

# **The Osteopathic Physician**

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# The Osteopathic Physician

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No. 3

## Spinal Adjustment—A Discussion

George Malcolm McCole, D.O., and John V. McManis, D.O.

### I—Immunity II—The Thrust III—Locked Extension

#### I—IMMUNITY

Osteopathy has been pre-eminently successful in healing. It has got these results by removing the lesion. Sometimes there have been failures, not of Osteopathy but of the operator. This article is written to discuss the lesion so that more light may be had on how to apply the great principle of Osteopathic Adjustment—removing the lesion—circulation of nerve force—electrons—vitality—blood—opsonins—antitoxins and all the vital elements the artery contains, for its rule is supreme. Osteopathy by circulation means immunity.

Ask a teacher of the old school what the blood is and he will say, water, cells, salts, etc. Ask a teacher of the new school and he will say water, cells, salts—yes, but the important part, that in which we are interested, is made up of antitoxins, opsonins, phagocytic powers, serums, antibodies, vital fluids, health elements, food, strength, vitality, immunizing substances.

All these elements and more are in the blood—THEY ARE THE BLOOD. They are manufactured by the body tissues and passed into the blood stream. Besides circulating them to the capillaries where they work, osteopathic treatment helps the body to produce them when her powers are at low tide.

Osteopathy helps the body when the call for vital substances is not being well met and Osteopathy helps the blood to sweep these vital substances to the capillary field of action.

#### II—THE THRUST

Among all the currents and cross-currents, bureaus and departments, movements and counter-movements at present being promoted each by its own enthusiast, one of the bright spots is the interest the profession is taking in technique. The desire to return to the original A. T. Still technique which was specific and quickly given, seems to be rapidly gaining a foremost place in osteopathic thought.

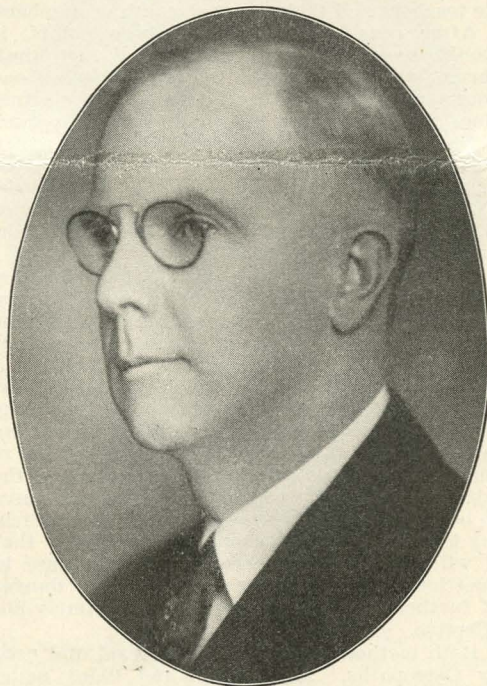
Doctors Earle S. Willard, J. Oliver Sartwell, John V. McManis and others are working hard to bring certain phases of this original A. T. Still technique back into the profession. The lively interest which the discussion on the Direct Leverage with Speed Technique now running in *The Osteopathic Physician*, has created, is an evidence that the profession is ripe for a return from all-over-body-fingering to *specific spinal adjustment*.

Those Osteopathic Physicians who have watched carefully the demonstration of this specific adjustment and have studied the work being done in the course of teaching at some of the schools of thrusto-practic, say with positiveness that a course in this specific adjustment will make a much better Osteopath out of any of us and would be a god-send to most of us.

This technique as demonstrated by the thrusto-practic teachers gives a very limited number of movements and, of course, does not

cover anything like all that should be used. And while, of course, we could not agree with most that they say and much that they do, this course observed and studied with an open mind to spinal adjustment is extremely beneficial.

Several serious minded Osteopathic Physicians have for the past few months been making a study of the trend of developments in spinal adjustment and feel that they have learned a great deal.



Dr. Geo. M. McCole, Great Falls, Montana

First, the essential elements that stand out in the thrust method of adjustment (or the low table technique) are VELOCITY, PENETRATION and CLEAVAGE. A thorough understanding of these three elements as they relate to the thrust method of adjustment will give you the kernel of what the thrusto-practic branch of the manual therapeutists calls its system.

In addition, the teachers and students in some of the schools are expert palpators. Being expert palpators they have what are called "holds" enabling them to get a good contact for the thrust. Then when the specific thrust is given with great speed it is a system you can be sure is not to be sneezed at.

The fact that most thrusto-busto-practors are too severe does not disprove the system. A good operator, one that has great speed does not as a rule cause any severe pain in giving a thrust, and he finds that with study and practice he is

able to materially increase his speed and as he increases his speed he gets better adjustment and with less pain.

Doctor John V. McManis who has investigated the subject says, "I found that the terminology of spinal subluxations as used at some of the schools has some sense to it. One can understand what is meant at once. They also have all of their holds or methods of obtaining contact named so that anyone can understand and learn them. A doctor at my request examined three patients who were covered up except their backs so that he could not possibly tell which was which. He then made a report as to the subluxations he found, the kind and the particular vertebra involved, etc. We then took him out of the room, changed the patients about and he came back, examined them and made a second report. This report was 97% correct with the first examination. How many of us can do that and tell exactly what vertebra we are examining; what the rotations and subluxations are, put it down on paper and tell the same story twice? The only way this can be done is by training and *practice in palpation*, day in and day out."

As to terminology that is being standardized and can be easily understood—Doctor Earle Willard is teaching just such a system. His system is his own original work. Some of it has been described in recent issues of *The OP*.

Now as to the other side of this thrust treatment, especially as it is used by men untrained in the histology and pathology of the bony, ligamentous and other tissues which go to make up a spinal joint, and the nerve and vascular tissue in relation to this joint.

Often, if not usually, their concept is very limited. They depend almost altogether on the thrust in making an adjustment. The word "adjustment" as used by him does not mean correction of the subluxation. When he says he has given an "adjustment" he does not mean to convey that he has made a complete correction of the lesion or subluxation—not at all. He means that he has *driven the bone back* toward its normal position. He claims that if he does this often enough this driving back will change the tissues and discs sufficiently so that eventually he will get a complete correction as to position.

And this is where the chiropractor falls down. This is his great fallacy. The adjustment of spinal subluxations with *velocity, penetration* and *cleavage* is the only scientific and successful method in many conditions. This thrust is especially good for breaking up adhesions which, of course, are present to a greater or lesser degree at the site of every lesion. Used, *hit-and-miss*, however, and *without knowledge* of the histology and pathology of joints, it is one of the therapeutic crimes of the age.

For example, it is found that chiropractors about the schools who have had a considerable number of adjustments have *very rigid spines*. This is especially true of the lumbar region. It is due to too severe and too frequent thrusts. There is no difference in what actually happens in the structure surrounding a joint when it is thrust and when it is sprained, except in de-

"Where There Is No Vision the People Perish"

gree. The effect of an ankle sprain is the same as the effect of a too severe thrust to a spinal joint.

Now, when we treat an ankle that has become stiffened from a sprain that took place sometime back, we find that one of the best methods is to break down the adhesions in the joint by *quick thrust movements*. Then after the adhesions have been broken down, we use light movements for a time to *prevent the reforming of adhesions* and to produce a flexible joint. Is this not correct?

Well, we have exactly the same pathology in a spinal joint that we have in an ankle joint. A thrust to the spine of sufficient force to break down the adhesions, produce flexibility, and stimulate circulation into the joint tissue, followed by light stretching movements to put the joint through its normal motions will tend to normalize the tissues, restore pliability and flexibility to the joint and restore the vertebra to its proper position. *Flexibility, circulation and proper position mean normal function and vitality.*

On the other hand a thrust to a vertebra severe enough to *break down the adhesions* around it and stretch rigid ligaments, sets up enough *inflammation* to cause as great or greater adhesions to form and *more rigidity* is the result, if proper passive motion is not kept up or if the thrust is often repeated. This is exactly what happens to chiropractic patients and it might be said that it happens to a degree which at times is simply astounding.

We must keep in mind that there are two extremes in spinal adjustment—the *too severe breaking up* of spinal adjustment and the *too gentle manipulation* of the spinal muscles.

The first when used without judgment results in considerable injury. The second when used to the exclusion of deeper treatment does not produce the good results which true osteopathic treatment should. But it is a fact that TREATMENT OF ANY KIND WHATSOEVER, IF IT STRETCHES THE SPINAL TISSUES AND MOVES THE JOINTS IN A MANNER TO OVERCOME RIGIDITY, EVEN IF VERY LITTLE, IS A WONDERFUL THING. IT HAS A PROFOUND EFFECT ON THE VITAL FORCES OF THE BODY. IT ALSO HAS A PROFOUND EFFECT ON THE ACTIVITY OF THE INTERNAL ORGANS AND THE CIRCULATION OF BLOOD INTO AND OUT OF THEM. "THE RULE OF THE ARTERY IS SUPREME."

This will be taken up further along in this discussion.

The chiropractor has a very limited conception of the actual pathology present in the lesion. Like some Osteopaths he does not *think* for himself. Not one in a hundred could tell you whether or not a ligament in itself actually has any contractual power, although many of their books and lectures discuss at length contracted ligaments. Not one in a hundred knows the difference between a contracted muscle and a contracted muscle. Especially the actual histology and pathology of this. Like many Osteopaths he cannot tell you why or how stretching the spine actually increases the flow of blood to the cord.

While a doctor must never allow a patient to dictate to him the treatment, at the same time, we must give the general public credit for considerable knowledge and discernment on the subject. There are some quite valid reasons other than the pull of well managed advertising why spinal adjustment as represented by the "thrusto-practic" profession has made such a wonderful appeal to the laity.

In the first place this therapeutic application gives a patient something tangible to which to pin his faith. Thrust adjustment offers a specific remedy for the diagnosed condition. The laity has always been trained to believe that for a certain disease or condition he should look for a certain cure or remedy, and in his eyes the doctor's function is to supply this. The "thrusto-practor" presents specific three-finger bimanual palpation. This is followed by specific spinal adjustment at a specific nerve

center as a specific cure for a specific disease and it takes no great mentality to see why this has the powerful appeal which it has to the public.

Again in applying his treatment of adjustment, the "thrusto-practor" is not tempted or soon led into giving massage either to entertain himself or please his patient. As we often hear, "If I don't, I am afraid my patients would not come back." The "thrusto-practor" gives his adjustment for his purpose and that ends it. That is scientific.

Still again Osteopaths are often asked, "Why is it that Osteopaths differ so in their treatment?" The "thrusto-practor" does not hear that.

And again—the thrusto-practor's business is to sell his one specialty—the spinal lesion and its adjustment. He does not clutter up his standard with some dozen or so other ideas, related or non-related, as is the habit of some Osteopaths.

And again—thrusto-practors are taught it is necessary that they have x-ray equipment and leaving out of consideration how much real scientific work they can do with it, it has a powerful appeal to the public imagination.

It is said that perhaps 75% of patients would get well or at least improve if they took no treatment at all. Add to this consistent advertising of the scientific and proven facts of spinal therapy. Add to this the influence of many satisfied patients. Add to this a strong organization, a good advisory department, enthusiastic teachers and their great strength of numbers.

After consideration of all these points, it would seem to be a self-evident fact that thrusto-practic has come to stay and when one comes right down to an analysis of the situation, the system has some very strong points.

The principles of the thrust adjustment with VELOCITY, PENETRATION and CLEAVAGE or under Earle Willard's points of POSITION, CONTACT and SPEED are correct and scientific. The principles are correct—it is the ignorant application which is incorrect.

To state the situation again: The immediate effect of the thrust on the spine is that of tissue stretching. It is also stimulating to the tissues. The same is true of the various other movements used by Osteopaths. Stretching and stimulating may be done quickly or gradually. If done quickly there is danger of over-doing it, setting up inflammation and thus causing more fibrous infiltration and more adhesions to form. Where this danger is recognized and the adjustment is followed by passive work it ceases to be a danger—it is a necessity. If the stretching is done gradually there is a possibility that it will not be effective enough for the case in question. Here, however, there is no danger of further damage—the treatment is simply not effective.

Both methods should be understood and used by Osteopaths. As things stand today many Osteopaths are weak because they do not use force enough, and specifically enough in selected cases. Doctors of the other schools of spinal therapy are weak because they use too much force and use it too often, making the condition a great deal worse as soon as scar tissue has had time to organize.

The Osteopath needs more "pep" in his technique. He needs more practice in palpation in and out of student days. He needs to be re-baptized in old-fashioned methods of straight osteopathic adjustment. He needs to make a careful study of what the real pathology of the lesion is and then, above all, he must use his own head to think.

The thrusto-busto-practor needs a broader concept. If he is to survive, he must realize that the rigidity of scar tissue, organized and infiltrated in ligamentous, muscle and areolar tissue is the ABC of the spinal lesion. He also should learn to *think*.

The greatest damage that the busto-practor does is to the tissues of the lumbar region as

he gives it with the spine in extreme extension and especially if he is slow in making his adjustment. If it could be given with a lightning like motion he might be able to give it without damage (in selected cases) but it is not given that way.

The above holds good for the cervical region—perhaps more so since the tissues there are nothing like as strong as the lumbar tissues.

It is in the dorsal region that the thrust is most necessary. A large percent of dorsal lesions require the thrust to prepare them for effective further adjustment.

### III—LOCKED EXTENSION

We must not fail to consider a point in the thrust adjustment as used by the thrusto-practors—"THE SPINE IS IN EXTREME EXTENSION" and when the thrust is given the vertebrae become practically locked. The spinous processes touch each other; the facets of the upper vertebra moving down across the facets of the vertebra below are here locked. The bodies of the vertebrae are separated anteriorly, stretching the anterior spinal ligaments far beyond their normal range.

Compare this with adjustment in *flexion*. Take the adjustment of the lumbar joints with the patient's upper leg hanging over the table and pulled forward with the upper shoulder pushed backward, then the forcible quick stretch is given and adjustment is made with the spine in *complete relaxation*.

Also compare adjustment in *locked extension* with the dorsal adjustment where the patient is sitting, hands clasped behind the neck, body relaxed, forward, with the *spine in flexion*.

Where the adjustment can be made with the *spine stretched in relaxation*, or with it *flexed in relaxation*, it is much more effective since the tissues receive their adjustment with facets and bony parts passing in the direction of their *normal motion*.

Here the intervertebral discs are compressed anteriorly and the joint capsules and ligaments are given a lengthwise stretch as the facets of the upper vertebra pass *up and away from* the facets of the vertebra below. The capsules and surrounding ligaments are given a lengthwise stretch. This is the adjustment they need. The coverings of the facets and the lining of the joint sack are given a *stimulating separation instead of a crushing impact*.

Thus the adjustment is arrived at through tissue adjustment for flexibility and stimulation to the circulation of the entire region. Here the work is done with a minimum of trauma and thus a minimum of after-work is necessary to prevent adhesions forming.

Adjustment often, however, is impossible in either straight relaxation or flexed relaxation. In case of great stiffness, the only way that joint can possibly be given its initial impulse to motion is by the thrust with the body prone (the low table technique). In this case, the joint is in extension for the reason that it is already locked by adhesions, infiltrated tissue and exostoses just as it sets. Here is a condition where the thrust is necessary and this is the condition which is represented by a great percentage, probably more than 75% of our cases as they first come to us—the chronic cases. These are the cases where the thrust treatment is absolutely necessary. These are the cases where the first treatment and perhaps others must be given with VELOCITY, PENETRATION and CLEAVAGE. Here must be used forcible stretching until the tissues surrounding the joint have given up enough of their rigidity to allow the adjustment in relaxation and flexion. After a certain amount of flexibility has been secured, the violent thrust with the joints in extreme extension locked, must be used not at all or with great caution. At this point adjustment in relaxation must be used to place and keep the joint tissue in normal, flexible function.

[To be Continued]

# How It Feels to Treat 86 Patients In One Day

F. P. Millard, D.O., Toronto, Canada, Chairman Bureau of Free Clinics for the Prevention of Spinal Curvatures

Early one morning, about six o'clock, I got up and prepared for my day's work. It was January the 21st, to be exact. Several times have I treated 75 or 76 in a day, but I had a hunch that on this day I might make a record.

After preparing myself for the office as usual, I arrived there at 8 a. m. Three clinic patients were waiting. As this is my regular clinic morning I started at 8 o'clock and ran through until the last patient was treated. I treated 33 clinic patients, finishing at 9:25; and then started on my regular practice.

I had not looked at the booking sheet; I did not know how many patients were coming that day, although I felt somehow that it might prove to be a record day. Sometimes one gets a little vision of what is coming, and sure enough, when I closed at 5:20 o'clock that afternoon I found I had made a record and yet had not tried especially to do so. I gave each patient proper attention, and made all of the adjustments that I would have made, had I had more time. I simply worked a little faster and did not spend as much time sitting around as I do when I have only 76 treatments to give in one working day.

I am aware of the fact that some Osteopaths may say this is impossible. I believe it would be impossible for them as they work. Also, I believe it would be impossible for any one who is not a constant student of anatomy and who does not spend at least two or three hours every day in nerve tracing and pondering over the various stages of diseases that come up, and in making drawing, writing articles and books and all of those things that keep one in constant touch. I also believe that it would be impossible for one who drives his own motor car, tends his own furnace and looks after other details that one can so easily have done by a paid servant. I know it would be impossible, too, for any one who is not in good physical condition and who does not possess a good physique; yet I find it very easy of accomplishment, and really I believe that some day I will be able to treat 100, and still not feel too fatigued!

It is certainly possible by Osteopathy, as taught by the "Old Doctor." I am a firm believer in A. T. Still Osteopathy, and as long as I am not practicing surgery or doing specialty work but simply Osteopathy as taught years ago and as being taught now by our best colleges, I am a firm believer that, if we understand the adjustment of the human body as we should, we should be able to handle these cases and do them justice as much, or more so, than by the method employed by some misguided Osteopaths in which the patient is massaged and muscle-meaded for half or three-quarters of an hour!

If we are specialists of the highest order on spinal work, if we know better than any other school how to adjust, if we are better anatomists, then why should we not be able to accomplish more?

I am a very thorough believer in efficiency; a believer that a man should be more capable each year than he was the previous year; that he should be more efficient as years go by, and that first, last and all the time he should know how to take care of his own body, that he should be and should keep in perfect trim; that he should be able to show others that he understands his own anatomy sufficiently to keep himself fit and in the best of form and functioning.

