

The Osteopathic Physician

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The Osteopathic Physician

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Volume XLI

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Number 1

Is Dr. Albert Abrams the Tenth Wonder of the World?

By J. V. McManis, D.O., Who is Now Investigating at Dr. Abrams' San Francisco Laboratories

You request that I give The *OP* some direct information relative to what I have learned in my investigation about Dr. Albert Abrams and his new Electronic Diagnosis and Treatment. Osteopaths know of Dr. Abrams' other research work from the name he gave it, "Spondylotherapy." This newer research of his is, indeed, a mighty big subject, one upon which I could write for many hours and still not tell half the story. Also, I have only as yet a very superficial knowledge of the subject.

In talking or writing about this subject, I have found it very difficult, indeed, to follow the advice or suggestion mentioned by a doctor whom I heard lecture in Chicago recently. He said that in reading a paper before an audience one can avoid overdoing the matter by trying to follow the advice of a lady who was having a dress made. At the time the lady was taking this matter up with her dressmaker, the dressmaker asked her how long she wanted the skirt. After studying a minute, she replied, "I want it long enough to cover the subject, and yet short enough to be interesting."

How Dr. McManis Got Interested

Last Summer, Mrs. McManis and I spent a little more than a month in San Francisco, at the time that the Stillman case was being agitated and the San Francisco papers had many articles in them regarding Dr. Abrams' blood test to determine parentage. My understanding is that he was mixed up in some way in this Stillman case. Whether this is true, I do not actually know; but I do know that quite a bit was said at the time about his blood test to determine parentage. It was reported that he could take the blood of a man and the blood of a child and tell whether the man was the father of the child. I have been informed from a reliable source that he did this in connection with a divorce suit in Frisco, and in another case in Georgia, and in both cases, his diagnosis was accepted as evidence. It occurred to me that a man who could make a test of this kind was able to do something that I did not know anything about.

Decided to Call and Investigate

I knew that Dr. Albert Abrams was a regular allopathic physician and a man of considerable prominence. I wondered how he would receive me as an osteopath. I thought I would go up and see. As soon as I handed my card in Dr. Abrams came right out and asked me if I was "the McManis of the McManis Table Company." I told him I was. He said, "Doctor, you have a wonderful table and I am glad to meet you—come in." We went into his private office and talked for ten minutes and I was surprised at the intelligent questions he asked me relative to Osteopathy, to the progress the Osteopaths were making, etc. Finally he said, "Is there

anything in particular you have in mind that you would like to see me about?" I told him there were just two things that I wanted; I wanted to become acquainted with him person-



Dr. J. V. McManis

ally, and I would like to see some of his work. He said, "That's fine, I am teaching a class now and I would be glad to have you come in and 'sit in' and observe the work."

Dr. Abrams Paid Osteopathy a Pretty Compliment

He took me in and introduced me to his class in this manner: "Folks, this is Dr. McManis of the McManis Table Company, an Osteopath." Then he added: "I will add that an examination was held in Philadelphia, in which thirty-five medical doctors took the examination in anatomy, thirty-one of whom flunked. The examiner called the four before him who had passed and said to them, "How is it that you four men are so well posted in Anatomy?" They replied they were graduates of the osteopathic school."

This naturally put me in a comfortable position. A little later I found that I knew a couple of his students, having met them several years before, in Chicago, at an official meeting. I had not been in the room but a few minutes when the nurse came in and told the doctor

that the patient he was to examine was out in the waiting room. Dr. Abrams said, "Bring her in; it will give us an opportunity to show Dr. McManis how I make a diagnosis."

Here Starts the Story of Wonders

He requested the nurse to take a sample of her blood, which was taken on a small piece of white filter paper, a splotch about as large as a half dollar. This sample of blood was placed in a little round instrument on a table, called the Ohmmeter. In the bottom of this instrument there was something that looked to me like magnets. I observed this before placing the blood sample on top of this machine. The doctor then drew a small magnet across the bottom of this instrument; then he placed the blood sample in this instrument and screwed the top down tightly. From this instrument there runs an insulated wire about fifteen or twenty feet long, at the end of which, was an Electric plate.

Dr. Abrams has a young man who is supposed to be perfectly healthy and he acts as a subject or "control." This young man had no clothes on from his hips up and Dr. Abrams stood him facing west, telling me this was necessary because of the polarity of the earth. The young man stood upon metal plates that were grounded—that is, there was an insulated wire leading from each plate to the faucet or gas fixture. Dr. Abrams sat close to the man and suggested that I get up close, where I could see and hear well. He then percussed the abdomen, (a procedure in which he is a past-master.) Turning to me, he said, "Doctor, what does that sound to you like?" I said, I did not really know but if I were going to guess, I should say "normal belly tone." He said, "You are exactly right." Turning to me later, he said, "Doctor, I suggest this young woman has

I had observed that she had an anaemic appearance and was somewhat underweight.

His Blood Test for Tuberculosis

He said further, "We will now test this blood for tuberculosis." Then he explained to me that blood is within itself a form of energy. In other words, it has radio-activity. My guess at it is there is an electrical energy connected up with this Ohmmeter and that the current or energy developed from whatever electrical or magnetic connection it may have, is transmitted down this wire; that in the transmission and before it leaves the Ohmmeter proper, the energy or current passes through the blood sample and if the patient, from whom the blood has been taken is tubercular, the blood in some way modifies in energy.

Now, the electrode on the end of the wire, leading from the Ohmmeter is placed on the boy's spine; then the Ohmmeter is "turned on," as they call it. Before this was turned on, however, Dr. Abrams took a flesh pencil and marked out an area somewhat below the umbilicus and saying to me, "Doctor, this is what I call the tubercular area. I do not mean that the girl is tubercular in this part of her abdomen, or that the boy is, but this is the area through which I make the diagnosis for tuberculosis."

Then, as I said, the Ohmmeter was turned on and, as I understand it, the energy from the Ohmmeter was transmitted through this blood sample down this wire through the electrode into the boy's body.

In less than five seconds from the time the Ohmmeter was turned on, there was a change in the percussion note. In other words, it became dull.

The doctor turned around and asked me if I had noted the difference. Then he repeatedly turned on and off this Ohmmeter. As he did so, the dullness would appear and disappear, requiring about five seconds for the change to take place. He now turned to me and said, "Now, doctor, you see the girl has tuberculosis." And I told him while I saw what he did, I did not understand it. He said for me not to mind that, I would see later on.

Tests for Degrees of Advancement of Phthisis

He added, "Now we want to know how far advanced it is." Then he explained to me that tuberculosis is a form of energy, that he had found in the advanced stages of this disease it measured as much as 15 Ohms. He then turned the Ohmmeter dial to 15 and the dullness disappeared through the boy's abdomen. He turned it back to 12, 10 and 7 and when he reached 7, the dullness reappeared. Then he said to me, "The girl has tuberculosis 7 Ohms!"

Dr. Abrams continued, "We want to know now *where* it is" and he made several little marks on the abdomen, three as I remember. He said, "Now, if this first area turns dull, we may rest assured it is 'bone tuberculosis.' The other two areas were referred to as 'intestinal' and 'lung tuberculosis' respectively.

You may imagine my surprise when the only one that showed dullness on percussion was the lung area.

Determines Which Side Is Involved

Now, I have forgotten just how he proceeded to tell which side of the body the girl's trouble was on, but this also was quickly accomplished, in somewhat the same manner as the other methods described above.

Are you interested, Osteopaths?

Do, I hear you say, "McManis must have gone plumb nuts!" No, friends, I haven't. Keep on reading.

Then by such ordinary methods of diagnosis as you and I use every day perhaps in our work, Dr. Abrams located dullness in the posterior aspect of the right lung, in the intra-scapular region. He turned to me and said, "Doctor, I have found that all energy is either negative or positive." He said he had found that tuberculosis was positive. Then he took a wand with a silk thread and a pith ball suspended from its center and put this wand in a rack and charged it from another wand that he had rubbed upon his sleeve, until the pith ball became highly magnetized. While this boy was facing west—as I have before described—he suspended this pith ball in this rack, so it was adjacent to the area on the boy's back where the girl's lung was tubercular. This was done while the Ohmmeter was turned off. Then the pith ball was moved up close to the boy's back, to what I judge about 1/16 of an inch from the back! The Ohmmeter was turned on and in less than five seconds, there was a perceptible movement in the pith ball towards the boy's body. Then, to show me the boy's body did not attract the pith ball in this manner, he lowered it about four inches, so as to get away from the tubercular area and there was no attraction of the pith ball!

Witness Such Work Daily for a Month

I could continue on almost indefinitely this way, describing the various cases I saw diagnosed in this manner in Dr. Abrams' laboratory. Had I only seen one case, I would not be writing you this letter. I wish to say I had the pleasure of visiting Dr. Albert Abrams in his laboratory from one to three hours each day

for over a month. I saw this sort of work going on daily.

Diagnosis for Infected Tonsil

I have seen Dr. Abrams diagnose cases from a sample of blood and tell his patient definitely that he had a pus infection in one or both tonsils and in which particular tonsil, if it were one, without any examination whatever of the patient!

I have seen him take a patient with a pus infected tonsil on one side, put the patient with some doctor on one side of a large screen, Dr. Abrams and his subject being on the other side and by an insulated wire passing from the boy's back to the hand of the physician on the other side of the screen, Dr. Abrams would tell definitely and quickly whenever the physician on the other side placed the electrode on the pus infected tonsil!

Are you interested, Osteopaths?

Enter "Bovine Syphilis"

A thing I should think should be especially interesting to Osteopathic Physicians is the alleged discovery and proof by Dr. Abrams that smallpox vaccine contains a virus that he calls "bovine syphilis." He says that all people who have been vaccinated for smallpox have more or less "bovine syphilis." [Take notice, Frank Millard!] One thing I observed was that by rubbing a vaccination scar and then placing the Ohmmeter on it, Dr. Abrams could elicit from the abdomen the dullness peculiar to bovine syphilis.

Heredity vs. Acquired Lues

He has a method, I understand, for differentiating human acquired syphilis and hereditary syphilis. It is as follows. When he placed the blood of the patient in the Ohmmeter and started to make his test, he examined his subject for syphilis in the area of the abdomen. Now all diseases for which he makes examination dulls respective diagnostic areas on the abdomen at zero from the Ohmmeter—that is, when the Ohmmeter is set at zero. In this case, if he finds a dullness in what he calls the syphilitic area, he proceeds to differentiate which kind it is. For example, he says that if he sets the Ohmmeter at 57 and gets this dullness, it is human acquired syphilis. This is what he calls the dullness "coming through" at 57. Hereditary syphilis also "comes through" at 57, but in addition at 20 also and the human acquired does not come through at 20; therefore enabling him to differentiate these two. He has found that there is another form that "comes through" at 55, which also comes through from a vaccination scar, following vaccination for smallpox. This particular type he calls, "bovine syphilis" and all persons who have been vaccinated show more or less of this dull resonance "coming through" at 55.

Ohmages Vary with Different Diseases

The Ohmages in various diseases vary. For example, tuberculosis very rarely reaches an Ohmage of more than 15. Cancer from 15 to 18, inoperable cancer, from a surgical point of view, nearly always shows an Ohmage from 14 to 18. Syphilis has shown an Ohmage as high as 49.

Dr. Abrams says that smallpox vaccination is a good thing, providing it can be made sterile, as regards bovine syphilis; but, so far, he has been unable to convince the manufacturers of this product of anything as regards the tests he has been making.

Relative to making these diagnoses, I must say it is more or less difficult to make them, especially to demonstrate them, before any great number of people, where there is any noise. Naturally it takes a trained ear and a good deal of experience. It is more difficult to determine the Ohmage of the disease than to determine whether or not a man has a particular disease. You will readily understand this, because the Ohmmeter is set at a certain num-

ber; then if the dullness begins to appear, that determines the Ohmage, hence the ear must be keen enough to determine when this dullness begins.

Others Now Using These Methods

Quite a number of Dr. Abrams' pupils rely upon him for making their diagnoses, but I happen to know of a number of men, who have taken his work, who are making their own diagnoses. One of Dr. Abrams' brightest pupils, Dr. J. W. King of Bradford, Pennsylvania, is now quite skilled in this art. Dr. Irvine of Austin, Texas, is another one. I have watched Dr. King in Chicago and visited him in his laboratory in Bradford.

Osteopaths Who are Interested

Dr. Mather Thomson, the distinguished British medical convert to Osteopathy who came to America to qualify as a D.O., and has just completed his course at Massachusetts College of Osteopathy, was here working with Dr. Abrams for several months and has but recently returned to Boston, as I understand it, fully equipped for carrying Dr. Abrams' discoveries in diagnosis and practice to England.

Upon seeing his demonstrations to our profession in Boston, Dr. Francis A. Cave sold out his office and practice and came here last week expressly to investigate Dr. Abrams' work.

So Osteopaths, you see, this really is not "just a brain storm of your friend McManis," as much as it may sound like pseudo-science, occultism or the wizardry of alchemy come back after centuries. Dr. Albert Abrams is a scientist pure and simple, and he has the goods.

Dr. Abrams receives a large number of blood samples each day, from various parts of the United States for examination and it was watching these tests, during the month of June, that so much interested me.

Measures Vibratory Rate of Tissues

Now, I would like to say a few things about Dr. Abrams' method of treatment, especially his Oscilloclastic instrument. He reasons as follows: Tuberculosis, for example. He says tuberculosis is an active process, different in its makeup from normal tissue, and as it is different from normal process, it is a form of energy. If this be true, it follows then that it has a vibratory rate, peculiar to itself. He says he has discovered exactly, from a mathematical standpoint, what this rate is. Now, as you no doubt know, soldiers are not permitted to march over a bridge in step, because the rhythm of vibration set up by the regularity of their step would break the bridge down. This has been a rule, or law of military tactics ever since the Manchester bridge unwillingly was destroyed in England in this manner.

The Oscilloclast is an electrical instrument stepped up electrically so that it produces the exact vibratory rate of tuberculosis, as well as many other diseased conditions. The application of the Oscilloclastic plate to the diseased area has the same effect upon the diseased condition that the soldiers marching have upon a bridge. In other words, it breaks the harmony of the vibratory rate. The vibratory rate in the diseased condition being an essential part of its makeup, cannot exist unless it can vibrate. This causes a rapid breaking down of the diseased condition.

It Seems to Work Out in Practice

In so far as I was able to make observation this past Summer, it seems to work out in actual practice. Dr. Pearl's brother-in-law has had tuberculosis for two and one-half years, being in bed for eighteen months, having lost one lung entirely, and when we reached California this Summer, he had tuberculosis of the bowels, of the throat and pus infection of the teeth, along with bovine luetic soil. He was troubled greatly with tubercular diarrhoea.

I advised him to go up to see Dr. Abrams.

Result within about 18 days, the tubercular condition had entirely disappeared, in so far as we could observe!

In about ten days more the luetic reaction was negative; then with the Oscilloclastic plate applied to his teeth, at the rate of 2—which is the rate for pus infection—that condition also was apparently dissipated!

He left Dr. Abrams' laboratory about August 5th and since that time has been apparently in good health, with the exception of a cold or two, and while he has hardly enough anatomy left to become vigorous and strong as he used to be, the results that he seems to have had are truly wonderful.

Are you interested, Osteopaths?

Accepts Dr. Still's Early Idea of Faulty Soil

Dr. Abrams says that all of us have, at least, a little hereditary human syphilis, inherited in an attenuated form from what he calls our "sainted forebears" of the middle ages. He does not consider this hereditary form as lues, unless the Ohmage is more than 2/25 of an Ohm. He says that that Ohmage is normal, when everything is considered.

It is Dr. Abrams' view that, in order to have a development of tuberculosis or cancer, or pus infection such as pus infection of the tonsils, it is absolutely necessary that there be an impaired or faulty soil. Nothing unosteopathic about that conception, is there? It is his view that syphilis has a great deal to do with the making of the soil, such as will permit of the development of the diseases mentioned. In other words, he says that the reason pyorrhea often resists our best efforts in treatment is that it is grafted upon a syphilitic soil, that he has never examined a case of pyorrhea yet, in which the gums failed to show the luetic reaction of congenital lues! I believe I am right when I say that he claims to be successful in about 80% of his syphilitic cases, through the treatment with the Oscilloclast—that is, 80% of them resulted in permanent cures! Dr. Abrams believes that the recurrence is due to the fact that within the body somewhere, in what he calls "dark corners," there are imbedded some spirochaete which the Oscilloclastic waves have failed to come in contact with. You could more readily see how this could be, if you could see how he treats syphilitic cases.

Ingenious Hypothesis for Still Hunting Spirochaete

General treatment for syphilis, as I saw it, was the concussion of the 7th cervical vertebrae, which produces a marked dilatation of the spleen, followed by concussion of the 2nd and 3rd dorsal, which helps to maintain said dilatation for several hours. This is followed by an application of the Oscilloclastic plate upon the splenic area. It is Dr. Abrams' view that the sudden dilatation of the spleen produces an aspirating effect of the blood stream. It is thought that this causes the spirochaete to fall out of the denser tissues and get into the blood stream. Then, as they pass through the spleen, they are acted upon by the vibratory rate of the Oscilloclast.

Who's interested now? Shall I go on?

Well, to go on, I have observed cases of lues, in which the Ohmage rate was as high as 49, reduced to the state of 3 Ohms, within 11 treatments of the splenic region alone. Continuation of such treatment will completely eradicate the usual abdominal dullness in syphilis. This he calls elimination and reaction. Occasionally, however, there are some nests of spirochaete in the dark corners; for example, they may be imbedded in the aorta, heart or in some of the brain tissues. You will, therefore, understand that sometimes it is possible to get a negative reaction to lues, by the electronic test of the blood and still, at the same time, there may be a few localized areas in the body, where some of the "bugs" are imbedded in deeper tissues. Dr. Abrams is able, however, to elicit the electronic reaction from these localized

areas and by treating them locally and directly, by the Oscilloclastic plate, even though it be in the brain, he believes he is able in this way to secure a permanent cure in syphilis!

It is my personal opinion, however, that there is a great deal of work yet to be done along this line in determining definitely whether or not there are any live germs of syphilis remaining in the body.

Cancer Seems to Yield Rapidly!

Now in the treatment of cancer, I have observed a great many cases in which there seems to be a rapid recovery, providing the Ohmage isn't too high. I know, in the case of Dr. Repogle, a medical friend of mine, there was a recurrence in his case of cancer of the stomach, following treatment by the Oscilloclast in Chicago two years ago. The cancer occurred about two months after Dr. Repogle first took treatment. He then took another course and in a few weeks was cured, and up to this time he seems to be in the best of health. There seems to be little doubt that he had a very serious case of carcinoma of the pyloric end of the stomach.

Cancer and Syphilis Have Vibratory Rates Alike

A peculiar thing about the treatment of cancer is that it has the same rate as syphilis. The permanency of the cure in cancer seems to be based upon one's ability to permanently eradicate the syphilitic soil, upon which it seems to be grafted. If this sub-stratum can be properly sterilized, and the Ohmage of cancer is not too high in the beginning, it would seem to me that it is possible permanently to cure the cancer—providing Dr. Abrams is right in his conclusion that cancer must have a syphilitic soil in which to grow.

Here's a thought that has come into my mind regarding the relation of the osteopathic theory to this discovery of Dr. Abrams. What I have in mind is to try to explain how it has changed my thinking along osteopathic lines. Getting down to the bottom of the physics of Osteopathy and thinking along this line, in connection with this discovery it has come to my mind repeatedly, that since matter is basically made up of only one thing, there is probably not more than one element in matter; and the characteristic things of all matter probably are the vibratory rate, the length of the wave, the form of energy and the grouping of the electrons—that these determine the physical and chemical properties of matter. For example, lead and gold are really the same thing. The differences in their appearances and the apparent chemical and physical properties of the two, are due to the difference in the rate of their vibration, their form of energy, and the grouping of their electrons.

Our "Old Doctor" Speculated Much on This Line

If this be true—which all modern physicists are beginning to agree upon—then we can consider that human tissue is only a form of matter and the reason we get the picture we do of health is due to the same thing mentioned in regard to gold and lead.

Now to make my point more clear, let me say, for example, that the brain and cord generate nerve impulses—at least, that is what we Osteopaths have been calling them. They are, in reality, nothing but expressions of energy in the form of vibration. These vibrations, if they are permitted to pass from brain and cord to periphery, without being impeded in their passage—as for example by osteopathic sub-luxations—reach the periphery at normal rate; the result is that the tissues at the periphery (for instance, in the lungs or any other part of the body,) vibrate normally and we get a picture of tissue, which they call normal.

I suppose that the blood supply to the part may have something to do with the normal vibration of the part, but seems not to be so important as the vibration of the tissue.

