outgrow Their Ills.
Osteopathy Is a Real Preventive Therapy.
The Contagious Diseases of Childhood.
Osteopathy the Ideal Treatment.
Scarlet Fever.
Whooping Cough.
Diphtheria.
Spinal Meningitis or Infantile Paralysis.
Influenza.
Bed-Wetting and Incontinence.
St. Vitus' Dance.
Anemia.
Constipation.
Diarrhea and Dysentery.
Tonsils, Adenoids and Mouth-Breathing.
Care of the Child's Teeth.

You will see, from this list of subjects treated, that this number on children's diseases is very up-to-date. It gives the modern viewpoints about immunity and infection, focal infections, etc. You may well be proud to put it into the hands of the most enlightened persons on earth. It will do osteopathy credit and your practice a good boost service wherever it circulates.

Order at once. The edition is limited—as all our editions are limited in this day of paper famine—and we expect it to be exhausted before the month is over.—*Osteopathic Health*, 9 So. Clinton St., Chicago.

Prospectus of the September Issue of "Osteopathic Health"

(Illustrated)

We're telling you, friends, that our September number is going to be a notable contribution to popular osteopathic education. Like the July issue (which was gobbled up like hot cakes so that by July 14, only 1,500 copies remained to sell) this September number will be well illustrated.

Our friends seem to value these illustrated numbers. Do you? They say their patients and the public like them. Do yours? Well, if so, get your advance order in for this Sept. issue.

It emphasizes the spinal lesion as an etiological factor. It is full of good old-time backbone lesion talk and new pictures make it plain.

Furthermore, we show a set of graphic illustrations from Dr. Halladay's research in movable articulated skeletons in proof of the good old-time lesion theory which shows that the spinal foramina *are* subject to considerable reduction of size from spinal lesions! This brings a note from the most modern chapter of osteopathic research into this popular illustrated literature. You will want it. Speak early and avoid the rush!

"I Really Am Reaping the Fruit"

As you know, I have tried "Osteopathic Health" in a mild way (100 copies or more per month) for about two years. I think the time has come for me to report to you on the venture for I really am reaping the fruit of it.

I am positive that sending out "Osteopathic Health" regularly is greatly appreciated by my new patients and that it brings back old patients (who have been helped years ago) better than any other medium.

I am enthusiastic about it because it has increased my practice. I know now that your propaganda will do all for me that you predicted it would do. I must ask you now to mail out my magazines from your office because when I am busy, professionally, my desk work suffers and the magazines pile up. I realize that "Osteopathic Health" can not do its best work unless sent out regularly. Thanking you for giving me the chance of using "Osteopathic Health," I am, yours fraternally—

Margaret E. Schramm, D.O., Chicago, June 10, 1920.

"It Would Have Paid Me to Borrow the Money"

I am sorry that I found it necessary to permit a gap in my publicity campaign. I am now of the opinion that it would have paid me to have borrowed the money and kept up the campaign, as I have had a good many patients come in as a direct result of reading "Osteopathic Health." One lady, this week, called on me and told me that, after reading the several copies of "Osteopathic Health" sent to her, she felt that she now had a real understanding of the osteopathic principle. This she had failed to appreciate before altho she had taken

When Will You Use It— Chiropractic Kleptomania?

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

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

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

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

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

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

The Osteopathic Physician
9 South Clinton Street
Chicago

treatments from two other osteopaths. I have noticed that it takes several months to get people to thinking. It was poor policy to stop such a "good thing" when it was going well. Of that I am now convinced. I am getting my list fixed up again and will be "going" again quickly.

Generally speaking, practice has been very satisfactory. I am getting hold of a good class of people. I have raised my fees and if I had several hundred dollars now, as capital to invest, I would like to use it as a fund to keep old Dixon well informed that I am in town.

Dr. Trowbridge told me the other day that he had noticed a wonderful change in sentiment favorable to osteopathy in Dixon during the last three or four months. I "jokingly" told him that of course there was a favorable

change, and that it was all due to my publicity campaign. He told me yesterday that together we should get some "Chiro Klep" pamphlets. I agreed with him that that is something we must do as we now seem to be getting the upper hand of the fakirs here, at last—A. M. McNicol, D.O., Dixon, Ill., May 19th, 1920.

Only 1500 July "OH's" Left on July 14th

That July number of "Osteopathic Health" entitled "A Simple Explanation of the Science of Osteopathy" by Dr. Charles Hazzard and illustrated by Dr. Chester H. Morris is now all gone but 1,500 copies. This is just a tip to the wise promotionist who failed to get a supply of this fine illustrated number. You may still be in time if you order today.

How and Why "Osteopathic Health" Helps Practice and the Best Ways to Use It

Educating the People to Know What Osteopathy Is and Does

In a previous article we showed the need of "Osteopathic Health" service in helping to remove prejudice against osteopathy. In addition to removing prejudice there is the necessity of imparting specific information about osteopathy. This is needed for the public in general, but particularly for patients and prospective patients.

"Osteopathic Health" helps you to educate your patients, yes, really educate them concerning osteopathy—that is, give them an intelligent, general comprehension of the philosophy of osteopathy—the principles that it applies and the methods of its technique.

Patients who thus understand osteopathy can be relied upon to remain osteopathic patients *always*. By taking pains to educate your patients in this manner, you are building a stable, permanent clientele; you are establishing your practice on the solid foundation of intelligent confidence.

When patients from the beginning are systematically educated about osteopathy they become better patients—they co-operate more willingly and intelligently. Thus you are enabled to get the best results in their cases. In ill of a stubborn nature, requiring a long course of careful treatment, it is often essential to success that the patient be instructed in the general principles on which osteopathy operates; otherwise, they become skeptical and inclined to discontinue before satisfactory results can be accomplished.

Usually it is not possible for a patient to absorb at one time a great deal of information about the science of osteopathy. The knowledge must be imparted gradually—little by little. Furthermore, patients frequently forget facts about osteopathy so their memory must be refreshed from time to time. And no matter how much he is told about it, or may read about it, a layman seldom ever grasps the full concept of osteopathy—in fact, who does? So there is always something more to be said which reveals to him new and kaleidoscopic aspects of osteopathic philosophy of health building.

That is why the plan of constantly educating your patients is such a big help and gain in maintaining practice. That is why the monthly magazine service embodied in "Osteopathic Health" wins such good results. It provides for your patients a perpetual educational course in popularized osteopathy. It is different each month and never gets "stale." The magazine is always interesting, constantly presenting osteopathic truths from new aspects, new angles and in new light; constantly reiterating over and over again, in countless different ways, the foundation facts of osteopathic science and practice.