After treating these 86 patients in this one day of course I felt tired, but not in any degree fatigued. I spent the evening in reading and a little study, although, as the next day was Sunday, I concluded that a good rest would do me good and that I would do my dictating on the dictaphone Sunday afternoon. I have now been

busy for three hours writing a series of articles which will appear in the various magazines. Tomorrow, Monday, I am ready for practice again.

I will add that I did not sit down very much yesterday! In fact, I do not remember sitting down but once. I took my regular luncheon, as I always do, and I thoroughly enjoyed handling the number of patients I did; and I believe it would be possible for any Osteopath trained along similar efficiency lines to do it.

We must get away from this old method of treating only "so many" a day, and giving each of them "so much" treatment so that some of them may not be able to come back for several days. I insist that is not the sort of Osteopathy that Dr. A. T. Still taught us! I cannot recall ever seeing the "Old Doctor" treat a person more than from half a minute to three minutes. Did you? Absolute specific work—that is what we want taught in our colleges. The proof of it all is, if it works out in practice



Dr. F. P. Millard

by charging high prices, as we do here in Toronto, it certainly shows that the people are sufficiently satisfied, not only to continue to come themselves, but to recommend it gratefully to their friends.

If I have something in method that the rest of the profession do not have, do not blame me for making the statement that this important thing can be done, but try rather and work out for yourselves a similar method and learn to accomplish more than you have in the past.

I want to say that this is our regular method of treating and that when visitors are present we conduct the same manipulation and work with the same rapidity that we do when we are alone. We have had several Osteopaths visit us and they report that we not only cover the entire body, including treatment of the feet and the making of a thorough lymphatic examination, but we adjust every lesion that can be adjusted with one treatment.

All my outside work is done by a co-worker, who helps me every day in that way but not in the office. All of my office work is done by myself.

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## Millard's Trip South—See His Efficiency Wheels Go Round

S. L. Scothorn, D.O., President, A.O.A.

About the first of December I learned that Dr. Fred Paine Millard of Toronto, Canada, was going to be in Muskogee to spend Christmas with his parents, so immediately the Dallas Osteopathic Association invited him to spend a day with us and hold a Perfect Spine Contest and also start a Free Clinic for Children. He not only accepted the invitation but kindly offered to stay an extra day and do the same good work in Fort Worth.

He arrived in Dallas 9 a.m. December 28th, and was immediately taken to one of our centrally located churches where the Perfect Spine Contest was held. There are thirteen Osteopaths in Dallas and each of us had pledged that we would bring one entre to the contest if we had to pay her to come; but to our surprise we had more than we could take care of. Seventy-five applicants were examined and at twelve o'clock we had to close the doors in order to get Dr. Millard to the Rotary Club where he spoke on "The Relation of a Perfect Spine to Good Health."

We also thought we would have a hard time to get the papers interested in taking photographs as was done in Chicago but, to the contrary, when we arrived at the church photographers representing each of the papers were already there. At first the ladies did not want to have their backs taken, but after one consented to pose, everybody wanted to be in on it and the rest were very much disappointed when the photographers left at ten o'clock. Some of our leading papers run front page pictures of the contest and, taking it all in all, I believe we received more publicity in one week (which included the invitation by the Dallas Osteopathic Association to Dr. Lorenz) than we had received in years previously!

After the Rotary meeting we started our Clinic for children. It means very little for each Osteopath, taking into consideration the

great amount of good that can be accomplished. One week later the Dallas County Medical Society started a clinic for poor children. It is better to lead than to follow.

At 4 o'clock Dr. Millard gave us some of his rapid-fire corrective technique and in one hour he treated fourteen Osteopaths. I would like to add here that we had visiting Osteopaths from surrounding towns including Dr. Engelhart from Oklahoma City who is the southern representative on Dr. Millard's Committee. Dr. Millard is now Chairman of the Bureau for the Prevention of Spinal Curvature and for Free Clinics; Dr. F. E. Dayton is Vice Chairman; Drs. Bailey and Gildersleeve from Waco and W. S. Marlin were also visitors, and all went home with the intention of starting a clinic in their towns.

In the evening Dr. Millard gave us a lecture on the "Lymphatics" which not only pleased us but opened our eyes. On the 29th, he spent the day in Fort Worth; the 30th in Oklahoma City; and the 31st in Muskogee holding Perfect Spine Contests and starting Free Clinics. Oklahoma went Texas one better, and called a State meeting which made their session in Oklahoma a big success.

On his way home, Dr. Millard stopped in Kirksville and Chicago and spoke to the student body and also visited LaPorte and Michigan City, Indiana, where he had started clinics some time ago.

Dr. Millard said on leaving Texas that he only regretted that he was unable to visit Mt. Vernon, the home of Washington, and Galveston, the birthplace of Henry Stanhope Bunting.

You can look out for Millard and Dayton with their efficient committeemen and sub-committeemen to have at least one hundred clinics started and going by the Los Angeles convention!

S. L. SCOTHORN, President, A.O.A.

### The AVOCATIONS of OSTEOPATHS

#### To Have an Avocation Is Really to Live

J. Meek Wolfe, D.O., Big Timber, Montana

I have read with much interest the Avocation Stories which have appeared recently in *The O.P.* I especially enjoyed the one in January's issue by Dr. Deason, as his ideas of a vacation are so similar to my own.

I feel that every one should have an Avocation, a Hobby, to divert and rest the brain from the everyday grind of any one line of work. As a profession, we Osteopaths, doing mostly office work, need a diversion that will take us into the open, with its sunshine and fresh air. It is scarcely necessary to add to what Dr. Deason and others have said regarding the advantages and necessity of a vacation. I will therefore give you some of my experiences fishing on the beautiful streams, and hunting in the wonderful mountains of Montana, since coming to this state.

Since childhood I have been a lover of Nature and the Great Outdoors. I recall vividly when I was a small boy down in old Virginia the many Sunday afternoons I spent sitting on the top of some high hill near my home, listening to the birds sing, seeing the grey squirrels jump from tree to tree, and watching the ground hogs climb on the logs to sun.

Those were the "good old days" of long ago. Bob Taylor once said to the Sportsman: "Next

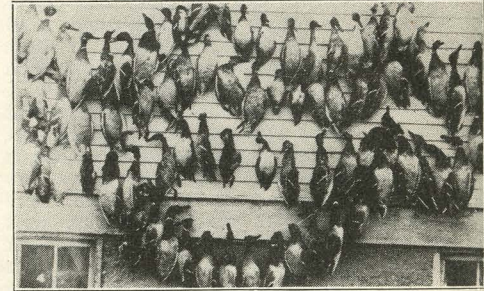
to my wife and children I love my horses and my dogs; next to the fiddle and the bow, I prize my guns and fishing rods; and above all associations, except those of home, I love your society."

Hunting, fishing and the raising of hunting dogs are my Avocations. I operate the Yellowstone Kennels and raise the Chesapeake Retriever exclusively. This is a breed of natural retrievers, from land or water, and recognized as the best all-round duck dog in the world. His color is that of dead grass. He comes from the mating of the Labrador dog with an Otter Hound, and he possesses a very fine "undercoat" which prevents his getting wet or cold when operating in the icy waters of the great Northwest. He will readily dive after a duck. Cripples often pull this stunt, as you know, but when they find they are pursued under water, as well as above, they will invariably take to bank, and this spells sack for them.



Dr. J. Meek Wolfe and "One Morning's Bag" before Office Hours

The Chesapeake is a tireless worker, a great pal, an intelligent guard dog and a lover of children. As a fighter, his sharp teeth, heavy swimming legs and feet make him unsurpassed. I have a female so well trained that she knows all the members of my household when their names are spoken, and will take an object to or from any one of them at command. She will carry the mail to my residence from the office, and I am going to teach her to go to the Post Office and whine for the mail just as she goes to the kitchen sink for water when thirsty.



The Result of a Little Duck Hunt by Dr. Wolfe and a Party of Friends One Afternoon

All my dogs are registered, and one litter of pups from the above mentioned bitch will net me from two to three hundred dollars. This more than pays for their keep, besides the great pleasure I have hunting with them.

Montana is one of the best states in the Union for hunting and fishing. We have a great variety of game, such as: Mountain Lion, Black Grizzly, Cinnamon and Silver-tip Bear; Elk, Deer, Coyote and Wolf. There are also Mountain Sheep, Buffalo, Moose and Antelope, but these live under an indefinitely closed season. In small game we have three species of Grouse, Wild Ducks, Wild Geese, Cotton Tails and Jack Rabbits.

If you were intrigued by Dr. McManis' story in the January issue about

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## The Osteopath Who Eats Up His Seed Corn

Often just because practice is going fairly satisfactorily an Osteopath will neglect to do the things he should do—not only to make practice constantly better, but even to maintain himself in the income he now enjoys. Later on, unfortunately, he often has cause to repent bitterly of his folly. How many just such cases we recall who have made this mistake of improvidence in the past twenty years!

We have in mind a man in a certain town of 25,000 inhabitants who is in the depths today. He had enough practice to satisfy him a year ago and he would not then spend any money on educating patients because he thought it was not necessary. He had eight years of growth back of him and thought foolishly he would just "let his patients do his advertising for him" and save that amount of money! Today his office is deserted and he sits idly two hours out of every three that he spends there vainly waiting for new patients to come in. Now he is fully convinced he needs our services dreadfully, but he tearfully says he can't afford to pay for it! He isn't earning enough today to pay minimum family expenses. He wants to use a big campaign as soon as he is able to pay for it but he feels that he can only contract for a small one now which he will somehow manage to pay for.

*This man ate up his seed corn!*

When the time for planting returned he had no seed corn left to put back in the ground. He is experiencing famine. Serves him right.

If he can't find the courage to borrow money now and wage a big *sustained* advertising campaign that will be equal to putting him back on the map, keeping it going unabated a whole year before he asks if it is paying him—he will stay down and out. He will be numbered among the failures in his profession. We have told him what he must now do to be saved, and that is, spend a hundred dollars a month for twelve months!

Will he do it? Well, that is his problem. We don't know. If he hadn't the courage to spend \$50. a month

when he was making \$5,000 a year, on the assurance that he could easily make \$7,500 to \$10,000 on an educational investment of \$600. per year, we doubt if he can make up his mind to spend \$1,200 a year for life-saving publicity after his practice has fallen under \$2,000 and his office is empty. It takes vision to do that sort of thing, and the fellow who has enough vision to do it would have been guided by better vision in the first place. He would have been spending \$1,000 a year in practice building and prosperity insurance all through the fat years when he was fairly successful. He then could have afforded to do it.

He sees it now. It is too late. His mistake has already cost him thousands of dollars and he got no benefit from the mulch! You see, it has cost him more *not to advertise* than it would have cost him to enjoy all the benefits, profits and prosperity that would have accrued from the biggest campaign we could have conducted for him. Had he taken our advice two or three years ago, his income today *beyond any question* would have been several thousand dollars above his former peak income, instead of being, as it is, several thousand dollars less.

This man's experience proves our contention—so often repeated to the profession—that you really pay for a good vigorous advertising campaign every year whether you get the benefit of it or not. If your practice slumps—and whose may not?—you pay for it in loss of your former income. If your practice only stands still you still pay for it in the loss you sustain because your income hasn't grown. Your income ought to grow every year you are in practice until you pass the apex of your professional career.

But for the sake of your family, not to mention the reputation of Osteopathy in your community, *don't eat up your seed corn!*

If you refuse to save out enough dollars each month while you are fairly prosperous to reinvest in that sort of an educational campaign that will ab-

solutely safeguard your practice next year and the year after then you deserve to go hungry if the day comes when you haven't enough patients left to make expenses. You have made the deliberate choice.

It is the curse of Osteopathy as an institution that so many Osteopaths believe they are entitled to enjoy a good market for their services as long as they live without any advertising effort to build up demand just because they are educated to take care of such practice as comes to them. All such are leeches on the system founded by Dr. A. T. Still. They are reaping where they do not sow, and have not sown. But justice overtakes them, one and all, sooner or later, and when pride is gone and creditors are ominous, they feel a change of heart late in life and often come to us for advice about how to get back into the prosperity column. We can help even then. We are glad to do so; but it costs them more and the rewards are far less than if they had permitted us to do a fair and safe amount of educational advertising for them every year while they were enjoying fair incomes.

We don't want such mistakes to be on our conscience. We don't want it to be our fault. We know better, and so we preach against the folly of prosperous Osteopaths eating up their seed corn. But do we make the advice and warning clear enough? Have we made you understand it? We want to do our full duty by you and by our customers.

So we say to our customers who are using just a little of our service, don't stop at that *mere taste* of a campaign! You are not doing your duty to yourself unless you are campaigning hard enough to get the full benefit of all the practice possibilities of your location! Are you doing that? If not, let us talk it over with you. If you are not doing that you should be using our service more extensively than you are. Don't make the mistake of eating up *your* seed corn. Let us hear from you.

BUNTING PUBLICITY SERVICE  
for OSTEOPATHS

"Where There Is No Vision the People Perish"

Compared to any of the other states in which I have lived, Montana is the fisherman's "Garden of Eden." There are many different species of Trout such as: Rainbow, Brook, Dolly Varden and Locklaven. In this section of the state there are many beautiful mountain streams teeming with these game fish, and one could wish for no greater sport than to spend an afternoon on such a stream with rod and tackle. Yellowstone Park is near: this is a permanent game preserve, but any tourist may fish there without a license. I recall a very exciting experience I had fishing near Yellowstone Lake last summer: I hooked a "big one" and played him for some time, probably an hour. I reeled him many times to within twenty feet of the bank, (no closer) finally getting him in again to about the same distance, I decided to keep him from returning to deep water. So I held the bamboo rod and let it bend. Sure enough he broke it square in two and, in desperation, I held on to the line which he snapped like a cotton thread. I am still wondering how *big* that boy really was! You cannot land a big game fish until he is tired out and this often takes from one to two hours, but the thrills you experience during this time are more than I can describe.

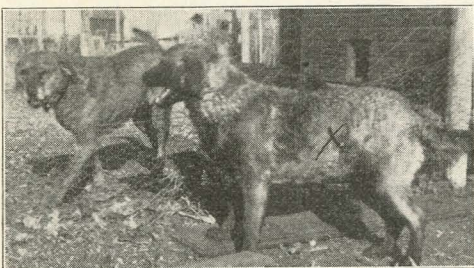
Life is certainly more worth while  
When you begin the day with a smile,  
The remains of a thrill received on the brook,  
When a Rainbow Trout had hold of your hook.

Enough for fishing. I like hunting better, anyway. In the mountainous section around Yellowstone Park big game hunting is good. Bear, Deer, Elk and Mountain Lion are fairly plentiful. With a few friends from Big Timber, I went into the mountains one Sunday afternoon. We pitched tent and left camp early next morning in *pairs*. Prospects of meeting Bruin made it more *comfortable in pairs*. About two inches of snow had fallen the night before and buck tracks were plentiful. We climbed the mountains for only about thirty minutes when I chanced to see a nice five-point buck about three hundred yards away. One shot from my Savage 303 and he went down. He weighed two hundred and fifty pounds, dressed. We were in heavy timber so got no good pictures of this buck. As we are allowed only one buck per season I left the boys and brought him out on a pack saddle next day.

How any normal man wouldn't love good dogs, also hunting and fishing, is beyond my power to conceive. I believe an Avocation will materially lengthen any man's life; if not, it will surely double his joy while living!

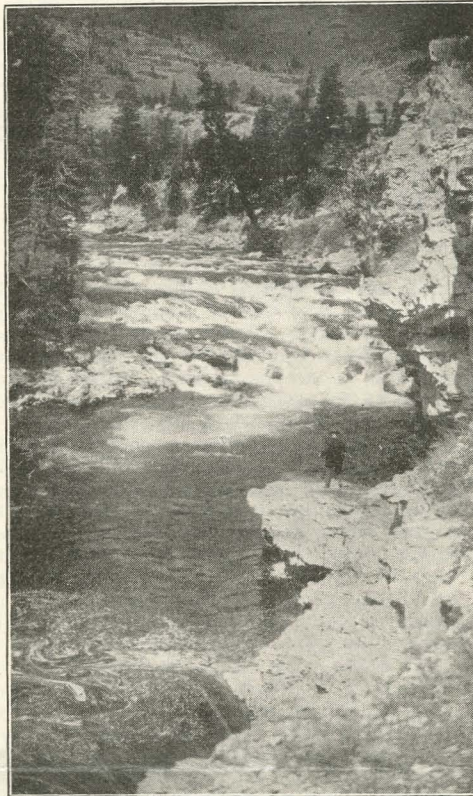
### Dr. Powell Has Their "Numbers"

I see you are running a Work and Play section in *The O.P.* I was very much interested in J. Deason's actions. I sure did not know there was another "Bird" in the profession like that except Dr. Geo. Still, Jess Jamison and "Dink" Towles, of Towlesville, Minn., and yours truly. When I was in Kirksville I remember hearing some wonderful things of how Dr. E. Merle Cayless used to have a run-up with a big bear that they named "Old Mose." Of course, a lot of us know of the big doings up at "Towlesville, Minn.," near Lake Emily, but the "Birds" that go up there, in August, each year, are afraid to invite the real "Elite" of



Two of the Famous Chesapeake Bay Retrievers

the profession for fear of being "showed up." Some wonderful tales too come out along about September 1st. Knowing the King Bee, as I do, you would take that Emily junk with a little salt. I recall back in 1908, taking a squirrel hunt with this same King Bee of Emily



One Hour from Dr. Wolfe's Office. No Fisherman Could Dream of a Better Fishing Hole. No Artist Could Picture a More Beautiful Spot!

out near Yarrow, in old Adair county, Missouri. I have, luckily living, proof in Old Hi Henry and one other from New Orleans, if he has found his glasses.

## Massachusetts College's Farewell to Dr. Mather Thomson

Francis A. Cave, D.O., Boston

One of the most delightful social events in the history of the New England profession was the recent reception and dance given in honor of Doctor and Mrs. Mather Thomson, of London, England, just as they were about to return to London where Dr. Thomson goes to practice Osteopathy.