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Lesion-Made Susceptibility

Now, suppose for instance, a perfectly healthy man would inhale tubercular germs into his lungs. These germs pass down into the lungs and find a condition of normality. They say to themselves, "we do not like this environment; the vibratory rate is not conducive to our propagation." So they either pass out or die. Later, if this same individual acquired subluxations in the upper dorsal area of the spine, this subluxation might interfere with the passage of the vibrations mention above and result in the modification of the vibratory rate of the said area of the said lungs, so this produces within the lung tissue, what we have called an impaired tissue. The impairment, now as I see it, is probably due to the vibratory rate of the tissue proper. So if this particular individual now breathes in tubercular germs they go down into this part of the lung, in which the vibratory rate has been changed, and they like it and say to themselves: "We like this environment; the vibratory rate here is conducive to our propagation," and the first thing we know, there is established a colony of tubercule bacilli.

Osteopaths and Abrams Hold Much the Same View

Herein, you will notice, seems to be the basic difference in our view point and that of Dr. Abrams. Dr. Abrams takes the view that, in order for tubercular germs to get a foot hold, there must be a syphilitic soil. Our view point is, that there must be an impairment of said soil. When this thing is all cleared up, I rather suspect that we shall find both of us are right in our contention, more or less, with probably variation in favor of each view.

Now in the treatment of this tubercular lesion that we have just described, Dr. Abrams with the help of his Oscilloclast in a very short time, by application of the same at "5," which is the rate for tuberculosis, seems to be able to eradicate the infection. Then by his splenic treat-

ment for lues, he clears up the luetic soil. To my mind, now, it would be far better if he would continue the treatment by the removal of any anatomical abnormalities that were impairing the transmission of the vibration to the part.

Dr. Abrams and I "kidded" each other in a friendly manner, while I was visiting his laboratory last summer. One day he called my attention to a little matter which he said he thought would be interesting to me, as an Osteopath. It was this:

Demonstrates Ready Dilatation of Spleen

He stood his subject up and outlined the splenic area by percussion and so marked it with a flesh pencil. Then he had his nurse concuss the 7th Cervical vigorously and there was an immediate increase in the size of the dullness of the spleen. Then he continued by concussing the 2nd and 3rd dorsal which he said would maintain this enlargement for several hours. Then he had his nurse concuss the 2nd lumbar which was followed by a marked constriction of the spleen, attended by a material lessening of dullness in that area. Then he said to me, "Do you get a lesson from this?" I said, I thought I did.

Criticizes "Engine Wiping" General Treatments

He said he believes that a number of Osteopaths in the field at the present time were devoting too much of their time to general treatment. For example, he says, they will treat vigorously the lower cervical and upper dorsal and wind up by a vigorous treatment to the lumbar. He said in this way the spleen was dilated and immediately constricted and in so far as the spleen was concerned, we had defeated our purpose!

Osteopaths Need Study of Reflexes

In fact, he gave me to understand that he thought it would be much better, if the Osteopath would study carefully the reflexes. He brought out another point and that was that we should decide definitely what we were going to do and then do it and nothing else. This sounds—doesn't it—like the Old Doctor's statement, "Find it, Fix it and Leave it Alone!"

Dr. McManis Becomes a Patient

One day I asked Dr. Abrams to examine me to see if he could tell what was the matter with me. I told him, as far as I could observe, there were about three things troubling me: slight constipation, mucous colitis and pruritis ani. He asked for a sample of my blood and started to make his examination. The first thing he said was, "Doctor, you have no hereditary lues." Then, "You have no acquired lues." Next he said: "You have no gonorrhoea, and no pus infection." But he added, "I notice you have been vaccinated for smallpox and that you have a very high Ohmage of bovine lues and that it is located in your sigmoid flexure. My Ohmage was 49, the highest possible Ohmage known in this particular form of trouble!"

Do you think I was interested, fellow Osteopaths? Would you be?

Here is what followed.

Eleven Oscilloclastic treatments reduced my Ohmage to 3. Later in Los Angeles I followed this up with a course of about ten or fifteen treatments. It was reduced to 1/25 of an Ohm. Recently when I was in Bradford, Pennsylvania, Dr. King analyzed my blood and told me that the Ohmage was still 1/25. I have forgotten all about my pruritis; there has been marked improvement in the colitis and constipation and both seem to be gradually getting better.

Dr. Abrams Proved Himself a Good Fellow

When I got ready to leave Dr. Abrams' laboratory, I asked him for a statement of my account and he told me that he was very sorry, but he could not show me the courtesy of presenting me with a bill. He is one of the most courteous gentlemen I have ever had the

pleasure to meet. I told him at the time that it was very distressing to me to think it would be necessary for me to study medicine for four years in order to get his course, which required just one month! Before I left he told me that that might be arranged later. When I wrote him from Cleveland with regard to taking his course, he had to refuse me. But Dr. Abrams and I finally came to an agreement. On certain promises on my part, he made the concession and I am permitted to take the course. Mrs. McManis and I are now here taking Dr. Abrams' course and we began it the first of December.

Believes Osteopaths Can Arrange to Take This Work

It is my sincere desire to see Dr. Abrams permit Osteopaths to take this course, for ever since I left California, I have been telling Osteopaths about this astonishing work and suggesting to them that they subscribe for the *Clinical Journal* and if they had any cases in which the diagnosis was obscure to send blood samples in to Dr. Abrams. It is my hope that by showing sufficient interest in his work and acting the part of friends towards him and refraining from unjust criticisms, based upon lack of knowledge of his methods, that he may be persuaded to show us consideration as a profession and accept our doctors to take his course.

More Light for Those Who Are Interested

I would suggest that all Osteopaths interested, subscribe for his *Clinical Journal*. Send him \$2.00 for the same. This journal is published quarterly and to me, it has some very interesting reading, and in addition, you may, if you want to, go into the physics of his experiments. Send \$5.00 for his book entitled, "New Concepts in Diagnosis and Treatment." Every Osteopath should have this book and in addition, should have his book of "Spondylotherapy." You may order these books through the Bunting Publications, Inc. Each of these books refers to the other frequently and in order to understand the subject well, it is necessary to have both books. They are \$5.00 each.

Now, dear OP, I will have to beg your pardon for writing such a lengthy letter, but I will just be darned if I can say what I have to say about this matter and say it in a few words.

Dr. Abrams' address is Dr. Albert Abrams, 2151 Sacramento Street, San Francisco, California. If you wish to write me you may reach me at this address while we are here.

Who are the Alert?

Verily the world moves! Shall we Osteopaths move with it? Or stand still? Are you interested, Osteopaths?—J. V. McManis, D.O.

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If you are intrigued by Dr. McManis' story in this issue about

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Which originally appeared in 1901 as Volume One, Number 1, of Osteopathic Health and became the prototype of all popular presentations of Osteopathy that followed after, will again appear—after lying fallow for nearly three years—as the February, 1922, issue of the veteran field magazine of the osteopathic profession.

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

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

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

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

Will you take Dr. A. T. Still's judgment for it?

Is what he endorsed as field literature good enough for you?

"Most Diseases Are of Spinal Origin" is again in type—its eighth edition—ready to go forth on its mission to serve you. Will you not use a thousand of them? Do you

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Waukegan, Illinois

What Dr. A. T. Still Said About the Merit of "Most Diseases Are of Spinal Origin"

American School of Osteopathy

Kirksville, Missouri

March 1st, 1908..

My Sunday Sermon

Well, Bunting,

My old Friend—

Fool or Philosopher?

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

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

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

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

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

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. T. Still

The Invitation by Wire

At Dr. Abrams' Laboratory,
San Francisco, Calif., Jan. 6, 1922.

Dr. H. S. Bunting, Editor *OP*, Waukegan, Ill.

Electronic diagnosis and treatment is based upon demonstrable facts in pure science and mark the greatest advance in medical history since the birth of Osteopathy. It is vitally related to Osteopathy and co-ordinates with it. Each day we are witnessing most amazing and almost unbelievable things here in Dr. Abrams' Laboratory. The osteopathic profession must become leaders in developing this work, and doubtless they can secure recognition if sufficient interest and enthusiasm are demonstrated by them as a profession. We both agree that you, Dr. Bunting, are in the strongest and best position to acquaint our profession with this wonderful system by coming here yourself and personally witnessing these demonstrations. We both join in advising and urging that you come out here immediately and investigate Dr. Abrams' work. Make a big scoop of it for *OP* and at the same time render the osteopathic profession your greatest service. If you will come out immediately, the Drs. McManis will await your arrival. Please wire reply.

(Signed) FRANCIS A. CAVE, D.O.
J. V. McMANIS, D.O.

Our Reply

Waukegan, Ill., Jan. 6, 1922.

Drs. McManis and Cave,
care Dr. Albert Abrams,
2151 Sacramento Street, San Francisco, Cali-

Regret utter impossibility of my leaving my work here for even a day at present time. You must realize I have rather a big business to look after with seven publications to put to press monthly. Besides, as a business man, I really do not feel that I am the proper investigator. That is work for the studious and experienced practitioner and research investigator. California is full of well prepared osteopathic physicians right at hand. Press Dr. Tasker, Dr. Frank C. Farmer, Dr. Curtis Brigham, and Dr. Louisa Burns into service as representatives of the AOA. When attending the Los Angeles

Meeting next July I will be delighted to visit Dr. Abrams. Meanwhile you may use The *OP* to get the matter sufficiently before the profession.

Cordially,

BUNTING.

From Mather Thomson, M.D., D.O., of London

So Drs. McManis and Cave have interested *OP* in Dr. Abrams' work. Well, it is surely amazing and revolutionary. I am glad to think that I was able to introduce it to several Osteopaths in Massachusetts. Still, it is difficult and for the few, and most men will find a full day's work—a life's work—in "ten fingered Osteopathy." Excuse this brief and hurried note but I am about to leave Florida for Pennsylvania, and sorry I am that I cannot comply with your cheerful mandate and write for *OP* at present. I will do so some day after returning to England.

Sincerely,

MATHER THOMSON.

Osteopaths Now Admitted to Dr. Abrams' Course

San Francisco Calif., Jan. 8, 1922.

Dr. H. S. Bunting,
Editor *OP*, Waukegan, Ill.

Dr. Abrams has at last consented that Osteopaths may study his methods. Mrs. McManis and I have been granted the right to teach his course.

J. V. McMANIS, D.O.

Dr. Cave Gives His Estimate of It

2151 Sacramento Street,
San Francisco, Jan. 7, 1922.

My visit to San Francisco is drawing to a close and I want to tell The *OP* folks that my trip out here was *worth while*, many times over. Although I had been studying the methods of Dr. Albert Abrams back in Boston with that splendid recruit to Osteopathy, Dr. Mather Thomson of London, I was hardly prepared to witness the extraordinary things which

I have seen demonstrated daily out here. Upton Sinclair was right when he said, in his new book (*"The Book of Life"*) that "all disease loses its terrors after a week in Dr. Abrams' clinic."

The non-operative, or rather, the non-surgical eradication of carcinoma and sarcoma and other dangerous neoplasms has been found, as also the method of detecting infections and dangerous growths in the very incipency, before clinical evidence can be found. Tuberculosis yields very readily to these methods and, to the best of my knowledge, it is the *only* method of ridding the body of congenital or acquired syphilis, reactions for which may be found in the bodies of patients even after the most up-to-date treatment by drugs. The work of Dr. Abrams is a distinctly valuable contribution to medical knowledge and the osteopathic profession should acquire this knowledge *at once*. I sincerely trust that sufficient interest will be shown by the profession to induce Dr. Abrams to throw these methods open to Osteopathic Physicians, many of whom are already showing a very keen interest in the work.

Doctors John and Lulu McManis have been here studying with Dr. Abrams for several weeks and are becoming expert in diagnosis and treatment by these methods.

Dr. Abrams must be classed with the great men of medical history and yet I believe, as a matter of fact, that vastly greater things will yet come from his brain than anything heretofore propounded. He is hard at work upon a "diagnostic machine" which will eliminate the human equation and make diagnosis from the blood a matter of absolute certainty, regardless of the operator. I have already wit-

[Continued to Page 31]

Dr. Jane Craven Becomes a French Nun

[From the Catholic Messenger, Dec. 15]

Dr. Jane Craven, at one time one of the leading women osteopathic physicians of Pittsburgh, later the driver of a motor ambulance with the French armies and worker in a French field hospital, has joined the Sisters of Charity, having been received into the order at the motherhouse in the Rue de Bac in Paris.

Dr. Jane Craven's father was a Methodist Episcopal missionary in India, and she was of British birth. When the world war broke out she was intensely interested in the cause of the Allies and soon after the beginning of the war undertook to secure hospital supplies for the armies in France and Belgium.

In 1915 she conceived the idea of organizing a motor unit. She enlisted the aid of many friends in the enterprise, and in raising funds a benefit concert was given at which Mme. Melba sang. With the funds a well equipped motor ambulance was bought, fitted out and taken to France. This unit was crossed to France early in 1916 and was attached to one of the French armies. Later Dr. Craven was assigned to a hospital at Vitryle-Francois which was several times bombed by the Germans.

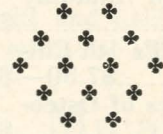
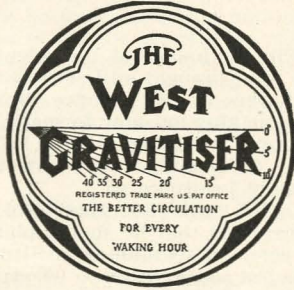
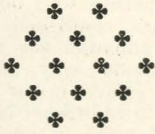
For her work Dr. Craven was awarded the Croix de Guerre. It was while working in this hospital that Dr. Craven became imbued with the idea of joining the sisterhood on duty there, and now, having completed her novitiate, she is a member of the order.

Dr. Craven is the sister-in-law of Dr. Charles Hazzard of New York City and the sister of Dr. Merritt B. Craven of Evanston, Illinois. She was a famous athlete some years ago, winning the woman's national tennis championship while practicing her profession at Pittsburgh. Dr. Craven is a graduate of Northwestern University at Evanston (where the family home was for many years) and she obtained her osteopathic degree at the American School of Osteopathy.



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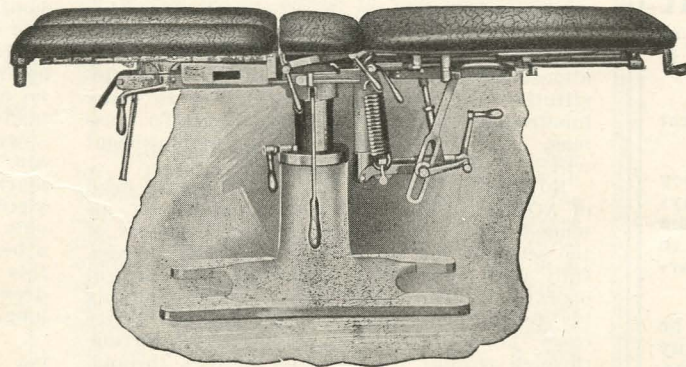
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Enter the Andrew T. Still College of Osteopathy and Surgery at Kirksville

John T. Burns, Secretary

Kirksville, birthplace of the science of Osteopathy, is to be brought still closer to the hearts of all followers of the practice through plans, long in the making but now formally announced by Dr. George M. Laughlin, son-in-law of the founder of Osteopathy. The new college has been formally incorporated.

Those who know Dr. Laughlin intimately are not surprised that he should plan to endow with his personal fortune an institution which in the broadest sense, will be a permanent monument to the "Old Doctor." When Andrew Taylor Still trained young Laughlin in the mysteries of drugless healing, he gave the young physician something more than the science of Osteopathy—he fired the heart of the man with an undying desire to follow in the footsteps of a Great Master. Hundreds of classmates and later, hundreds of students under his guiding hand as dean of the American School of Osteopathy, have known and appreciated the sterling qualities of leadership which, though concealed under a most modest personality, have impelled Dr. Laughlin to delve more deeply than the average of his fellow workers into the basic facts upon which Osteopathy must stand before the critical public.

Early in his career, Dr. Laughlin saw that Osteopathy must be carried into limitless fields where fearless men alone could hope to enter; he saw that orthopedics must go hand in hand with the already established osteopathic practice. He also saw that there was a line where both sciences must call into play as a complement, surgery—a surgery, however, based upon osteopathic science. In short, he realized that there was a point beyond which "bloodless surgery" could not pass, and he proceeded to obtain the mastery of the three branches of therapeutics, with unusual success.

In nineteen hundred George M. Laughlin was graduated from the AOA with honors. His selection as Dean of the college soon followed, and he was more closely associated with Dr. Andrew T. Still than was possible for many others through having won the heart of the only daughter of the "Old Doctor" and who, to this day has been his guiding star and who, like her husband, is fired with a reverential love for her father and a great belief that the science of Osteopathy has but just begun to reach for its possibilities. Until his retirement to private practice in 1918, Dr. Laughlin was almost continuously the Dean of the parent institution and as such is God father to many hundreds of successful practitioners. To these men, as to others, the present announcement will be welcomed with interest.

But during his busy life as the actual head of AOA, Dr. Laughlin travelled extensively, attended many clinics, studied under masters of the sciences and dared to attempt and successfully performed many orthopedic and surgical operations upon baffling cases. Quietly serving his fellow man through hundreds of charity cases, he yet accumulated a personal fortune through regular practice and savings through which he was enabled to erect and establish the present Laughlin Hospital in Kirksville. During three years that institution has been constantly filled with patients from every quarter of the globe, most of whom have gone away blessing the man and the science of which he is master.

And now the entire osteopathic profession is to profit through the unusual career of this man and the money with which his profession has rewarded him.

The Andrew T. Still College of Osteopathy and Surgery, founded and endowed by Dr. George M. Laughlin, is a certainty. The

foundation walls are already finished. The superstructure will begin to go up as quickly as climatic conditions will permit this Spring and a campaign for the initial enrollment is already under way. The site of the new College is a square in the very center of Kirksville—opposite the Court House. The first building and equipment of what will be a half-million dollar plant will be completed and ready for the school year, September 15, 1922, at a total cost of \$165,000, the gift of Dr. Laughlin and Mrs. Blanche Still Laughlin.

The selection of a faculty is now in process. The institution is to be maintained entirely for the profession, with no element of profit to the organizers or corporation. Men who have earned their way into leadership, not politically but as skilled Osteopaths, Orthopedists and Surgeons, and who are willing to devote their lives to the profession, are being sought. In order that the policies of the founder may be insured permanently, Dr. Laughlin will head the new College as president but his service in such capacity will be without remuneration—a life-time gift to accompany this unusual institution.

As assistant in handling the business and publicity details, Dr. Laughlin has appointed the writer, a Western publicist, formerly of Denver, long an enthusiastic lay student of Osteopathy and not unknown, I may say, as a writer and publicity secretary. The first formal announcements are now going out to the profession and wherever Osteopathy has planted its flag physicians are being appealed to endorse and support the new college.

"There is no thought of displacing any existing institutions," said Dr. Laughlin in giving instructions to his new publicity secretary. "Our science has but just entered the edge of a field which calls for thousands of skilled men. It is our intention to establish a school in which the activities shall be based entirely upon the one thought, that Osteopathy must be developed to the highest order of efficiency without any consideration being given to possible profit from its development. The Andrew T. Still College of Osteopathy will be maintained upon the same dignified basis which marks State Universities—in time, self supporting, we hope, but free from any thought of commercialism or future reward.

"In making this gift to the greatest of all healing cults," Dr. Laughlin added, "I am taking no credit to myself. The credit belongs to the man whose memory is thus being perpetuated—who gave me success because I listened to him and have tried to follow what others have marked as eccentricities but which were in fact virtues so far advanced beyond his time that only now are we beginning to see clearly what a benefactor to mankind he really was. If, in this gift, I have partially paid my debt to Andrew T. Still, I am well repaid for what I have long dreamed I might be allowed to do."

Dr. George Laughlin's Christmas Gift to Detroit's Poor Children

Did you know that Dr. Laughlin has been rivalling Dr. Lorenz? I did not know until I learned by accident yesterday that he was invited by the Osteopaths of Detroit to carry on a free clinic in the Detroit Osteopathic Hospital in order that the children who had been praying for Dr. Lorenz might not be disappointed. Dr. Laughlin left his work several days and devoted December 23-4 to free clinic examinations and operations, many poor children being treated, and the Detroit Osteopaths agreeing to care for them after Dr. Laughlin left the

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LOT O' LARNIN! BUT T'OTHER
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OST'OPATHY RUBBIN' LARNIN!
HAR! HAR!"**



city. He practically gave up his Christmas to this work but no one here learned of it until the local papers dug out columns of clippings from the Detroit papers. The Detroit papers handled the clinics about as the Eastern papers handled the Lorenz visit. And he returned here as quietly as he went—and said nothing. When I asked him to tell me about it he only smiled. Mr. Bunting, the more I know of this man the more he looms as a great national character some day.—*John T. Burns, Secretary, The Andrew T. Still College of Osteopathy and Surgery, Kirksville.*

**Denver's Osteopathic Specialty
Group**

501-10 Interstate Trust Building, Denver, Colo.

Recently there has been formed in Denver a group of doctors to handle the various specialties and to give each one special treatment according to his particular needs just as far as possible.