Put your patients on the subscription list

for "Osteopathic Health." Also keep an assortment of numbers of this magazine on your reception room table and treatment room dressers in inviting display, so that such as wish extra copies may help themselves—without even asking; suggest to your patients and callers that they read the magazine and use it to aid their friends to understand and find help thru osteopathy. Follow this program and you will enjoy bigger, better, more lucrative practice. The money investment required is small; the benefits are large.—Ralph Arnold, *Business Manager, Osteopathic Health*.

Osteopathic Profession Failing to Make Best Use of Its Talent

If osteopaths who do not use "Osteopathic Health" in their practice really knew the benefits to be derived from the persistent and continuous, well-directed use of these educative magazines, you would be putting out 300,000 a month on "mailing list" plan alone.—Dr. F. A. Englehart, *Oklahoma City, Okla.*

+ + +

Our goal for 20 years has been a million, doctor. Yes, and if such campaigning were carried forward steadily there would soon be 15,000 or 20,000 osteopaths in practice and all kept busy instead of some 6,000 or 7,000 as now, with many complaining about lack of patronage, at that!

Osteopathy needs more publicity and more practitioners. It needs more publicity because it needs more practitioners; and it needs more practitioners because it needs more publicity. One brings the other.

The lack of initiative on the part of the majority of osteopaths in the development of their own possibilities for practice extension is nothing short of pitiful.

I believe it is safe to say that not a single osteopath has developed his practice to its possible maximum in income and influence. Lack of sufficient vision and ambition and failure to appreciate the real significance of the fact that osteopathy is relatively "new" and must be explained and "sold" to the public mind, seems to have put a blight on the advancement of even our best practitioners and to have held them back from achieving the more magnificent success, almost within their grasp.

That the majority have fallen far, far short of realizing all their opportunities is proven by the record, which shows that although osteopathy is the superlative general therapy, affording wonderful, extraordinary efficiency in combating disease, still there are today only some 6,000 or 7,000 practitioners in active practice.

WHERE PEGASSUS BROWSES

Poor Miss Annabel Lee!

By Mrs. Homer E. Sowers, Sharon, Pa.
O, once a young lady named Annabel Lee
Had a gentleman friend, Sam McGrath,
A fine chap was Sam as ever you'd see,
As handsome and honest and straight as could be,
And he was an Osteopath.
Now when this young woman, Miss Annabel Lee
First choose Sam McGrath for her steady,
She said to herself, "Now I've picked me a live one,
Has an elegant car in which he can drive one.
A professional man, he'll have leisure, you see
And oodles of time to play 'round with me,
And for pleasure he's sure to be ready."
But Miss Annabel Lee soon observed to her sorrow,
That an osteopath never can count on tomorrow,
Nor plan for to-day, for Sam never knew
Until the last minute just what he could do.
If she wanted a date and called up to make it
Before the day ended he'd call up and break it,
Because Johnny Jones had come down with Flobitis,
Or old Jimmy Kane had a touch of Arthritis,
Or somebody else had some kind of 'tis,
For Sam's time belonged to his patients, you see,
He had little to spare for Miss Annabel Lee.
So she watched all her friends rushing by with their
beaux,
Bound for picnics, or parties, or dances, or shows,
While she had to mope there at home all alone,
Or go hunting for pleasure herself on her own.
In vain were the dinners she cooked to ensnare 'im,
The fudges she made and had no one to share e'm.
Poor Miss Annabel Lee.
"I'll try to be patient," she'd say with a smile,
"Things soon may be better, and Sam's worth my
while."

Then came the day of the wonderful dance
The Elks were to give in the hall of the Redmen.
Says Sam, "Now we'll go, neither living nor dead men
Shall deprive you and me of this chance."
"Now, Sam, are you sure?" said Miss Annabel Lee.
Said Sam, "I'm determined to keep that night free."
Said Miss Lee to herself, "Now I'll doll up for fair,
And when I arrive just you watch all those chaps
Sitting up taking notice I'm there.
So she bought a new skirt with nice shoulder straps,
Got a brand new complexion and marcelled her hair,
And was ready by eight, all so lovely and gay
When the telephone rang and Sam called to say:
"I hate this like 'pizen', it's awful I know,
But I'm out on a case, to the dance I can't go."
"Where are you?" said 'Bel,' "Why out to Tom Flynn's."
"What's the trouble out there?" the young lady be-
gins.
Says Sam, "I don't know, but think that it's twi—twins."
Just then the receiver went up with a bang.
Said Miss Annabel Lee, "Sam McGrath can go hang."
"I'm tired of this fooling," she moaned in her wrath,
"Sam may be all right as an osteopath,
As a doctor no doubt he's the best that can be,
As a gentleman friend: Absolutely N. G."

AOA Attorney for Equality Before the Law

I have not gone into the Pennsylvania case, of course, with the thoroughness that a careful lawyer should with respect to expressing an opinion. However, discussing the larger aspects of the case, I am of the opinion that it is incumbent upon those who have the proper perspective on osteopathy today to assume the leadership in a fight to a finish on equality and liberty with the M.D. Any other course would in my judgment be fatal to the Pilgrims' Progress which osteopathy must make in order to attain that goal.

From my talks with physicians generally, I am of the opinion that there will be a decided reaction on the present elongated educational requirements and that the pendulum will swing back so that the resultant will be by the establishment by law of "reasonable requirements." A well taught four-year medical course with standard preliminary requirements should thoroughly familiarize the young physician in the fundamental sciences. That is all the state has a right to demand. The development of specialists is not a function of professional training. It is rather the supergrowth on professional training as a foundation. Our osteopathic leadership must sound the high note of osteopathic equality before the law. In no other way in my judgment can effective advancement be made.

—Yours very truly, Perry S. Patterson.

SHOP TALK on MATTERS of PROFESSIONAL INTEREST

We Must Use Propaganda.

The older I grow, the more I realize that in order for some one else to see our osteopathic viewpoint the more we must educate to let the other party know what we know. It requires ceaseless effort, as the opinion of the other individual, if an adult, is not so easily changed.

—E. B. Carney, D.O., Fort Scott, Kansas.

Chiro Bill Killed in Louisiana

The Chiro Bill introduced recently in the Louisiana legislature received an unfavorable report before the House Committee and was withdrawn. This Chiro Bill was the standard bill copied after the Maryland bill. It contained the usual jokers as to standards and qualifications. Owing to the fact that the members of the Louisiana legislature had been thoroughly educated with proper osteopathic literature (college catalogs; A.O.A. publications; and "Osteopathic Health") it was no difficult task to show them that chiropractic was an imitation of osteopathy, with low educational standards. As the definition of the practice of medicine in Louisiana legally defines the healing art to include any and all therapeutic measures, the "chiros" were absolutely excluded from this state.