Doctor Thomson is undoubtedly one of the ablest men of the Old School who has ever become an Osteopathic enthusiast, and our profession is to be congratulated upon the acquisition. Born in Scotland, he practiced medicine for many years in Dublin, Ireland, and was Professor of *Materia Medica* on the faculty of the Pharmaceutical College of Ireland and also Physician on the staff of Meath Hospital, Dublin. He is a Fellow of the Royal College of Physicians and to-day holds the position of Special Consultant in Cardio-Vascular Diseases in the British Ministry of Pensions. It was years ago, while teaching *Materia Medica*, that he first began to repudiate drug treatment in the cure of disease, and finally resigned his position on the Faculty because of his increasing lack of faith in their efficacy.

While practicing medicine in Dublin he sent several of his patients to an Osteopathic Phy-

Dr. R. Baker was never very close to any water, except when he was out at Dr. Charlie's Pond and a little fellow, weighing about 140 and 5 feet 6, threw him in. He knows as much about fishing as Frank Baird does about banking. That big, long, lanky, blonde Swede could use one of his long arms for a fishing pole. I don't see why he and Dr. Deason don't get together and fish through that two feet of ice. Deason could use him for pole, line and hook!

Have Dr. Robert Ware Rogers, the fellow that found out that Bound Brook and Somerville were in New Jersey, tell you his hobby—going down to Coney Island and Asbury Park, New Jersey, and trying to find out what the Jews and wild waves are saying. He sure is a "Beach Lizard." He can tell you all the latest fashions in ladies bathing suits. Also how to sell Ancolax at so much per.

Ask Frederick A. Steele of Summit, N. J., about "how to comb your hair." That's his Hobby and if its on straight. His father was an honest (?) Politician from Bloody Tenth in 45 minutes from Broadway.

The only thing that Dr. J. Deason left out was about shaving. Ask him how often he shaves when he's on vacation. Or does he let them grow, and look like the Hon. Dr. Samuel L. Scothorn and Dr. Chester Swope looked when they landed in Kirksville from dear old Amendo, Ohio?

Yours truly can add some more to these two "Birds" but I want to be the last to have a say. You know yourself, the first—has no chance. I will say now that when I get back from my trips during which I don't shave, I look like Wild Bill Dawes of Philly. And you know how long he used to wear 'em!

You might ask Dr. Gerdine to tell his Hobby—conducting a Summer Course along with Geo. Still and Franklin Fiske and having the latter elect himself Secretary and Treasurer, or running a Second-hand Book Store.

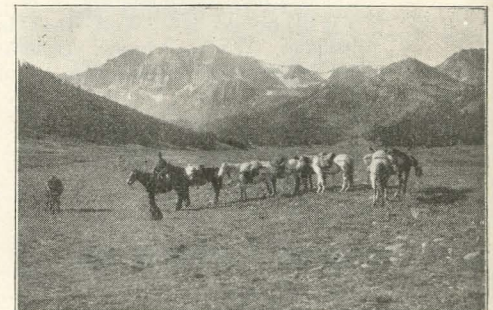
Please don't ask me to send my picture and please don't put this in too large type. Some of these "Birds" know too much about me and might let something slip.

I could tell a lot about Waldo but I am afraid he would write me up in the Bull-e-Tin.

It's a bad day down here but I feel better now that I got this off my chest.—Geo. B. Powell, D.O., Gastonia, N. C.

sician who quickly cured them, and this led him to investigate the claims of the osteopathic school. With a receptive mind, he then came to America to study Osteopathy and is willing to yield second place now to no one for loyalty to the osteopathic principle.

Always hereto known as a medical practitioner and a personal friend and associate of many of the most learned and best-known physicians in



The Last to Leave the Pack Horses for the Crags and Peaks of Montana's Mountains.

# Andrew T. Still College of Osteopathy and Surgery

(Incorporated under the Laws of Missouri as an institution not for profit)

A Practical  
Memorial  
to the  
Founder of  
Osteopathy

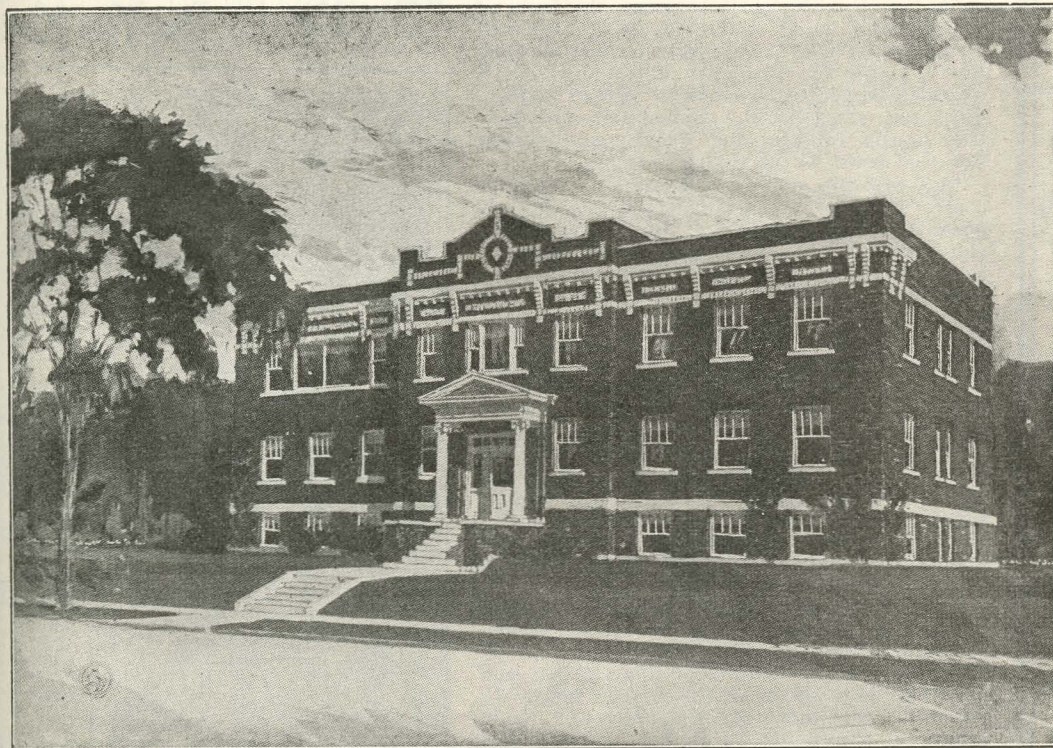
Dedicated to the  
great principles  
given to the world  
through the sacri-  
fices of a man  
fifty years in ad-  
vance of his days.



Erected in

Steel and concrete structure now in course of construction—Cost \$165,000

## Kirkville, Mo., the Heart of Osteopathic America



THE LAUGHLIN HOSPITAL where clinical work will be given. This is also the Training School for Nurses.

**Enrollment will com-  
mence April 1st.**

**Classes will begin  
September 11th.**

Notable faculty—complete courses in all branches of osteopathy, orthopedia, surgery, etc. Highest standards, intellectually and morally insisted upon in all students.

Advanced classes admitted. Unusual opportunity for clinical work.

*Information sent upon request*

**George M. Laughlin, D. O.**  
President

**John T. Burns,**  
Secretary

**Kirkville, Mo., U. S. A.**



# DOCTORS!

To lessen and better your work you must have at your right hand:

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McConnell & Teall's 4th Edition Practice .....	\$7.50—\$8.00
Tasker's Principles of Osteopathy .....	\$5.00
Porter's Milk Diet, 1921 .....	\$3.00
Forbes' Technique .....	\$1.00
Deason's Head and Neck, 1921 .....	\$2.50
Bean's Food Fundamentals .....	\$3.00
Davis' Neuropathy Illustrated .....	\$5.00
Murray's Practice of Osteopathy .....	\$3.50
Abram's Spondilotherapy .....	\$5.00

**Blood Pressure Machines. Watch for the New Patent Automatic Self-Locking Folding Tables. Spinal Column Instruments. Tables and Stools.**

Order from the only reliable

**J. F. Janisch Supply House**  
Kirksville, Mo.

Enclose check for immediate attention



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

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

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

**CENTRAL BUSINESS MEN'S ASSOCIATION**

Westminster Building, Chicago, Ill.

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

the British profession, Doctor Thomson is returning to London to practice *Osteopathy* and, with London as his headquarters, to spread the gospel of Osteopathy throughout the British Empire! He is proud of the fact that he is an Osteopathic Physician and is militant in support of the claim that "structure and function are interdependent" and that "the rule of the artery is supreme."

During his studies at the Massachusetts College of Osteopathy he won the affection of the students in every class by his constant willingness to give of his splendid training and experience or conduct the class in any subject during the absence of any professor. In fact, competition was most keen among the several classes to see which one would be fortunate enough to enlist him during any vacant hour. It was but natural that the organized student body, called the Caduceus Club, should wish to give a demonstration of its regard prior to his departure.

The Boston Osteopathic Society joined forces with the Caduceus Club to shape up the very best social time possible and it turned out to be all that was expected of it. It was the first time the student body and Boston practitioners had ever united for a love feast. The rooms of the Massachusetts College were tastefully decorated with the British and the American flags intertwined, a fact which by no means escaped Dr. Thomson's attention. The large assembly room on the top floor was filled to capacity with physicians, students and their friends.

The Committee on Arrangements were fortunate enough to secure the service of one of the finest bag-pipers in the British Army, the Pipe-Major of the First Division of Scottish troops landing at the Dardanelles, and the skirl of the pipes opened the festivities, sending its message of affection straight to the hearts of the guests of honor of the evening. Two little Scotch "kiltie girls" did the Highland Fling and the sword dance most beautifully and carried the beloved Doctor back to his boyhood days in the hills of Bonnie Scotland.

After a preparatory "initiation" during which several jokes apropos of the situation were uncanned at Dr. Thomson's expense, the Dean of the Faculty, Dr. J. Oliver Sartwell, presented Dr. Thomson with a sheepskin conferring upon him the title of "Professor Emeritus of Osteopathic and Medical Diagnosis" and in a splendid speech expressed the appreciation and affection of the Trustees and Faculty and wished him God-speed on the return journey.

In a response which plainly was an effort to control his emotions, Dr. Thomson feelingly expressed his appreciation of the warm friendships which he had formed with the profession and the students alike, and his regret that he must now begin the homeward journey; but stated that he was most proud to be an Osteopathic Physician and would carry the great message of Osteopathy to his friends in the British medical profession. He urged his hearers to remain steadfast in the faith, but to permit the growth and development which would inevitably come with natural evolution of the Osteopathic Philosophy. Each and every one present was invited to call on him when in London and, said he, "you will find that sheepskin hanging in a conspicuous place on the wall of my office, because I am duly appreciative of the honor conferred upon me."

Four charming young women—one from each of the four classes—then presented Dr. Thomson with a beautiful silver fruit-dish, suitably engraved with sentiments of appreciation and affection, as a gift from the student body. In accepting this gift, Dr. Thomson was again almost at a loss for words, but assumed that the students knew what feelings were in his heart, and his pride at having been one of their number. Short speeches expressing friendship and fraternity were made by Dr. George Goode, representing the A.O.A., and by Dr. Francis A.

Cave, President of the Boston Osteopathic Society.

One of the speakers mentioned the great natural beauty of the portion of Scotland around the birth-place of Dr. Thomson, but five miles removed from the scene of Barrie's lovable play, "The Little Minister," and he spoke also of the wonderful echoes in that country, so wonderful, he said, that the early-rising Scotchmen simply shout out of their windows at night and the echo calls them at stated times next morning.

Refreshments and dancing filled the remainder of the time until midnight, when the gathering dispersed after voting the occasion to be one of the happiest times possible to imagine.

Dr. Thomson appeared before the Osteopathic Society of the City of New York on the following evening and received there a most enthusiastic welcome.

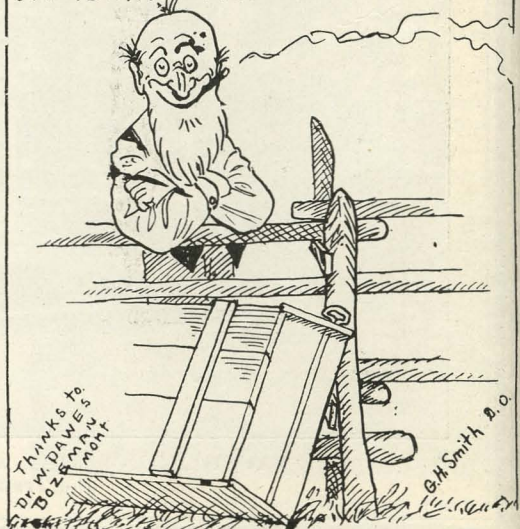
Our profession has become greatly enriched and strengthened by its contact with this splendid and broad-gauged physician, a learned man ready to take off his hat to a *Fact* wherever it may originate. His course should be an example an inspiration to all of us.

### Vomiting in Pregnancy

In all cases of vomiting in pregnancy I have found the womb with the fundus in the hollow of the sacrum. Put patient in the knee-chest position and with two fingers catch the cervix and as you lift the contents of the abdomen with the other hand, balloon the vagina and pull cervix to normal position. Hold this position as patient assumes prone position. A few minutes spinal work helps to relieve the nervous tension of a local treatment, and allows the womb time to become set in normal position. This will cure the majority of cases of vomiting in early pregnancy. In case the womb is flabby and misplaced you have a harder task ahead.—*W. C. Dawes, D.O., Bozeman, Mont.*

## Hank Perkins He Sez: "By Heck, Do You Know -

AXEL SLOWFOOT, TH' TOWN MARSHALL, SEZ THAT 'ER OST'OPATH IS ALWAYS TALKIN' 'BOUT 'MOVIN' JOINTS," SO I RECKIN AS HOW HE MIGHT, BE PURTY GOOD AT CLEANIN' UP SOME OF 'EM 'ER CITY GAMBLIN' HOLES"



# Galli-Curci's Metropolitan Benefit Nets \$10,600 and Fame to N. Y. Osteopathic Clinic!

As the Osteopathic Profession in New York City feels that the recent Galli-Curci Concert has accomplished more for Osteopathy in one single afternoon than anything ever before has done, I wish to give you a few of the facts so that they can be published and sent broadcast throughout the profession, for the reason that the New York Osteopathic Society in its entirety is absolutely of the opinion that our indebtedness to Mme. Galli-Curci could never be repaid by mere words.

Over a year ago Mme. Galli-Curci made inquiries of Dr. G. W. Riley, her physician here, regarding our Clinic and expressed her desire to aid us by giving a concert. While unable to do so in that year, the accompanying letter bears witness that she did not forget her voluntary offer.

The Osteopathic Hospital and Clinic Committee, of which Dr. Thomas R. Thorburn is Chairman and Dr. L. Mason Beeman, Secretary, was appointed to take charge of the concert. Several committee meetings were held and were attended by Messrs. Evans and Salter, Galli-Curci's managers, together with enthusiastic members of the Laity Board of the New York Osteopathic Clinic.

The Profession was asked to dispose of some fifty odd boxes, the ticket sale being left to the regular channels, which shows how our indebtedness to Mme. Galli-Curci is further deepened by this action on the part of her managers. Mr. H. F. Benjamin, Secretary of the Clinic Board, placed his office at our disposal for the sale of boxes. Although the regular scale of prices is \$30. per box, a minimum price of \$50. was placed on each. Three days before the Concert all these boxes were sold at an average of \$65. and many orders could not be filled!

For the first time in the history of the Metropolitan Opera House (which, in itself, lent a dignity to our profession) it was necessary to place rows of seats upon the stage and also in front of the regular orchestra chairs. During the intermission Mr. Philip Brasher, one of our Clinic Directors, in a few well chosen words, thanked Mme. Galli-Curci on behalf of

the profession and for the benefit to be derived by suffering humanity through the Clinic—and further announced that the gross receipts were \$10,600.

It might further be stated that Messrs. Evans and Salter furnished gratis some 500 large posters and 18,000 leaflets, our only expense being that of filling in the time and place of the Concert. The broadcast distribution of these, each one bearing the words "Benefit Concert for the New York Osteopathic Hospital and Clinic" was in itself wonderful publicity—not overlooking the newspaper announcements of a similar nature. In each program was inserted a booklet showing the activities of the Clinic.

It is our wish that you give all of this the widest publicity in your journal, as it is earnestly felt among the profession in New York City that the wonderful success Mme. Galli-Curci attained in this concert—the artistic triumph, the place in which it was given and the character of the audience—all have placed our Science before the public in a way that has never been done before, and our indebtedness to Mme. Galli-Curci *can never be repaid!*

At our regular monthly meeting last Saturday night, at the Waldorf, a committee was appointed to draw up a suitable letter of appreciation to be embossed and sent to Mme. Galli-Curci, copy of which will be sent later. Probably Dr. Thorburn, chairman of the Concert Committee, and possibly Dr. Smith, chairman of the Publicity Committee, have sent you some of the details of the Concert, and it is not my purpose in writing this lengthy letter to burden you with a repetition or ask you to give this report the precedence, but wholly with the idea of impressing you with its importance and the wish of the profession in New York that the widest publicity be given same.

Therefore, I again wish to emphasize that your co-operation in this matter will be most fully appreciated.

Very sincerely yours,

CECIL R. ROGERS.

## How Mme. Galli-Curci Does Things

RITZ-CARLTON HOTEL,  
Madison Avenue & Forty Sixth Street,  
New York,

Sept. 25, 1921.

Mr. William Strother Jones,  
Chairman Board of Directors New York  
Osteopathic Clinic,  
New York City.

Dear Mr. Jones:

As a long believer in Osteopathy and as a mark of appreciation of what it has done for me, I take pleasure in advising you that I will be most happy to give a recital some time next February, date to be determined later, the entire proceeds of which are to be used for the joint benefit of the New York Osteopathic Clinic and the Osteopathic Hospital Fund.

My managers, Messrs. Evans and Salter, 506 Harriman Bank Building, will be glad to relieve you of all business details in connection with the management of the concert.

Believe me,

Very Sincerely Yours,

(Signed) AMELITA GALLI-CURCI.

## Letter of Appreciation Sent Mme. Galli-Curci

February 18, 1922

To Mme. Amelita Galli-Curci:

In appreciation of the brilliant concert you so graciously gave for the benefit of the New York Osteopathic Clinic and Hospital Fund, at

the Metropolitan Opera House, on Sunday afternoon, February twelfth, 1922, the members of the Osteopathic Society of the City of New York, by unanimous vote instructed me to convey to you their deep gratitude.

The Society also expressed the hope that the results you have yourself received through osteopathic practice, and the knowledge that your generosity has so materially aided the afflicted poor to obtain this service, may in some measure repay you for having donated the entire receipts of the concert to this charity.