The desire of the members of the group is not only to render a better service to people desiring special work, but to serve the osteopathic profession in the capacity of specialists doing the work that the general practitioner does not do, and backing up the general practitioner in referring patients back to him for general service, on an absolutely ethical basis. This keeps the patients in the osteopathic fold without sending them to medical specialists, also keeping them under osteopathic influences so that they get a better impression of the scope of Osteopathy. The members of the group are:

- DR. C. C. REID,**
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- DR. MYRTLE B. LAIRD,**
Osteopathic Orthopedics and Laboratory.
- DR. JOHN S. MILLER,**
General Dentistry.

The following nurses and secretaries are connected with the group:

- Miss Bertha Hazen
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Don't Go Nuts on Popping

Not enough attention is paid to previous history. Example: A young man came to me with soreness along the spine, requiring an hour for him to get out of bed in morning due to severe pain. Had taken osteopathic treatment three months and was worse. I found he had been given "breaking-up" treatment. I got a history of six operations, one kidney having been removed. Inflammation preceding the removal had left intervertebral muscles all sore. I gave him gentle, deep relaxing treatments along the spine; very gentle and slow stretching of same and in six weeks all soreness was gone. I did no breaking or popping of the spine at any time. I have many cases of "nerves" that come to me with same history. Don't go "nuts" on "popping."—*W. C. Armstrong, D.O., Bellevue, Pa.*

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Osteopaths Champion Lorenz Against Medical Attacks

R. Kendrick Smith, D.O., Press Director, AOA, Boston

Upon publication in the newspapers of the medical attacks upon Dr. Lorenz, the AOA Press Director telegraphed all of the larger osteopathic hospitals in the country asking them to wire Dr. Lorenz, inviting him to visit them and hold clinics there for crippled children. Prompt replies were received by wire. These facts were reported to President Scothorn who authorized the Director by wire to go to Dr. Lorenz and invite him to make a tour of the United States under osteopathic auspices, and guaranteeing all of his expenses. The Press Director immediately made this offer to Dr. Lorenz.

A wealthy patient of a New York Osteopath offered a large sum of money to open an osteopathic hospital in New York, in order to give Dr. Lorenz entire charge of the orthopedic department, the hospital itself to remain osteopathic.

The following letter is the reply of Dr. Lorenz to these two offers, as made officially by the AOA.

Professor DR. ADOLF LORENZ,
120 East 16th Street,
New York.

New York, N. Y.,
Dec. 15, 1921.

Dr. R. Kendrick Smith,
American Osteopathic Ass'n.,
19 Arlington Street,
Boston, Mass.

Dear Sir:

I beg to acknowledge receipt of your wire of the 6th inst, which is only now coming to my attention, owing to the tremendous amount of correspondence received.

I wish to thank you sincerely for your kind offer but regret that I cannot accept it, as my plans to go outside of New York are quite undecided.

Very truly yours,

(Signed) ADOLPH LORENZ.

News of the invitations of these several osteopathic hospitals and of the AOA was immediately promulgated by the Press Director and sent out through the Associated Press, United Press, and other agencies to every newspaper in the United States. Thousands of newspapers published this dispatch and great interest was created, not only within the profession, but on the part of the public, particularly as the dispatch called attention specifically to the intimate logical relationship between "bloodless surgery" and Osteopathy.

All Osteopaths are again reminded of the importance of sending to the Press Director clippings of every thing about Osteopathy which they encounter in newspapers and magazines.

Philadelphia Osteopaths Still Eager to Get Lorenz There

[From the Public Ledger, Dec. 21.]

Hope has not yet been given up that Dr. Adolf Lorenz, the Austrian surgeon, will visit Philadelphia. Following the report of his being granted a license to practice in New York State, the Pennsylvania Board of Osteopathic Examiners has taken similar action.

In addition a telegram repeating an invitation to the surgeon to visit this city and use the osteopathic hospital for his clinics, was sent last night by Dr. John H. Bailey, secretary of the Hospital Board.

Dr. O. J. Snyder, president of the Board of Examiners, said, "In speaking for the Board of Osteopathic Examiners, I can say we have the

authority and will gladly permit Dr. Lorenz to come to this city and under the right of a visiting practitioner, hold clinics during his stay in Philadelphia."

On December 1st Dr. Bailey received a telegram from Dr. Lorenz, thanking the Philadelphia Osteopaths for their invitation, but adding that the surgeon had made no arrangements to visit the city.

Last night's telegram to Dr. Lorenz read:

"Replying to your telegram of December 1st, Dr. O. J. Snyder, president of the Commonwealth of Pennsylvania Board of Osteopathic Examiners, speaking for the Board, said the Board will extend to you the privilege of practice during your sojourn in Pennsylvania. Anticipating your visit to Philadelphia in the interests of the crippled children of the community and wishing you the compliments of the season,

I am very truly,

JOHN H. BAILEY."

On December 15, a letter was received by the Rev. Dr. Russell H. Conwell, as head of the Board of Samaritan Hospital, in which Dr. Lorenz said that because of ill health and the large number of cases in New York, he would be unable to visit any other of the States of

Osteopathic Shriners

"Our plan to co-operate with the general Shriner organization to do everything in our power to effect the greatest possible success for the Orthopedic Hospital for crippled children, will be in vain unless we are organized.

It is my desire to secure the names of all of the osteopathic members of the Mystic Shrine throughout the world and the Temple to which each belongs. If you are a Shriner, will you take this up at once with your Recorder and furnish me a list of the Osteopaths, their addresses and the name of the Temple, so that we may have a local group in each Temple territory that will have charge of the plans above referred to.

It is also planned that we have a parade of all the osteopathic members of the Shrine at our National Convention with banners floating for the Orthopedic Hospital for Crippled Children; also that we have a banquet, etc. The local Osteopathic Shrine organization in Los Angeles will act as host. Do your part now. Send me your name, the names of the other Shriners in your Temple, their addresses, and the name of the Temple.

Dr. T. J. Ruddy, Chairman,
301 Black Bldg.,
Los Angeles, California."

Dr. Ruddy Will Open North Pacific Circuit Clinic

Dr. T. J. Ruddy has been elected to open the North Pacific Circuit Clinic, which includes Washington, Montana, Idaho and Oregon, during the last of January and the first part of February. Other speakers will follow him on this and the South Pacific Circuit as well as the Rocky Mountain Circuit. Dr. Ruddy intends to have an orthopedic number on every one of the stops, and hopes to have a public lecture dealing with the deformities of children of school age.

If You See It in the Spine It's So

Rigidity of the back bone means old age, while elasticity of the back bone means youth.
—Adolph F. Becker, D.O., Hartford, Conn.

When this paper reaches you our new class will be forming, but if you have any live names there will still be about two weeks that they can get in, and if you will send us the names we will get busy and do the rest.

We look for this year to be red letter year for all the schools.

We know it will be for the A. S. O.

Thanking you for past assistance, and assuring you that as long as you furnish us students and patients, we will ask no more material support than that, I am,

Fraternally yours,

George A. Still

Diseases of the Colon

D. V. Ireland, M. D., Columbus, Ohio

On account of its function, its location, its shape and other peculiarities, the colon is more prone to become the seat of pathology than any other organ of the human body; yet, strange to say, it is the most neglected and least understood pathologically.

I think I am conservative when I say that less than one-half of one percent of physicians have ever seen the inside of a living colon! Allowing this to be true, is it any wonder that the great multiplicity of ills which lie hidden within the dark recesses of this unexplored cavity—which are reaping a greater harvest in human lives than all other diseases combined—should pass unseen and undiscovered. There is no period in life that is exempt; from the cradle to the grave some form of colon pathology is hard upon the trail of humankind, quietly and insidiously taking its toll from amongst our loved ones while we as physicians stand aghast helpless and hopeless, making no intelligent effort along sensible lines to subdue the enemy.

Focal Lesions of Alimentary Tract

There may be few if any local manifestations to call the attention of the doctor to the "focal lesion" which lies in the sigmoid flexure or rectum, while organs remote may be crying out in distress from the overload of pathogenic bacteria that are constantly thrown into the blood stream either directly through the capillary vessels, or by way of the lymphatics.

Another consideration is the various reflex disturbances. Through irritation of the sympathetics nutrition may fail; the various rhythms of the body may become impaired; the heart's action becomes irregular; peristalsis disturbed; the menstrual rhythm of women thrown out of physiological balance.

The cerebro-spinal nerve supply to the viscera of the pelvis is from the sacral plexus, the most important of which is the third sacral nerve. Either directly or through anastomosis with the second and fourth nerves nervation of the anal canal, the rectum and lower sigmoid, the cervix uteri and fallopian tubes in the female, and the prostate gland in the male is accomplished. Through irritation of this system of nerves from some lesion in the rectum or sigmoid flexure we may have spasmodic contraction of the sphincter ani which is one of the prolific sources of constipation, or of the muscles which guard the bladder from which retention of urine results, or, on the other hand, inability to retain the urine. The same nerves supply the uterine cervix and internal os; thus it can be readily understood how spasmodic or neuralgic dysmenorrhoea may result from such focal lesions. I usually succeed in relieving permanently a dysmenorrhoea, a sub-involution or a mal-poised uterus with striking rapidity without touching the uterus by simply removing the focal lesion.

The function of the colon is to receive and retain the waste products of the digestive tract until such time as it is ready for elimination. When the elimination fails to occur at proper intervals and the feces are retained, fermentation and putrefaction arise. Wherever putrefaction occurs we know that we have disease.

Prodigal Colonic Flora

Metchnikoff states that "there exists, in the massive flora of the colon, bacteria both actually and potentially pathogenic; that the colon performs no digestive act but absorbs poison into the general circulation, therefore, a diseased colon must be and is a constant menace to human life."

Nature has kindly supplied the colon with a mucous membrane, which in health is capable of resisting the on-slaught of these pathogenic bacteria and their resulting toxins; but, when diseased by inflammation, ulceration or other pathogenic conditions it loses its power of resistance, the barriers are broken down and hordes of pathogenic bacteria invade the tissues of the body and sickness is the result.

Colitis

Of the diseases found in the colon, *colitis* is by all means the most common. It is the chronic type of course in which we are particularly interested. The older writers recognized but one type of colitis, viz., the muco- or muco-membranous type. These were recognized only by the syndrome muco-membranes attended by constipation and colic. The first historic account of muco-membranous colitis is that given by Hemmeter. Mason Good, of Philadelphia, was the first American author to give a lucid description of the disease. Von Leyden, Nothnagel, Da Costa, Sierday, Glenard, Potain and many others wrote learnedly on the pathology of the disease.

Some claimed it to be of purely nervous origin; others that it is partly of nervous origin and partly anatomical; while still others held that it is due to some anatomic lesion.

This latter view is in my judgment correct. The profession is rapidly becoming skeptical as to the nervous origin of disease. It has been found to be a convenient subterfuge behind which to hide our lack of knowledge of the real anatomic lesion back of the symptoms.

What the Sigmoidoscope Revealed

With the advent of the sigmoidoscope many of the fallacies of the older writers have been cleared up. This instrument by the way has proven to be one of the greatest innovations of modern times. Much credit is due to the untiring energy of the Electro Surgical Instru-

Laughlin Hospital and Training School for Nurses Kirksville, Missouri



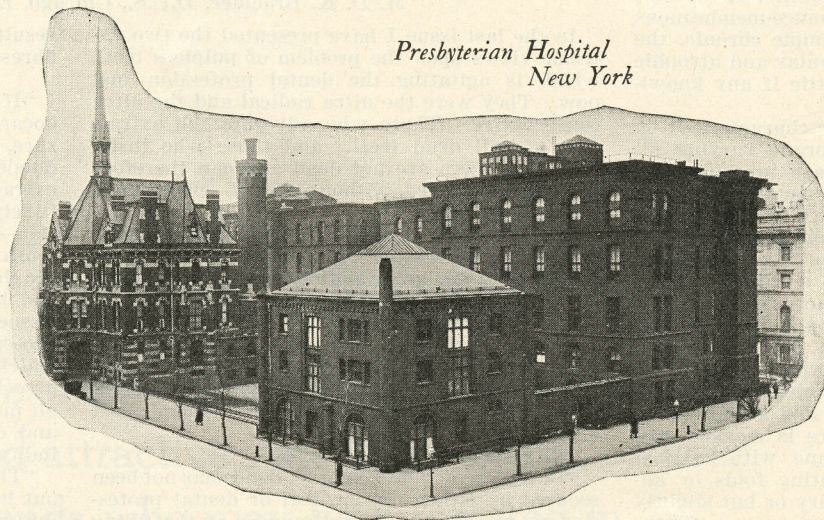
The Laughlin Hospital, Kirksville, Mo.—Dedicated to Andrew Taylor Still

HOSPITAL STAFF

- DR. GEO. M. LAUGHLIN
General Surgery and Orthopedics
- DR. C. E. STILL
Osteopathy
- DR. F. L. BIGSBY, Obstetrics
Genito-Urinary and Rectal Surgery
- DR. E. H. LAUGHLIN
Supt. of Laboratories and Specialist in Heart and Lung Diseases
- DR. A. C. HARDY
Eye, Ear, Nose and Throat
- MISS RUTH STOREY, R.N.
Directress of Nurses Training School
- DR. JOHN HALLADAY
House Physician and X-Ray Lab.
- DR. L. B. OVERFELT, Interne
- DR. E. C. CHAPDELAIN, Interne
- DR. LEON PAGE, Interne
- DR. M. B. BAILEY, Interne
- DR. G. Y. WARNER, Interne
- DR. W. J. HUGHES, Interne

Our hospital has enjoyed a very prosperous, satisfactory second year, with about 40 percent increase of patronage over the previous year. Dr. Hardy has proven to be very capable in the Ear, Nose, Throat and Eye Department. His work is high class and conservative. No effort is made to do things in a spectacular way. Dr. Earl Laughlin and Dr. Bigsby have both proved very valuable in their departments also.

For further information address Dr. George M. Laughlin, Kirksville, Mo.



Presbyterian Hospital
New York

Intestinal Stasis and Lubrication

“Liquid petrolatum in a large number of cases gives most excellent results, and so far as we know, may be used indefinitely and in large amounts. Its results are particularly gratifying in the dry or rectal types of stasis.”

Harold Barclay, M. D., Attending Physician, Knickerbocker Hospital, New York, and C. A. McWilliams, M. D., Presbyterian Hospital, New York.

NUJOL, the quality liquid petrolatum, is highly effective in the majority of cases of intestinal stasis. It thoroughly permeates and lubricates the faeces, assisting normal peristalsis.

Nujol is scientifically adapted by both viscosity and specific gravity to the physiology of the human intestines. In determining a viscosity best adapted to general requirements, the makers of Nujol tried consistencies ranging from a water-like fluid to a jelly. The viscosity of Nujol was fixed upon after exhaustive clinical test and research and is in accord with the highest medical opinion.

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

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A Lubricant, not a Laxative

Nujol Laboratories, Standard Oil Co. (New Jersey),
Room 751, 44 Beaver Street, New York.

Please send booklets marked:

- “An Osteopathic Aid” “In Women and Children”
 “A Surgical Assistant” Also sample.

Name

Address

ment Co. of Rochester, N. Y., by which they developed one of the most practical instruments for diagnostic and therapeutic purposes extant. By its use the diagnosis of so many obscure conditions has been established and the far-reaching effects of colon pathology carefully noted. By its aid it has been learned that only a small percentage of cases of colitis are accompanied by an excessive secretion of mucous.

Aside from the muco and muco-membranous type we now recognize the simple chronic, the chronic hypertrophic, the granular and atrophic types of which we had but little if any knowledge before.

The simple chronic colitis is characterized by redness of the mucous membrane varying all the way from a slight increase in color to a dark fiery red. This type is usually attended with constipation; there is little if any tenderness along the line of the colon which, if present, can only be elicited by deep pressure. Constitutional symptoms such as auto-intoxication occur at intervals but not so frequently, nor are they nearly so profound as those attending the next step in the disease, chronic hypertrophic colitis. In this type there is much thickening of the glandular structure with proliferation of connective tissue and a marked infiltration of round cells: there is marked redness of the mucous membrane with marked thickening; it lies in crescentic folds or annular rings; it may be quite dry or but slightly covered with a thick tenacious mucus. There is frequently pain of a gnawing, burning aggravating character which may be localized or diffused along the entire line of the colon.

Detachment of Mucous Coat

Very frequently I find such pain localized in the left iliac fossa which is quite tender under pressure. Many of these patients have had an exploratory incision with a futile effort to find the cause of the trouble. The sigmoidoscope always shows either an erosion or ulceration above the valve of O'Beirne in the first loop of the pelvic colon, and a few treatments clears up the case. Accompanying this type of colitis I often find a detachment of the mucus from the muscular coat, when the mucus membrane slides down forming a ball of detached membrane which fills the lumen of the instrument.

This valve-like arrangement is usually attended with extreme constipation and marked by auto-intoxication. These patients complain of vertigo and drowsiness; the tongue is coated and the breath offensive; they are nervous and so irritable that they make life almost intolerable, not only for themselves but for others. Here the influx of toxins and pathogenic organisms into the circulation is very marked.

When the Equilibrium Is Broken

As long as the organs of elimination are capable of keeping up some sort of equilibrium the patient manages to exist but there comes a time when the over-load is too great and a break must come. The kidneys being the greatest eliminators are very often the first to suffer. The constant flow of irritating toxins through their delicate tubules sets up congestion which is followed by inflammation and exfoliation of the mucous membrane. Albumen appears and we have a typical case of Bright's disease of the kidneys with the real focal lesion in the colon.

The proof of this theory—which I evolved several years ago—has been established. I have never failed to secure a symptomatic cure by ignoring the kidney lesion entirely and giving my whole attention to the pathology in the colon.

The same is true in certain cases of diabetes mellitus, rheumatism, eczema, and other skin eruptions. These and many obscure chronic diseases yield promptly to treatment directed to the underlying cause which is found in the colon or rectum.

Talks to Osteopaths by a Dentist

Some Opinions Regarding Devitalized Teeth

M. D. K. Bremner, D.D.S., Chicago, Editor of "Dental Facts"

In the last issue I have presented the two extreme views upon the problem of pulpless teeth which is agitating the dental profession just now. They were the ultra radical and the ultra conservative. Those who advocate the extraction of "all dead teeth" and those who insist that such teeth are not dead and can therefore be safely retained without any ill effect upon the general health.

Both of these camps have followers amongst the dental profession but it may be safely asserted that the great majority of dentists subscribe to neither of them.

The following quotations abstracted from a recent paper by Dr. Wm. H. G. Logan who is recognized as an authority upon the subject give a very good resume of the prevailing opinion held by nearly all of the teachers and most of the leaders in dental thought.

Dr. Logan says:

"In my opinion sufficient evidence has not been secured by either the medical or dental profession to warrant a discontinuance of the filling of all root-canals in teeth having normal supporting tissues if the size of these canals favors placing a filling to the apex—providing this is done under the rigid aseptic conditions as now practised, unless the patient in question is suffering from some serious systemic disease that might be detrimentally influenced by even a temporary infection if one should occur at the apex of the tooth.

"Until the advocates of the rather universal filling of root-canals can present additional evidence of the permanency of controlling the infection beyond a treated tooth, it is my opinion one is not warranted in advising a patient to have the root-canal filled in a tooth about which exists a chronic periapical infection that has

resulted in the destruction of the pericemental fibres.

* * * * *

"If a patient is a sufferer from myo or endocarditis, a marked hyper or hypo blood pressure, neuritis, iritis, chronic nephritis, gastric or duodenal ulcers for example, I would advise the extraction of all pulpless teeth held to be positively involved with chronic periapical infection—but I would not condemn every pulpless tooth diagnosed by the aid of proper radiographs as containing perfect root-canal fillings and having normal pericemental and periapical tissues. However, one feels more safe in the presence of extreme systemic disturbances, which may be accounted for by focal infection associated with teeth, to demand removal of all pulpless teeth in spite of normal hemanalysis and even tho the radiographic findings do not indicate the presence of localized infection.

"The pulpless tooth should be extracted without hesitation, if systemic symptoms held to be due to the presence of infection continue after you are convinced that all areas from which teeth have been removed have healed normally, and a competent diagnostician has assured you that to the best of his knowledge no other localized areas exist in the system."

Briefly stated the main point brought out in the discussion by Dr. Logan is that the discussion whether or not pulpless teeth may be left in the jaw must rest upon the condition of the patient's general well being. Therefore it is obviously not enough for the osteopath to merely tell his patient that he should visit a dentist, but the osteopath and the dentist must consult together. It is only by thorough co-operation that it will be possible to obtain the best results in these cases where the teeth are suspected as the exciting factor.