This Bill was introduced by request of some friends of a "chiropractor" from Davenport, Ia. He was supposed to be a wizard and a spell-binder, but we had no difficulty in disposing of him.—Henry Tete, A.M., D.O., Chairman of the State Legislature.

Incontinence

I am just discharging a boy of 18 who has been afflicted with enuresis all his life. Scarcely a night passed without trouble. Got fairly good results at first by heavy work in lumbar region but best results manipulating the prostate. No return of the trouble for two months.—E. J. Hanes, D.O., Cumberland Mills, Maine.

Asthma a Neurosis

Remember asthma is a neurosis. It has as many causes as headache. It is a reflex. Ask yourself from where? You will find that the great majority of your cases have either partial obstruction of the bowel or an incompetent pylorus. Clean out the bowel, test all foods singly, know which cause the attacks and avoid them. Increase pyloric tone. When attacked fast until comfortable.—Warren B. Mitchell, D.O., Newark, N. J.

Legalizing Chiropractic as a Branch of Osteopathy

We must not make the mistake that the allopaths made in not recognizing us before we obtained independent boards. We must act immediately, co-operating with chiropractic associations, to obtain bills regulating their practice, as a branch of osteopathy, and raising their educational requirements to equal our own. The fact that they have recognition in 22 states should open our eyes, and we need not bury our head in the sand, but have a little vision, and meet the issue sensibly.

—A. R. Brunsmann, D.O., Peoria, Ill.

Works While D.O. Sleeps

I think it time to order at least a few Chiro-Kleptomaniacs folders as I found some of the chiro's junk on my front porch one morning last week. The chiro, 20 miles west, must have been around in the night. Send 200 copies.

—Thos. G. Burt, D.O., Groton, So. Dak.

That Ticklish Patient

Next to my own brother, my colleague here, Dr. Oium, is the most ticklish man I ever treated. Tell you how I fix him. I have him place his own hand alongside my hand where I am touching his ribs. Sometimes it is even necessary to let his fingers partly crowd in underneath mine. Marvelous, how the mere presence of his own hand reduces ticklishness.

—L. H. Noordhoff, D.O., Oshkosh, Wis.

If They Won't Stay Put

If your dorsal, lumbar or innominate lesions will not "stay put" look for such internal lesions as gastric ulcer, chronic gastritis, chronic appendicitis, gall bladder disease, colitis, fecal impactions, proctitis or ano-rectal disease. These may require special treatment. If you are not "up" on it you may be "down" on it, but at any rate attend the sessions of the gastro-intestinal section at the next AOA Convention.—Chas J. Muttart, D.O., Philadelphia, Pennsylvania.

Answering the Question

More than two hundred people have asked me what I thought of chiropractics. My answer has always been, "They are all right as far as they go, but they only go a short route." Then I give my definition of chiropractics which invariably bring out a knowing smile and osteopathy wins.—O. S. Miller, D.O., St. Louis, Mo.

Standards Run Wild

To set up a standard for all practitioners sounds like a very good idea. It would be a good idea if the standard were a reasonable one. But the allopathic idea is to make a standard which is so high that very few young men or women can or will study medicine. It now requires seven years after high school before one can enter medical practice. No one can attend a good medical college for less than \$1,000 a year with any degree of comfort. How many are prepared to spend such a sum for an education which offers such small rewards as the practice of medicine? How many would study osteopathy if such were the requirements? Even as matters stand now it takes four years to obtain an osteopathic education after graduating from high school. That means an investment of at least \$4,000. To increase this standard still more would mean the destruction of all our colleges, because they could not get enough students to keep going and we have no large endowments and no State support through taxation.—Walter E. Elfrink, D.O., Chicago, Ill.

Georgia Calls!

Georgia needs more osteopaths. Only about fifty in the state. She needs ten times fifty. Towns from one thousand to fifteen thousand people without an osteopath. Good law, osteopathic board. Competent osteopaths have plenty of work.—H. H. Trimble, Pres. G.O.A., Moultrie, Georgia.

Scarlet Fever

I was called on a scarlet fever case, undiagnosed by M.D. in attendance. I made the diagnosis and got the case. In three treatments brought fever to normal, cleared up ear, throat and joint complications. Child in next house had temperature 104 degrees, rapid pulse, strawberry tongue, no diagnosis by M.D. I gave one treatment. Next day temperature was normal, rash was so slight it could hardly be seen and no complications. Any D.O. using medicine or working with an M.D., on an infectious case shows a woeful lack of knowledge in the true art of healing.—E. L. Price, D.O., Reed City, Michigan.

Incurables as Liabilities

Don't accept apparently incurable cases for treatment. If you do you will get some bad advertising. It is all right to be sympathetic but people will get discouraged too quickly and lose all enthusiasm for osteopathy.

The young graduate is most apt to accept everything that comes along. He has any amount of faith in osteopathy and it takes quite a bit of experience to judge just what cases will do best. So go slow and you won't lose but will gain in future practice. It will give you a reputation for honesty which is worth more than the money you will get from such cases.—R. L. Capers, D.O., Bellefonte, Pa.

A Cement-Block Garage that Made Good

I have a perfectly good cement-block garage on my home premises that I recently converted into a pest house for smallpox in a pinch. My son, my wife and the principal of our high school as victims were entertained there but long since were released. Two or three days of osteopathic treatment put practically all of our smallpox cases here in fine shape; then the eruption occurred and no further treatment was required, as a rule, and all our osteopathic smallpox patients have done splendidly. The epidemic has decreased my practice, as our home and office are combined, but I was enabled to rest up a bit and get some things off my chest.—Harry W. Gamble, D.O., Missouri Valley, Iowa.

Smallpox

Some time last fall Dr. Glascock pronounced some questions to a "Reformer," meaning me. I have not answered them as yet but have thought I would when time permitted and the moon was just right, but since Dr. Teall and Dr. Fuehrer have been pouring such "broad-sides" into the sinking hull of drugs I think I will just wait awhile, they are doing such a good job of it.

And, by the way, I treated three cases of smallpox last winter a year ago, then took it myself. Smallpox was one of the questions that Dr. Glascock asked, "How could you treat smallpox?" I did not use anything but a little olive oil and osteopathy; and that is all I myself had, olive oil with a few drops of carbolic acid, and for a few days I used an ointment and osteopathy. Horrors upon horrors, how could you ever do it with just osteopathy? (Name of physician upon request.)

—W. C. Dawes, D.O., Bozeman, Mont.

Birk the Shirk

There was a geezer named Birk, and his job he loved to shirk. As the ten finger kind, he did not shine, tho from the villa of Kirk. So he added a little dope, as you do not, I hope, A vibrator machine, a vacuum clean and seventeen yards of rope. To the table he tied 'em tight, of dope he gave them a bite, A vacuum clean, of the pocket, I ween, vibrating all coin in sight. Oh, yes, he got the dough, as they always do, you know. The suckers are thick, just take your pick, it always has been so. But if you are honest with self, there is something more than pelf; There is only one kind A. T. Still if you mind, there is more—but sing it yourself.