CECIL R. ROGERS.

President, the Osteopathic Society  
of the City of New York.

## Willard's Simplified Technic

81 Prominent Osteopaths, during the month of February, under the direction of Dr. R. H. Singleton, Pres. Ohio Osteopathic Society, took Dr. E. S. Willard's Post-Graduate Course.

Dr. P. E. Roscoe of Cleveland writes: "Since I have been using Dr. Willard's application of the Old Doctor's Technic, I do my work easier and better. Consequently, *MY PATIENTS ARE BETTER SATISFIED.*"

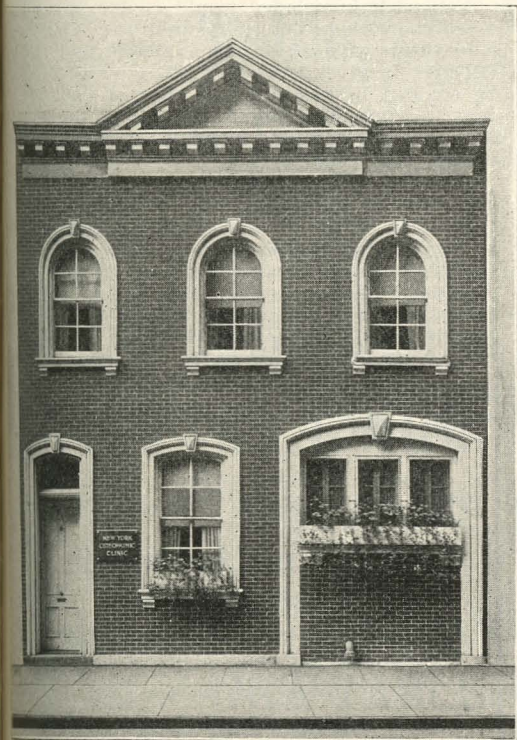
### Special Rates to Classes

A limited number of classes will be conducted throughout the country to introduce the work. As Dr. Willard's course is high class Post-Graduate work, the tuition fee is placed at the regular charge for such instruction—\$150.00.

**Special Terms:** But if you organize a class at once in your city or town the following terms are made: \$50.00 for each student in a class of six or under, \$35.00 for each student in a class of more than six. In a class of eighteen or more, \$20.00 for each student.


**Suggestion:** First organize your class and agree among yourselves to devote three consecutive half days and evenings to the work, before writing for a definite engagement. Address:

Dr. E. S. Willard, Liberty Hospital  
4267 Delmar Avenue - St. Louis, Mo.



New York Osteopathic Clinic, 35 East 32nd Street

## Doctor: Do You Want Results in Chronic Cases?



*No. 1 Sinustat*

The Ultima No. 1 Sinustat shown will relieve pain in sciatica, neuritis, rheumatism, lumbago, neuralgia, etc., by producing a sedation of the nerves.

Mild applications to the gastro-intestinal tract stimulate normal functions. Operates on any A. C. lamp socket. Delivers a perfectly controlled rapid sinusoidal current; also current for lighting any diagnostic lamp. *Try This Thirty Days Free!* Just sign the coupon and we will send this on free trial without one cent in advance. If it fails, return it without obligation. **FREE!** A valuable chart and booklet giving full directions will be included.

P. A. Co. Gentlemen: You may send me on 30 days trial the No. 1 Sinustat. If satisfactory I will pay you \$5 in 30 days; \$5 in 60 days; \$5 in 3 months and \$5 in 4 months. If not satisfied I will return it at the end of 30 days.

Signed .....

Address .....

**Ultima Physical Appliance Company**  
136 W. Lake St. Chicago, Ill.

## Dr. Abrams' Message to Humanity— Its Meaning to You!

J. V. McManis, D.O., Kirksville, Mo.

Having been requested by several osteopathic publications to write further of my experiences in Dr. Abrams' laboratory, where Mrs. McManis and I recently took his course in "Electronic Reactions" and studied the use of his "Oscillo-clast," I have been trying to figure out how this work could be best presented to our profession.

The important thing is to get the message across quickly and in a manner that will make its significance to Osteopathy readily under-

stood. This is far more important than to attempt to show what little I personally know, or do not know, about these methods. Hence I trust Dr. Abrams will excuse me if I quote his own explanations extensively. Dr. Abrams is an able writer, a man with a very broad education and, since these methods were originated by him, I feel that it will be right for me to make use of his own writings in helping to put his message across.

## In the Dietetic Treatment Prescribe



THE ORIGINAL-GENUINE

"Horlick's the Original" has proved its entire satisfaction for over a third of a century, and is used most extensively as a reliable adjunct to osteopathic treatments, and to invigorate in anaemic, nervous and digestive disorders, and all cases requiring a restricted diet, as for infants and nursing mothers.

Its advantages apply to the diseases prevalent at this time of year and to other exhausting conditions, requiring a highly nutritious, easily digested diet that is agreeable to the patient.

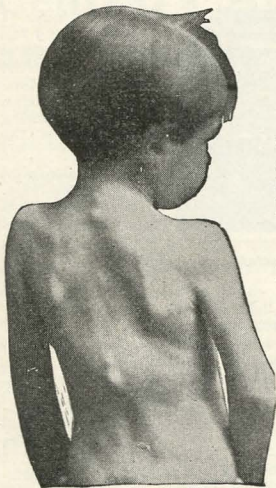
Many members of the profession take it personally also to sustain and refresh themselves after tedious treatments, and as a "night-cap" to induce restful sleep when nervous or wakeful upon retiring.

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One of the main things for us to get into our minds is the important bearing that luetic soil has on the production of diseases like cancer, tuberculosis, etc. The cancer problem within itself is an all important thing for us to consider. This subject is so clearly explained in his article, "The Cancer Problem" (which appeared in his journal, "Physico-Clinical Medicine," December, 1920) that I take the liberty of quoting this brief article in entirety. Later on I hope to quote other writings of Dr. Abrams that will further explain his principles and practices, and elucidate the important bearing they have on the healing art.

There are many things in the "Electronic Reactions of Abrams" that will be of interest and of great value to Osteopaths. I hope to be able to bring some of them to your attention in the near future through *OP*. Being, as these are, a further extension of knowledge into the mechanical origins and dynamic nature of diseases like cancer, syphilis, tuberculosis, etc., they are nearest related to Osteopathic Philosophy and practice of any branch of the healing art; they are in absolutely harmony with our Osteopathic Diagnosis and Therapy—they supplement, prove up and extend our therapy. I can see very vividly how this knowledge will tie into osteopathic philosophy and practice in a way that will demonstrate the essential truth of the Osteopathic Lesion, and also greatly extend the Osteopaths' control over disease by purely physical and mechanical methods.

In particular, I think I can see the chance to prove in figures just what we Osteopaths do for the sick, and to indicate how we may increase our own working efficiency. For instance, by Dr. Abrams' methods, we seem to be able to measure the ohmage of functional activity of certain organs. Now if the ohmage of the stomach can be measured, why can't we take an ordinary case of stomach trouble, measure out the degree of functional activity present, then follow with a good course of Osteopathic Treatment, and measure it again? This would be a fine demonstration of just what we accomplish by our treatment. Who's afraid to give the acid test to his practice—to have it weighed and measured? He, no doubt, who will raise the cry against Osteopaths becoming familiar with Dr. Abrams' work and who will make the old, old plea to "stick to Osteopathy."

Yet, such knowledge would enable us to do research work to determine just what kinds of osteopathic treatment are available and most effective in given diseases; and thus we would be enabled to rule out any part of treatment that was not effective, thereby saving our time and vitality as doctors, while increasing our efficiency as therapeutists.

Really, I cannot imagine the state of mind of any *thinking* Osteopath who would not be intrigued by these researches of Dr. Abrams—if for no other reason than for what they may contribute to the testing out and scientific development of Osteopathy. But it goes further than that, as I am already fully persuaded, in that it cures cancer and such things which are beyond our present osteopathic resources.

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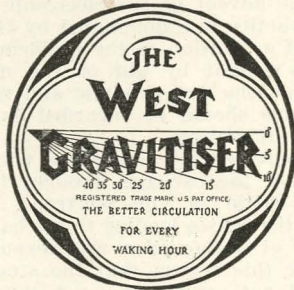
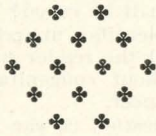
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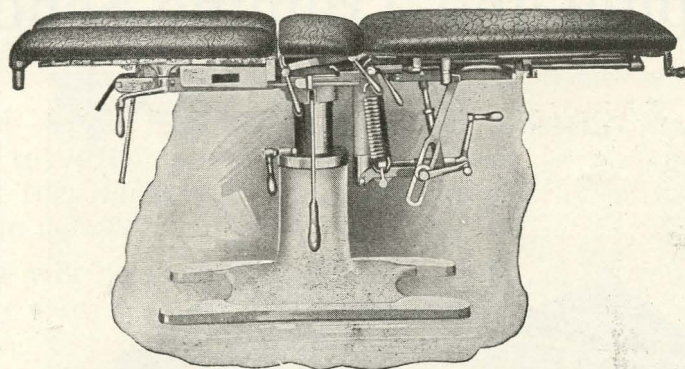
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## The Cancer Problem

[Dr. Albert Abrams in Physico-Clinical Medicine]

Until the "Electrical Nature of Man" is recognized, the cancer problem is remote from solution. Much imagination has been exploited in theories which have failed to survive the lapse of time.

In the prodigious literature anent cancer only two conspicuous facts can be extracted:

1. An exciting cause specified as irritation;
2. An unrestricted growth of cells.

The cell is not the ultimate constituent of the organism; it is the electron.

The electronic conception of cancer is the only rational one and this rationality is emphasized by the results of treatment, based on this conception.

The units of cells are charges of electricity known as electrons. What we call a cancer is only matter of positive and negative electrons plus ether. The differentiation of matter is only a question of arrangement of the electrons. It is by aid of this allotropy that one substance is distinguished from another substance. The electrons of a normal cell are electrically balanced, that is, they are isoelectric spheres of positively and negatively electrified corpuscles.

It can be shown by the "Electronic Reactions of Abrams" and by aid of the writer's Oscilloscope that tissues in the norm yield a neutral energy, but if these tissues are irritated, they become positively charged owing to the escape of negative electrons.

The disturbed placidity of the electrified corpuscles has invited chaos and the riot ensuing among the positive electrons suggests the unrestricted growth of cells or cells gone mad. A cancer, then, is an insane revelry of electrons and the actuating factor of this biophysical orgy is irritation.

What is the source of this irritation?

Until the advent of the electronic reactions, medical practice was dominated by the cellular theory and a solution to the problems of pathology was sought by aid of the microscope. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures.

The misdirected researcher saw with his microscope only the carnage wrought by the internecine battle of the electrons. He saw nought of the causes leading to the battle, hence the cancer at its inception was beyond his ken.

It is for this reason that the study of processes and not structures must supersede the interpretation of pathological phenomena.

It is necessary to destroy the chaos on which present day pathology is founded to make it useful in the service of the physician.

Recent investigations with the electronic reactions show that the soil in the human on which every cancer develops is a persistent focal lesion of congenital syphilis. This is a source of irritation. Without this focus  $\ddagger$ , cancer would be relegated to desuetude. We are all congenitally syphilitic in various degrees of dilution.

It is unnecessary to anticipate this human blight by asseverating the world is becoming rapidly civilized and syphilitized. We are already syphilitized. We are the tainted bugbears of our sainted (?) forebears. Syphilis covers a multitude of skins.

The Utopia of medical practice will be achieved when pathology will be recognized as a mere annex to syphilography.

One must not for a moment believe that human pathology is specific. The laws of nature are universal and are not abrogated in favor of one creation.

I have shown that there are cancers of plants. That certain kinds of moulds developing in fruits are veritable cancers. That iron rust, in a chemic sense, may be an iron oxide, but in a biophysical sense it is a cancer. That the mould on cheese is tuberculous.

Two problems now confront us, viz:

1. Is cancer preventable?
2. Can it be cured?

My scientific anarchy may already have astounded the reader when the writer declared that without congenital syphilis there would be no cancer.

The question is, can we eradicate congenital syphilis?

My answer is we can eliminate it from the blood, but the foci from which cancers are derived cannot be thus eliminated by our accepted methods of treatment.

There the spirochetes are enmeshed in connective tissue and thus elude conventional medication. A local treatment is mandatory.

The topical use of radium has been exploited for this purpose, but it is a failure.

The "Crocker Cancer Research Laboratory of Columbia University" concluded that no cures were effected. In other words, while temporary results may be achieved, the tumors are invariably resistant to radiumization.

The rationale of this failure is attributable to the fact that the positive alpha rays are absorbed by a few inches of air or a single sheet of paper, and they constitute over 95 percent of the energy evolved from radioactive substances. Thus radium is inefficient in cancers below the surface and the preponderance of positive rays only serve to contribute to the growth of a cancer for the reason that cancer is already a positively electrified mass.

My investigations show that all chemicals are radioactive, and that the energy coefficient of radium is relatively small when compared to many inexpensive chemicals.

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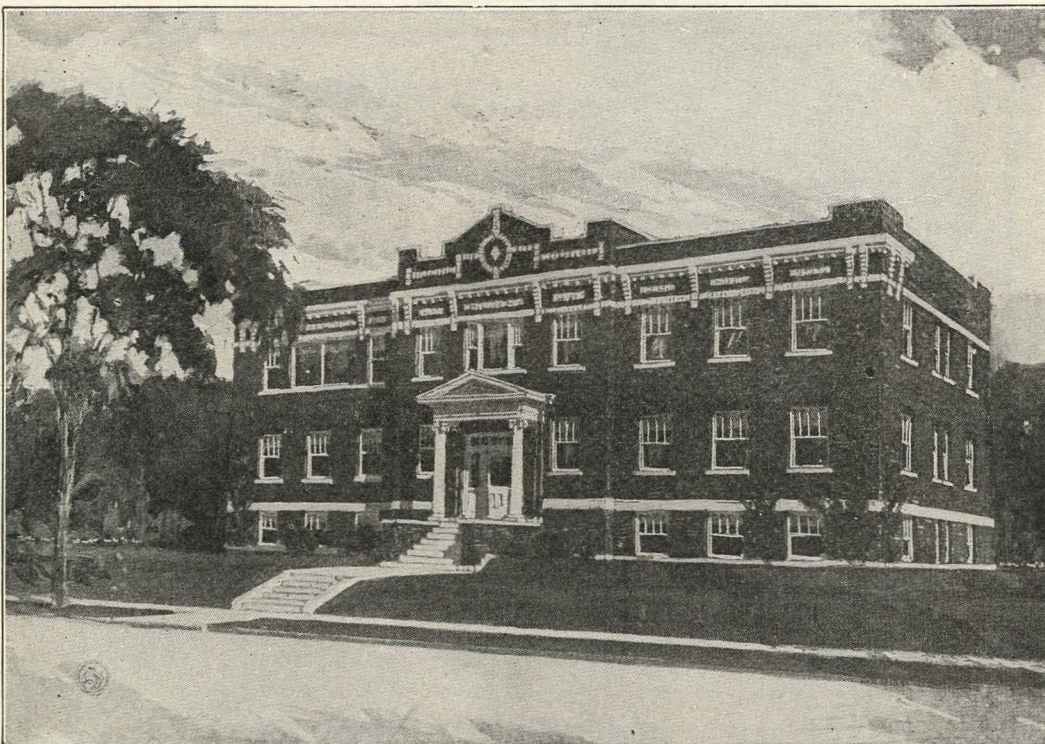
### Kirkville, Missouri

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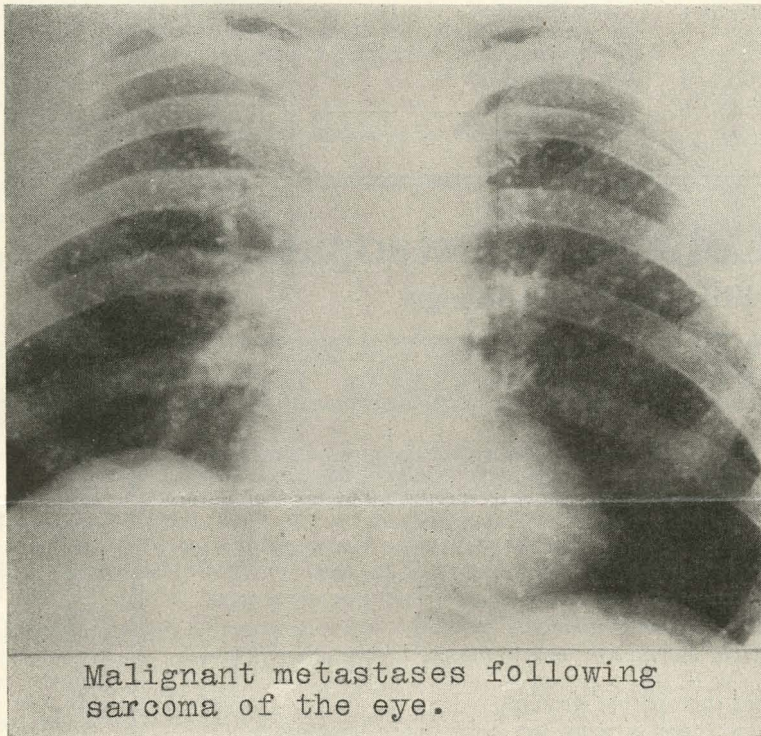
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For further information address Dr. George M. Laughlin, Kirkville, Mo.



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



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Fraternally yours,  
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A.S.O. Hospital, Kirksville, Mo.

To express myself definitely:  
Radium (10 milligrams) yields an energy potentiality of only 22-25ths of an ohm, whereas eosin shows an energy of 2½ ohms. The writer uses the latter in cancer painted over the growth. It is as harmless as it is efficient. The theory of action is essentially one of "similia similibus curantur."

Having determined the vibratory rate of cancer, one imposes upon it a similar rate and thus destroys it. Eosin has a rate corresponding to the vibratory rate of cancer. This is practically therapeutics by destructive resonance, a familiar fact well known to physicists.

Every object has a certain natural period of vibration. If one approaches an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it.

It was a trick of Caruso to take a wine glass and by tapping it, determine its tone (vibratory rate) and then by singing that tone into the glass shatter it.

The writer has devised an apparatus known

as "Oscilloclast" with which destructive vibratory rates are delivered to the patient.