The Role of Toxemias

I think that we Osteopaths must admit and emphasize toxemia as being the great predisposing cause of diseases—food toxemias first, and then the toxemias from drugs and disease products. Surely we find lesions—bony, muscular and ligamentous, but *why? And why do they persist?* Is it not probable that if there were no toxemias affecting the blood and impairing the tone of muscle and ligament that all but the most extreme lesions (mostly traumatic) would adjust themselves? Of course. Hence our business is to correct lesions, of course, but also to go back of the lesion and work for the elimination of toxins, and give practical help as to diet—food combinations, and living habits so that patients may *keep well!*—A. C. Wentworth, D.O., Saco, Maine.

Confidential to Orificialers

To tell you a story which *OP* readers who are doing orificial work will appreciate. It is said that Lord Tennyson once was operated on for some rectal complaint by a well known English proctologist. Some years after the poet felt a return of his trouble and looked up his old surgeon. He thought he was received rather coolly for the surgeon showed no sign of recognition. Mr. Tennyson explained his call and prepared for examination. In the middle of the examination the surgeon suddenly laid down his instruments, jumped from his stool, rushed around to the head of the examination table and thrusting out his hand said. "Well, well, well, Mr. Tennyson—I'm indeed glad to see you again!"—Riley D. Moore, D.O., Washington, D. C.

Smart Boy

A boy of three years, under-size, who apparently paid no attention to the doctor's remarks to the mother, reported to his grandmother at home, "She said I had gasoline in my tummy." He thought gas and gasoline were synonymous terms!—Margaret M. Spence, D.O., Marengo, Iowa.

Rules for the McManis Free Table Contest

Dr. McManis offers one De Luxe Treatment Table, fully equipped, to the Osteopath who is the means of matriculating the greatest number of students in our Osteopathic Colleges.

RULES

1. The contest starts NOW and closed December 1, 1922, thus giving opportunity for the enrollment of students in the coming January and September Classes.
2. Only those students will be counted who have actually matriculated with some college prior to the closing of the contest.
3. Only Osteopaths who are in actual active practice are eligible to compete for this prize.
4. In case of more than one practitioner claiming the same student the Department of Education shall consider the case and decide.
5. The award shall be made by the Department of Education of the A.O.A.

H. C. WALLACE
Chairman, Student Recruiting Bureau.

Fellow Osteopaths:

We shall be glad to send our interesting and attractive catalogue to any of your friends who may be interested in

Undergraduate Work or Graduate Work

A few internes in Eye, Ear, Nose and Throat will be accepted February 10th, 1922.

The College of Osteopathic Physicians and Surgeons

721 So. Griffin Ave.
Los Angeles, - California

The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

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

Vol. XLI January, 1922 No. 1

DR. IRELAND'S WORK

The thoughtful practitioner will be greatly interested in the paper of Dr. D. V. Ireland on colonic diseases which we print this month. Indeed it is not too much to say that for the up-to-date Osteopath, Dr. Ireland's work simply commands attention. We have been hearing much about it the past year from several of our wide awake doctors who have taken his course and we have been eager as a result to get some outline of it for these pages. This paper which Dr. Ireland read at the New York meeting at Syracuse will serve to introduce his work to our readers very nicely so that those to whom it appeals may investigate it further. This statement from Dr. C. M. Bancroft in a recent letter is significant: "I have induced thirteen Osteopaths in this state to take Dr. Ireland's course and every one of them is reporting good results and enthusiastic faith." Dr. Ireland's course is announced on Page 12 of this issue and we cannot recommend too strongly the opportunity it affords you.—HSB.

OSTEOPATHY'S FIRST PAID ADVERTISEMENT

Every Osteopath must feel much justifiable pride in Osteopathy's first advertisement in the *Saturday Evening Post* as it appeared on page 85 of the January 5th issue. It covers half a page. Have you read it? If not for the love of your work and for the joy you must feel when somebody does something real for your bread and butter, get that paper—read it! Keep it on display at your office, and show it to your patients. Get them talking about it.

Get your local newspaper editor to put a notice in his paper calling attention to it. It's a noteworthy achievement in the history of the healing art, from his point of view, this event when a great branch of the medical profession formally begins using general publicity to tell their story to the public! The newspaper men will approve of this and will think it something worth editorializing upon, namely, how the ethics of physicians are broadening and changing when a national association of physicians now begins the first national medical advertising campaign recorded in history! Do you get the significance of it? Make the most possible of it in your locality.

It is a red-letter day for Osteopathy, surely—this thing of talking to a million or two folks at once. Watch for the beneficent results. They cannot fail to be forthcoming.

Our congratulations go forth to Dr. Percy H. Woodall, who dreamed so long of getting this going and finally launched the movement; and to Dr. H. M. Walker of Ft. Worth and to Dr. S. L. Scothorn of Dallas; and to the rest who put it over.

Great achievement! We all take joy and pride in it. And it will help everybody.—HSB.

TO THE OSTEOPATH WHO INVESTS AND TO THE ONE THAT DOESN'T

We have decided to put the last allotment of \$10,000 of our \$30,000 of 8 percent Preferred, Cumulative, Shares of the Bunting Publications, Inc., on the market.

Until now we had intended to reserve, if possible, this allotment of one-third of this issue as Treasury Stock. It does not appear feasible to do this, however, as we find that we need to utilize our full provision of Treasury Stock to pay for our new machinery equipment.

Consequently, we invite prosperous members of the profession to avail themselves of this opportunity, while it lasts, to obtain a perfectly safe and secure 8 percent bearing security at par which will be redeemed after a period at \$105. You see, if your shares are recalled—as we intend they shall be—within a period of five years, they will actually earn you the equivalent of 9 percent income for that time. Such shares as may be retired earlier than five years will earn even more than 9 percent.

As good, then, as Bunting Building Bonds were as an investment (now all sold,) it will be evident that Bunting Preferred Shares are even a better buy.

There must be hundreds of our doctors right now who are laying away sums of \$500 to \$1,000, and there must be at least a thousand others who have as much as \$100 which they wish to invest profitably where it will run no risk of being lost.

We appeal to both.

Why not put your money in these 8 percent Bunting Preferred Shares—which are preferred both as to Assets and Dividends—where you will obtain upwards of 9 percent on it, while at the same time will be assisting us materially in building up a bigger publishing house for the osteopathic profession?

We address this especially to you who have maturities in your loans seeking early reinvestment. We should be glad to have correspondence with all such and submit whatever information is required to establish the safety and desirability of our Preferred Stock as an investment.

We address this particularly to another class—to the Osteopath who has saved a hundred dollars or two and who, for want of knowledge in business, is about to put it into oil or mining schemes or inventions or other highly speculative ventures. *Don't!* The person who has only a few dollars saved is the very one who can't afford to lose it!

The lure of big riches for small investments is a mirage which only fades when you realize you have bought a gamble of just one chance in a thousand—and lost!

You would better buy Bunting Preferred Shares where your \$100 is worth \$105 when it comes back to you (without any if's, an's and but's about it,) and which pays you 2 percent quarterly as regularly as the sun shines.

Meanwhile, you can have the joy of seeing your money grow and take satisfaction in the fact that you are helping to make the wheels go 'round at the Bunting Plant at Waukegan where high grade publicity is made for Osteopaths. Your money, while invested primarily for your own profit, also helps us and helps the osteopathic profession mightily at one and the same time. Thus it gives you a double profit.

Isn't such an investment worth while—even if you have to pinch a lot to make it? For that matter, who ever makes investments anyhow without pinching a lot to do it? That's why you're glad after the saving is achieved. When you own your block of Bunting Preferred Shares and they are paid for (if you buy them on the installment plan) you own something you can be proud of—something that means a competency—something that will keep the wolf from the door in old age and in sickness. Is that not worth while?

Let us urge you to save and become an investor if you never tried it out before. Begin

by owning at least one Bunting Preferred Share and feel that you are one of us!

—HSB.

A Year's Progress

"Dig ON" said Dr. Still. Echoes reply from earnest workers afar and near, "Dig On—we will," and the banner of osteopathy has carried hope and cheer to many children of the Osteopathic Clinics established during the past year. Like a vision has come to the minds of the professional leaders the necessity and opportunity for osteopathic hospitals in every state, exemplified in the work of, the Detroit Osteopathic Hospital.

The achievement of a great "Printery," established in the heart of the "Middle West," devoted to the interests of osteopathy; the developed plans for systematic publicity in a certain high class magazine, and the wide scope of newspaper publicity; the student increases in our colleges and the more intensive study of the fundamental principles of osteopathy as provided by our osteopathic schools; the successful launching of the women's osteopathic organization exemplify the constructive progress of the past year for osteopathy.

Two Supreme Court decisions, when carefully analyzed, give to osteopathy a stronger foundation for future activities in establishing itself as a complete system or school of medical practice, whose practitioners are physicians and surgeons, coordinate in rank with those practitioners of the other schools of medicine who hold the degree of Doctor of Medicine.—Geo. B. F. Clarke, Chairman, Bureau of Statistics, AOA.

The AVOCATIONS of OSTEOPATHS

Dr. S. B. Miller a Soldier of the Cross

While a young man, beginning teaching, over thirty years ago, I was licensed to preach the Gospel. I taught school ten years, but did little preaching, never having accepted a pastorate. When I graduated in osteopathy and located at Cedar Rapids, I found a little church struggling for existence. For over twelve years I donated my services as pastor, built up the organization, remodeled the church building and got it in going condition.

Then a "call" came from sixteen miles south of town where a church building had stood empty for eight years. For three and a half years I spent my Sundays in the country building up that work—which unfortunately the "flu" and war brought to an untimely demise.

Next a little congregation seven miles north of town needed help—the only religious service in a territory four miles in any direction, and I went to their relief and for six years I have been spending my Sundays with them; so that during the twenty years I have practiced osteopathy, I have preached an average of 85 times a year, besides conducting some funerals and making other addresses.

In order to keep physically fit for several years past I play "volley-ball" an hour at a time from two to four times a week at the Y. M. C. A. At fifty-four I am bald-headed and gray bearded, but feeling in fine shape for future service. I have raised and educated my children, also have taken charge of three orphans of 13, 14, and 15 which I am yet to put through High School and College. A fine home, some mortgages, bonds and life insurance, and a good practice makes the future look inviting.—S. B. Miller, D.O., Cedar Rapids, Iowa.

Remember!

Do not fail to look at the throat of a sick child. Avail yourself of laboratory diagnosis in obscure cases. A blood analysis may tell you lots.—Evan S. Walker, D.O., Portland, Oregon.

New Year's Resolutions

Wm. A. Settle, D.O., Peterborough, Ont.

Dear Doctor:

Here is wishing you all the compliments of the season, a Merry Christmas and a Happy New Year, etc. I presume you are now busy framing up the usual grist of New Year's resolutions, which you will make and break as speedily as possible.

Your friend—*HSB.*

MY DEAR H. S. B.
 * * * * *
 HERE'S THANKS to you.
 * * * * *
 FOR YOUR kindly greeting.
 * * * * *
 AND I may assure you.
 * * * * *
 I AM busy making.
 * * * * *
 AN ENTIRELY new set.
 * * * * *
 OF NEW Year resolutions.
 * * * * *
 BUT THEY will be kept.
 * * * * *
 YOU MAY believe me.
 * * * * *
 I HAVE resolved to take.
 * * * * *
 WHATEVER OF talent.
 * * * * *
 THE GOOD Lord hath.
 * * * * *
 VOUCHSAFED UNTO me.
 * * * * *
 AND SO use it.
 * * * * *
 THAT THE sick and ailing.
 * * * * *
 WHO COME to me seeking.
 * * * * *
 SOME SORT of succor.
 * * * * *
 SHALL NOT have come.
 * * * * *
 TO ME in vain.
 * * * * *
 I HAVE resolved
 * * * * *
 TO TAKE up the trail.
 * * * * *
 OF THE elusive bony lesion.
 * * * * *
 AND FOLLOW it up.
 * * * * *
 WITH ZEAL and patience.
 * * * * *
 GIVING IT neither rest.
 * * * * *
 NOR RESPITE.
 * * * * *
 UNTIL I shall have chased.
 * * * * *
 IT TO its lair.
 * * * * *
 WHEN GIRDING myself about.
 * * * * *
 WITH THE armour.
 * * * * *
 OF OUR osteopathic faith.
 * * * * *
 AS GIVEN unto us.
 * * * * *
 BY FATHER ANDREW.
 * * * * *
 I WILL beard it.
 * * * * *
 IN ITS den.
 * * * * *
 SMITING IT hip and thigh.
 * * * * *
 POKING IT and pommeling it.
 * * * * *
 AND PUNCHING it in the eye.
 * * * * *
 UNTIL IT lies down.
 * * * * *
 AND ROLLS over.
 * * * * *
 OR SITS up and shakes.
 * * * * *
 HANDS WITH me.
 * * * * *
 OR PLAYS dead dog.
 * * * * *
 AS I may dictate.
 * * * * *
 I HAVE resolved.
 * * * * *
 TO EMPLOY all means.
 * * * * *
 THAT ARE good and proper.

AND OF fair repute.
 * * * * *
 TO SPREAD the gospel.
 * * * * *
 OF OSTEOPATHY throughout.
 * * * * *
 MY ENTIRE bailiwick.
 * * * * *
 TO THE end that.
 * * * * *
 PEOPLE MAY know the truth.

THAT ALL who run may read.
 * * * * *
 AND READING learn.
 * * * * *
 AND LEARNING know.
 * * * * *
 AND KNOW that he knows.
 * * * * *
 THAT THE Osteopath is.
 * * * * *
 THE ORIGINAL and only.
 * * * * *
 SIMON PURE spinal adjuster.
 * * * * *
 AND NOT a cull rubber.
 * * * * *
 OR SORT of glorified.
 * * * * *
 MESSAGE ARTIST.
 * * * * *
 THEM'S MY resolutions.
 * * * * *
 WHAT'S YOURS.

Some Patients I Have Known

IV.

The Male Neuro

John Barr, D.O.

The Female of the Species may be deadly, as Kipling so profoundly reports, but if he thinks he has written the last word on things deadly, he ought to become acquainted with the Male of that same Species as any physician comes to know him. There are ways and means of getting along with neurasthenics, gender female, but who ever heard of anyone getting along with the masculine variety?

A man with an ingrown mind is to himself the most fascinating subject in the world, and conversely to his physician he is the quintessence of mental vacuity. This sort of a person not only knows what is the matter with himself but unfortunately he has used his God-given mentality and has analyzed, cross-indexed, filed for future and immediate reference, outlined and parsed the various nuances of his ego. He knows more about himself than was ever meant that human being should know; he knows what is wrong and how it should be fixed. He knows that no doctor in the world can fix it and if one should succeed in doing so, he would not believe in it.

If it happens to be a woman you are dealing with, you can tell her all about it, using a lot of technical terms and she will forthwith repeat the succulent tale to all her intimates, living in comparative comfort upon the reaction obtained therefrom for perhaps all of a week, during which period you, as her physician, secure a rest and are able to think up something else to tell her when next she returns. But if it happens to be a man, does anything like that happen? I should say not! Let us suppose he suffers with a frontal headache. You discourse eloquently of blocked nerve supplies, engorged membranes and vacuum sinuses. Does he swallow it docilely and come back for more? He does not!

Ten to one he will hike up to the Public Library, worm out the 1894 edition of Gray's Anatomy and engorge himself with the anatomy of the parts at fault. Then on the morrow, a full twenty-four hours before he is due, he will show up bright and early, ready to go to the mat with

you on some of the details you neglected to cover. He will spring some vague connection of the spinal accessory nerve upon you and want to know why you did not take that into consideration in evaluating his case. After you have exhausted yourself mentally trying to keep up with his new-found knowledge, he will probably suggest that an eye, ear, nose and throat specialist ought to be handling his case and you will kick yourself for not having suggested it in the first place.

So he goes to the specialist, has the sinus opened, and a month later returns to you and wants to know why the treatments you gave him have not cured his frontal headache. You are tempted to suggest that the disease is really more deep-seated than at first you suspected, that the frontal sinus is situated somewhat anteriorly to the area you are convinced is causing the trouble.

On second thought you refrain from bringing the man's brains or his lack of them into the discussion. You remember that ever since the six weeks you spent in school studying the anatomy of the complex organ within the skull, you have thought but vaguely about it in any concrete fashion and you are aware that this bird will be back on the third day, adequately prepared to talk misunderstandingly on Broca's area and ultimately to prove that the convolution you mentioned has nothing whatever to do with his condition. Of course, in a way he is right. The convolution in his case probably isn't there at all and so he couldn't have something the matter with something he does not have.

No, you had better go back to the first diagnosis of vacuum sinus. Only it isn't the frontal sinus but the sinus back of the frontal sinus. And the more you think of it, the more certain you are that the sinus you have visualized will just exactly fit the nicely rounded dome that sits before you and argues with you as to what should be done next. The Female of the Species simply isn't in it.

The Carberry-Feathers Controversy

Carberry Tried the Silver Screen

Daisy M. Moore, a patient, Fairfield, Pa.

Feathers did exactly what Carberry's corticle cells, working overtime, under the benignant influence of Edgeworth, suggested.

He *did* borrow money from Carberry—\$800.

Next day he was whisked rather breathlessly by his dynamic friend to interview the proprietor of a popular theater in his own town. After a seven-minute conversation Feathers swallowed hard, tugged at his collar and, looking steadily into steel-gray eyes, crossed the Rubicon.

The next week he spent, between strenuous Carberrian treatments for mental lesions of long standing, consulting in person, five of his brother D.O.'s within a radius of a hundred miles, with a view to securing co-operation in the matter of the photo-play which he had engaged for one night in his own city. Six successive nights would greatly reduce the rate for all, and it was such a ripping plan, Carberry had made Feathers feel!

The result was more gratifying than either promoter had hoped. Each Osteopath, after listening to an enthusiastic Feathers that Carberry would have marveled at, decided that he could not possibly get along another day without the propaganda which Feathers had outlined. Indeed, so convincing was he that they really wondered how they had managed to prosper in any degree without it's aid!

It warmed Carberry's heart to see how his leaven was working.

For three days the daily in the town carried in a conspicuous place

Cyclops Theater

Free Photo-play—Out from the Woods

Friday p. m. and evening

Now, if there is anything that attracts the mass it is a free show, and Friday afternoon, as Carberry and Feathers entered the Cyclops, they barely found standing-room.

Getting something for nothing—a rarity these days, had conjured up an unusually amiable and receptive audience. The pretty mountain girl with whom a young prospector became enamored, won them completely.

The parts were splendidly acted and by the time they two were forced by an angry father and jealous lover, to flee on horseback, each heart was with the happy, terrified girl who rode madly down the rough trails with her sweetheart. Her horse falls—she is cruelly injured—carried into his home—she revives and receives the most skillful attention. Four pompous, prosperous-looking medical men examined her, looked grave and took their leave—after presenting a bill.

Paralyzed from her neck down, the heroine's lovely, pleading eyes follow her strong, heart-sickened lover about the room always.

As a last resort, an Osteopath is called. Second treatment reduces dislocation in cervical region.

Mad applause!!!!!!! She moves—improves—gets well—trembles into her lover's arms!

Between each scene an osteopathic slogan is thrown on the screen, and near the close of the play, a statement explaining the science and distinctly stating that it is the Original System of Adjustive Therapy—"none genuine without the trademark"—is allowed to remain for some time upon the screen. The trademark of the human spine accompanies this last.

Underneath it appears Dr. Feathers' name and address, "Only Osteopath in Blank City—Are you sick? Do you think you have tried every remedy? Remember, you have *not* tried

everything until you have tried Osteopathy."

This appeal to the chronics was a winner, for these we truly have with us always! Most can be relieved—many, cured. Animate advertisements beat inanimate ones.

The evening audience surpassed that of the afternoon—if such a thing were possible. Practically every family in the town was represented, Carberry and Feathers agreed, and the cause of Osteopathy had been brought to their attention in an attractive manner and at a time when all their sensibilities were most vulnerable to impressions.

Feathers was amazed to hear himself say eagerly, "What if it *did* cost—hundreds? It *must* bring results!"

"Of course, you—you—why, man, it'll be the making of you!" And Carberry slapped Feathers on the back and beamed on him almost admiringly.

"Now then, use *Osteopathic Health, Harvest Leaflets, Bunting Brochures*, anything—everything that explains Osteopathy! Don't stint now, Feathers. You've got over the dog, don't balk at his tail."

The order that went to the publishing companies in the course of a few days rather overwhelmed the once-penurious Feathers.

He mailed this literature to former patients, any one they might suggest, business men with whom he had in any way been associated; it was put into all hotel bedrooms, and found upon investigation that theater proprietors did not object to the brochures being placed in the seats before audiences assembled.

By the way, this is a fine method of advertising. There is always some time to wait for a majority of patrons at the theater and most of them are sure to scrutinize any literature they pick up; even though it may not especially appeal to them at the time, some stray phrase will often recur to them at a time when they are in need of just such treatment.

Once launched upon this publicity campaign, Feathers waxed positively prodigal. The pendulum had swung to the very extreme with him, and whereas he had sat waiting for patients before, they now sat waiting for him.