—F. C. Wirt, D.O., Dade City, Fla.

The Body As an Industry

Under separate cover I am sending a pamphlet "The Most Effective Type of Industrial Organization," by C. E. Knoeppel, one of our good industrial engineers. He uses the body as a type and it should be of interest to many of our thinkers. The word osteopathy does not appear in the article but the idea of the body as a perfect machine permeates the whole article.—Richard Wanless, D.O., New York, N. Y.

The Profit of Acute Work

Why is the growth of osteopathy more or less impaired and why is it so slowly being adopted by the thinking public? Is this pessimism? No. The answer is conclusive proof, without elaborating on it. The D.O.'s are *too busy—doing what?* Treating chronics and people who do not need physicians (incurables) many times. In other words they are too fearsome to handle acute cases, where results would establish everlasting faith in the recipients minds and hearts—real physicians.—C. W. Rothfuss, D.O., Detroit, Mich.

IN DO LAND

Raises Foxes for Fur

Dr. John M. Ogle, of Moncton, N. B., is an enthusiast on raising silver foxes for fur. He is heavily interested in one of the leading fox ranches in that country and says it is a fine paying enterprise.

Trained Nurses Graduate at Southwestern Sanitarium

The graduating exercises of the Southwestern Sanitarium Training School for Nurses, Blackwell, Okla., was held June 17th at the Sanitarium. The graduates are: Elizabeth May Bartee, Lutie May Peabody, Florence May Byers, and Goldie A. Thompson.

Fire at A.S.O.

The dissecting room at the A.S.O. was considerably damaged recently by a fire which started in the boiler room immediately below in the basement. Dr. Halladay, who has charge of the dissecting class had six specially prepared spines in an adjoining room which he succeeded in saving. The amount of the damage was not estimated.

Osteopaths Interested In Silver Mine

Dr. Lloyd D. Recks, Dr. George D. Driskell, both of Los Angeles, Calif., are interested as officers in the May Mine, Incorporated, the former as vice-president and the latter as a director. The May Mine is a silver mine located at Fairview, N. M. Some stock is being offered to the public and an interesting circular giving information about the mine and its resources is being mailed.

Miss Bolles Heads Class in Law School

Miss Helen Bolles, daughter of Dr. Jenette Hubbard Bolles, Denver, Colo., has just completed her first year at University of Denver law school, standing highest in a class of thirty-one. She led the class with an average of 92 plus in final examinations. She expects to finish her law course at Columbia University and to then practice in Denver, specializing in cases of women and children.

Chiros Meet Defeat in Louisiana

A "chiro" bill was introduced in the House of the Louisiana Legislature on May 31st. It is a copy of the Maryland Bill and has the usual jokers. On Wednesday, June 9th, it was unanimously reported unfavorably and I think it will be withdrawn. A "chiro" spell-binder from Davenport appeared before the Committee, but we made short work of him. Will give further details of the fight in our legislative report.—Henry Tete, D.O., Chairman of the State Legislature for Louisiana.

Central Montana Society Meeting

The Central Montana Osteopathic Society held a bi-monthly meeting recently. Several clinics were conducted by Dr. Fred Taylor of Lewiston; Dr. R. M. Wolf of Big Timber, and Dr. G. A. Townsend of Chico. Various papers were read by Dr. W. E. Dean, and Dr. D. T. Griffith of Bozeman; Dr. G. H. Payne of Columbus, and Dr. W. E. Crawbuck of Gardiner. Dr. C. W. Starr of Hardin, resigned as secretary of the association and Dr. W. C. Dawes of Bozeman, was elected secretary in his place.

Pennsylvania Holds Last Meeting

The Central Pennsylvania Osteopathic Society held its last meeting for the fiscal year on May 22nd at Hotel Penn Harris, Harrisburg. Following the meeting a dinner was served. Officers elected were: President, Dr. H. H. Walpole, Lancaster; Vice President, Dr. J. F. Yeater, Altoona; Treasurer, Dr. S. S. Grossman, Williamsport; Assistant Treasurer, Dr. J. M. Shellenberger, York; Secretary, Dr. Bertha Maxwell Huntington, Williamsport; Assistant Secretary, Dr. F. E. Wilcox, Hanover.

Dr. James D. Edwards to Study in Europe

Dr. James D. Edwards, of St. Louis, Mo., has announced that following his attendance at the AOA convention in Chicago, he will visit Medical Europe, returning about September 6th. The object of his trip is to get modern surgical technique and to thus keep himself absolutely qualified to handle all surgical interference in this specialty. During his absence the practice of Dr. Edwards will be in charge of Dr. U. S. Short, an ear,

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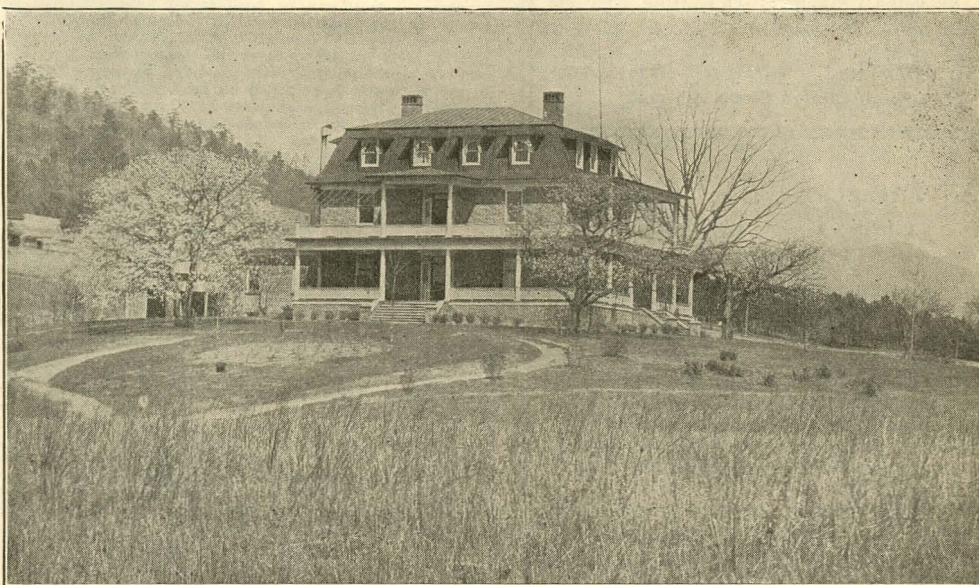
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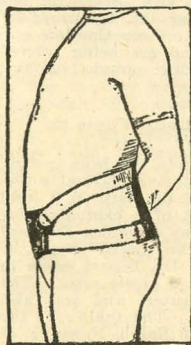
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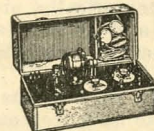
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Newark, New Jersey, Has District Society