In cancer the results are positive, and immediate and practically all early cancers are thus amenable to cure.

By this apparatus recurrence is prevented by delivering rate corresponding to the syphilitic substratum from which the cancer has developed.

‡ The theory of embryonal "Rests" and "Vestiges" to account for the origin of tumors must now be substituted by persistent syphilitic foci. Dependent on the character of the local irritation acting on the electrons of the foci; the metaplasia ensuing is differentiated by the electronic discharge; CARCINOMA, positive; TUBERCULOSIS, neutral, and SARCOMA, positive and negative.

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Every failure teaches a man something, if he will only learn. —Dickens

**New Federal Maternity Bill Regarded as Good by Dr. Atzen**

The Sheppard-Towner Maternity Bill H.R. 2366, S. 1039 has been passed by Congress and signed by the President and is therefore the Law of the Land.

The Board of Maternity and Infant Hygiene consists of the Chief of the Children's Bureau, the Surgeon General of the United States Public Health Service and the United States Commissioner of Education.

The Chief of the Children's Bureau of the Department of Labor is charged with the administration of the Act through the instrumentality of the respective states, and any state having a Child Welfare or Child Hygiene Division shall be authorized within that state to administer the Act.

We will quote Section IX complete for the states specifically what authority the respective agencies that administer the Law may exercise:

"Section IX. No official, agent, or representative of the Children's Bureau shall by virtue of this act have any right to enter any home over the objection of the owner thereof, or to take charge of any child over the objection of the parents, or either of them, or of the person standing in loco parentis or having custody of such child. Nothing in this act shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child, or the agency, or agencies, to be employed for such purpose."

This section clearly defines the authority granted under this act and it further clears states that every agency will be respected.

This Bill which is now a law, is altogether different from the original Sheppard-Towner Bill. All of the bad features of the Original Sheppard-Towner Bill have been eliminated and every safeguard possible has been incorporated in this Law so as to make it difficult for the administrators to act arbitrarily and in favor of a single agency or school of practice.

The amendment submitted to the proponents of the Bill by the American Osteopathic Association, passed by the House of Delegates during the Cleveland Convention and taken up by person to Senator Sheppard and Congressman Towner by Dr. C. D. Swope of Washington, D.C., was not incorporated in the Bill by the Committee having the Bill in charge, but the latter half of Section IX which has been quoted complete, has in it a thought that is almost identical with the thought contained in the amendment submitted to the proponents.

Therefore, it seems to this Bureau that the present Bill as enacted into Law will in every way safeguard our rights in the respective states.

Fraternally yours,

C. B. ATZEN, D.O., Chairman  
A.O.A. Legislative Bureau

**Beg Your Pardon**

Our attention has been called to a slight error that appears in the Abrams' article written by Dr. McManis in the January issue of *The Osteopathic Physician*. We there said: "Upon seeing his demonstrations to our profession in Boston, Dr. Francis A. Cave sold out his office and practice and came here last week etc." Dr. Cave sold out the fixed equipment in his office at 30 Huntington Avenue for the purpose of removing to new and larger office at 359 Boylston Street. Says Dr. Cave, "I have not disposed of my practice, neither have any intention of so doing, as Dr. Abrams' work is simply an extension of the osteopathic philosophy."

It is very difficult to obtain knowledge and very easy to acquire beliefs.—Gustave Le Bon.

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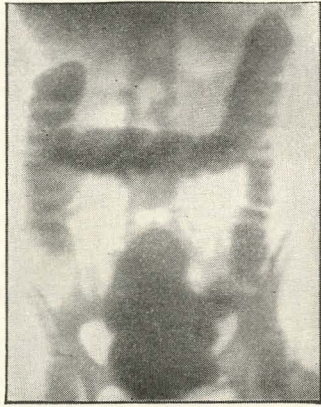
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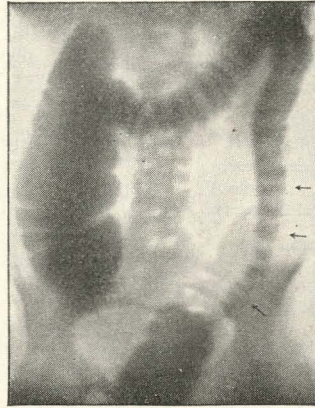
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## The Osteopathic Physician

The Organ of News and Opinion for the Profession

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### EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XLI March, 1922 No.3

#### RELATION OF DR. ALBERT ABRAMS' WORK TO OSTEOPATHY

Francis A. Cave, D.O., Boston, Mass.

I have been asked to write for The *OP* regarding the philosophy and work of Dr. Albert Abrams, of San Francisco, and it is with the keenest pleasure that I respond. My text will be taken directly from the letter of Dr. Andrew Taylor Still, addressed to you under date of March 1, 1908, and reprinted on page 5 of the January *OP*. The "Old Doctor" clearly showed his mental breadth and depth when he wrote, "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. I am glad to have one man who compromises with nothing, not even with Truth itself, a man who is ready to offer and stand to the Truth without apology."

While of course these words of Dr. Still related to your journalistic work for the science and profession, it nevertheless can be accepted as the "trumpet call" for progress for the entire osteopathic profession! And while at all times maintaining my position proudly as a believer in and practitioner of the basic osteopathic philosophy, I also fully realize that our final limitations have not as yet been reached; that we are treading the pathway to far greater things as our philosophy develops along the lines of pure science.

And so I have no apologies to make for helping to introduce to the osteopathic profession a new concept in diagnosis and treatment. Neither do I hesitate to voice my opinion that Dr. Albert Abrams is the greatest man produced in the medical world since the days of Andrew Taylor Still. The past century has produced no greater medical thinkers than these two men; and were the "Old Doctor" alive today, I doubt not he would glory in the investigations of Dr. Abrams—not only because Abrams has blazed the trail toward an understanding of the electronic activities of the body, but also because he makes constant and scientific use of spinal reflexes, which he has developed along lines largely unknown to or else much neglected by the osteopathic profession.

During my stay at Dr. Abrams' clinic in San Francisco, I talked with dozens of patients undergoing treatment for carcinoma, sarcoma, acquired and congenital syphilis, tuberculosis, streptococic infection, etc., etc. I also met many patients who had already been cured of these various complaints. I also talked with many physicians who had been using these methods with great success and were most enthusiastic in their praise of them.

The Electronic Reactions of Abrams (ERA) were producing results almost unbelievable, even when demonstrated. The whole theory of

this work is most revolutionary and directly contrary to present-day medical talk and education. But it is none the less a FACT, and one which is of primary interest to the Osteopathic Profession.

With the Abrams method, it is possible, broadly speaking, "to sterilize an infection of any kind, anywhere in the body" by means of scientifically applied vibratory rates, plus scientifically applied spinal concussion. Practically every case taking treatment in Dr. Abrams' clinic undergoes spinal concussion as an integral part of the treatment.

But, assuming the presence of an osteopathic lesion affecting the nerve or blood supply through the previously affected area, it seems entirely logical that osteopathic adjustment of such lesions is a prerequisite to the creation of immunity. This is simply an hypothesis at this writing and remains to be proved. But it certainly looks reasonable.

With the Abrams method, the normal energy given off by a healthy viscus can be measured by his rheostats; and, reversely, it is possible to measure the energy being given off by a diseased viscus or part. These measurements are based upon electronic activity, a subject in which Dr. Abrams must be classed as a leading investigator. He maintains and proves that every disease or infection has its especial rate of electronic activity—called the "vibratory rate." And when the vibratory rate of a disease or infection is known, it should cause no great strain on the imagination to theorize a destructive vibratory rate which could expel it from the body. That is really the sum and substance of the Abrams concept, plus his unique application of the spinal reflexes in the treatment of such condition.

By means of these methods, a drop or two of a patient's blood yields vibratory rates which can be measured and differentiated, so that not only the disease itself may be identified but also its location in the body of the patient. And not only this seemingly impossible thing can be done, but also the sex, race, and approximate age of the patient, and perhaps most amazing of all, the race or races of the progenitors of the patient, can be determined.

Just as truly as the point of the needle in the phonograph can reproduce the notes of the entire orchestra—from the piccolo to the bass drum, and just as truly as the wireless telegraph or telephone can carry the unseen message through the ether, it now likewise seems possible to diagnose from a single drop of blood almost the entire life history of the patient.

Of course Dr. Abrams himself is the greatest living expert in this work; and to watch him and assist him in doing these things is one of the keenest pleasures imaginable.

He has recently become convinced of some of the scientific aspects of the Osteopathic Philosophy, and he recognizes the fact that Osteopathic Physicians may be as learned and as useful to humanity as their fellows in the strictly medical world.

What is it worth to the world to be able to diagnose incipient carcinoma, sarcoma, or tuberculosis? And what is it worth to the world to be able to rid the body of inherent or acquired syphilis? The Abrams method seemed to do these things; and I hope the Osteopathic Profession will quickly recognize the opportunity for enlarging their service to humanity through harnessing up this agency to their other good efforts.

In my next article I will discuss some of the scientific phases of Dr. Abrams' work.

## Make Osteopathic Bugs of Them!

John F. Burns, Secretary, A. T. Still College of Osteopathy and Surgery, Kirksville

Did you ever hear of the Osteopathic Bug? I have. I know many. I am one myself.

What is an Osteopathic Bug and how does he get that way?

The answer is easy—but I have met up with Osteopaths who never created such a Bug, and never will.

An Osteopathic Bug is a man or woman who has been ushered into the mysteries of a new and interesting science—a person who, when he mounts the Osteopath's table, has an intelligent understanding of why he is there.

Did you ever—that is, before you attended your Osteopathic school—go for a treatment, have the physician handle you like the bank cashier handles one dollar bills—grind you out rather perfunctorily, tell you that you will feel better in a week but must have at least two more treatments, collect two or three dollars, book you for Wednesday at 2:15 and shout past your ear to another patient to "Go right into the other room and get ready" and shut the door on your face while you are trying gracefully to back out?

It's done all right—thousands of times. I've been one who has had the experience, for osteopathic treatments have been my favorite "indoor sport" for nearly fifteen years. I have had 'em good and bad, rough and gentle, "general" and specific.

There is a lot of difference in Osteopaths just as there is a lot of difference in jewelers, and auto repair men. They are all "menders" and all more or less successful; but there are some to whom you like to pay your money and whom you believe in, and there are others to whom you don't care to pay more often than is necessary and whose skill and honesty you question.

There is the jeweler who takes your watch, glances at it with an, "Um, ah! I don't know,

I don't know—let's see. I think this will require about ten days—I'll look into it. Bad shape isn't it?" and when you come back all you get is your watch—ten days older—a bill for \$7.80 and the information that "it *was* in bad shape." Then there is the jeweler who looks your watch over, listens a moment, and says, "A little dirty. Needs a new hair-spring. You can have it next Thursday. It won't be more than \$2.50—possibly less;" and when you get it—four days afterward—you are told, "Glad it wasn't as bad as I thought; cleaned it was all; one-fifty, please."

And you go away from this man knowing what ailed your watch, minus any feeling that you have been victimized, and for years you walk blocks further to find this same jeweler when you or your friends have watch tinkering to do, or jewelry to buy. You become that particular jeweler's customer.

Then there is the automobile repair man who keeps your car a week, runs up a bill of \$50.—and attaches a lot of nomenclature to your tag—and the other one who just tells you plainly that "everything was all right except a worn piston ring and a little carbon—glad it wasn't any worse." To whom do you return in full confidence when your gas machine goes bad again?

Well, it isn't that the Osteopath overcharges, but it's the way in which he makes his patients feel about his work. The doctor either wins or loses a "customer" by the use or failure to make use of the English language.

The average patient is intelligent and it plays upon his vanity when the doctor assumes that his intelligence is equal with his own. He may not grasp the theory of the causation of disease, the causes and results of subluxations, the location of the sacro-iliac joint or the impulses of the vasomotor nerves—but he knows

"Where There Is No Vision the People Perish"

that something is the matter, and he goes to an Osteopath because through common-sense reasoning he has concluded that the medical doctor will only treat his symptoms, and he wants Osteopathic treatment.

And this being the case, why treat with him as with a child—keeping his mind mystified about himself? Why not make him an Osteopathic Bug?

You haven't time, you say?

I answer—take the extra five minutes. Even if, instead of a real disciple of the Old Doctor, you are only in the business to "grind 'em out as fast as possible," you will still find that it pays to make a "near Osteopath" out of your patient.

It was just fifteen years ago that I took my first treatment. I was helped, but not interested. I had a few in the four years following but never really got into the thought of Osteopathy. It remained for me to have a startling and painful experience in 1911—to meet the man who made of me a potential Osteopath. It was typical of what might have happened in thousands of cases—and perhaps to your own patients.

I had been engaged in high-speed national work. I was physically tuned up to high tension, my nerves were at the breaking point. I dared not let go, for my responsibilities were heavy. Much depended upon my ability to "stick" for another two months. Suddenly I began to have intense intestinal pain and for a day had frequent and copious passages of blood and mucus. It was in Spokane and my nearest friend was the Secretary of a State Industrial Association to whom I went with the question, "Who is the best intestinal specialist here?" He named an eminent physician and made an appointment for me. I went, was questioned and examined. I was told that I had colitis, that I should use hot enema every two hours of boric-acid solution; I must eat no solids; in fact nothing for twenty-four hours; then "cracker soup" for a day, and report back. Well! I followed directions.

At the end of twenty-four hours I was so weak that I had to be helped to stool. At the end of forty-eight hours I wanted to die. The pain was intense and the mucus still copiously discharging. I was helped to the telephone and talked to the eminent specialist. His answer was, "You are all right. Keep it up."

It sounded like the surgeon's explanation of the "beautiful operation"—though the patient collapsed.

A friend, an Osteopathic Bug, happened in, carried me in a taxi to the office of a man to whom I am eternally grateful, Dr. Thomas C. Morris—since nationally known as a technician. Dr. Morris gave me one treatment and laughingly asked me what I wanted most.

"Food," I replied.

"All right," he assured me, "go and get a nice, thick beefsteak, broiled just right, and eat all you want of it. But, keep away from your office."

I followed instructions and the discharge diminished and the pain ceased. After a second treatment, next day, the colitis had ceased, and then began my education as an Osteopathic Bug.

"I want you to know just what your trouble was and what I did," said Dr. Morris, and with chart, skeleton, and pencil he made clear what had happened. And then he did what you can occasionally do—though not always: he asked me to read "Tasker's Principles," loaning me a copy for the purpose.

From that time onward Dr. Morris always went into details in plain layman's language—and I learned to love Osteopathy.

I wish that I might say the same of all Osteopaths to whom I have gone in need—but many have explained this work and the interest thus created has given Osteopathy a place in my life that it never could have enjoyed otherwise.

I am just of the ordinary run of humans,

## Some Patients I Have Known

VI

### Old Doctor Jones

John Barr, D.O.

Most of us like to think that we are self-made doctors. And yet directly or indirectly we have inherited a certain portion of our practice. It is all very nice to be able to step into the ready-made practice of some other doctor who has either "gone on" or less seriously, has gone to take some Post Graduate work.

But this is not the sort of inheritance we are now considering. This is something of a vicarious inheritance, sort of over the left shoulder as it were.

In my own experience there stands out one dear old lady who represented this oblique inheritance. She had been going to "Old Doctor Jones" down the street off and on for over twenty years. When she came to me, she learned a lot of things. So did I.

No Doctor had ever in her life asked her to disrobe before and it took fifteen minutes of persuasion. Finally when she learned that the Mayor's wife went through the same ordeal, she surmised that perhaps it might be all right after all. Her final argument was that she knew I put considerable stress on the back-bone and so she had purposely worn summer underthings right in the dead of winter so I would have no difficulty in finding her spine. As a matter of fact you could have found her spine through her overcoat in the middle of Summer but she submitted to the routine gown split up the back.

I forgot to look at her tongue, something Dr. Jones never missed. But then he seemed to have missed so many other things that this did not make me feel so bad. My ideas on diet were altogether different. She was very dubious as to how they would work out. Hadn't Dr. Jones been working on her gastritis for seventeen years and he ought to know

by this time what her stomach would and would not take care of. Well, there was a very good answer to that but I didn't use it.

When I was called to take care of her during an attack of influenza, I thought I was going to lose a very good patient. No, she wasn't that seriously ill, but she knew just what Dr. Jones would have done, and I wasn't doing it. In fact she had a shelf full of remedies left over from last time and she really thought I had better use them because she had just been pulled through the last time after a siege of seven weeks. I couldn't tell her she had better go back to Jones for he had indeed gone on, but I did substantially tell her she could take me "as is" or do otherwise.

There was one other vital difference between her new and old doctors. The old doctor "hardly ever" sent her a statement! And then only when she asked for it. I explained gently to her that times had changed and that my office nurse was no respecter of persons when the first of the month came around. My nice old patient even went so far as to say that it seemed somehow to inject an atmosphere of commercialism into an otherwise noble profession. Her husband was a banker and so I told her to ask him how long the bank waited for what was due it. I might have added that old Dr. Jones' widow had a nice large set of books full of unpaid accounts to bolster up her declining years but I didn't.

As I look back on this experience and several others like it, the wonder is that I stood the patients or that they stood for me. This taking care of another man's patients must be something like marrying a widow. It surely requires an awful lot of tact.

yet this is my story—which might be illustrated by many interesting incidents, and it could be the story of 90% of your patients if you Osteopaths used your opportunities as you should.

I thank God that no man can attack Osteopathy, or get "over" with any of the fake-opathies now being promoted, when presented to me, because I know why Osteopathy succeeds, and how. Tell your patients the WHY and the How. There is no mystery about it, no one is going to steal your credit—nor your science.

Make Osteopathic Bugs of your patients! Educate them to know the difference between the real and the make-believe, or the incomplete, unscientific methods of the chiro and others, and help to build Osteopathy into its rightful position as the peer of all systems of healing the diseases of the human race.

### He Got the Vision

Wm. S. Settle, D.O., Peterborough, Ontario, Canada  
AWAY BACK in 1874.

A. T. STILL.

A REGULAR M. D.

SAW A great light.

LEARNED TO treat the spine.

IN HEALING human kind.

FOUND THAT many ills.

WHETHER ASTHMA acne or arthritis.

TONSILLITIS INSOMNIA or gastritis.

WERE QUICKLY cured.

WHEN THE ribs.

OR LITTLE spinal bones.