One day three weeks later the man who had been—still was—a perfect technician but a business failure, flushed and eager, according to plan called up Carberry on the long distance, and told him—O well, ask Carberry what he told him; but don't ask him what he did when he got the message. It would be a blow to Carberry's pride to have any one suspect the antics he cut about the room when he heard of the splendid success of his plan.

Any way, Feathers had to pay skinteen dollars over-rate—and here's the part that is hard to believe—Feathers didn't care!

Opinion of Dr. T. J. Ruddy, of Los Angeles

My solution of the "Tar and Feather" case is simple. If Feathers doesn't "bolt in" soon he may "moult out." Time has become of the essence of his peril.

Feathers, like any graduate of a recognized osteopathic college and who possesses the unusual professional skill acquired through years of successful practice, and who is imbued with the spirit that he represented in his offering to suffering humanity the best possible service if he could have the opportunity to do so, has but one course to pursue and that is to provide the op-

portunity to render that service to the greatest number of people.

A patient relieved or cured may, or may not, carry the message of osteopathy to others, because of limited acquaintance, lack of enthusiasm and an inability to place the problem of osteopathy before his friends in such a way as to convince them. There are many good salesmen, so far as intentions are concerned.

If Feathers is to give the greatest number of people possible the greatest service in therapeutics he must tell the story himself thoroughly and often to his old patients in order to hold them for his service through their entire life period, and must carry his message to all who might at any time in the future require the service of a physician and who should have the osteopathic physician's services.

It will not pay him or anyone else to spend a few dollars for a few weeks or a few months. He must spend sufficient money to carry his message to 10,000 people frequently enough to convince at least 1/5 of them that they should have his services regularly as their needs may demand and instead of looking for a job he will be offering and providing jobs for many assistants. This has been proven and is not hysteria.

Opinion of Dr. Sten Hanson, Fargo, N. D.

Feathers should borrow sufficient money from his friend to start a real campaign of education in his part of the country. First, he should distribute a very liberal supply of the pamphlet "Chiropractic Kleptomania," and follow it up monthly with "Osteopathic Health" in liberal quantities which with *good osteopathic work* would in the near future secure him a good practice.

Chirolgy

Why take up so much of our time fussing about the chiro? I believe in giving him the chance to take Osteopathy in our schools. Yet it seems he is not worrying as much as we are about it. Let's all get hold of our *own* rope and yank our *own* boat. If B. J. Palmer can make them believe they can poke the back and shoo away body lice—then we may as well give up hope for them; they will not take our course. The chiro has enough publicity. Let us get together for the sake of our own profession and use publicity of the good clean, honest kind and that for Osteopathy first—last—and all the time. (How fine it would be to just mind our own business and leave other people's alone!)
—T. G. Burt, D. O., Groton, South Dakota.

A Good 1922 Formula

Toward the last of each year, one generally looks back and wonders if one could have done it differently. Looking over the various magazines, I find that their too burning question has been chiropractic. Now there is no doubt that chiropractic is an imitation of osteopathy, but then it is a very poor one, and one that no Osteopath need be afraid of. I would like to suggest to all our publications that we do our work differently this year. THINK, TALK AND WORK OSTEOPATHICALLY AND FORGET OUR IMITATORS! Also, get at least one student each year for an osteopathic school (yes, Bo, I got mine, and so am one ahead;) that's the best way to help our schools, and help Osteopathy.—Hugh Beaton, D.O., Danville, Illinois.

Why Not Take That Vacation

From some recent extensive research, I have determined that pockets in shrouds are not deep and that the big, tall tomb-stones that many are saving up their money to buy, serve only to keep the sun off the grave and make it cooler: so why not take a vacation?—J. Deason, D.O., Chicago, Illinois.

Little Stories of the Clinic

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

STORY No. 35

Mrs. S applied for treatment in April 1921. She was a rancher's wife, age 36, the mother of three children. Some time prior to coming for treatment she was able to pitch hay, run a plow or do any of the rough heavy work on the ranch as readily as a strong man. I found marked procidentia of the uterus and a perineal tear almost to the rectum. She was almost frantic with nervous distress and weakness. She stated that the uterus had often been replaced, but it would not stay in position. I advised an operation for repair of perineum, but she and her husband were opposed to operations. I replaced the uterus and inserted a No. 4 Smith Bros. pessary, as described in A.O.A. Journal, May 1918. Next day she returned, reporting that the pessary had not stayed in position, nor had proved of any benefit as a support to the uterus. I then removed the No. 4 and inserted a No. 5, a very large sized pessary. Now for six months this pessary has kept the uterus up in position and relieved all symptoms of nervousness and prostration. Mrs. S has frequently employed Nu-Col douches, and on her own initiative, when she takes a douche, she will place her finger over the end of the pessary resting against the pubes, and secure thorough cleansing of this portion of the pessary, without impairing the position of the pessary. At the end of every six or eight weeks she comes to me for a removal of the pessary, a thorough cleansing and reinsertion. She was in the office a few days ago saying that she could do heavy ranch work, as well as at anytime in her life and that she experienced no distress from the pelvic condition.

COMMENT: No. 1.

I admit that this patient would be wiser if she had the perineum repaired. But many women refuse to have this done, and it is the duty of the physician to do the next best thing. The majority of cases of procidentia that I have had, I have been unable to make a Smith Bros. pessary work satisfactorily, but I have many cases of utero-displacement, where the pessary brings great relief and often helps to permanent correction.

COMMENT: No. 2.

The osteopathic profession has just as fine opportunity for research and discovery for the relief of suffering humanity in the gynecological field as in the eye, ear, nose, and throat work, but the gynecological section of the A.O.A. unfortunately is greatly out classed by the eye, ear, nose, and throat section. The former section is greatly afflicted with dry rot. They are too much satisfied with what they know. At

two different conventions I attempted to narrate a little clinical experience when there was time for discussion, and one would think he was in a nest of yellow-jackets instead of a convention of scientific investigators.

How Do You Help Ptosis

We read, hear, and through the x-ray see much of ptosis of the stomach and intestines. It is becoming a refuge for the ignorant, much as neurasthenia used to be. Why not start something in OP and get people to tell what they do for this condition? It is very common, and in some way some men are helping it, but how? Supports have advocates and antagonists; gravity has its uses; but the treatment (not the diagnosis) of the condition should lead to good discussion.

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- 33. **What the Osteopath Knows**
- 34. **If**
- 35. **Man's Body Its Own Drug Store**
- 36. **Some Distinctive Features of Osteopathy**
- 37. **The Innominate Bones**
- 38. **"Find It, Fix It, and Leave It Alone!"**

Price, in 1,000 lots, \$5.00 per thousand, with or without your professional card imprint.
Less than 1,000 lots are 75 cents per hundred without professional card imprint.

4-Page Harvest Leaflets

- No. 40. **Did You Know This About Osteopathy**
- 41. **Brain Diseases from Birth Injuries**
- 42. **Osteopathy for Automobile Accident Cases**
- 43. **Medical Art and Then Some in Obstetrics**
- 44. **The Error of Drugging**

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6-Page Harvest Leaflets

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- 46. **Osteopathic Procedure in the Chronic and Acute Diseases**
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V

DORSAL AND LUMBAR LESIONS GROUPED

In order to combine brevity and accuracy, all dorsal and lumbar lesions may be divided into two general groups, as follows:

1. Antero-Posterior Spinal Conditions
2. Lateral Spinal Conditions

Each of these grand divisions is based upon the relative malposition of the spinous process. That is, in antero-posterior conditions the spinous process deviates either forward or backward from the surface line of flexure that runs lengthwise from the occiput to the sacrum.

While in lateral spinal conditions, the distinguishing feature is the deviation laterally of the spinous process; that is, it deviates laterally to the right or the left of the mid-spinal line.

I. ANTERO-POSTERIOR CONDITIONS

At the outset let me state that the contacts for correcting antero-posterior conditions, with few exceptions, are made with the prominent or posterior spinous process or in the dorsal region with the laminae of the involved vertebra. Very likely the reader will want to know what to do with the anterior spinous process, when the latter is unquestionably that of a lesioned vertebra. Here then let me reassure every one that the following technical methods will correct any and every dorsal and lumbar lesion as well as all rib lesions that may be encountered.

In the lectures that are to follow the correction of anterior as well as posterior conditions will be fully discussed. But at this point I wish to state that the majority of antero-posterior conditions that call for correction, *contrary to the teachings of some, consist of something more than mere flexion and extension subluxations. The major lesion lies in the intervertebral tissues. The malplaced vertebral spine, to a certain extent, usually means a maldeveloped bone. And while the relative malposition can be largely compensated for and removed, the deformity of the bone itself can never be overcome.*

II. LATERAL CONDITIONS

As to lateral spinal conditions, although their correction is greatly simplified by grouping the contact points into clean cut subdivisions, the contacts themselves are in every way practical. Lateral deviations, in fact, are only slightly more complex in the matter of classification; and no more difficult in the way of corrections than antero-posterior conditions.

DORSAL REGION

The movements of the spine in the dorsal region, in addition to flexion and extension, which movements are necessarily limited through the box-like formation of the thorax, are described by Halladay as movements that combine lateral flexion and rotation.

All we need keep in mind then, in the beginning is this: Since a lateral deviation in this region usually means a slight malalignment of the vertebra—the vertebra being held fixed or stationary in a position taken when the body was in sidebending rotation, the relations of the malaligned vertebra are changed toward the adjacent vertebrae. One transverse process lies slightly posterior to its fellow of the opposite side, and also posterior to the process above and the one below it. While in its fellow these relations are exactly reversed.

In addition to the above, this anatomical fact should be remembered: On the same side

toward which the spinous process deviates laterally, the transverse process lies anterior and at a slightly higher level than its fellow. On the opposite side the transverse process lies posterior and at a lower level. This latter side is known as "the high side."

These simple facts pertaining to the mechanism of the dorsal spine are all that we need quote here.

LUMBAR REGION

The movements in the lumbar region, in addition to flexion and extension, which are free movements increasing in extent from above downward, greatest amount of movement, as Halladay states, being found between the fifth lumbar and the sacrum—are lateral flexion or sidebending not accompanied by rotation. This lateral movement is a free one and equally distributed in extent throughout the lumbar spine.

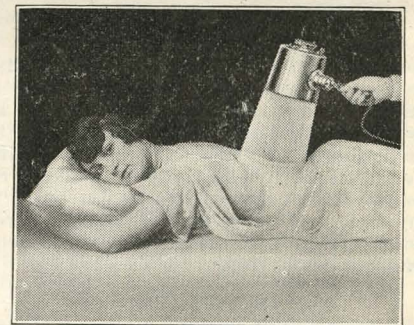
With this clear conception of the mechanism in this region, and with our knowledge of the developed defects so often found, the correction of lateral lumbar deviations is greatly simplified.

CONTACT POINTS

The points of contact suggest themselves. In correcting lateral conditions in the dorsal and lumbar spines, the contact points are as follows:

DORSAL CONTACTS

In the upper dorsal region the adjuster has a choice between two points on the same vertebra for making contact. He may make contact directly over the posteriorly prominent transverse process, "the high side" or he may use the spinous process as a lever for making cor-



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rection. In the latter case he delivers the corrective force almost horizontally making contact with the spinous process on the side of its lateral swerve or bulge, and using the thumb, as a rule, to transmit the corrective force.

In the mid-dorsal region, while the contact may be either unilateral or bilateral, the corrective force is delivered to "the high side" only. It is directed straight downward upon the posterior transverse process.

In the lower dorsal region, the corrective force is delivered to the spinous process that bulges laterally.

LUMBAR CONTACTS

In the lumbar region the corrective force is delivered, either laterally, at a more or less

considerable angle with the horizon, the contact point being the lateral aspect of the deviated spinous process; or else the force is delivered straight downward upon the lamina of the deviated vertebra. In the latter case the contact is usually unilateral on the side of the lateral deviation.

So much for the points of contact in the dorsal and lumbar spine. I shall now take up the contacts themselves and describe the technic employed in making adjustment.

DISTAL SCAPHOID CONTACT (Contact Navicular Distal)

This contact is one of the nine technical methods in direct leverage adjustment with speed, that I have described elsewhere, for correcting Antero-Posterior Spinal Conditions.

Definition:—Distal Scaphoid consists in making scaphoid contact with the distal hand, the hand away from the head of the table, the adjuster facing across the patient; and in reinforcing and holding the contact forearm with the proximal hand, ready to deliver the corrective force straight downward from the distal shoulder.

Synonyms:—Distal Scaphoid Contact; Far Hand Scaphoid.

Use:—This contact is specially suited for correcting posterior second lumbar lesions. After the reader practices making contact with the various bones of the hand, he will readily see why we limit Distal Scaphoid Contact to the second lumbar.

THE TECHNIC DESCRIBED

1. *Position of Patient:* The patient lies prone upon a bed or couch, if the springs are specially strong, while a pillow or cushion is placed underneath the pelvis. If the patient lies prone upon a flat table, a pillow, cushion or thick roll is placed under the pelvis.

2. *Position of Adjuster:* The adjuster faces across the patient.

3. *Placing Distal Hand:* Whether the physician stands upon the right or the left, the scaphoid bone of the distal hand makes contact with the lesioned second lumbar spine.

4. *Placing Proximal Hand:* The proximal hand, the hand next to the head of the table, holds the distal forearm firmly to prevent the scaphoid contact from slipping.

5. *Shifting Patient's Body:* If the lumbar relaxation is not complete an additional pad or cushion may be placed under the pelvis.

6. *Final Preparations:* The physician should stand close to the patient. The elbow of the distal arm is locked; and the shoulder, pushed upward out of the socket, should be directly above the point of scaphoid—spinous contact. These precautions are necessary, otherwise the patient may be hurt and the vertebra not moved or adjusted.

7. *Moving the Vertebra:* To say that the corrective force is delivered straight downward from the distal shoulder may mislead some. For the proximal shoulder is lowered while the adjuster himself stoops. So what really happens is this: With lightning-like swiftness the adjuster throws himself into erect position—the point of scaphoid contact receiving the impact—the vertebra moving painlessly under the swift impact.

Before attempting this method of correction, however, the physician must acquire the necessary speed and control. He should practice the movement again and again, using the edge of the bed, for example, as an imaginary patient. The advantage of this method lies in the fact that it saves time and energy and is very effective.

(To be continued)



If the Profession does not support its Institutions who will?

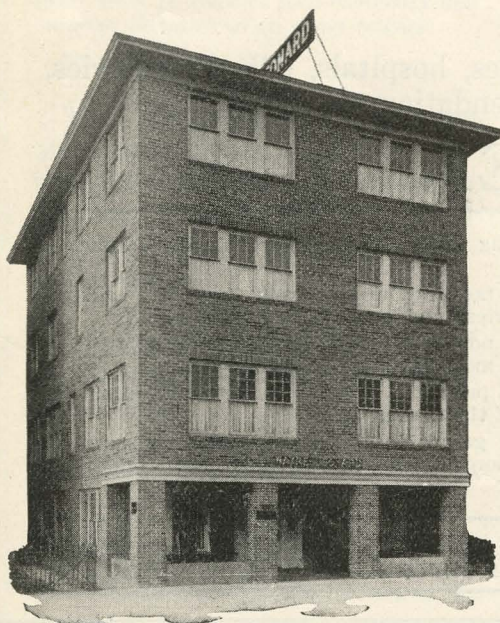
We accept for treatment all kinds of Hospital Cases. Our services are compared favorably with that of any hospital anywhere. All departments completely equipped with the latest apparatus for diagnosis, treatment or surgery.

For information address the

SOUTHWESTERN OSTEOPATHIC SANITARIUM, Blackwell, Oklahoma

Wayne-Leonard Osteopathic Sanitarium

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



Dear Doctor: We invite your attention to the fact that we are giving special attention to milk diet cases.

We employ the Porter Milk Diet Method exclusively.

All milk used in milk diet cases is supplied by the Walker-Gordon Company. It is a certified raw Holstein milk. There is none better.

For particulars regarding milk diet and other cases, address—

Dr. L. H. English

130 South Maryland Ave.

ATLANTIC CITY

N. J.

WHERE PEGASSUS BROWSES

A Grievance

By Daisy M. Moore, Fairfield, Pennsylvania

I have been to the Osteopath
And I'm nursing a grievance these days;
I would like to suggest that he cure
Just the things for which each patient pays!

Year on year I have had on my arm
A sore spot just the size of a dime—
I would wager that sore spot against
A barometer all of the time!

'Twas for headache I asked him to treat
And he surely did cure it for me—
An excellent doctor no doubt—
If he'd left my barometer be!

When I asked him about it, he said,
"Why, you ought to be thankful for that;
We often cure things on the side
Which we really are not aiming at!"

I would rather have lost a front tooth!
And the fellows that loaf at the store
Can't understand why in the world
I don't prophesy any more.

EFFICIENCY in PRACTICE MANAGEMENT

The Efficient Osteopath

Dr. C. C. Reid, Denver, Colo.

IX—Expenses Not Usually Considered

PERSONALITY (Continued)

Last month we were talking on the personality of the osteopathic physician. Because of the importance of this particular phase of our subject, we desire to go a little further on this point.

Fourth. Unkind, unfriendly, a knocker.

The average doctor is likely to become hard and unkind in his feeling toward sick people where he has many with whom to deal. Many of the patients are hypercritical, and unkind themselves. We must remember, however, that they are sick and that there may be some excuse for their mental state, but there is no excuse for the unkind doctor. He should not only be kind to his patient, but he should be friendly, making patients his friends as far as possible.

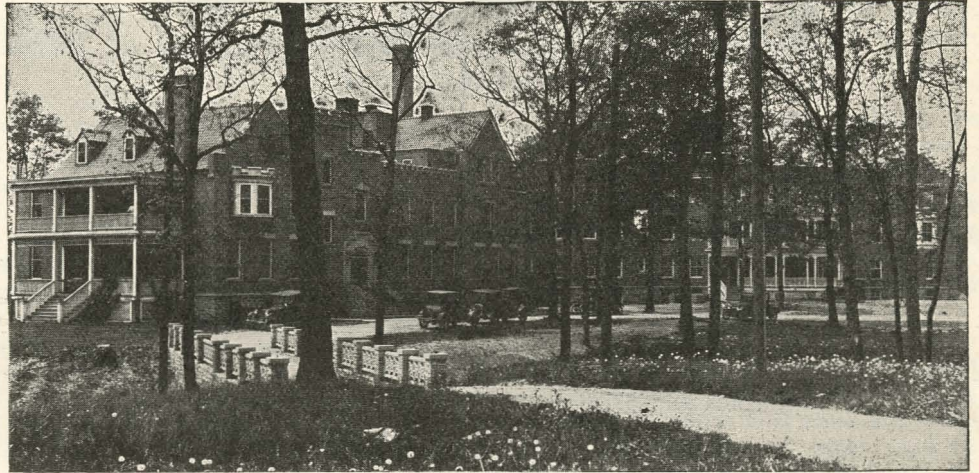
This does not mean that the doctor should make them his social friends, necessarily, but business friends who have generated in their minds and hearts a friendly feeling toward him. Doctors who have been in large clinics, seeing so many poor unfortunate people who try their patience, are likely to become unkind and unfriendly in their relations toward sick people. To be a knocker of people in general or of one's professional brethren is inexcusable and has absolutely no good purpose.

Fifth. Rough. Many people seem to be built that way. They are rough in their manner, speech and handling of patients. This was very aptly put by a doctor, who said, "He is worse than a bull in a china shop."

The osteopathic physician should learn to be delicate in his touch, subdued and moderate in his manner and quiet and graceful in his movements, as far as possible. Any roughness in osteopathic manipulation or in examination is entirely on the wrong side of the ledger in

personality and results that weigh in finances. *Sixth. Unethical.* The unethical doctor is necessarily an outcast. He is like the Ishmaelite of old. He is against everybody, and everybody is against him. He is not on the level. He is trying to get by, by hook or crook. He is merely out to catch suckers. He does not deal fairly with the people, nor with the doctors. He disgraces his profession as well as himself. He usually ends up by leaving his locality.

We have covered the field of publicity and propaganda with an effort to leave plenty of leeway for progress, educational features, reform, growth and development along therapeutic lines. I would not by any means agree to a plan that would close the doors so that we could not try new methods, new thinking, new appliances and new systems in the therapeutic world. To do so would be to stagnate and to prevent progress. This the medical profession has done to some extent. That is why it is necessary for the Osteopaths to develop outside of the regular medical profession. If they were open minded, unprejudiced, liberal thinkers without bigotry and would receive new methods and thoroughly try them out before they reject them, it would not have been necessary that a School of Osteopathy be born into the world.