The Newark District Osteopathic Society has been organized and the officers elected are: President, Dr. Ray English, Newark; first vice-president, Dr. H. L. Chiles, Orange; second vice-president, Dr. J. M. Walters, Newark; secretary, Dr. A. P. Firth, Newark; treasurer, Dr. John Finnerty, Montclair. The society expects to organize not only a clinic, but also an osteopathic hospital in Newark, so you see we are trying to keep New Jersey on the map.—*Edwin W. Tate, D.O., Chairman of Bureau of Publicity of State Society.*

Doctors Molyneux to Tour and Study in Europe

Dr. Albert J. Molyneux and Dr. Cora Belle Molyneux, of 2859 Boulevard, Jersey City, N. J., will sail for Europe August 4th aboard the White Star Liner "Olympic" for an extended tour of the British Isles, Belgium, France, Italy, Sweden, Switzerland, Norway, Holland, and Germany. Enroute they will make special effort to visit leading European hospitals, sanitariums and health resorts for the purpose of study. Dr. F. E. Keefer, of Orange, N. J., will have charge of the practice of Drs. Molyneux during their absence which will be for about three months.

Rocky Mountain Meeting July 26th at Denver

The Colorado Osteopathic Association invites the osteopaths of the United States who wish to cool off and brush up professionally this summer, to meet with them in their Fourth Annual Rocky Mountain Osteopathic Conference to be held at Denver, July 26th to 31st. A fine program has been arranged to furnish the "brushing up," and there will be many opportunities for relaxation. The Rocky Mountain Hospital will furnish opportunity for cases needing hospital care, and will show what the osteopaths of Colorado are doing. We regret that the program cannot be furnished now but it will be well worth attending.—*Martha A. Morrison, D.O., Secretary.*

Dr. C. E. Pollard Invents Osteopathic Appliance

Dr. C. E. Pollard, of Champaign, Ill., has just completed the invention of an osteopathic appliance. The appliance can be used by an osteopath in giving specific treatment, or it can be used to do some effective work while the osteopath is engaged in some other manipulation, or it can be used by the patient at home as charts, descriptive matter and instructions are issued whereby the osteopath can give the necessary directions to the patient. It is based on osteopathic principles and is used in relieving and preventing menstrual cramps. It has been tried out to some extent and its use has been found quite gratifying. Dr. Pollard is still making experimental tests but he believes that he has a device which will fill a long-felt want and to be exceedingly useful to the osteopathic profession.

C. O. P. S. Field Day

The spring field day of the College of Osteopathic Physicians and Surgeons of Los Angeles, California, was held April 23rd at Balboa Beach. A special car on the Pacific Electric Railway conveyed the faculty and students from Los Angeles to the scene of the outing where school work was forgotten and the day given over to sports, eats, and dancing. Rowboat, canoe, and swimming races were held and each contestant winning a first place received a silver medal. The winners of second place received bronze medals. The prizes were purchased with a fund contributed by alumni members thru the efforts of Dr. Crist. The sophomore class won the athletic contest with 38 points; the freshmen were second with 20 points; juniors third and seniors fourth. Following the races a fish dinner was served. Dr. Ruddy acted as master of ceremonies. Dancing followed the dinner.

The Largest Merchant Fleet

The Standard Oil Company (New Jersey) has the largest merchant fleet flying the United States flag. With its world-wide connections and fleet of oil tankers this company is not restricted to one—or even several—of the world's producing centres for raw materials. With this choice of raw materials and unsurpassed manufacturing facilities, the chemists of the Nujol Laboratories of the Standard Oil Co., (New Jersey), have been able to produce pure Liquid Petrolatum of every viscosity from a water-like fluid to a jelly. The ability to produce that which was desired rather than the necessity of using that which was obtainable has made possible, Nujol, a product for the treatment of constipation. A series of booklets on constipation and its sequellae has been prepared, and are being offered by the manufacturer, together with sample of this product.

Dr. Hugh Beaton Acquires Local Fame as a Movie Hero

Dr. Hugh Beaton of Danville, Illinois, has been getting a lot of publicity in the reading columns of local newspapers lately. He took the part of the hero in a local movie film prepared for the benefit of a campaign for a new home for the Y. W. C. A. Day after day the local newspapers featured stories about the special show, the title of which was "Not in Vain." Dr. Beaton came in for a lot of praise for his ability as a movie actor. The film was exhibited at the local theaters and was also shown in theaters of nearby towns. The taking of the pictures was under the direction of Ralph Newman of the Essanay Film Company of Chicago. One of the scenes shows a raid by the police and Director Newman

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Blackwell, - - - Oklahoma

the year ending June 1st, 1921: President, H. T. Wise, Rockford; President-elect, C. E. Kalb, Springfield; Vice-president, Nellie B. Scott, Champaign; Vice-president-elect, Nettie M. Hurd, Chicago; Secretary-treasurer, Walter E. Elfrink, Chicago; Secretary-treasurer-elect, W. B. Allen, Chicago; Trustees: A. E. Daugherty, Bloomington; J. M. Fraser, Evanston; H. D. Norris, Marion; F. B. DeGroot, Rock Island. The following Trustees hold over from the previous elections: C. E. Kalb, Springfield, Ill.; C. E. Medaris, Rockford, Ill.; J. F. Peck, Kankakee; Anna Mary Mills, Champaign, Ill. The following were elected to serve on the college board: For a term of five years, C. P. McConnell, Chicago; for a term of four years, C. E. Medaris, Rockford; for a term of three years, Hal Shain, Chicago; for a term of two years, Jas. M. Fraser, Evanston; for a term of one year, Chas. E. Tilley, Lincoln. It was decided to organize at the earliest possible moment and to establish departments corresponding to similar departments in the AOA. A vigorous campaign for legislation will be inaugurated during the summer months.
—Walter E. Elfrink, D.O., Secretary.

Virginia Osteopaths Talk on Foot Evils

Addresses as interesting to the layman as to members of the profession featured the semi-annual meeting of the Virginia Osteopathic Society, which was held at Richmond, April 24th. The most unique of these was an illustrated lecture of "Postures and Their Relation to Health," in which Dr. H. S. Beckler of Staunton, president of the society, explained why many of the ills which beset humanity originate in the manner in which a man walks, sits or the variety of shoes he wears.