WERE PROPERLY adjusted.

THAT ACHES and pains.

SPEEDILY TOOK flight.

WHEN THE spinal joints.

WERE ONCE set right.

THERE IS no perfect panacea.

BUT OSTEOPATHY.

FROM MOST of your ills.

WILL FREE you.

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### THE WESTERN OSTEOPATH

809 First National Bank Bldg., Oakland, Calif.  
C. J. Gaddis, D.O., Editor

## Low Table Technique

### Dr. Still's Technical Methods Standardized

Earle Willard, D.O.

VII.

#### CORRECTING THE OSTEOPATHOLOGY OF THE PELVIS

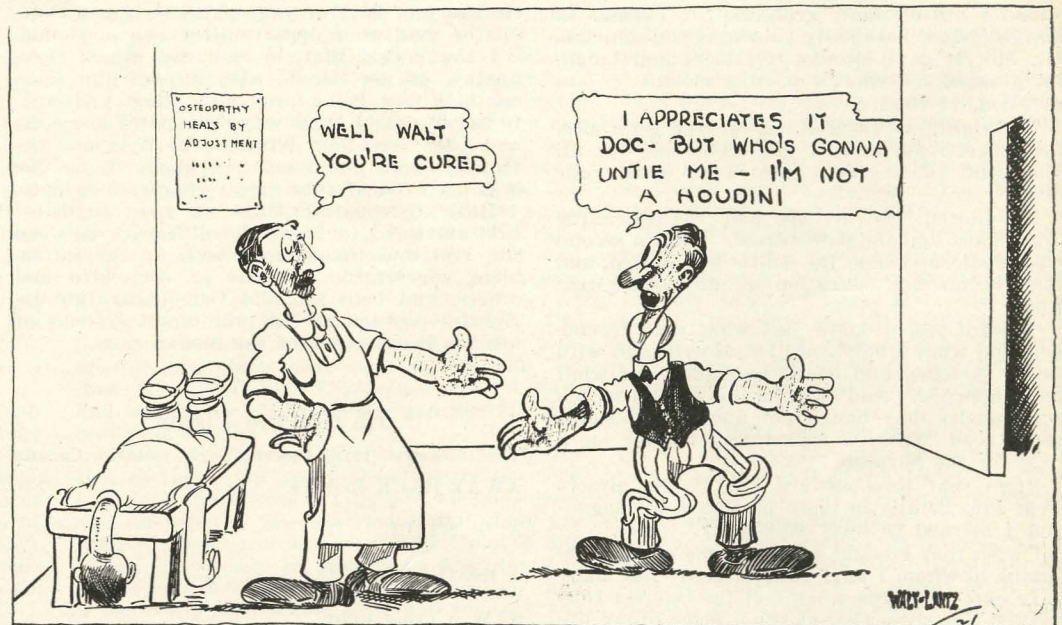
*General Statement:* During the month of February, just past, I instructed 81 prominent Ohio Osteopaths personally in Low Table Technic; in the latest approved methods of overcoming the Osteopathology of the Spine; teaching them to deftly move each individual articulation of the vertebrae and ribs, and to understand as never before the diagnostic significance of such movement. It was the most unique and remarkable experience I have ever had. During my brief sojourn in Cleveland, Cincinnati, Zanesville, Toledo, and at the Delaware Springs Sanitarium; and in the three days devoted intirely to the personal instruction of Dr. P. E. Roscoe, of the Roscoe Osteopathic Clinic, Cleveland, and of Dr. F. H. Gautschi of Napoleon, I learned enough about the ambitious endeavors and the shortcomings of my fellow practitioners to clearly appreciate that we are all in the same boat, pulling away at the same oar.

If I were a skilled writer, and this were not a purely technical article, I would try my hand painting a picture of earnest men and women—the leading lights in Osteopathy in the Buckeye State—striving to the best of their ability and in a most practical way, to improve their technical methods; a picture of each and every one laying aside false pride or preconceived prejudice and humbling himself or herself before facts. For truth is always easy to demonstrate; only when one's technical methods are based on false or misleading premises are they confusing or difficult to understand. But even though I fail at description, it must surely inspire my readers to know that without exception my classes eagerly received what I gave them. And the Old Timers in Osteopathy said—if I mentioned one I should have to mention them all—"Dr. Willard, the more we see of your work the more impressed are we that you have correctly interpreted the language of Osteopathy our beloved Founder spoke."

*Posterior Innominate Correction:* There is seldom a patient who goes to a physician for spinal correction who does not have more or less sacro-iliac involvement. In women, work done upon the pelvic articulations often affords relief, although the vertebral osteopathology remains untouched. There is of course an anatomical reason for this. The intricate and wonderful arrangement and attachment of the pelvic ligaments is the anatomical explanation. And when we have in mind the bewildering reflex nervous connections of the pelvic structures we need not be confounded at the frequency of associated pelvic joint disturbance. For in the organic, muscular and nervous intercommunication is the physiological explanation.

*Suggestion:* Those not perfectly clear as to the cause and effect of slight pelvic lesions, should review the admirable drawings and descriptions made by Dr. F. P. Millard of Toronto, for he reduces the clinical physiology of pelvic osteopathology to a practical basis that every one can understand.

It is a significant fact, however, that post mortem one structural lesion of the pelvic articulations, to five or six lumbar lesions, is found. Also, post mortem a structural pelvic lesion is usually associated with a structural lumbar lesion. This would indicate, from the frequency of slight sacro-iliac involvement, that the preponderating majority of pelvic lesions, osteopathologically considered, are maintained or their morbidity augmented—if not caused entirely—by associated reflex disturbance. And if I had a doubt before about this being the case, that doubt has long since vanished. Because Low Table technic as described in this article will correct, easily and painlessly, sacro-iliac lesions that cannot be corrected by many of the other methods. *This is an invaluable diagnostic point.* For very often the sacro-iliac correction fails to cure the associated organic involvement. It is therefore important for the physician to find this out, so that effective methods—the correction of the vertebral osteopathology, for instance—may be employed. And I maintain that *from the standpoint of diagnosis alone, Low Table Technic for moving the sacro-iliac joints is of invaluable assistance.*



Walt Lantz, cartoonist—patient's grateful farewell to Dr. Curtis H. Muncie after a course of osteopathic treatment.

## THE OS MAGNUM-ILIAC LEVERAGE

**Definition:** The Os Magnum Iliac Leverage is a method employed in overcoming the pelvic osteopathology, in which one innominate is wheeled backward; it is characterized by placing the largest of the wrist bones directly upon the posterior iliac spine; and delivering the corrective force at such an angle and with such velocity that the sacro-iliac articulation moves painlessly.

1. **Position of the Patient:** The patient lies prone upon the low operating table, the iliac rests four or five inches beyond the forward edge of the pelvic and leg support. The thigh bones bear the weight of the pelvis. The axillae are one and one-half inches from the edge of the sternal rest.

2. **Position of Physician:** The physician stands on the opposite side of the table from the posterior innominate, facing toward the foot of the table.

3. **Placing Proximal Hand:** The distal middle finger marks the posteriorly prominent, iliac spine. While the os magnum bone of the proximal hand, the palpating or marking finger being withdrawn, fits itself snugly upon the posterior iliac spine. The contact fingers point in a line bisecting the right angle triangle, one side of which is the line of the body axis, the other side, a line drawn transversely through the fifth lumbar vertebrae. They point across the pelvis, away from the physician, outward and toward the patient's feet. *The hand bears no weight at all upon the pelvis.*

4. **Placing Distal Hand:** This hand is placed exactly as described under Os Magnum-Vertebral Leverage in the preceding article of this series. The one essential point to note, however, is this: *This reinforcing arm must be flexed at a right angle with the forearm.*

5. **Shifting Patient's Body:** Sometimes better results are obtained by not having the pelvis too far beyond the stationary support—just far enough for the symphysis pubis to clear the support. In bedside practice, if the bed springs are strong, and pillows carefully folded are placed underneath the pelvis and the sternum, a satisfactory position for correction may be had.

6. **Final Preparations:** The physician's foot of the same side as the lever-contact hand, is placed as nearly underneath the hands as practicable, somewhat in advance of the other foot. The physician faces the direction the fingers point, as already described. The direction the force travels, and the force angle, are of secondary importance. *The all important factor in painless, effective correction, with this form of leverage, is the relaxed musculature of the physician's body; the absolute rigidity of the lever arm at the elbow; with the shoulder of the lever arm forced upward out of the socket; the os magnum bone placed, lever arm held securely, but bearing no weight upon the posterior iliac spine, at whatever angle with the horizon that prevents the hand slipping while the reinforcing arm must be bent at a right angle at the elbow.*

7. **Correcting the Osteopathology:** Before the corrective force is delivered, the physician should hold the position steadily, while visualizing the lightning-like downward movement of the shoulder and lever arm, and the simultaneous, spasmodic, upward jerk of his or her head and neck. The shoulder and arm like a piston rod are to drive downward; while the sudden up raising of the head and neck simultaneously withdraw the lever hand from the contact point, permitting the pelvis to rebound without striking the lever hand. All this is visualized by the physician as he holds the position before delivering the down drive with the shoulder and the upward throw of his head and neck.

Not until he himself feels absolutely confident as to the outcome, does he do this. And if he has, through practice as elsewhere insisted upon, developed the necessary strength

in the shoulder muscles, and perfect coordination and control of his movements, the sudden, swift down throw of the shoulder, transmitting the force through the lever hand, will wheel the innominate downward and forward, *the sacrum not moving relatively forward on that side because of its inertia.* The bony structures rebound; while the soft tissues osteopathologically affected take up the recoil, stretch, give or yield. There has been no lost motion, no waste energy, and no pain. *The corrective forces had been delivered to the exact structures that most need it.*

**Caution:** It is best to practice the foregoing technic using a dummy as a patient until the physician feels absolutely that he is master of the situation, and can satisfactorily control all his shoulder and arm movements. *He or she should practice the force delivery while standing on the ball of the foot, balanced easily,*

*ready to shift the weight instantly to the other foot.*

The foregoing instructions should be followed painstakingly. Otherwise the work of the beginner is likely to be unsatisfactory to both physician and patient. To illustrate the importance of the instantaneous withdrawal of the lever hand, I suggest that the physician have some one hold his hand firmly upon the pelvis while he delivers the corrective force. The result of holding his hand, pressed against the contact point and preventing the pelvis from rebounding, is instantly observable. For instead of delivering a sudden, well controlled force, that moves the articulation painlessly, he gives the pelvis a "thrust" or "jab" that is quite painful. *This is in striking contrast to results obtained through the painless, effective force delivery, already described, which is not in any sense of the word, a "thrust."*

(To Be Continued)

## Little Stories of the Clinic

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

Stories No. 37, 38, 39

### Three Pneumonia Cases

At midnight January 24, 1922, the phone woke me from sound slumber. Mr. M. expressing great distress of mind, told me that his 13 months old nephew was desperately ill with pneumonia, and that he might call me again towards morning. He said the mother wished to try the medical treatment for a while longer. At 5:30 a. m. I was called again, and requested to come as soon as I could. It took several minutes to dress and get my car watered and started. When I arrived, the baby was dead. They were very poor people and did not try to suppress their grief. A little sister rent the air with her cries. She wrung her hands and almost screamed, "Oh! the baby! How sweet the little darling! How can I live without him?" And the mother and other members of the family made similar demonstrations. They were all total strangers to me, and like most doctors, I have tried to train myself not to let these occasions cause suffering. Nevertheless the situation was very trying. I could do nothing and a deep seated conviction that this tragedy could have been averted by proper treatment only added fuel to the fire of painful emotions. The baby's death was due to superstitions as deadly as those of the foreign countries we commonly regard as heathen.

The next day Mr. M. the uncle, told me that after he had called me up at midnight, they had called at the home of their medical doctor, and told him of a drop in the fever (the crisis) and of the prostration of the baby. The doctor refused to come and see the baby, but handed out two strychnine tablets, instructing that they be given him. Just before the tablets were given he was surely alive and breathing nicely. Shortly after the administration of the strychnine he collapsed and stopped breathing.

Story No. 38

At 5 p. m. Feb. 1st, I began attending a two year old baby, who had been suffering with pneumonia for a week. His temperature was 104 degrees F. There was no involvement of the left lung, but there was considerable involvement of the right lung, though some breathing sounds could be heard in the entire area. He was greatly cyanosed. Lips blue and badly chapped. Respiration 52. He made no cries, and paid apparently no attention to things going on around him. He was in a state of stupor, apathy and somnolence, though his dull eyes would open at times. Often he would close his eyes so you could see the white portion below the iris. There was great emaciation and

prostration. He had a short cough with scanty expectoration. The breathing was decidedly jerky, as though it was difficult to get air into the right lung. This lung was not consolidated, but heavy moist, mucous rales could be heard over the entire area. He had eaten no food for the week of sickness. He had been under the care of a medical practitioner of high repute. This doctor had instructed the parents to keep all kinds of applications off the baby's thorax. He said no poultices, no camphorated oil, no antiphlogistine, no pneumonia jacket, no water applications should be used. He said, when the fever went down and the crisis came, to call him and he would give him something that would sustain him. We do not know whether he had strychnine in mind.

The desperately sick appearance of the child alarmed the parents and they called the Osteopath. I found great rigidity and impaction of vertebrae in the upper dorsal area. I treated gently for half an hour, relaxing the muscles, separating and lifting the ribs and separating the vertebrae. The child began to breathe easier and went to sleep. I thought a drop in temperature might come any time, so refrained from ordering a cold compress but, at my suggestion, hot onion poultices were applied. Late in the evening I was called again. The temperature had dropped to 101 degrees F. I stayed at the bedside until 1:30 a. m. Often the pulse would almost disappear when I would stimulate the upper dorsal and get the heart to going again. Almost all the rest of the night the father kept his hand on the pulse. When it began to disappear, or the baby become chilly, he wrapped him in hot blankets. Next morning his temperature was 104 degrees F. and for ten days thereafter it ran from 102½ to 104 most of the time being above 103 degrees F. A few times we succeeded in lessening the fever by cold vinegar water compresses. One time we put a cold vinegar water compress over the chest and hot water bottles around the body, and secured sweating and a reduction of a degree in the fever. Considerable sponging with alcohol or with cold water was used, and many hot onion poultices were applied. After a week's time we put on goose grease mixed with camphorated oil and applied a fifty candle power incandescent light over the right lung, front and back. At the end of ten days after the beginning of the sickness the father began to be greatly alarmed over the fasting and I allowed Horlick's Malted Milk. This he usually retained, but he had been sick over three weeks before he could retain other food. After seventeen days the fever was below 102 degrees F. sometimes being almost normal, and continued that way for more than a week. During this period

"Where There Is No Vision the People Perish"

the jerkiness or catch in his breathing gradually lessened. Often his cough would produce no expectoration, but the laryngeal technique would invariably loosen it and secure free expectoration, and this looseness thus secured would continue for more than twelve hours. Now to date, February 20th, the temperature does not exceed 99 F. The little fellow voraciously takes raspberry juice and grape juice and a little milk and graham crackers. The lungs are nearly clear. His thin wasted body is a pitiful sight but we are confident of full recovery.

#### Story No. 39

February 5th. On a cold and stormy Sunday the telephone woke me at 5:30 a. m. Mr. T. told me that his five year old daughter had broncho-pneumonia. He said that she had begun to be sick in the evening, that her temperature was 103½ F., that her breathing was short, rapid and jerky and that moist rales could be heard over the bronchial tubes. Two years before I had treated the child for pneumonia, and I knew the father could observe the symptoms intelligently. I told him to put a hot water bottle at her feet, and a quart mason jar full of hot water at the side of each leg. Then fold a small blanket, so as to be a little wider than a linen towel. Wring the towel out of cold vinegar water (half vinegar) and place lengthwise over folded blanket. Have child's chest nude. Place end of compress against the side of the thorax. Then stand on other end of bed. Reach under the back, seize the compress and draw under the back, the cold towel being next to the skin. Draw the ends over the front of the thorax, and then place folds of blanket snugly over. Pile on bed clothes liberally. Put two more mason jars filled with hot water against each side. Leave in position for two hours. The directions were followed to the letter. On my arrival three hours later, the child was very comfortable indeed. Her perspiration had been very copious. Her temperature was reduced to 102 degrees F. Her breathing had improved immensely. The air entered the lungs readily, without any jerking or any catch. Auscultation revealed moist bronchial rales, such as one would hear in an ordinary lung congestion. I did not find the

upper dorsal as rigid as is common with beginning pneumonia. I gave a good pneumonia treatment of a half hour's duration, relaxing muscles and separating ribs and vertebrae. At 1 p. m. the father phoned that the fever was 103 degrees. I told him to put on cold compresses with a hot water bottle at the feet only and renew every half hour if fever persisted. Next morning he reported that there was no fever, but that there were still some moist rales. I told him I expected the rales to persist for several days. Complete recovery, uneventful followed.

#### Comment No. 1.

This third story does not conclusively show that the patient had broncho-pneumonia. But I have had enough other cases to convince me that pneumonia taken early can usually be aborted in a wonderful way. One Osteopath tells of treating for eight or ten hours, resulting in a big sweat and complete abortion. I believe we can hasten this abortion, and do away with such strenuous manipulative work, by inducing the sweat as above described. I have usually given a strenuous upper dorsal treatment before using the hydrotherapy. I was delighted to find in this case that the sweat alone will lessen the upper dorsal tension.

#### Comment No. 2.

I think the second case was broncho-pneumonia, and that the drop in fever the night I first came was not a crisis, but was due to a near collapse. When a baby is almost dead, we surely are at our wits end. It was the first case, where I used combination of cold pack and hot mason jars, in a late stage, where there was so much emaciation and prostration. We seemed to get by all right. The fever had been running very high day after day, and we must lessen it if possible.

#### Comment No. 3.

This refusal of the medical profession to do anything for pneumonia, except to prescribe strychnine or other stimulants is surely bringing unnecessary deaths to millions of people, and in view of this deadly attitude, I welcome chiropractors in the land, or any one else, who will help the people to defend themselves against medical prejudice, ignorance and superstition.

practically possible with the x-ray machine many men are under the impression that a set of radiographs which show all of the teeth is the beginning and the end of diagnosis.

The fact is that while the x-ray is absolutely indispensable, a diagnosis based only on radiographs and which is not correlated with clinical observation is almost valueless, because there are several abnormal conditions which either fail to show in a picture altogether, or appear so exaggerated that they are often misleading.