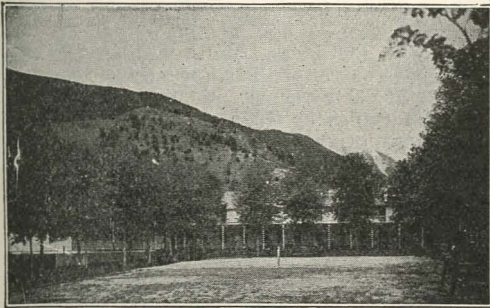


The Delaware Springs Sanitarium, Delaware, Ohio

All that is desirable and essential in a hospital or sanitarium is included in the equipment. Diagnosis First. Cure Follows. Health and Happiness the Result

The Delaware Springs Sanitarium Delaware, Ohio

Chico Hot Springs Sanitarium and Hospital



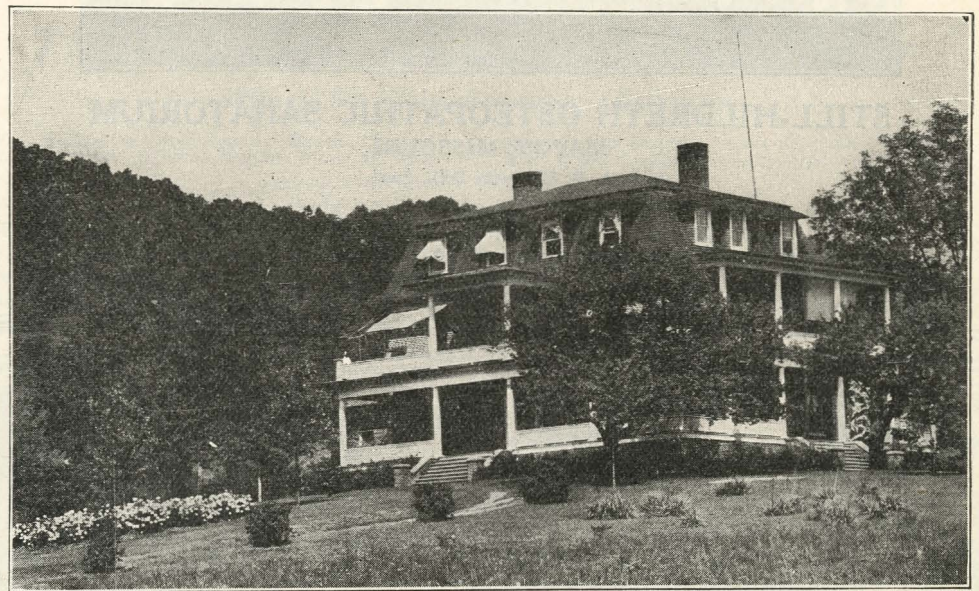
Located in the heart of the Rocky Mountains at an elevation of 5000 feet. Open the year around.

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

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

Special attention to surgical cases.

G. A. Townsend, D. O., M. D.
Surgeon-in-Chief
Emigrant, Montana, Post Office



ASHEVILLE OSTEOPATHIC SANATORIUM

Asheville, N. C.

An institution where Osteopathy, Rest and Milk Diet—the triangle of health—are scientifically administered and controlled.—Elizabeth E. Smith, D.O.

In spite of all this, there is such a thing as the unethical advertising doctor. By discussing the unethical, however, I am referring to the doctor's personality. He is practicing therapeutics with a character that is not built on fundamental principles of right living.

Seventh. Dishonest. Many so-called perfectly

ethical doctors, so recognized by the medical profession and perhaps as well by the osteopathic profession, are absolutely dishonest. That is, they work all kinds of chicanery, deceit and quackery in their effort to take advantage of people in order to get their money. The man who is so dishonest is on a shaky

foundation. He does not belong anywhere in the universe. We have very few places for that type of individual. The jail and penitentiary ultimately, the madhouse and the grave are the only places where we can be assured they will not continually be doing some kind of damage in the world, and in these places they merely cumber the ground.

One whose personality is only colored by dishonesty cannot be expected to carry on a practice worthwhile in any community. He will not have contributed anything to the upbuilding of his profession because he is on the wrong side of the ledger.

Eighth. Lack of ambition. One who is without ambition may be a very different type of personality from the dishonest or unethical individual. He may never do any particular harm; he may be strictly honest; he may be entirely ethical, but without that burning desire in his make up that will fire his energy, stir up his enthusiasm and stimulate him to rise to the top in his profession; he is prone to drag. He stays at home; he is not aggressive; he does not contribute to the various movements of the profession locally or nationally. He seldom attends conventions, merely gets along in the world and is satisfied. He does not see himself in any other state than that in which he exists at present.

Lack of ambition seems to be a disease of the nervous system manifesting itself in all the thinking and activity of the party. These people do not pity themselves, but they are surely to be pitied by the person who is full of ambition to see his profession grow and all the individuals in it up and doing.

Ninth. Over-familiarity. In talking of this subject, I would not say anything that would prevent one from being a good mixer, from being friendly, courteous and kind, from being cordial and cheerful in his greetings. There is such a thing, however, as a doctor "slopping" over on people, taking advantage of situations and thrusting his personality on people by over-familiarity. He becomes disagreeable. Nice girls or women reach the point where they do not feel comfortable in his presence and prefer not to go to his office, especially alone. This becomes a very expensive thing for the doctor who indulges in it.

This trait may crop out in a person with all good intentions and yet become very disagreeable to particular people. One should exercise tact and care along this line if he does not want to take money out of his own pocket as well as spoil a good many friends.

Tenth. Fails on self control, self mastery. A doctor who loses his temper has a mark of weakness that is just as real as one who has shaking of the knees. Many who seem to have very good control of their knees, have very little control of their temper and fly off the handle at small things or little slights. It may even reach a point where they will conjure up things that are imaginary for which they can harbor some kind of ill will or ill feeling toward some person, frequently their professional brethren. Self mastery in a doctor is essential to the highest type of personality and practice.

"BE MASTER"

Frank Channing Haddock

Be master of thy work.
 Mayhap 'twill irk or nerve or bone
 To capture crown and
 Still, master be, splendidly.
 Be master of thy place;
 In sooth the case must test thy soul,
 Ne'er weakling wins the goal;
 Still bankrupt go, Lord Power to know.
 Be master of one art.
 'Twill strain thy heart and drain life's best
 To prove this kingly quest
 Still court the dream, stand thou, supreme.

**Assists Osteopathic Treatments
 By Improving Nutrition**



THE ORIGINAL-GENUINE

**An Excellent
 Reconstructive In**

Anaemia, mal-nutrition, digestive disorders, and in nervous diseases.

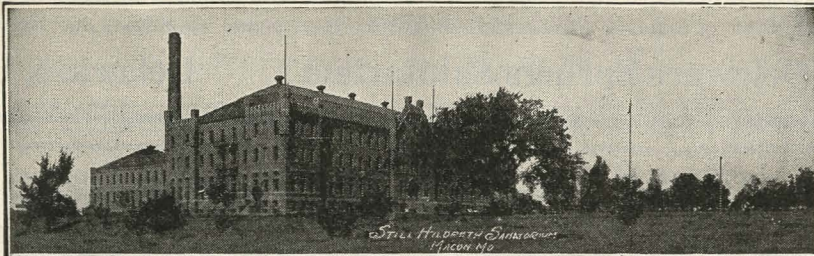
**Very Reliable
 In the Feeding of**

Infants and nursing mothers, invalids, convalescents, and the aged.

Avoid Imitations

Samples and printed matter prepaid upon request

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 Racine, Wisconsin**

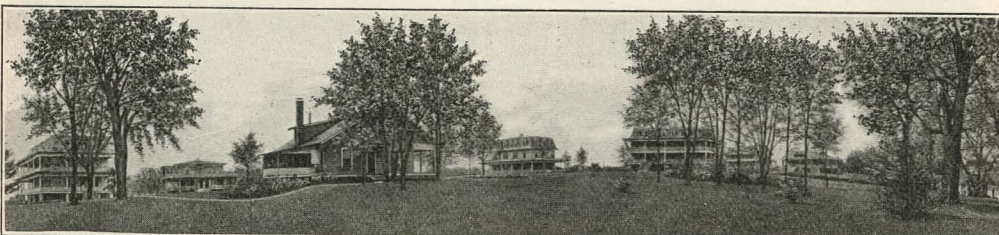


**STILL-HILDRETH OSTEOPATHIC SANATORIUM
 MACON, MISSOURI**

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

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

Write for Information



Dr. Nichols' Sanatorium, Buildings and Grounds, Savannah, Missouri

Exclusively for Treatment of Cancer. Our new Booklet entitled "Cancer, Its Proper Treatment and Cure" Mailed Upon Application

Heart Disease Treatment by a Victim

After five years of intense suffering from a serious heart affection, during which time I have studied and worked with all the powers left me in cardio pathology, treatment, etc., I am convinced that manual manipulative therapy does not suffice—is *not* alone sufficient, I should say—for the successful treatment of heart disease. On the other hand, I know that the osteopathic profession, as a whole, little dreams *what* actually can be accomplished in this field with intelligent spinal treatment.

Dr. Abrams of San Francisco is accomplishing and has accomplished wonders in certain heart affections with his spinal percussion. Percussion of the seventh cervical spine *does* produce a cardio-reflex such as he describes. I *know* it. I have so written.

The field of research along these lines is open to the world. The "regular" school has entered the field. Dr. Abrams is no longer a voice crying in a wilderness. I talked with Dr. Louis Bishop in New York one day last week—than whom, by the way, there is no better or greater heart specialist in America. He is a close student of Abrams' work.

Osteopathy is overlooking a bet in not studying scientifically the effect on the heart of spinal percussion and manipulation. Especially, work on the seventh cervical spine. The average physician of any school is weak on cardio-disease diagnosis. This should be remedied. Heart disease is steadily increasing. Vital statistics easily obtained will verify this. Heart disease is becoming a *big* problem.

I shall gladly submit an article on heart disease for popular use but I can not endorse Osteopathy alone as offering a complete treatment for the diseased heart. I believe anti-toxin is essential in the treatment of diphtheria, salvarsan in lues; I believe in vaccination against typhoid and smallpox; and likewise I am convinced that digitalis is life saving in certain heart affections. The drug is misused and abused. Improperly used, it may complete the wreck of a damaged heart! Unfortunately, the average M.D. does *not* know how to properly use the drug, and so much harm is done. He is being awakened—though rapidly, by his own profession's leaders. They have seen the light. So, when I speak of treatment of heart disease, I must mention digitalis and endorse it. If I am wrong, let the Osteopaths prove me so! God knows my mind is open.—Lamar K. Tuttle, D.O., Stamford, Conn.

It's a Sign of Intelligence

Should we go to the chiro or to the M.D. for help when in trouble? Dr. A. T. Still was once asked what class of people took osteopathic treatment. He did not hesitate to say "the most intelligent class." I am sure the most intelligent ones study it and practice it, too. Sufficient to say that in my 20 years passed in the practice I have met a great many college graduates and professors studying osteopathy—almost more of these than of any other class. So I take off my hat to Osteopathy.—J. C. Kibler, D.O., Clifton Forge, Va.

Passed a 30-Inch Worm

About a year ago I took a special course in colon and rectal diseases under Dr. D. V. Ireland of Columbus, Ohio. I have used the colon treatment extensively with a great deal of success. One case occurs to me I might mention: Woman, small and anemic, chronic constipation, enteroposis. Used sigmoidoscope and found mucous membrane greatly swollen. Injected sol. Glyco-Thymoline. In three days she passed a 30 inch worm. Kept up this treatment two months. Result, patient gained 12 pounds and is in better health than in past ten years. Of course I also gave her osteopathic treatment too.—Grover C. Jones, D.O., Macon, Ga.

Tonsil Needle Care

I used to experience considerable difficulty in keeping my tonsil needles in shape; they got dull, broke off, clogged, etc. I now use the 2 $\frac{3}{4}$ inch extension with universal thread, choose my size of ordinary hypo needle and with wire in place hold it over alcohol lamp and bend to angle to suit my particular fancy. My nurse always has an extra needle handy and if anything goes wrong with a needle the change is made in a jiffy while the patient has a spit.

I claim to be the only D.O. in Canada doing exclusive eye, ear, nose and throat work. Am I right, Canadian D.O.'s?—W. J. Siemens, D.O., Calgary, Alta., Canada.

Lamar K. Tuttle, M.D., D.O.

Can now accommodate a limited number of selected cases at 96 Glenbrook Road, Stamford, Connecticut. Fifty minutes from New York City.

Am now prepared to treat referred cases of disease of the heart and vascular system under ideal conditions. Therapy is primarily osteopathic plus other indicated measures of tried value.

New York City Office

18 East 41st Street

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., Garfield Bldg., Detroit, Mich.

DR. GEO. M. SMITH—of—Mt. Clemens, Michigan

252-253 Columbia Bldg.

MIAMI FLORIDA, DEC. 15th, 1921 to APRIL 15th, 1922

Will pay particular attention to referred cases

Mt. Clemens practice will be conducted by Dr. M. C. Smith

The Chicago College of Osteopathy

5200-5250 Ellis Avenue, Chicago

The Spring Quarter begins March 25, 1922
The Summer Quarter begins June 19, 1922

The Autumn Quarter begins September 25, 1922
The Winter Quarter begins January 2, 1923

Each quarter is twelve weeks in length.

Students are admitted at the opening of any quarter, but no student is admitted after the first week of any quarter.

This College is registered with the New York State Board of Regents. This means that it maintains the high standard required by that Board. It also means that graduates of this College are admitted to the examination for license to practice in New York State and all other states which maintain the New York standard.

Students who wish to be qualified to practice in New York State should be careful to select a College which is registered with the New York Board of Regents.

For the right kind of a course in Osteopathy extensive clinical facilities are needed.

The clinical opportunities of Chicago are unsurpassed.

No prospective student of Osteopathy should overlook the importance of these clinical opportunities.

The College maintains an excellent Osteopathic Hospital.

In the Training School for Nurses there is room for a few more candidates. The Training School course is two years in length. At least one year high school work, or its equivalent, is required for admission. Tuition is free and, after the probationary period of three months, student nurses are paid \$20.00 per month during the first year and \$25.00 per month during the second year. The student nurses receive board, room and laundry free, and two weeks' vacation each year.

For further information, address:

The DEAN

Humanizing the Bunch

Seattle Osteopathic BULL-e-TIN

January, 1922

Published and Edited:

W. E. WALDO, Josh Green Bldg.

No Subscription received and none Deceived.

* * *

—Poem—

The saddest words of tongue or pen,
I'll pay that bill—I can't tell when.

—H. B. Mason, Temple, Texas.

Note: Usually we do not publish poems other than our own composition but H. B. is a friend of ours and everything.

* * *

Parker:—"New car, old top?"

Upton:—"No. Old car, new top."

* * *

Waiter (in high brow eating place)—"Hey! What do you mean by stuffing that table cloth in your pocket?"

Bancroft—"Well, you charged me two dollars for cover and I thought I would take it home."

* * *

A word to the wise is unnecessary.

* * *

Dr. Lee Miller of Knoxville is the worst pessimist I know. He wears a belt and also suspenders.

* * *

Dr. James M. Fraser is the champion optimist. He came to Cleveland with a corkscrew in his pocket.

* * *

Speaking of optimists, Dr. L. F. Curl of Paris, Illinois, was telling me about a farmer patient of his who came in after selling a load of hogs. Dr. Curl—"How did you come out on the deal?"

Farmer—"OH! They didn't weigh as much as I thought they would but I didn't think they would."

* * *

A rolling stone gathers no money.

* * *

Charlotte, Mich.,
Nov. 25, 1921.

Dear Classmate:—

The Chiro's are writing their magazines and telling of the successful adjustment of the spines of mules, cows and dogs. Cannot we see the columns of the BULL-e-TIN to tell about some chickens we have treated?

Yours fraternally,

A. J. GARLINGHOUSE.

Dear Garlinghouse:—

You certainly cannot.

YE EDITOR.

* * *

C.O.P. & S. Student:—"I was wondering what keeps us from falling off the earth when it is upside down."

Dr. Curtis Brigham:—"Why the law of gravity, of course."

Student—"Yes, but how did folks keep on before that law was passed?"

* * *

Dr. Harry Vastine (unattached) said to a young lady the other night: "My love for you is like a rushing brook." All she said was, "Dam it."

Office of Florida Osteopath,
Daytona, Florida,
Dec. 24, 1921.

Editor Bull-e-tin:
Seattle, Wash.

Dear Sir:

Could I get you to brighten up my sheet. Everything I say is so serious.

Fraternally,

ADDISON O'NEILL.

* * *

Dear Ad:

You just think it's serious. I cannot see much difference in our Publications except that I know mine is a joke.

As ever,

Editor BULL-e-TIN.

* * *

—Correct—

Doc Scothorn says that Goat's milk is better than Cow's milk for children and there should be a Goat in every home. There is!

* * *

—Wonderful Diagnosis—

My tailor remarked the other day that there was little change in men's trousers.

* * *

—Friends—

I think that good must come of good,
And ill of evil—surely unto all
In every place or time, seeing sweet fruit
Groweth from whole-some roots, or bitter things
From poison stocks: yea, seeing, too, how spite
Breeds hate—and kindness friends—patience
Peace.
—EDWIN ARNOLD.

Drugs Make Diseases

I have been in close touch with the M.D.'s for some time and I take notice that they are working to kill Osteopathy by the use of strong poisons as medicines. The drugs that are used weaken the organs and all of the tissues of the body, brings on a weakness which terminates in an infection, and later tuberculosis. We have today more of each diseased state than was ever known before. I would suggest that the Osteopaths make a strenuous effort to check this unnecessary evil.—J. T. Hook, D.O., Loveland, Colorado.

Be Chesty

Have been out of active practice for five years and now when I read what D.O.'s are doing I can hardly believe it is possible. Perhaps those in the "thick of it" do not feel they are progressing but, as slow as we move it seems to me the science is many, many steps ahead of five years ago. We as a profession do not possess enough *egotism*. Look up! Be a bit more chesty! You can afford it! Yours for Progress.—Arthur N. Smith, D.O., Tampa, Fla.

It Works

Osteopathy is great! It works! And the future is radiant with promise! We should all pull for unity in the profession, and so destroy that lack of harmony which sometimes is apparent. If we could eliminate the "pin-heads" and the "gas-bags" much would be done to bring about the happy condition of greater progress.—Wm. F. Dickey, D.O., Santa Cruz, California.

Set Your House in Order

"Let us set our house in order" is my one best thought. "Cut out" the candy, not the tonsils. Regulate the diet. Let them get well. A well stomach, pure air, plenty of sleep, with knowledge enough to disinfect tonsils and pharynx and stretch the larynx together with ordinary "manips" will do it. Charge enough, not too much. We are driving people away by high fees.—R. W. Thorne, D.O., Greensburg, Indiana.

Bless Those Who Help Themselves!

We have a hard time realizing our dreams for enlargement of the Delaware Springs Sanitarium, not having a fairy god-father to help out; but we are steadily arriving and our experience *ought* to be a stimulant to others who should depend upon their own resources of work and scheming.—L. A. Bumstead, D.O., Delaware, Ohio.

Apply to Millard, Toronto

Can you put me on to where I can secure blanks for making the examination for the prize perfect spine? This is a splendid opportunity for Osteopaths to let people know that we are the original spine doctors. I hope every Osteopath will encourage every one possible to enter this contest, as it will give our science wide publicity in a most legitimate way. Let's all get busy now, as there are already many inquiries from people who want to enter the contest.—W. Orrin Flory, D.O., Minneapolis, Minn.



"Resolve to go to Los Angeles"

Let your New Year resolution be to attend the Osteopathic Convention at Los Angeles July 3rd to 8th and stay over for the Convention of the American Society of Ophthalmology and Oto-Laryngology July 10th to 14th. Make your reservations now at the Ambassador Hotel, the new five million dollar home for the Osteopaths of the world. Give no credit to the rumor and reports in the newspapers (and even among some of our own members) that Los Angeles hotel prices are higher than eastern prices. The prices at the average hotel vary from \$2.50 up and just as fine a room with bath as can be secured anywhere in the East for the same price. And join the Transcontinental College Circuit Clinic. Make your reservations at once at the hotel headquarters or elsewhere."

HOW to BUILD PRACTICE by ETHICAL PROMOTION

Historic Proof of the Precedence of Osteopathy

[Ready to Reprint in Your Local Newspaper]

A little document of great historic interest to the healing art and to the health seeker in particular is found in the February issue of "Osteopathic Health," the lay magazine. It is a simple, yet rather complete explanation of Osteopathy as a revolutionary and reform movement in medical science, entitled "Most Diseases Are of Spinal Origin."

This interesting article is unique in that it was absolutely the first statement ever written to acquaint the public fully with what the new form of diagnosis and therapy actually is! Think of it!—with all the thousands of journals, pamphlets, text books, special articles, editorials, lectures, plays, movie pictures, etc., that have followed since that pioneer statement was first issued in print 21 years ago, here is the original pioneer, copyrighted statement that first issued in print for the osteopathic profession in 1901.

That, you know, was long before the so-called "chiropractic" school was started, a cult which in these latter days is filling the earth with noise, claiming falsely to be the original "spinal adjustment" system of the healing art.

No better historic proof of the complete falsity and insincerity of all such chiropractic claims could be asked for than this simple osteopathic historic document, copyrighted in 1901, two copies of the original of which now repose in the Congressional Library at Washington.