Human feet have been classified in three general divisions, according to Dr. Beckler, after an investigation of the outlines of 14,000 pairs of pedal extremities. The three big varieties of feet are the outflaring, in which the foot has a tendency to spread out from a line drawn from the heel; the inflaring foot, in which the shape is reversed, and in the straight foot. "The impracticability of fitting these three kinds of feet with the same type of shoe is obvious," said Dr. Beckler, and some manufacturers have recognized this fact, and are now making three kinds of shoes. He then dwelt on the importance of arranging the desks of school children scientifically. "Every man and woman, he said, should be informed as to the bad effects which will result from walking improperly." "Diseases may easily originate," he said, "from improper standing postures."

Dr. W. D. Bowen of Richmond, read a paper on "The Care of Children for the Health of Future Generations." He began with the necessity for healthy parents and the care that should be taken even before the birth of the child. Periodical examinations of children were urged by Dr. Bowen as a means to correct small defects before they become dangerous abnormalities which require greater attention.

Dr. R. A. Bagley of Suffolk, held the members enthralled with a dramatic account of his experiences in France. He defended members of the medical corps who might be criticized for health conditions, saying that they should not be held responsible. He described with a wealth of detail the almost impossible conditions under which army surgeons worked, saying that anaesthetics were administered many times in semi-darkness and while wearing a gas mask, and that operations were performed under similar conditions.

Dr. C. C. Akers of Lynchburg, read an interesting paper on "The Diet List," in which foods that produce acids or alkalis were enumerated. Dr. Akers also gave proper combinations of foods, explaining that highly acid foods, if eaten with starches, would produce a semi-poisonous condition.

Dr. A. R. Tucker of Raleigh, North Carolina, gave a splendid talk on the pressing need of Osteopathic Hospitals.

Dr. L. C. McCoy of Norfolk, Virginia, spoke on "Business Management of the Physician's Office."

Dr. Harry Semones of Roanoke, Virginia, on "Focal Infection," and Dr. S. H. Bright of Norfolk, on "Unwise Wisdom Teeth," showing by illustration several X-ray pictures of offending third molars.

The society voted to unite with the Osteopathic Societies of Washington and North Carolina in holding a meeting in Richmond next fall, provided, however, that such a meeting is agreeable to the Washington and North Carolina Osteopaths.

PERSONAL

Dr. J. B. Eades has removed from Chicago to Bluefield, West Virginia, where he is specializing in eye, ear, nose and throat work in association with Dr. Wm. H. Carr.

Dr. Elizabeth J. Bedford, of Chicago, Ill., left recently for a five weeks' trip through the northwest and Canada. Dr. Bedford expects to return about August 1st.

Dr. E. Bertella Fergusson, of 2503 Channing Way, Berkeley, Calif., has announced her resumption of active practice of osteopathy. She will have associated with her, Dr. Edith Robb.

Dr. Mary Peck and Dr. Paul M. Peck, of San Antonio, Texas, were visitors at the offices of The Osteopathic Physician during the time of the AOA National convention in Chicago.

Dr. Charles Grapek, of Boston, Mass., has changed his residence address from 30 Beals St., Brookline, to 369 Harvard St. His main office address remains 100 Boylston St., Boston, Mass.

Dr. Preston R. Hubbell, formerly superintendent of the Detroit Osteopathic Hospital, has resumed his priv-

... that it is one of the best ever produced by amateurs. The film is to be further developed in Chicago and will be booked by the Essanay Company for exhibition in country theaters.

Recommends Insurance Company of Des Moines

I wish to recommend to the profession the Interstate Business Men's Accident Association, of Des Moines, Iowa. For an accident and health policy, they carry the best that is going; the main reason why this company appealed to me is the fact that they are sufficiently up-to-date to accept certificates from any accredited D.O., who has been in attendance of any one who has met with accident or suffering from illness. I understand it, this company has already insured a large number of osteopaths in the state of Nebraska; this company was the pioneer in the recognizing of the osteopathic profession. While they have as good a policy as I know of, the fact that they are so favorable toward osteopaths should prompt every D.O. who is in need of an accident policy to investigate their proposition thoroughly before considering any other. For the benefit of the profession would ask that you give this communication some note in an early issue.

—Paul R. Kohlmeier, D.O., Weeping Water, Nebr.

The Importance of Prophylaxis

The death rate in the army from preventable diseases was exceedingly low. Vigorous efforts were made to lessen the dangers from infectious and communicable diseases. And the results were magnificent. It is impossible to enforce discipline upon a civilian population without the use of the police power. The medical profession desires to lower the mortality rate and is keen to decrease the morbidity rate. Education has proven to be a most effective weapon and for this reason information is constantly being disseminated concerning methods of disease prevention. A wider knowledge concerning the superior antiseptic and disinfectant value of Dioxogen is, therefore, of practical importance. The conscientious physician appreciates the gain in personal hygiene that follows the securing of cleanliness of the perioral areas. Thus is the popularity of Dioxogen as prophylactic accounted for. Its extensive use as a mouth wash, gargle, spray, irrigation and topical application is a tribute to its potency as a germicide and a commendation of its effectiveness as a hygienic measure.—Adv.

Dr. William Stryker Hit by Automobile and Seriously Injured

Dr. William Stryker, of Livingston, Mont., was seriously injured in an automobile accident July 5th. Dr. Stryker had been driving his automobile in Yellowstone Park but left his car a few miles from Old Faithful Inn to seek a party which was to have joined him at the spot where he stopped. He walked back to the hotel and not finding his party accepted a ride on the running board of a car going toward the place where he had left his car. As this car pulled up beside his own car, Dr. Stryker stepped from the running board and a car from the rear which was traveling fast turned out to collide with the car on which Dr. Stryker had been riding. The rapidly moving car struck Dr. Stryker, knocking him to the ground and one wheel passing over his body. Dr. Stryker was taken to Chico Hot Springs where he was looked after by Dr. George A. Townsend. Examination showed three ribs broken, two arms bruised and face lacerations. Dr. Roy M. Wolf, of Big Timber, was also called to attend Dr. Stryker and he will devote his attention to the case until Dr. Stryker is on the road to recovery. The right lung was found to be seriously injured and every care is being exercised to prevent development of pneumonia or gangrene.