Space does not permit to go into details, but I will mention just one comparatively common condition. Occasionally the nerves in a tooth will die as result of a blow and, of course, the dead nerve having no vital resistance in time becomes infected. Now the experienced eye has no difficulty in recognizing such teeth but unless the infection has passed beyond the apical foramin and caused a rarified area in the bone of the apical space an x-ray film will not show anything abnormal and yet such teeth are often a grave menace to the health of the patient.

Whenever we suspect the teeth as the causative factor in the ill health of our patients we must make sure that nothing is overlooked.

### Away with "Popping"!

A clergyman high in Methodist circles, asked me the following question: "Doctor, do the Osteopathic Colleges teach their students to pop the neck?" My answer was certainly in the negative. Popping the neck is a practice that Dr. A. T. Still never taught and it was one thing for which he never hesitated to censure a student, during my time at A.S.O. Wholesale cracking and popping appears as an excuse for the lack of knowledge of better methods. I have never had a patient to whom "popping" appealed, but have had many tell me it was an objectionable procedure. Correct or adjust the lesion but do it with skill, thus differentiating the D.O. from its unskilled imitators—*H. H. Trimble, D.O., Class '02, Moultrie, Ga.*

### With Dr. Willard in Ohio

In St. Louis at Dr. J. H. Crenshaw's Hospital, which by the way is running full capacity—35 beds—and turning patients away daily, with a new building in sight in the near future, I gave a public demonstration to over fifty Osteopaths invited especially to see my work. It is the largest audience I have yet attracted with this technical demonstration. I am now conducting three day classes under the auspices of the Ohio Osteopathic Society. I have ten enrolled here in Toledo, sixteen in Cleveland, and will go to three other Ohio cities.—*E. S. Willard.*

[Later information was to the effect that during the month of February, 81 Osteopaths in Ohio took Dr. Willard's course. Twenty-two of them were from Cleveland.—Editor.]

### Spinal Design on Collar

I am enclosing a section of my collar to show you how neatly the spinal design shows up when worked in. The idea of this design is to give the boys a chance to wear collars with spinal designs on at CONVENTIONS. This will not only be a great ad to Osteopathy wherever a convention is held, but will once more give us a stronger stand regarding the spine, and if this idea is published soon enough, we will once more outwit the Kiroos., who are trying to utilize the spine in every possible scheme known to man.—*F. P. Millard, D.O., Toronto, Ont., Can.*

[Elsewhere in this issue appears a picture of Dr. Millard wearing such a collar.—Editor.]

Osteopathy represents the greatest achievement in medical practice since the world began.—*H. H. Fryette, D.O.*

The absurdity of a belief has never hindered its propagation.—*Gustave Le Bon.*

## Talks to Osteopaths by a Dentist

### Some Opinions Regarding Devitalized Teeth

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

While talking to an Osteopathic Physician on the effects of oral conditions upon general health he told me that for sometime past he had made it a rule to examine the mouth of every patient with a small but powerful electric light and if he found any suspicious shadows around some of the tooth roots he would at once refer that patient to a radiographer for x-ray diagnosis.

Now this man deserves a great deal of credit for including oral examination as routine procedure in his practice and I have no doubt that his patients are deriving a lot of benefit from it, because with the aid of the x-ray very often areas of infection are discovered which if overlooked might eventually undermine the health of the patient and cause permanent invalidism.

Yet this doctor's method falls very far short of complete oral diagnosis.

I am fairly familiar with the electric light referred to, having used it in my practice for many years and I therefore know its limitations. I find that, excepting in a few cases where the bone destruction around the roots is quite marked, hardly any shadow is discernible unless used in a completely darkened room and such a room is seldom available in the average Osteopathic Physician's suite. Furthermore

even when the light is used in the dark room there are people who have such dense jaw bones that seldom if ever will infected areas be visible. This is particularly true in many individuals over forty and they are the very group which suffers most from the different oral conditions.

Assuming even that every patient is sent to the radiographer, it is still not oral diagnosis as understood and practiced by the more advanced members of the dental profession, because of the limitation of the x-ray film which, though a great aid in diagnosis, does not tell the whole story.

Oral diagnosis is a new term in our vocabulary which came into use simultaneously with the introduction of the x-ray in the practice of dentistry. Prior to that time we had to depend entirely upon visual examination and since two-thirds of a tooth is imbedded in the jaw bone and invisible our knowledge of actual conditions at the apex was very meagre, to say the least. Therefore mouth examination under those circumstances could hardly be called diagnosis, but the x-ray has enabled us to penetrate the deep structures below the gum line and examine not only the whole of the tooth but also the tissues investing it.

However, because thorough oral diagnosis is

## The Management of Infected Wounds

An open wound is always an unknown quantity—until it has healed sufficiently to remove all danger of infection.

Practical experience has shown that the control of infection and the promotion of repair largely depend on the character and thoroughness of the treatment.

*The Application of DIOXOGEN*—A successful line of procedure is to wash out the wound with normal salt solution until all discharge or loose fragments are removed. Then Dioxogen should be injected into the wound, care being taken to reach every part. The resulting effervescence means the liberation of pure, active oxygen, not only the most potent of antiseptics and germicides, but also the most powerful aid to normal tissue processes. After each syringeful of Dioxogen the foamy mass should be washed away and the injection of Dioxogen repeated until the effervescence in the wound shows marked decrease. While it is usually desirable to remove the frothy debris that may be left after the use of Dioxogen, so free is this antiseptic from any toxic or irritating action, that terminal irrigation after the last injection is seldom necessary.

Indeed, it is usually well not to irrigate the last thing, for any Dioxogen left in the wound slowly gives off its oxygen, and thus acts as a stimulant to normal cell functions.

The efficiency of the foregoing treatment is promptly shown by the marked improvement in every respect—the infectious process is checked, the discharge decreases, the inflammation subsides, the tissues take on a clean, healthy appearance, and healing follows naturally without interruption or delay.

The dependable action of Dioxogen in the treatment of infected wounds—its control of germ activity and pronounced stimulation of the normal processes of repair—with complete freedom from any toxic or untoward effect, have made it the most widely used antiseptic today in the treatment of infected wounds.

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*of intractable leg ulcer, cervical erosion, gonorrhoea,  
prostatitis, epididymitis, etc., apply*

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and note the rapid subsidence of the local inflammation, the stimulation of repair processes, and the marked improvement of the condition.

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## EFFICIENCY *in* PRACTICE MANAGEMENT

### The Efficient Osteopath

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

#### XI—Expenses Not Usually Considered

(Continued)

##### PROGRESS

Last month we considered the habits of the physician in his relation to his profession, pointing out how certain habits that have been indulged were detrimental to his welfare. Knowing these things, we should take warning and not pay the price required for the indulgence of wrong habits that tear us down and make us negative. We must have the disposition of progress.

The lack of progress is very expensive because of the fact that a physician does not enter into the standing and satisfaction and income in life that are within his reach. Some of the shortcomings of the inefficient doctor for which he pays dearly are as follows:

*First. Pursues no regular course of study, stale.* Many a physician on graduating from college thinks that means cessation so far as regular study is concerned. Of course most physicians will read some of the professional magazines and perhaps open a book once in a while. However, I have known some of our Osteopaths who did not take one single osteopathic magazine and did not own any osteopathic library. That condition is unthinkable and is, of course, very rare.

The point that the inefficient physician pursues no regular course of study applies to many of our good, average doctors. They do not map out a regular course of study. Anyone who expects to do better than merely keeping up with the times by reading the magazines, must outline a course of study and forge ahead on some particular plan. In order to do this, you should master at least one book on some important subject bearing on your own practice each year. Growing stale in one's intellect and professional knowledge will necessarily bring

about the same condition very largely in one's treatment.

*Second. Seldom attends conventions.* A few doctors never go to conventions, many doctors seldom attend conventions. Again this point is applicable to many of our physicians who do quite well in practice and stand well in their community. They do not contribute much to their profession. They usually do not keep up well along therapeutic lines. They do not have fellowship with their professional brethren. They fail to get the inspiration and information

that is given by large conventions. The toll exacted by this short-coming upon their incomes is quite considerable. It is not economy to absent oneself habitually from our conventions.

*Third. Does not read his professional magazines.* Some of our doctors are so busy they do not get to read the professional magazines. That is, so busy treating patients. They have the best excuse of any for this shortcoming. Many get so busy in social life, club life, church life, or in lodges that they neglect to read their professional magazines because they have too many of these side issues. This is not a legitimate excuse and in either case the doctors get behind the actual progress that is being made by the profession.

*Fourth. Does not take post graduate courses.* Every doctor should take a post graduate course over some one or more subjects



### If the Profession does not support its Institutions who will?

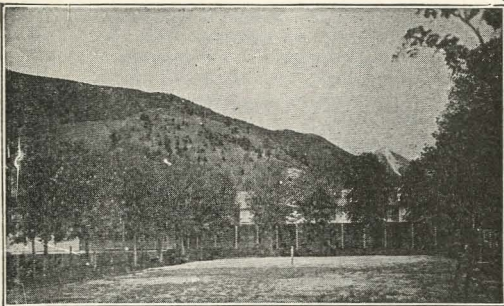
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**Delaware, Ohio**

pertaining to his profession at least once every twelve months. Neglect along this line is very common and the growing doctor cannot afford to overlook it. Post graduate courses give a review over some special lines of work or study that the doctor is interested in. They bring him in touch with other growing physicians and for a definite length of time he intensifies on his study. This gives him the "push" that he needs in following a course of study for the balance of the year. It also pulls him up on his diagnosis and practice.

*Fifth. Is not eager for advancement.* The doctor who is perfectly satisfied with his lot, has no desire for advancement, merely wants to secure his meal ticket and get his enjoyment and satisfaction in lines away from his profession, is a pitiable object indeed. Every true physician should have a burning desire in his heart for advancement. He should take pleasure in solving the knotty problems pertaining to his practice. His greatest satisfaction should be in seeing his patients improve and get well.

*Sixth. Does not visit and observe other doctors at work.* Visitation among progressive doctors is one of the best ways to get pointers on advancement. In various parts of the country there are doctors who are great students and who are forging ahead in their profession. By visiting these doctors and observing their offices, personality, and methods of study and work, one can get the inspiration to go ahead and do similar things. Everyone should practice this more or less, especially if he travels about the country during the year. The information and inspiration will more than repay the trouble.

*Seventh. Does not read inspirational literature.* Such works as those of Orison Swett Marden, the New Success Magazine, and Frank Channing Haddock, are well worth the reading by every physician. Everyone needs more or less inspirational reading. It helps out one's viewpoint in life. It will often stimulate to greater effort, not only along the line of right living, but along professional lines. This reading should be done a little at a time and continued more or less throughout the year.

Along the lines of efficiency which is also inspirational, are such courses as Emerson's Personal Efficiency, Purinton's Course in Personal Efficiency, Pelmanism and the Master Key Courses. All are well worth one's study.

*Eighth. Does not co-operate with fellow Osteopaths.* It has been a great fault in the past and still obtains more or less among the Osteopathic Physicians that the tendency is to work alone. Co-operation in practice, whether we are in groups or not, is desirable and re-ounds to the good of the profession, helps in understanding, good fellowship and fraternity.

This can be done more or less by attending conventions in one's city, county, state and nation. If, in all towns where there are more than two Osteopaths, there can be some common work together it is desirable and wholesome. They might run a clinic together, start a hospital, or a sanitarium, or organize a group, where they can meet together in consultation and conference. If they can have some vital connection in their group so that they specialize more or less, one doing one kind of work and the other taking a different line, where they can refer patients back and forth for their special lines, it is a means of growth, good fellowship, and helpfulness both to the doctors and the service rendered to the patients.

It may be better in some instances for the Osteopath to play a lone hand. His disposition, circumstances, or other conditions may interfere, so he should consider these things and decide for himself.

*Ninth. Does not have a definite goal, fixed ideal, or standard.* Everyone should have a vision of a certain accomplishment he would like to attain, and that should be held in his mind. The physician should picture himself as a success along that line so that his mental ramifications will gravitate in that direction, and

ultimately if he pursues the vision, it will be fulfilled.

The education of a doctor along certain lines is to give him correct ideas as to standards. If he has new standards in mind of various conditions, or walks, or problems in life, he has something toward which he can work intelligently. If he is working in ignorance of the standards that have been set along any definite line, he does not know what he has accomplished in comparison with other people. It is well, then, for one to examine himself and his standing in relation to the best standards of the profession and the advancements that have been made. It will add greatly to his satisfaction in accomplishment and help him to set his goal higher. It will be a means of stimulating him to greater activity.

*Tenth. Does not understand human nature.* A doctor is continually dealing with humanity.

Every patient affords a new problem. However, many of them are so similar that the better he understands human nature by his observation and past experience and study, the better will be his progress. One must understand how to handle people in order to be a good physician. Disease is almost half a mental state, and in curing the body, one must also frequently suggest right ideas in order that the patient may get over the trouble mentally as well as physically.

These ten points pertaining to progress may be elaborated considerably more. However, this is suggestive as to what it means to keep up continuous progress. One who fails to take advantage of such suggestions as are here given of course must pay the price for shortcomings along the lines of progress, and it is a dear price indeed.

(To be continued)

## Laryngometry or the New Science of Vocal Cord Measurements

Nelle Lowe Parker, D.O., St. Louis

(Edited and approved by Dr. James D. Edwards, Originator of Finger Surgery.)

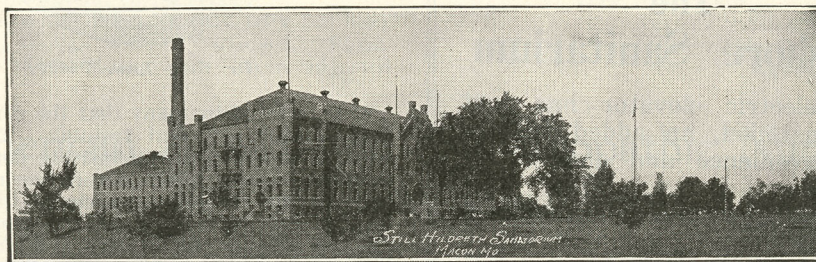
The rima glottidis can be accurately measured with the vocometer, and the measurements will determine whether the vocal cords are of sufficient length and strength to have the voice developed by vocal study and practice, and whether there is a possibility of evolving a good vocal artist—in any certain case.

I do not wish to imply, however, that such measurement determines absolutely the possibilities of the vocal apparatus, as there are many anatomical relations, other than long

cords, which are essential requisites of a talented singer.

It is conceded by leading authorities that the longer the cords, the better the voice production. In Caruso's larynx, which was removed after death, the vocal cords were found to be twice the length of those of an ordinary person. His cords measured four and one-half centimeters.

The vocometer, in conjunction with the usual ear, nose, and throat examinations, will determine whether the applicant is justified in spending time and money in the development

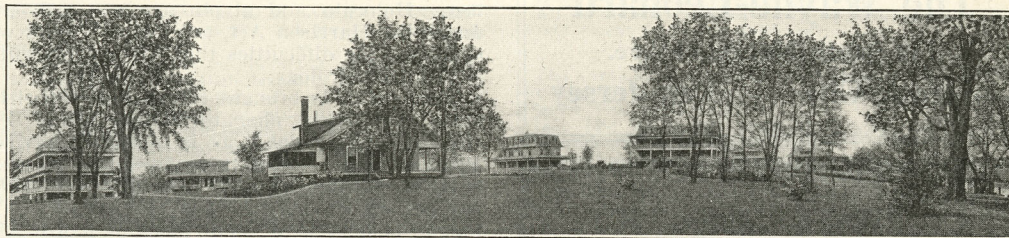


### STILL-HILDRETH OSTEOPATHIC SANATORIUM MACON, MISSOURI

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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.

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"Where There Is  
No Vision the People  
Perish."

of his voice. I have examined the throats of many good singers, and found, without exception, that the higher the voice, the longer were the vocal cords.

At the recent meeting of the Missouri State Osteopathic Convention, where the first demonstration of the vocometer was made, the cords of a young man, eighteen years of age, and the son of a doctor who was present, were measured. His cords were found to be one-half centimeter shorter than those of Caruso, and while his voice was untrained, he was an unusually good singer. This unquestionably proves that a good voice is a gift, and the purpose of the vocometer is to select with the instrument throats that are susceptible to vocal study and practice.



Dr. Nelle Lowe Parker

It is believed by many that the cords may be made longer by vocal training. This is not true, as it has been conclusively demonstrated that the muscles which govern the movements, and not the cords, are developed under training. It was my search for a reason why one can and another cannot develop a singing voice that led to the discovery of the vocometer.

#### LARYNGOMETROLOGY

As the vocometer is an adjunct to the laryngoscope, it will not be necessary to enter into the technic of laryngoscopy, as this subject can be found detailed in any authoritative text on the examination of the larynx. A bright light is very essential for the cord measurements, and for this purpose I use a nitrogen lamp, 100 watt, with condenser. Spraying the pharynx with holocain or alypin (5 or 10 percent) may be tried, but this is not necessary for the examination of normal cases. Sipping ice water is often very useful to arrest the retching reflex. Holocain and alypin are not registered under the Harrison Act, are nontoxic, and will overcome the difficulties that may be presented in laryngometrology.

The larynx is brought into a better position when the patient phonates on the sound "eh" than if he says "ah," as is generally advised. The vocometer should be warmed over a spirit lamp (denatured alcohol) until the mist which gathers on its surface has cleared off. The tongue is held in a small piece of gauze with the examiner's left hand, the vocometer is then introduced, its temperature being always tested on the back of the hand; it is held lightly as one holds the pen, passed well back over the dorsum of the tongue without touching it, and

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raised so as to lift the palate and tilted until a good view of the larynx is obtained. The measurements of the vocal cords are read on the vocometer by reflection. The ordinary cords in a male throat measure about two and one-third centimeters, and in the female about two centimeters. This is the general average, and, if the cords measure below these figures, there is no hope for even a strong contralto voice, as the longer the cords, the higher will be the vocalism.

#### Examination of the Resonance Spaces and Auditory Apparatus.

It is essential that the nose and ears be in condition to properly reverberate and receive the singing voice, and the examiner, if not a specialist, should acquaint himself with the diagnostics of the ear, nose, and throat. For this purpose I use the methods of Dr. James D. Edwards, and, for the benefit of those who have not witnessed his demonstrations at the conventions, the following brief synopsis is given:

"Membrana tympani (drumhead).—In catarrhal deafness the members will be retracted, come of light absent, very opaque, over-relaxation, and in advanced stages ossicular fixation and perforations or scars. In nerve deafness the membrana tympani will be normal, good come of light, transparent, no scars or perforations.