"Most Diseases Are of Spinal Origin" is a brief but complete statement of the *Mechanical* aspects of Osteopathy; and Dr. A. T. Still, the revered founder of Osteopathy, said in his day that no other as lucid and satisfactory brief

statement of osteopathic principles was ever written!

This interesting definition of Osteopathy presents osteopathic philosophy and practice successively from three different points of view, that of Anatomy, of Physiology and of Pathology, and from each point of view the facts of science vindicate the Osteopath's position as a diagnostician. Each point of view is shown also to vindicate his position as a therapist when he makes needed "adjustments" of the working parts of the deranged human organism.

You will find this explanation of Osteopathy very understandable and very satisfactory. It is assuring, too, to know it is an authoritative utterance of the profession, and had the unqualified endorsement of the founder of the science, himself. More than three-quarters of a million copies of it have been circulated in the past twenty-one years.

Get it!

A complimentary copy of the February number of "Osteopathic Health" containing this article can be had by applying to Dr. _____ of _____. A telephone or a post card request will bring it to you.

A Word to Osteopaths About It

Since the foregoing facts are all true, Doctor, what are you yourself going to do about it? Don't you feel the call as both Opportunity and Duty to put out several thousand of these incomparable educators at once in your field? If not, we marvel at you. Show us equal opportunity to advance our business interests, Doctor, such as we here are presenting you for the easy advancement of yours, and we would spend a thousand dollars for every forty dollars that we urge you doctors to invest for your business

Converting the Conovers

Coming!!!

Watch for it in March "Osteopathic Health." In this issue we introduce, as the first of our staff of new writers for "the patient's monthly magazine," Irma G. Grise, wife of Dr. H. M. Grise of Watertown, Wisconsin. Mrs. Grise is a spirited writer whom we are training up to spring on Saturday Evening Post one of these days, and you will like her stuff.

We announce this new osteopathic serial as something entirely original in promotional literature. That's what you expect in "Osteopathic Health" every month now—novelties—no old stuff—always something fresh and new!

It comes higher than stock pamphlets printed from plates—of course—because it costs more to write and produce a fresh new magazine every month, but it's worth the price.

"Converting the Conovers" will intrigue your soul. Place your order today for the March edition of the magazine containing it, which sells at \$55 by the thousand on single orders, delivered to your door, with envelopes and your professional card added. The cost for one hundred copies, on single order, is \$7.50. It's cheaper, of course, if you use the monthly magazine on annual contract, as you really ought to do. Then the 1,000 magazines cost you but \$40; and one hundred, \$6.50. Besides, you get the cumulative benefits of advertising by using the magazine every month in the year.

Why not write for a free sample?

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

Ready for Use in your home town newspaper. The "copy" below is for display space. Have your printer follow style of composition.

"Osteopathic Health" for February

Most Diseases Are of Spinal Origin

Anatomy Upholds Osteopathy; Complex Machines Easiest Disturbed; How Physiology Proves Osteopathy; Marvelous Work of the Cord; Spinal Centers Easily Irritated; No Failure to Perceive But to Apply; Meaning of Rib and Vertebral "Lesions"; Spinal "Centers" Control Bodily Functions; Osteopathy Has Defined New Centers; The Argument from Pathology; Altered Blood Flow Means Disease; Nerve Pressure as a Disease Factor; Over-action Brings Ultimate Inhibition; Nerves Make Blood; Blood Feeds Nerves; Entire Dissimilarity of Massage and Swedish Movement; Osteopathy Applies New Principles.

The above is the title contents of "Osteopathic Health" for February. This popular exposition of Osteopathy was first printed in 1901 when it received the personal indorsement of Andrew Taylor Still, Founder of Osteopathy. It is a complete and authoritative statement of osteopathic principles and practice. It is instructive and interesting, and proves that Osteopathy is the pioneer system of adjustive therapy.

A copy of this little magazine will be mailed free of charge on request. Address:

DR. _____, _____

A Man Is As Old as His Spine

By Mary L. LeClere, A.B., D.O.

is announced as the contents of April "Osteopathic Health." This polished writer dwells in Redlands, California, and we take pleasure in introducing her as No. 2 of our new staff of writers for "Osteopathic Health" during 1922.

Here is why Dr. LeClere did it.

"I have noticed," said she, "that the thing that medical doctors ridicule is the idea that people go around with joints dislocated. But we don't really teach that. Osteopaths have been very inarticulate when it comes to explaining what lesions really are. It seems to me, anything that explains what really does happen to the joints will do much toward giving Osteopathy the esteem it should have, and will rob our enemies of their only weapon against us."

So the lady wrote it! This is it. It's as simple as romance to read, but the lady's biological basis is so sound that it's a step forward from the mere mechanical explanation of Osteopathy. Especially appealing to osteopathic up-to-daters!

Put your order in now.

Prices: One thousand, \$55 if you order from us once in a while, but, only \$40 if you're our regular monthly customer; one hundred, \$7.50 to transients, but \$6.50 to 12-month-a-year customers. Besides, the fellows who enjoy the cheapest prices are the ones who get the most in the bargain for they derive cumulative benefits from their advertising which the once-in-a-while loses. Come on in on our contract service fellows, and use it every month! It delights your patients, wins new adherents for Osteopathy and it pays you. Write for sample.

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

welfare! Is this right? Ought not Doctors to be as alert as anybody to advance their professional interests? If you think they should, then use several thousand of "Most Diseases Are of Spinal Origin" at once, while you have the chance. Order today. Edition limited.

Dr. Brockway's Opinion

I think that your ideas of publicity are the stuff, and that your "Osteopathic Health" magazine has anything else of the educational nature put to shame. I think that you understand how to make the subject of Osteopathy mighty interesting to a health seeker.—A. W. Brockway, D.O., Waukegan, Wis., Dec. 17, 1921.

Sixty Days from Date Our Million Run Begins!

Our big presses will start to grind out that 20-Year Jubilee "Million Run" Pamphlet, "The Osteopathic Method and Its Cures," which is to carry a new message of Osteopathy into a million homes.

Think of the thinking about Osteopathy that it will arouse!

Think what it will mean for you to have the people of a thousand homes in your own territory all set to thinking about Osteopathy at one time!

You simply can not afford to let slip this grand opportunity for osteopathic propaganda—for setting the public of your community thinking along new lines respecting the right way to overthrow disease and maintain health.

The pamphlet is to be printed on high grade stock, printed in two colors. Fine grade envelopes. First-class mailing list in your community and accurate addressing assured. The text matter is by HSB which is a guarantee of literary punch and convincing presentation.

And the cost is so small—\$31.79 for the "whole works," the 1,000 pamphlets, the envelopes, the addressing, the postage. Also if you wish we furnish the list of names. We are doing it—this time, at least—at cost for you.

We Pay Cash for Acceptable Manuscripts

We are in the market for contributions that explain osteopathy, its theory and practice, its diagnosis and cures, in simple plain English suitable for converting the lay reader and educating osteopathic patients. Such manuscripts must be suited for the purposes either of "Osteopathic Health" or "Harvest Leaflets": must be typewritten on one side of the paper only and be either single or double spaced between lines. The total number of words by actual count must be given on each article and the number of words on each separate page.

FOR "OSTEOPATHIC HEALTH"

Brochures or other manuscripts offered as suitable material for making up one entire number of this magazine must contain approximately from 3,600 to 4,000 words. We supply the subheads for long articles.

The preference is for short articles explaining a variety of diseases rather than for one long manuscript. Long articles have to possess some definite theme, show artistic unity and logical construction. But any practitioner who is interested in his practice, even though with-

We've Helped Dr. Dodson Build It Up

My practice for this month has already been greater than I have ever had before in December. I thank you for helping me to build it up with "Osteopathic Health." Please increase my order from 300 copies to 500 copies per month, with white envelopes, with my card imprinted on envelopes, the same as you are now imprinting it on the "Osteopathic Healths."—Very truly yours, C. A. Dodson, D.O., Little Rock, Ark., Dec. 25, 1921.

The man that everybody likes, generally likes everybody.

To indulge in self-pity is self-destruction.

It sounds like a wonderful offer. It looks like a wonderful offer. It really and truly is a wonderful offer—now isn't it? Yes, it is a wonderful offer! Don't resist that impulse to accept it. The hunch is right. Obey the impulse. Send your order today.

If you have turned in a tentative order but have not made your remittance, send your check along without further delay. This is your notice to complete formalities.

If you have sent in your order and check but have not furnished a mailing list, send it at once, please, or authorize us to supply one for you.

The New Year's here! It's time to get busy on the big things of 1922. Begin by joining the crowd of "live wires" supporting this great 20th-Jubilee-Year, Million-Run, Direct-to-the-Home Advertising Campaign for Osteopathic Advancement.

Come on! Let's go! Zero hour has struck! It's forward now! Finish this job and get set for a new advance!

The BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

not possessing literary gifts may write the most acceptable sort of simple short articles containing one or more good ideas or dealing with particular diseases, diagnoses and cures. We are able to supply the literary revision, if it be needed, to polish good plain recitals of fact.

FOR "HARVEST LEAFLETS"

Manuscripts offered for "Harvest Leaflets" should conform to one or another of these sizes:

- 1 page "Harvest Leaflets" average from 100 to 125 words.
- 2 page "Harvest Leaflets" from 250 to 300 words.
- 4 page "Harvest Leaflets" from 660 to 750 words.
- 8 page "Harvest Leaflets" from 1,700 to 1,750 words.

So-called "fine writing" is not wanted. Good plain simple English and truth telling, based upon an underlying understanding of the psychology of "selling" osteopathy to the public, is what we are after. What have you to offer Doctor? Have you ever tried your hand?

Have You a Maturing Loan to Reinvest!

If you are fortunate enough to have money out at interest on first-mortgage real estate loan, or otherwise, about to mature, we would like to bring to your attention the attractive features of our limited offering of 8 percent Preferred Stock, Cumulative, in The Bunting Publications, Inc.

This stock issue of \$30,000 is preferred as to earnings as well as assets, so that no dividends can be paid on Common until the Preferred dividend payments of 2 percent quarterly are all met. Bunting Preferred Shares sell at \$100 par and are redeemable at 105, so that they certainly pay you in excess of 8 percent per

annum and will probably pay you about 9 percent. See our advertisement giving fuller information on Page 3 of The Osteopathic Physician.

Remember, too, that if you put your money in Bunting Preferred Shares it is reinvested by us in the printing machinery that is grinding out national publicity for osteopathy: so that you and your profession alike get a direct benefit from the use made of your money in addition to the good interest rate that you receive.

Furthermore, you are helping us, your professional boosters—helping us very much, in fact—by such a course, for we've got to pay the balance due on our new machinery equipment and, having gone our limit to get as far along as we have, we are now compelled to sell our Preferred Shares to raise the necessary money.

Can you help us finish up this good enterprise in fine style?

We invite correspondence with osteopaths who are of the investment class and will be glad to give any additional information or assurances you may desire.

Current Issues of "Osteopathic Health" on Sale

"Most Diseases are of spinal Origin" (February) Price 100 copies, contract, \$6.50; single order \$7.50.

"What Constitutes Osteopathic Treatment and Examination" (January) Price 100 copies, contract, \$6.50; single order, \$7.50. Supply going fast so act promptly if you wish copies of this good number.

GET LOWER PRICES BY QUANTITY BUYING!

On annual contract orders delivered by express 500 copies cost \$22.50; all quantities from 600 to 1,000 at \$4.00 per hundred.

On single orders delivered by express 500 copies cost \$28.75; all quantities from 600 to 1,000 at \$5.25 per hundred.

Professional card plate free to contractors.

October issue (Osteopathic Catechism)

Sold Out!

November issue (Somebody's Everyday Ills)

Sold Out!

December issue (Winter Disease Number)

Sold Out!

Standard Undated Laity Brochures Available

"The Human Body Runs Like an Automobile."—Brochure No. 60, undated. Price 100 copies, \$5.50.

"The Body's Four Grand Systems of Elimination."—Brochure No. 59, undated. Price 100 copies, \$5.50.

"The Osteopathic Specialist in Diseases of Ear, Nose, Throat and Eye." Brochure No. 58, undated. Price, 100 copies, \$5.50.

"Mechanical Causes of Woman's Ills and How Osteopathic Adjustment Cures Them." Brochure No. 57, undated. Price, 100 copies, \$5.50.

"Osteopathy in the Inflammatory Diseases." By the late Professor Lane. Brochure No. 8, undated. Price, 100 copies, \$5.50.

"A General Sketch of Osteopathy." Brochure No. 51, undated. Price, 100 copies, \$5.50.

"Osteopathy Potent Where Serums and Vaccines Fail," by Michael A. Lane. Brochure No. 16, undated. Price, 100 copies, \$5.50.

"Osteopathy as a Science," by John Comstock, D.O. Brochure No. 37, undated. Price, 100 copies, \$5.50.

QUANTITY PRICE

Price in 500 or 1,000 lots \$5.00 per hundred.

Let the Light Filter Through

Help your patients to think osteopathically. The waiting room should be an osteopathic educational center. Our magazines are rich in usable material. News from the osteopathic world, quotations from the "Old Doctor," incidents from his life, mounted and hung on a screen attract attention and furnish food for thought. This quotation from the "Old Doctor," neatly printed, never fails to excite thought and comment: "Now, Lord, we beseech Thee, once in a great while to pummel our

heads with the hailstones of reason."—Anna G. Tinkham, D.O., Waltham, Mass.

Lane Brochures Still in Print

"Osteopathy in the Inflammatory Diseases," by the late Professor Michael A. Lane, Brochure No. 8, Undated. Price 100 copies, \$5.50.

"Osteopathy Potent Where Serums and Vaccines Fail," by the late Professor Michael A. Lane. Brochure No. 16, Undated. Price 100 copies, \$5.50.

"HARVEST LEAFLETS"

to Reach the Multitude and Arouse the Disinterested

Our new line of introductory and supplementary printed leaflets is designed to enable osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make easy and economical the undertaking of broadcast distributions and engineering systematic rapid-fire follow-ups where the cost of using a magazine would be felt as a deterrent factor. You can economically and speedily cover entire lists of any size by this medium and command instant attention. The harvest will be proportional to the sowing. Let us tell you how to plan and conduct such campaigns. Here is the splendid assortment of subjects offered you:

4-Page Harvest Leaflets

No.

1. What Doctor Shall I Employ?
2. Disease Caused by Mechanical Pressure.
3. How Osteopathic Patients are Treated.
4. Getting Well All Over at the Same Time.
5. Building Up Weak Throats.
6. A Chiropractor at Work.
28. The Best Spring Tonic.

Price \$10.00 per thousand, with or without your professional card.

\$1.25 per hundred.

6-Page Harvest Leaflets

No.

7. What Is Osteopathy?
8. A Word to Former Patients.
9. What Osteopathic Fingers Will Do.
10. Neuritis From a Slipped Rib.
13. Chiropractic Kleptomania.
24. Neuralgia and Headaches.

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

\$1.50 per hundred.

8-Page Harvest Leaflets

No.

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

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

\$2.00 per hundred.

1-Page Harvest Leaflets

No.

18. Habit in Suffering.
19. The Osteopath's Point of View.
20. An Osteopath.
21. The Nine Modern Wonders.
22. Osteopathy Is Not a Remedy.
23. Dr. Atzen's Definition of Osteopathy.
26. Pain.
27. Insomnia.
29. Sciatica.

Price \$5.00 per thousand, with or without your professional card.

\$0.75 per hundred.

Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs \$1.00 extra. These folders are sized to go in an ordinary letter envelope.

These osteopathic "Harvest Leaflets" do not take the place of campaigning by Osteopathic Health, but supplement it. They are scaled for easy, economical, wide distribution in units of thousands instead of hundreds, and are adequate to supply your want of something effective that will stir up quickly numerous inquiries about osteopathy. You should use them as "attention-getters". As each new inquirer is heard from you should automatically put him on your mailing list to receive Osteopathic Health, the magazine, monthly for a year's period. That is campaigning as scientific propagandists of any worthy cause would do it. We have only begun to fight for Osteopathy!

The BUNTING PUBLICATIONS, Inc.

Waukegan, Ill.

"Harvest Leaflets" Have a Potency All Their Own

It is the supreme merit of our line of 28 different "Harvest Leaflets," ranging from one to eight pages each, that they are the easiest, quickest and cheapest advertising media of high quality that one can put out to special mailing lists. The cost per thousand persons reached is so low that any practitioner really interested in building up practice or osteopathic prestige in his own field can afford to mail these out in series every week or ten days. The results from using them are found to be so

good that any vigorous campaign of this sort, entered into for a period of three to six months, ordinarily pays for itself from new patients obtained before the campaign has entered well into the second month.

The proper strategy involved in the use of "Harvest Leaflets" is to regard them as the low-cost, wide-distribution, quickly-repeating medium for attracting first attention and producing inquiries. All inquiries so produced should at once be put on one's regular mailing list for education by *Osteopathic Health* and selected numbers of our "Standard Lairy Brochures." It is usually an easy matter to find out what an inquirer's special interest in oste-

opathy may be—that is, what and whose disease it is hoped to cure—and then it is only common-sense follow-up science to select and supply such brochures as most nearly cover that subject.

Any one who wants quick and extensive results will be pleased at the productiveness of this system of advertising. And the charm of it is that it benefits osteopathy as a whole by *benefitting most the osteopath who puts this evangelization machinery in motion*. In other words, *the fellow who spends the money gets it back with a profit besides*. That proves quite satisfactory, as a rule, to the one who shows the enterprise.

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Goddard Building 27 E. Monroe St.
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Eye, Ear, Nose and Throat

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Orificial Gynecology—Diseases of Sigmoid,
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REFERRED CASES CONSULTATION

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

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Specializing in

Diseases of Gastro-Intestinal Tract

Consultation and Referred Cases given special attention

HOSPITAL FACILITIES

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PHILADELPHIA, PA.

Books! Books! for Osteopaths

Keep your library up to date!
Look over this list and place your order for what you haven't got.

Poliomyelitis— <i>Millard</i>	\$4.00
Applied Anatomy of the Spine— <i>Halladay</i>	\$3.50
Osteopathic Descriptive Anatomy <i>Laughlin</i>	\$6.50
Practice of Osteopathy— <i>McConnell & Teall (1920)</i>	\$7.50
Physical Diagnosis and Diseases of the Chest— <i>Norris & Landis (1920)</i>	\$9.50
Diseases of the Head and Neck— <i>Deason (1921)</i>	\$2.50
Manual of Technique and Osteopathic Anatomy— <i>Goetz</i>	\$3.00
Analytic Cyclopedia of Practical Medicine— <i>Sajous (8 Vol.)</i>	\$64.00
Quiz on Osteopathic Practice— <i>Laughlin</i>	\$1.50
Quiz on Obstetrics and Gynecology— <i>Clark</i>	\$2.00
500 Osteopathic Pathology Questions— <i>Hoffman</i>	\$1.50
History of Osteopathy— <i>Booth</i>	\$5.00
Autobiography of A. T. Still	\$2.50
A. T. Still, Founder of Osteopathy— <i>Lane</i>	\$3.00
Therapeutics of Activity— <i>Gour</i>	\$4.00
Osteopathic Mechanics— <i>Ashmore</i>	\$3.50
Osteopathy, the Science of Healing by Adjustment— <i>Woodall</i>	\$0.75
Concerning Osteopathy— <i>Webster</i>	\$2.50
Food Fundamentals— <i>Bean</i>	\$3.00
Something Wrong— <i>Webster</i>	\$0.75
Health and Life (Partial Fasting Method)	\$1.00
The Allen Treatment of Diabetes— <i>Hill and Eckman</i>	\$1.75

Prompt attention given to all orders. Tell us about any book you want.

—The—

Bunting Publications, Inc.