Oklahoma State Meeting

The annual convention of the Oklahoma Osteopathic Association was held in Sapulpa June 1st and 2nd. The meeting was well attended and was interesting and enthusiastic from beginning to end. The program as arranged included: "The General Practitioner's Gynecological Cases", Dr. Ella Still; "How Can Osteopaths Have Their Own Hospitals", Dr. A. G. Hildreth; "Clinical Diagnosis and Treatment of Orthopedic Cases", Dr. George Laughlin; "Better Office Efficiency in General Practice", Dr. F. A. Englehart; "Osteopathic Diagnosis," Dr. H. C. Wallace; "Differential Diagnosis in Operative and Non-Operative Cases of Eye, Ear, Nose and Throat," Dr. L. S. Larimore; "General Laboratory Work in General Practice", Dr. H. J. Conway; "Normalizing the Tonsil", Dr. Arthur Campbell; "Obstetrical Work in General Practice," Dr. F. B. Larkins. On the evening of the second day the convention was treated to a sight-seeing tour as a courtesy of the Sapulpa Chamber of Commerce. At the business meeting the following officers were elected: President, Dr. F. B. Larkins, Tulsa; Vice-president, Dr. W. O. Pool, Wynnewood; Secretary-treasurer, Dr. Ernest Ewing, El Reno; Trustees, Dr. W. S. Corbin, Chickasha, and Dr. J. A. Ross, Oklahoma City. Harmony and good feeling prevailed throughout.
—Ernest Ewing, D.O., Secretary-treasurer.

Report of I.O.A. Meeting

The annual meeting of the Illinois Osteopathic Association took place June 26th, at the Hotel Sherman. The revised Constitution and By-Laws in conformity with the new organization of the American Osteopathic Association were adopted. In addition to this, five trustees of the Chicago College of Osteopathy were elected, making the I.O.A. a large factor in control of this institution. The following were elected as officers for

ate practice at Suite 609 Stevens Bldg., Washington Blvd. at Grand River Ave., Detroit, Mich.

Dr. and Mrs. George B. Powell and daughter will leave shortly for La Mesa, Calif. Dr. Powell expects to spend several months' vacation. The trip will be made in automobile and about six weeks will be spent enroute.

Dr. Thomas H. Spence and Dr. Alice M. Spence, of 16 Central Park, West, New York City, have announced that they will spend the months of July, August and September at Westport, Essex County, on Lake Champlain, New York.

Dr. J. B. Eades, formerly of Chicago, appeared recently before the Virginia State Medical Board for examination and passed most successfully. He is now located for practice at Bluefield, West Virginia, with offices at 405 Coal and Coke building.

At Delaware Springs Sanitarium, Delaware Springs, Ohio, on June 3rd, a fine baby girl was born to Dr. and Mrs. Vernon M. Richardson, of Oberlin, Ohio. Dr. Richardson joins many others in saying that Delaware Springs Sanitarium is an institution of which the osteopathic profession may be proud.

Dr. Arthur R. Brunsman, of Peoria, Ill., has announced the association with him in practice of Dr. Joseph Bieneman. Dr. Brunsman will continue to specialize exclusively in practice of head and neck, including orbital diseases and surgery. Dr. Bieneman will practice obstetrics, gynecology and surgery.

A memorandum from Dr. Raymond C. Ghostley, Edmonton, Alberta, expresses regret that he was not able to attend the convention of the American Osteopathic Association at Chicago this year. He says that he is too busy and that Chicago is too far away. A new young daughter, a second one, arrived some five months ago. Her name is Constance Isabel, and he did not feel that he should leave her, also he has a 300 acre farm near Edmonton, which at this season of the year requires a lot of attention.

Dr. Walter E. Elfrink, who has been successfully conducting the Chicago Osteopathic Laboratory for some time announces that his private practice has increased to such an extent that it will be impossible for him to give his personal attention to the laboratory work and that he was exceedingly fortunate in obtaining Dr. W. A. Matson of Chicago College of Osteopathy, class 1920, who will be in charge of this part of the work in the future. Dr. Matson did laboratory work during almost the entire time of his service in the United States Army and is therefore well equipped to do this work promptly and efficiently.

LOCATIONS and REMOVALS

Dr. Edith Pollock, at Quincy, Ill.
Dr. Celia Mickel, at Toledo, Ohio.
Dr. Virgil Coater, at La Belle, Mo.
Dr. Frank Wendall, at Dexter, Maine.
Dr. Grace Harner, from Adams, to Oxford, Nebr.
Dr. A. N. Willard, from Columbus, Ohio, to Denver, Colorado.

Dr. E. E. Andrews, assisting Dr. J. A. Carter, Ottawa, Ill.

Dr. M. C. Embrey, from Bellwood, Pa., to Pittsburgh, Pa.

Dr. Eugene Tiberghien, from Broken Bow, to David City, Nebr.

Dr. Mamie C. Babcock, from American Falls, to Nampa, Idaho.

Dr. Chas. H. Heldt, at 312 American Trust Bldg., Evansville, Ind.

Dr. Randolph E. Smith, from St. Paul, Minn., to River Falls, Wis.

Dr. C. J. Ihde, from 1025 High St., Des Moines, Ia., to Pierson, Iowa.

Dr. Rex E. Cunningham, from Cape Girardeau, Mo., to Winkleton, Ariz.

Dr. G. W. Krohn, from 229 N. 2nd St., to 214 Pine St., Harrisburg, Pa.

Dr. G. C. Shibles, from 43 St. Germain St., Boston, Mass., to Rockport, Me.

Dr. C. O. Casey, from Des Moines, Ia., to 632 West Prairie St., Decatur, Ill.

Dr. Nettie M. Hurd, at 901-2 Goddard Bldg., 27 E. Monroe St., Chicago, Ill.

Dr. F. D. Campbell, from 729 19th St., Des Moines, Iowa, to Keosauqua, Iowa.

Dr. A. E. Linville, from 135 North Hardesty, to 709 Cleveland, Kansas City, Mo.

Dr. W. C. Hills, from 630 North Central Ave., to 504 Fayette St., Peoria, Ill.

Dr. H. W. Oldeg, from 620 Frisco Bldg., to 303 Commercial Bldg., St. Louis, Mo.

Dr. A. W. Kitchell, from 72 Elizabeth Ave., to 261 Clinton Ave., Newark, N. J.

Dr. C. J. Carrico, from Salem, to Vandeventer and Choteau Aves., St. Louis, Mo.

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

Dr. Elizabeth Sash, from Idaho Falls, Idaho, to 418 E. 34th St., Portland, Oregon.

Dr. J. W. Murphy, from Los Angeles, Calif., to Central Bldg., Bremerton, Wash.

Dr. E. M. Frost, from 109 Garfield Ave., to H. P. O. Sanitarium, Battle Creek, Mich.

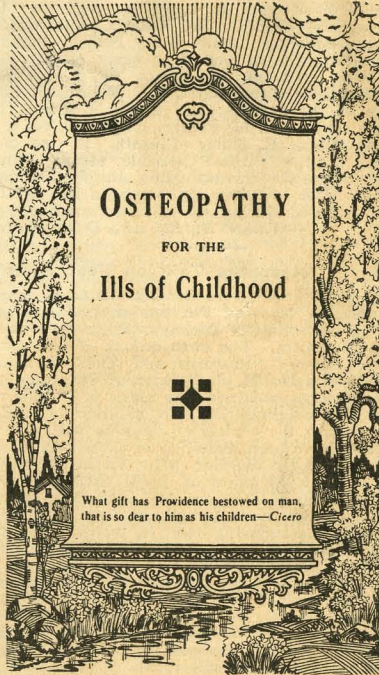
Dr. Annette R. Ploss, from Collingswood, N. J., to Birdsboro, Pa., R. F. D. No. 2.

Dr. Preston R. Hubbell, at Suite 609 Stevens Bldg., Washington Blvd., Detroit, Mich.

Dr. Ella X. Quinn, from Hippodrome Bldg., to Fowler Apts., 1019 12th St., Miami, Fla.

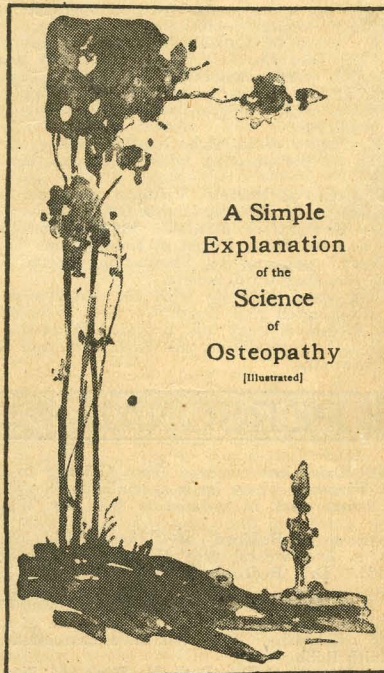
Dr. Bertha M. Lewis, from Washington, D. C., to 108 Roanoke Drive, Fitzgerald, Ga.

Osteopathic Health for AUGUST



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

Osteopathic Health for JULY



This "simple explanation" of osteopathy by Dr. Charles Hazzard makes a great appeal to the popular mind. The illustrations by Dr. Chester Morris are of special beauty and value in making clear the "osteopathic idea." Orders booked since edition went to press have been heavy. Send your requisition today or you may be too late.

Dr. C. A. Lynch, from 4-6 K. of P. Bldg., Miamisburg, Ohio, to 21 Main St., Middletown, Ohio.

Dr. Vera E. Bullard, from 502 East McPherson St., Kirksville, Mo., to Vergennes, Vt., R. D. 2.

Dr. Harvey R. Foote, from Harwood House, Hanover Square, London, to 40-A Park Lane, London.

Dr. C. C. Wagely, from 722 Central National Bank Bldg., to Suite 406-7, 804 Pine St., St. Louis, Mo.

Dr. O. S. Miller, from 722 Central National Bank Bldg., to Suite 406-7, 804 Pine St., St. Louis, Mo.

Dr. P. S. Warner, from 2963 W. 65th St., Los Angeles, Calif., to 95 Monterey Road, South Pasadena, Calif.

BORN

To Dr. and Mrs. Gorrell, Kirksville, Mo., May 30th, a 7-pound daughter.

To Dr. and Mrs. L. L. Wade, Casper, Wyo., March 31st, a son, Donald Gilbert.

To Dr. and Mrs. C. L. Draper, Denver, Colo., April 27th, a daughter, Roberta Jane.

To Mr. and Mrs. McCollum, Kirksville, Mo., May 23rd, a 10 $\frac{3}{4}$ -pound daughter, Virginia Rose.

To D. L. and Dr. Lena Snedal McCraray, Denison, Tex., April 12th, a 12-pound daughter.

To Dr. and Mrs. I. K. Moorhouse, of Beaumont, Tex., June 22nd, a 6 $\frac{1}{2}$ -pound baby girl, Ann.

To Dr. and Mrs. George R. Estes, Tabor, Ia., March 27th, a 10-pound daughter, Elizabeth Jane.

To Dr. and Mrs. Joseph B. Schrock, of Scottsbluff, Nebr., June 18th, a son, Joseph Benson, Jr.

To Dr. and Mrs. J. L. Coles, of Pawnee, Okla., June 23rd, an 8 $\frac{1}{2}$ -pound daughter, Mildred May.

To Dr. and Mrs. L. H. Noordhoff, of Oshkosh, Wis., a baby girl, Jeane Elizabeth, weight 10 $\frac{1}{2}$ pounds.

To Dr. and Mrs. Vernon M. Richardson, of Oberlin, Ohio., June 3rd, at Delaware Springs Sanitarium, a baby girl.

DIED

Dr. J. L. McClanahan, of Paola, Kansas, June 9th.

Dr. T. Wildsmith, of Philadelphia, Pa., May 19th.

EXCHANGE and MARKET

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

WANTED—Assistant; married man preferred; Illinois license required. Good position for a good man in an established general practice. Have had assistants for ten years. Present assistant averaged over \$600.00 per month the past year. Address No. 234, c/o The OP, 9 So. Clinton St., Chicago, Ill.

WANTED A PRACTICE—Will buy at fair figure. Must be established five years or better. Good osteopathic state law essential. Address No. 233, c/o The OP, 9 So. Clinton St., Chicago, Ill.

Lady osteopath would like to take a practice for a couple of months this summer or be an assistant. Address No. 226, c/o The OP, 9 So. Clinton St., Chicago.

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

WANTED TO BUY—1915-16 A.S.O. year book in good condition. Address No. 228, c/o The OP, 9 So. Clinton St., Chicago, Ill.

FOR SALE—Practice, furniture and books. North Central Illinois town of 3,000; very wealthy agricultural community; established 14 years; no other D.O.; only four M.D.'s; very small loss in collections; low office rent and expense. Good business from nearby towns. No better opportunity anywhere for making and saving money. Will sell for cash only at less than cost of furniture and books. Investigation solicited. Possession September 1st. Address No. 229, c/o The OP, 9 So. Clinton St., Chicago, Ill.

FOR SALE—Good practice in city of Southwestern Texas. Splendid opportunity for man or woman alone or couple. Nearly \$5,000 revenue last year. Going away for post-graduate work. Quick action necessary. Address No. 231, c/o The OP, 9 So. Clinton St., Chicago.

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

WANTED—By male, ASO four-year graduate, position as assistant or to take charge of practice. One year's practice in Missouri; experienced in x-ray and laboratory technic. Address No. 232, c/o The OP, 9 So. Clinton St., Chicago, Ill.

FOR SALE—Equipment and practice of osteopathy, established over 10 years, in good location adjacent to Pittsburgh, Pa. A. B. Adams, West Newton, Pa.

Dr. J. J. Bingham, of Ithaca, N. Y., would like to have an osteopath with a New York State license communicate with him at once with the object of taking over his practice for a period of two or three months while he takes a vacation. Satisfactory arrangements will be made with the right man.