Waukegan, Illinois

PROFESSIONAL CARDS

<p>Dr. J. Deason, Osteopathic Physician Specializing in Ear, Nose and Throat 27 East Monroe St., Chicago</p> <hr/> <p>Hubert F. Leonard, D.O., M.D. Consultation and Surgery Local anaesthesia in general surgery; nose, throat and goiter surgery a specialty. 703-706 Morgan Bldg., Portland, Oregon</p> <hr/> <p>Riley D. Moore, LL.B., Oph.D., D.O. Osteopathic Physician Southern Bldg., Washington, D. C. Careful attention to referred cases.</p> <hr/> <p>Dr. Percy Evan Roscoe Osteopath 410-413 Seventy-first—Euclid Bldg. 7016 Euclid Ave., Cleveland, Ohio</p> <hr/> <p>Dr. C. Burton Stevens Obstetrics Chief of Obstetrical Department Osteopathic Hospital 617-18 Farwell Bldg. Detroit, Mich.</p> <hr/> <p>Dr. T. J. Ruddy Eye, Ear, Nose and Throat Originator (Bowling) of "Finger Method" for Hay Fever and Catarrhal Deafness, etc. Chief of E. E., N. & T. Dept., C. O. P. & S. 302-9 Black Building Los Angeles, Calif.</p> <hr/> <p>Dr. Frank J. Stewart Diseases of the Skin and also Genito-urinary and Venereal Diseases Room 1201, 7 W. Madison St. Chicago</p> <hr/> <p>Dr. H. C. Wallace Practice limited to General and Orthopedic Surgery and Consultation S. W. Osteo. Sanitarium, Blackwell, Okla.</p>	<p>Dr. Benoni A. Bullock Consultation and Surgery Specialist in Orificial Surgery Stevens Bldg., Detroit, Mich.</p> <hr/> <p>Dr. W. F. Rossman Surgery: Eye, Ear, Nose and Throat Referred Cases solicited Grove City, Pa.</p> <hr/> <p>Dr. S. P. Ross Surgeon Office, 1000 Land Title Building Residence, Hotel Adelpia, Philadelphia, Pa.</p> <hr/> <p>Dr. Jerome M. Watters Osteopathic Physician Ear, Nose, Throat and Eye 2 Lombardy St., Newark, N. J.</p> <hr/> <p>M. D. K. Bremner, D.D.S. Radiography, Oral Diagnosis and Pyorrhea Suite 1600, Mallers Building, 5 S. Wabash Ave. Chicago, Ill.</p> <hr/> <p>Dr. Leland S. Larimore Eye, Ear, Nose and Throat Prof. Ophthalmology, Optometry and Otolaryngology, K. C. College of Osteopathy and Surgery Blackwell, Okla. 601-2-3 New Ridge Bldg., Kansas City, Mo.</p> <hr/> <p>Dr. C. C. Reid Eye, Ear, Nose and Throat Dr. C. L. Draper Dr. J. E. Ramsey Adjoining Suites with tiled and specially equipt "surgery" in common. 501-10 Interstate Trust Bldg. Denver</p>
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DR. CAVE GIVES HIS OPINION OF IT

[Continued from Page 6]

nessed almost unbelievable things done by this incomplete apparatus and have concluded that much of medical wisdom remains to be learned and that we are just now on the threshold of the greatest medical discoveries of all time.

I am hoping to arrange to stop off in Chicago upon my return trip and attempt to show you some of the things I have learned. But I will say right here that it is very hard to believe it even after one has actually witnessed it.

Fraternally,

FRANCIS R. CAVE, D.O.

Dr. Willard's Technique Course in Chicago

A Special class in Standardized Technic will be conducted in the office of Dr. Carl P. McConnell, 25 E. Washington Street, Chicago, January 16, 17 and 18 from 8 to 10 P. M. The cost of the course is \$35.00. For those desiring an extra three days drilling, the entire six-day course is \$50.00. As the class is necessarily limited in number, those who intend to take the work will please notify me at once at Hotel LaSalle, Chicago. Those who live outside of Chicago may arrange to take this work in their own city by communicating immediately with Dr. Willard.

IN D.O. LAND

Death of Lewis Scothorn

Lewis Scothorn, little son of Dr. and Mrs. Samuel L. Scothorn, at Dallas, Texas, January 13 at 4 a. m. The whole profession will grieve with the parents in their great sorrow.

Dr. Earle Willard in Chicago

Wednesday, January 4th, Dr. Earle Willard was in Chicago to conduct a three day class, two hours each day, from 8 to 10 p. m., in Low Table Technic.

Dr. McManis Now at Dr. Abrams' Office

Drs. J. V. and Lulu F. McManis of Kirksville, have gone to San Francisco to take the course in Electronic Diagnosis and Treatment, given by Dr. Albert Abrams, under special concession and agreement.

Chicago Osteopathic Association News

The Chicago Osteopathic Association met on January 5th at the Hotel Sherman, Chicago. The speaker of the evening was Dr. Frank J. Stewart, his subject being "Social Hygiene"—Alex E. Walker, D.O., Sec'y—Treas.

New Jersey Osteopathic Society, Inc. Meets

The first meeting in 1922 of the New Jersey Osteopathic Society, Inc., was held January 7th at the Y. M. C. A., at 8:00 P. M. The speakers of the evening were Doctor Minez and H. E. Sinden, following whom there was a business session devoted to a number of very important matters.

Axis Chapter of Atlas Club Banquets

On Saturday evening at seven o'clock, January 7, 1922, at the Kirksville high school gymnasium, was held the semi-annual banquet of the Axis Chapter of the Atlas Club, given in honor of the graduating Brothers and in commemoration of the Twenty-third Anniversary of the Club.

St. Louis Osteopathic Association Meeting

The St. Louis Osteopathic Association held its monthly meeting on Tuesday, December 20th, at the Marquette Hotel. The program consisted of papers by Dr. H. F. Goetz and Dr. Carrico, which were followed by the "Questionaire" on what was learned from the state meeting.—Dr. Douglas Clark, D.O., Chairman.

Osteopath Member of Fox and Fur Company

The December 10 issue of the Moncton Transcript, N. B., Canada, carried a news item of a shipment, on that date, by the Ogle-Colpitts-Leeman-Steeves Fox and Fur Company, Ltd., of Salisbury, N. B., of \$200,000,000 worth of silver black foxes from Salisbury to Binghamton, N. Y. This is considered the largest shipment ever made from the province.

Dr. J. V. McManis Going Strong After Operation

Dr. J. V. McManis while assisting in the lifting of a McManis Table out of an express wagon last

November was seriously injured, which necessitated a Hernial operation at once. The operation was performed by Dr. S. L. Taylor of Des Moines and was a complete success. Elsewhere in this issue are accounts of "Mac's" activities in the cause of Osteopathy since the operation.

A. S. O. Starts Nationwide Advertising Campaign for Students

The A.S.O. has recently signed up a contract for an advertising campaign for students, which involves thousands of dollars. The contract is with the Knapp Advertising Co., of New York City. Literature will be sent monthly to three thousand Osteopaths for a period of twelve months. Further advertising on a large scale is also contemplated.

North Texas Osteopathic Ass'n. Elects Officers

At the meeting of the North Texas Osteopathic Association at Fort Worth, Texas, November 5th, the new officers elected were: Dr. J. J. Dunning, President; Dr. Mary Bedwell, Vice President; and Dr. Chas. Kenney, Secretary. The coming year portends to be the most fruitful in the history of the Association.—J. J. Dunning, D.O., President.

Northeastern Nebraska Meeting

The Northeastern Nebraska Osteopathic Ass'n. held its regular quarterly meeting in Stanton, Nebraska, December 14th. Dr. Charles Hartner, of Madison, is president of this association. Interesting papers were read by Drs. S. P. Taylor of Norfolk, Dr. C. A. Bone of Fremont, Dr. Boals, Stanton, and Dr. Byron S. Peterson of Omaha. Norfolk was chosen as the next meeting place in March at which time the annual election of officers will take place.

North Carolina Osteopath Burned Out

Fire of unknown origin practically destroyed the handsome \$25,000 brick residence of Dr. E. C. Armstrong, New Bern, N. C., on the morning of December 23rd. The Doctor and his family, awakened when the destroying flames had already reached the second floor, had time only to seize some clothes and save their lives. The house was fully insured but the insurance on the furniture would not cover the loss. Until such time as the house can be rebuilt the Doctor and his family will stay with friends.

Dr. Francis A. Cave New President Boston Society

At the October meeting of the Boston Osteopathic Society, officers for the year were elected as follows: President, Dr. Francis A. Cave; vice-president, Dr. Perrin T. Wilson; secretary-treasurer, Dr.

DIRECTORY of Osteopathic Hospitals and Sanitaria

Detroit Osteopathic Hospital

Third at Highland Ave., Detroit, Mich., has complete Obstetrical, Laboratory, Roentgenology and Surgical Departments. Specialists in charge. Rates upon request.

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Philadelphia College of Osteopathy and Osteopathic Hospital of Philadelphia

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Laughlin Hospital and Training School for Nurses

Kirksville - - - Missouri

The Des Moines General Hospital

The Home of the Taylor Clinic

Staff of Thirteen Specialists. Most complete X-ray and Clinical Laboratories. The only Osteopathic Institution that owns Radium. Referred cases given special attention. S. L. Taylor, Pres. and Surgeon-in-chief—F. J. Trenery, Superintendent-Radiologist.

Poliomyelitis (Infantile Paralysis)

By F. P. Millard, D.O., Toronto, a remarkable book on account of the clearness and comprehensiveness of its treatment of the anatomical, physiological and pathological phases of the subject.

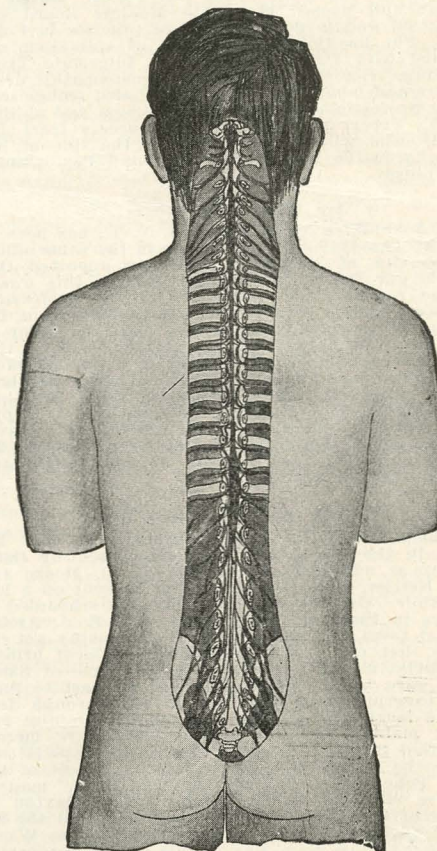
The book has 162 pages, printed on high grade stock; 97 illustrations; bound in cloth, stamped in gold. No osteopath should be without a copy.

Only a limited supply of copies available. You will need two copies, one for your reference library, one to circulate among your patients. Order now.

Price—\$4.00 Postpaid

The Bunting Publications, Inc.

Waukegan, Illinois



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

Ruth E. Humphries; curator, Dr. George W. Goode; director, Dr. Alfred W. Rogers. Expression of appreciation of the publicity work of Dr. R. Kendrick Smith was voted. The attitude of osteopaths towards imitators and members of the drug school was discussed.

Dr. C. C. Reid Puts in \$2,000 X-ray Outfit

In line with the demands of accurate diagnosis, efficiency and thoroughness, Dr. C. C. Reid has recently added to his equipment a fine x-ray outfit. He is equipped to take radiographs of any part of the body for the benefit of diagnosis. The x-ray is for the benefit of the profession. Consultation is essential to the safety and accuracy of all general practitioners, who should avail themselves frequently of the use of the x-ray.

Lymphatic Research Society Holds Election

At the annual meeting of the International Society for Lymphatic Research, held in the Confederation Life Building, Toronto, Ontario, Canada, Dr. F. P. Millard was elected president. Other officers elected were: Dr. Geo. W. Goode, Boston, Secretary; Directors—J. D. Edwards, St. Louis, Dr. J. Deason, Chicago, T. J. Ruddy, Los Angeles; C. C. Reid, Denver. The next meeting will be held in Los Angeles.

Dr. Mulrony Burned Out

On the morning of December 4th, at 8 A. M., the building we were located in, a three story brick building, caught fire on the middle floor. We were located on the ground floor but the fire spread so quickly with a strong wind to fan it that we could only save what was on our backs! Our losses were over \$12,000 while the building only carried \$1,000 insurance. Two hours after the fire I wired to Chicago for a new outfit and am now at work as if nothing had happened but I certainly feel the loss.—W. J. Mulrony, D.O., Yuma, Arizona.

"Contest" Stirring Up Whirlwind of Publicity

A whirlwind of publicity for Osteopathy is sweeping the country. From East and West, North and South newspaper clippings come to us with beautifully written and artistically illustrated accounts of how the "Contest" is progressing in the various communities. "When this contest is over, we ought to immediately start another," says a D.O. whose home town newspaper contained a very nice "Contest" write-up, "for there is nothing like a contest to get people interested—everybody likes a contest."

Dr. Myrtle B. Laird, of Oakland, California, Joins Dr. C. C. Reid's Group of Specialists.

Recently, Dr. Myrtle B. Laird, a very high class osteopathic lady with a fine war record, moved to Denver and passed the State Medical Board examination and is now licensed to practice in Colorado. She has joined the group of specialists associated with Dr. C. C. Reid, 501 Interstate Trust Building. Her special line will be osteopathic orthopedics and laboratory work. Dr. Laird stands well in her profession, is a lady of refinement and ability. We all expect nothing but fine success from Dr. Laird. She will also teach along the line of her specialty in the Denver Polyclinic and Post Graduate College.

Are There Any Others?

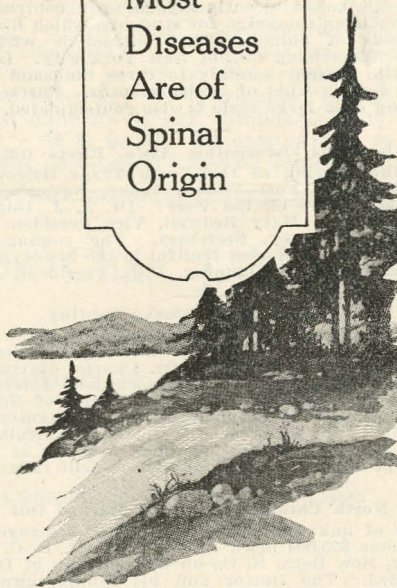
Dr. John W. Riley of Norwich, N. Y., has been in practice twenty consecutive years in the same offices in the city of Norwich. When we reported this fact in our December issue we thought this was a unique record among members of the profession. We were wrong, for just listen to this from Dr. Eugene Pitts, who writes: "Dr. John W. Riley of Norwich, New York, 'ain't got nothin' on us, as this office has been open every week day (except vacations, etc.) since January 1, 1901 and we're still here at the same old stand (318-319-320 Eddy Building, Bloomington, Ill.) studying Osteopathy. A Happy New Year to you and all the family—this leaves Eugene No. 2, 6½ years, and Esther Elizabeth, 2½ years, and Dad and Mamma in fine spirits and health.—Eugene Pitts, D.O."

Credit Where Credit is Due

Thomas Skeyhill, Anzac private, who lost his sight in the World War and was cured by Osteopathy as administered by Drs. R. D. Moore and Carl Kettler, is in this country at present on a lecture tour. On December 22nd, he was scheduled to lecture in Pullman, Washington. Dr. E. A. Archer of that town, desirous of seeing Osteopathy get the credit that was due it, requested the local printer to reprint a leaflet published at the time of Skeyhill's cure. The printer promised at least to publish excerpts from that leaflet but through fear of the local M.D.'s, went back on his promise and when making mention of Skeyhill's cure merely said that it was effected by "an Eastern specialist." Since the lecture was given for the benefit of the High School Athletic Field the "Hi Times" made a feature story of it, Dr. Archer's son, Dayton F. editor of the school paper, seeing to it that the account of Skeyhill's cure as printed by the Washington Evening Star, May 4, 1918, was incorporated in his story and as a copy of the school paper, through Dr. Archer's efforts, was sent to every family in town, the whole town read how Skeyhill, poet and soldier and lecturer, has Osteopathy to thank if he now sees.

Osteopathic Health for February

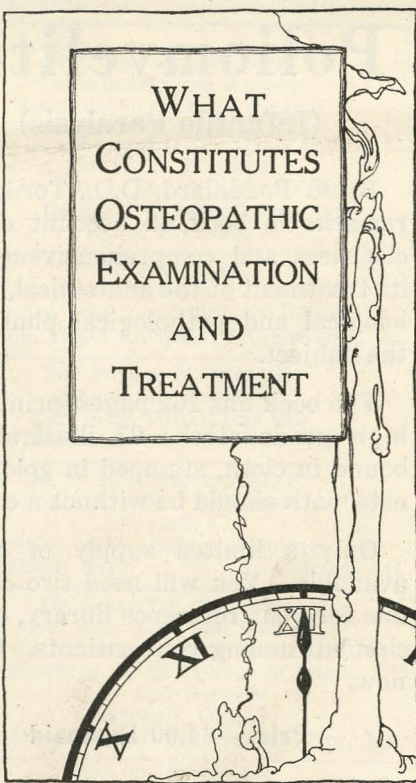
Most Diseases Are of Spinal Origin



This is the pioneer and now classic exposition of Osteopathy in terms of popularized, simplified, science. It was most highly praised by Dr. Andrew Taylor Still and has been more widely distributed than any other popular brochure on Osteopathy. Each new edition wins fresh praise from the profession and laity. What part of this present issue do you wish to requisition for yourself?

Osteopathic Health for January

WHAT CONSTITUTES OSTEOPATHIC EXAMINATION AND TREATMENT



This January issue has a dandy discussion about osteopathic examination and treatment. It's as popular and entertaining as can be but the reader gets lots of real information out of it just the same. Start now to make 1922 your banner year.

PERSONAL

Dr. R. N. Blackwell of Dallas, Texas, announces the opening of his office at 627 Wilson Building. Dr. Blackwell was formerly located at 435 Wilson Building.

Dr. Katherine E. Broderick announces her new address, which is 3100 Van Buren Place, Los Angeles, Calif. Dr. Broderick was formerly located at 59 South Main Street, Torrington, Conn.

Dr. Louisa J. Collins of Evanston, Illinois, will practice in Clarksdale, Miss., during the winter. During her absence Dr. Bowen, formerly of Chicago College of Osteopathy will have charge of the practice.

Dr. Carwin Hancock of the firm of Norwood and Hancock, Mineral Wells, Texas, December 3rd was elected President of the Mineral Wells Kiwanis Club. This club gave a Christmas dinner for the poor children of the city, December 23rd.

Our attention has been called to an erroneous statement which appeared in this column in the October 1921 issue. In that issue it was stated that Drs. Chas. M. Overstreet and Herbert Bernard were located for practice at 91 Davenport Street, Hastings, Nebraska. The item should have read 91 Davenport Street, Detroit, Michigan.

Dr. Nannie B. Riley of Rome, Georgia, will be pleased to take care of referred patients this winter. The town is a delightful winter haven for those who do not care to travel as far south as Florida. Dr. Riley reports economic conditions very serious and also she has been compelled to take time away from practice to look after her son who is in a hospital in Nashville suffering from physical breakdown as a result of service during the war. If you have patients wishing to spend a month or two in the middle south refer them to Dr. Riley at Rome, Ga.

DIED

Mrs. Margaret Sisson, mother of Drs. Effie Ernest and Ada Sisson, December 18th, age 94.

Dr. Clifford L. Archer, son of Dr. E. A. Archer of Pullman, Wash.

Dr. Emma A. Lewis of Owatonna, Minn., in Chicago, Sept. 20, 1921.

MARRIED

Dr. Frank R. Heine of Greensboro, N. Carolina and Miss Ethie Bew Garrett, Dec. 21, 1921, at Cambridge, Mass.

Miss Gertrude Marian McGavock, daughter of Dr. and Mrs. Estile McGavock of Saginaw, Mich. and Mr. Carl F. Miller, Jan. 5th., at Saginaw.

Miss Ellen Clare Chiles, daughter of Dr. and Mrs. Harry Linden Chiles of East Orange, N. J., and Mr. Joseph Lemuel Willis, Tuesday, December 20th.

Dr. Harry J. Marshall, President of the Iowa Osteopathic Association and President of the O. and L. Division of the AOA, and Miss Edith Johnson, one time nurse at the Des Moines General Hospital and later at the Congregational Hospital of Des Moines, Iowa. Dr. Marshall and his bride will be at home at 1419 Harrison Avenue, Des Moines, Iowa.

BORN

To Dr. and Mrs. Harry L. Roberts, Missouri Valley, Iowa, a 9½ pound daughter, Jean Ann.

To Drs. Katherine and C. K. Manhart, on November 13th, at Cambridge, Massachusetts, a son, Caesarean section performed by Dr. L. C. Turner of Boston. Mother and son doing nicely. Dr. Manhart's address for the present is 2 Gorham Street, Cambridge, Massachusetts.

EXCHANGE and MARKET

Wanted—Lady assistant, no license required. Address No. 326 care of the OP., Waukegan, Ill.

Wanted—Good Osteopath, not too young, to act as assistant to busy practitioner in Canada. Address No. 327, care of The OP., Waukegan, Ill.

SITUATION WANTED—By American woman as working or managing housekeeper; competent. Address No. 330 care of The OP., Waukegan, Illinois.

WANTED—By young married man in senior class, who has passed most of State Board, position as assistant for summer. Address No. 328 care The OP., Waukegan, Ill.

WANTED—Assistant, male, married. Illinois license, general country practice. Must furnish good reference. Address No. 329 care of The OP., Waukegan, Illinois.

ASSISTANT WANTED—Young man who can do routine laboratory work including Wasserman. Prefer single man just out of college. General practice with good opportunity for advancement. Send picture with full particulars of qualifications first letter. Address No. 325, care of The OP., Waukegan, Ill.