The Tuning-forks will readily differentiate between catarrhal deafness and nerve deafness. In a middle ear deafness, "Weber's test" is referred to the affected side, bone conduction is increased, "Rinne's test" is negative; high-pitched tuning-forks are well heard, but low-pitched forks are indistinctly heard through the air.

In internal ear (nerve) deafness, "Weber" is referred to the good ear, bone conduction is diminished, "Rinne" is positive and shortened; tuning-forks of high-pitch are faintly heard and those of low-pitch are well heard through the air.

Nasal Cavity.—A badly deviated septum and hypertrophied turbinals will, by interfering with the reverberation, give the voice a nasal twang. The accessory sinuses should be examined by transillumination, and, if cloudy, should be carefully examined for sinusitis. The drippings from these cavities often produce a low grade laryngitis, and in many instances a stenosis of the epinaris.

Teeth.—Good teeth and a high palate are the sounding boards par excellence in the singing voice.

Tonsils, heart, and lungs should be examined, and, if the applicant needs constitutional or surgical attention, it should be advised before attempting vocal study and practice.

Tonsillectomy.—If the operation is performed by a careful operator, one skilled in oral surgery, it will do no harm to the singer, but, as a rule, it takes a little more practice to restore the voice. This is due to the tightening of the musculature following a surgical interference. There is, however, one exception to this conclusion—that is, in a contralto or low voice, where the nose is not high enough at the bridge for the high notes, the prognosis should be guarded. In a vocal artist of such type, conservative treatment of the tonsils should be administered, and not a surgical interference introduced, as the operation may change the voice, leaving the patient with a high mediocre instead of the low contralto voice.

High Vocalism.—In the soprano or tenor a high bridge is absolutely essential for the delivery of the high notes, as this is where the high notes "hit," and the more Roman the nose, the higher and better will be the vocalism.

The head tones are the most difficult to develop because they are the least used, and are necessary only in the singing voice, the middle and chest registers being used in the speaking voice.

To properly use the vocometer, one should know something about vocalism. It is not

necessary to be a singer, but one should understand the principles on which these technics are founded.

## Craig Unit Automatic Treating Table

[Below we print a copy of a letter received from Dr. Arthur Still Craig, Kansas City, Missouri, regarding the Unit Automatic Treating Table.]

Your inquiry regarding my wonderful new Unit Automatic Treating Table was received. In using the word "wonderful" I am only quoting the exclamation of at least four out of five and probably nine out of ten patients and physicians who have examined it. Some say it is the most human machine they ever saw and that it can do everything but talk.

The table was completed on the 21st of November and I have been using it constantly since with the most gratifying results. I should like to describe it to you but that is extremely difficult as there is nothing with which I can compare it.

It is a motor driven, mechanically operated treating table, providing mechanism for securing a number of different movements operating as units, each movement or unit being under absolute control as to amplitude of motion, and each to be operated separately or in combination with each or any of the others. These movements result in a very real manipulation of the whole or of any part of the spinal area, of the abdomen or other part of the body, this associated with vibration if desired; in a rhythmical rotation of the spine, in extension and swinging of the limbs, and in a rhythmical traction, the combinations making them especially effective.

The treatment given is very free from danger of injury to the patient, and the effect, while positive is most pleasing and relaxing. One of my most sensitive and nervous patients went to sleep while under treatment and many remark that they could go to sleep.

The table is not intended primarily for bony adjustment, though several Osteopathic Physicians have declared they have been adjusted

under the treatment. For those who confine their work exclusively to bony adjustment and who wait for these lesions to appear, it is not recommended, but for those who do any preparatory work, or who give anything in the line of a general or prophylactic treatment it will prove an adjunct that will give this part of the treatment much better than it can possibly be given by hand.

Patients need this work but we have not the time nor the strength to stand up under it. It is not right that we should attempt it, though I have attempted it for some twenty-six years, most of this time without adjunct or aid of any kind and it pretty nearly got me more than once.

Dr. Taplin quotes the Old Doctor as saying that he knew what Osteopathy could do to save humanity, but he did not know what could be done to save the Osteopaths. A close friend of the Old Doctor and one of the most ardent admirers of him and his methods suggested that the Old Doctor must have sent me the ideas from the spirit world.

Others have attempted to save the Osteopathy through making lesion adjustment easier by using adjustable supports etc. Good work as far as it goes, but the new table from a different angle saves the Osteopathy through doing itself the osteopathic drudgery.

The table is neat in appearance, no larger than the ordinary table, all machinery being encased in a cabinet, and may be instantly converted into an ordinary straight treating table. It is an effective addition to the equipment of any office.

As said above, I cannot describe the table, but I can say that every Osteopath who has seen it, even the most conservative, has been astonished at its efficiency in the particular field for which it is intended. So far I have only the one table but about the first of May I expect to have a number of these tables ready, some of these having already been ordered by practitioners.

Very truly yours,

ARTHUR STILL CRAIG, D.O.,

3030 Tracy Ave.

Kansas City, Mo.

## American Association of Osteopathic Nurses

### Another Vision About to be Realized

The American Association of Osteopathic Nurses, with headquarters in Detroit, for which officers were appointed at the A.O.A. Convention in Cleveland last summer is fast rounding into shape. Officers are: Sara A. Locke, Pres.; Susan Robinson, Vice-Pres.; Edith Oliver, Sec.; Francis Koonce, Treas.

Letters were sent to all graduate nurses, and quite a few responses were received. If we can get this organization completed and have the proper co-operation, we want to have our first meeting during the A.O.A. convention at New York in 1923.—Sara A. Locke, *President*.

#### By-laws of the American Association of Osteopathic Nurses

##### SECTION I—NAME

The name of this association is "American Association of Osteopathic Nurses", and its purposes and objects are as follows:

- To effect a closer co-operation between graduate nurses of all osteopathic schools.
- For the dissemination of helpful information relative to the osteopathic nursing profession.
- To keep the profession informed as to all local, state and national nursing legislation.
- To be a clearing house for the osteopathic profession for the securing of competent graduate nurses for private and institutional nursing.

##### SECTION II—OFFICERS

- The officers shall be as follows:
- President, one or more Vice-Presidents, Secretary and Treasurer. These officers shall be elected annually by the members at the annual meeting.
  - The President, Secretary and Treasurer shall form the Executive Committee.
  - No officer shall receive any salary or compensation for services.

(d) The officers of the Association shall be empowered to appoint standing and special committees.

(e) The standing committees shall comprise Program, Legislative, Membership and Publicity committees.

##### SECTION III—MEMBERS

The members of this association shall consist of Active, Associate and Honorary Members, as follows:

- Active—Any graduate osteopathic nurse in good standing.  
Associate—Any senior nurse in good standing.  
Honorary—Anyone interested in the osteopathic profession.

##### SECTION IV—DUES

- The annual dues shall be as follows:  
Active members—\$2.00 per year, with an initiation fee of \$1.00.  
Associate members—\$1.00 per year, with an initiation fee of \$1.00.  
Honorary members—\$1.00 per year.  
All dues to be paid annually in advance on receipt of statement from the Secretary.

##### SECTION V—MEETINGS

The annual meeting shall be held some time during the annual convention of the American Osteopathic Association, each year.

- The executive committee may call special meetings as the occasion arises.
- The secretary shall mail written or printed notices of all meetings of members to each member at the last known address as same appears on the list of members kept in the records of the association at least thirty days before the date of such meeting.
- Only active members will be allowed to hold office or have the power to vote.
- The secretary shall keep a list of the addresses in a book provided for that purpose, said list to contain the postoffice addresses of all those who have contributed to the financial support of the association.

(e) The members of the association shall at all reasonable times have access to read and examine all the books, statements and accounts of the Association at the office of the Association.

(f) The order of business at all meetings of members shall be as follows: Calling of the roll. Proof of notice of meeting. Reading and approval of any unfinished minutes of former meetings. Reports of officers and committees. Election of new officers. Unfinished business. New business. Adjournment.

(g) At each annual meeting of members, the officers shall present a general statement of the affairs of the Association and the report of the financial condition of the same.

### The Howell Sanitarium

The Howell Sanitarium in Orlando, Florida, established by Dr. Joseph Corwin Howell, is now in full operation.

About the first of last October in the Orlando Morning Sentinel there appeared an item stating that contract had been let for transforming Dr. Howell's apartment house into a modern sanitarium. About November 24th the institution opened with one patient. Today every room is occupied. The problem at the present time is not one of filling the institution but how to en-



The Howell Sanitarium at Orlando, Florida

large it so as to accommodate others that may want to come.

Primarily, the sanitarium is to be a milk and rest cure sanitarium combined with osteopathic and other non-drug treatment. The equipment is ordered for an operation room where minor surgery and, in emergency, major surgical operations can be performed, the patient calling in any surgeon that may be preferred. All registered physicians will be admitted to the institution without any questions, the matter being left entirely to the wishes of the patient.

Dr. Howell was born in 1875 and got his first osteopathic education at the Washington Institute of Osteopathy, Seattle, Washington, organized by William A. Potter, a Kirksville graduate. Upon completing a regular two-years course, Dr. Howell practiced for about a year in Seattle. Realizing the need of further study, he moved to Philadelphia where he received diplomas from the Philadelphia College of Osteopathy and the Philadelphia School of Anatomy. He practiced in Vineland, New Jersey, and in Philadelphia for the next eight or ten years, during which time a post graduate course was taken at the American School of Osteopathy. He traveled abroad extensively, visiting hospitals whenever possible, the most notable of which was St. Thomas' Hospital in London. In 1912 on account of ill health he removed to Orlando, Florida, where he was appointed to the board of Osteopathic Examiners. Later, Dr. Howell graduated from the Illinois School of Electrotherapeutics at Chicago and from the Davenport College of Chiropractic (socalled). Three summers were spent at Harvard taking post graduate work, followed by a course in

official surgery at Des Moines. Dr. Howell became proficient in Finger Surgery, by taking three courses under Dr. Edwards.

### Blind Nebraska D.O. to Run for Congress

Dr. J. Ray Shike, blind Osteopath of University Place, was named as candidate for nomination to Congress on the republican ticket, at the University Place Business Men's banquet Monday night, January 23, 1922. Dr. Shike was editor of the Nemaha County Republican in 1914 and three years ago toured the Middle States as speaker for the Lyceum Chautauqua platform. His early education was received in the Nebraska City school for the blind. He holds degrees from Nebraska Wesleyan and from Nebraska State University where he studied law. The handicapped Dr. Shike has attained unusual success as an Osteopathic Physician, editor and lecturer. He has a host of friends and backers and is very confident of election.



Madame Alice Delysia, famous Parisian actress, being measured by Dr. R. Kendrick Smith of Boston, a member of the board of directors of The National League for the Prevention of Spinal Curvature, preliminary to entering as a contestant in the \$1,500 prize contest which this organization of the Osteopathic Profession is conducting in its search for the perfect spine.—Courtesy of International.

### Ain't That Kind of a Doctor

Anna Alice Paul, age 8, daughter of Dr. Theodore Paul of Tarkio, Missouri, was taking an intelligence test and among other questions was one in which she was to rhyme as many words with "hill" in as short a time as possible. She had given several words, when the Examiner said "and that thing you take when you are sick"—She looked up with a twinkle in her eye, and said "Oh, I know what you mean, but I don't take it, my Daddy is an Osteopath."—Theodore Paul, D.O., Tarkio, Mo.



Atlas Club boys of Chicago College of Osteopathy at their clubhouse, 5412 Ellis Avenue, showing the big Bull Moose and two Buck Deer shot by Brother J. Deason near Baffin's Bay and contributed to the chapter as provender to feed the boys all winter. Cameras don't lie! It is reported that this beautiful provision of Dame Nature and Brother Deason enabled the chapter to cut board to half price while the venison lasted.

**"Where There Is No Vision the People Perish"**

## HOW to BUILD PRACTICE by ETHICAL PROMOTION

[Ready to Reprint in Your Home Newspaper]

### A Man Is as Old as His Spine

That is the chief message of Osteopathy to the public—that the spinal tissues measure the states of health and disease for the individual, and that old age is hastened by letting the spinal tissues get in a stiff, contracted, sore and sluggish condition. Strange as it may seem, this is so literally true that the Osteopathic Physician can add years to human life by keeping the spinal column adjusted and properly limbered up, for the spine is the switchboard of the body and through it pass all the nerve impulses that feed and regulate all the vital organs.

Such is the message contained in the April issue of "Osteopathic Health," the lay reader's monthly review of the modern means of promoting health. The article is from the pen of a woman physician, Dr. Mary L. LeClere of Redlands, California. The writer has been a deep student of biology and her plea for "keeping the spine right" is based largely on biological considerations. The explanation is very simply written.

One widespread popular error is corrected by the writer, namely, the belief that Osteopathy teaches that sick people go around "with their joints dislocated." That is not the teaching of Osteopathy at all. This article explains just what a "lesion" of the spine is that makes sickness and how they are corrected.

You may obtain the April issue (or any current issue) of "Osteopathic Health" by applying to Dr. \_\_\_\_\_ at \_\_\_\_\_. A telephone request or postal will bring it without obligation on your part.

### Dr. Dodson's Magic Formula

Read how Dr. C. A. Dodson's practice died and was revived again and the magic formula by which he woke the dead. It's on Page 30. You can conjure with it too. It's sure-thing resurrection!

### The Money-Worth to You of Each Ex-Patient

6 cents per person per month; 72 cents per person per year!

That is what it costs you (postage included) to distribute Osteopathic Health on the basis of a 500 name mailing list.

Is the continued good will of an ex-patient worth 72 cents a year to you? Undoubtedly it is!

Suppose you thus cultivated, educated and reminded an ex-patient for five years without him taking another single treatment. The cost would be for the five years \$3.60. Suppose the ex-patient then became ill and called for your services. Even a short course of treatment would repay you many times over for the money invested.

But doubtless many times through those years a copy of Osteopathic Health would be handed on to some friend by this ex-patient of yours. Keeping his mind refreshed about Osteopathy every month in the year would doubtless cause him to speak many a good word for your practice to those who needed your services. You stand a good chance to receive one, two, six, possibly a dozen new patients from him in that period before he again needed your services.

Yet, as a matter of fact, who is there among us who does not need an occasional treatment by an Osteopath, all through the year, to overcome a cold, or indigestion, or a pain or what-not if he is only educated up to understand what it will do for him.

How are the people—*your* people—your own present and former patients—going to understand this if you won't educate them? If we can make you realize *what it is worth in money to you* to do this educating, you will come to see that it is a good paying investment for you to spend 72 cents per person per year on your entire list of patients, present and past,

## A Man Is As Old as His Spine

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

The polished April issue of "Osteopathic Health" is now ready. It's really a wonderful explanation of the body's structures and processes, and of how, after derangement, Osteopathy brings them back to normal. Here was Dr. LeClere's motive for preparing this lucid layman's "mind adjuster."

"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! It's great! 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 lot, \$52.50 if you order 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

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 April

### A Man Is As Old As His Spine

A Peep Into the Mysteries of the Living Body; The Osteopathic Lesion; Osteopathy in Acute Diseases; Osteopathy in Pneumonia; Why Does the Heart Give Out in Pneumonia; Osteopathic Surgery; Serums; Internal Medicine; Osteopathic Education.

The above is the title contents of "Osteopathic Health" for April. A copy of this little magazine will be mailed free of charge on request. Address:

DR. \_\_\_\_\_,

# Nervous Indigestion

## Its Cause and Cure

By Charles J. Muttart, D.O.

### Our May Issue

Here is a fine osteopathic treatise on the common diseases of the gastro-intestinal tract. It is written by a simon-pure Osteopath who has found that osteopathic treatment cures a large percentage of these stomach and bowel ills after other means fail—or even make worse from drugging!

Ills specifically discussed by Dr. Muttart from the osteopathic standpoint are:

Nervous Indigestion  
Too Much Hydrochloric  
and Pepsin  
Dyspepsia  
Sour Stomach and Sour  
Disposition  
Autointoxication  
Spinal Tenderness  
Fallen Stomach  
(Enteroptosis)  
Backache  
Headache  
Chronic Constipation  
Dilation of the Stomach  
Nausea and Vomiting

Citations are made of various cases of gastro-intestinal disturbances that were cured by Osteopathy when other treatments wouldn't work. Other features explained are:

Where Symptomatic Treatments Fail  
Basic Causes  
Osteopathic Lesions  
The Great Pneumogastric Nerve  
The Pelvic Nerve  
Finding the Cause  
Psychic Influences  
Removing the Cause  
Osteopathic Equipment

We believe this is a practical campaign number that our customers have been waiting for. Dr. Muttart wrote it to order. What a great share of all the sick who come to us (or ought to come to us) this May installment of "Osteopathic Health" will interest and instruct!

Order in advance. You will not be able to get it after the month of issue. "OH" is written for customers and printed for customers on regular contract now, and is not "stocked" for future demand. Not a "left over" copy remains of the past six issues. Order ahead—Now!

The Bunting Publicity Service  
for  
Osteopaths

Waukegan - - - Illinois

and to feel that *you are buying your prosperity very cheaply at that!*

Everybody else has to invest money in his business to make it worth while—why shouldn't you?

Show me a man who doesn't invest money to make or hold his business and I'll show you a business that is not worth any more than he spends on it.

It's just the same with practice. The Osteopaths who are taking the most out of it are the ones who are putting the most into it. Advertising is not all you've got to put into practice to succeed (and we never said it was) but it is all that a lot of Osteopaths need to put into it who are not now succeeding in order to compel success! They have given of themselves freely to their work, but still they need advertising in addition to make it cash in! Their position is like that of the female ovum which is all ready to be fruitful but awaits the male element to start the generation. Advertising is all that a thousand dead osteopathic practices of today need to make them show life and prove fruitful!

You can not fail to profit by educating and cultivating your list of ex-patients—especially when the cost of doing it is so insignificant.

The BUNTING PUBLICITY SERVICE  
for Osteopaths  
Waukegan, Illinois

## How 2 or 3 Thousand Osteopaths Waste Their Own Life Margins!

Do You Throw Over the "Exceptional People"  
Who Have Taken at Least One Treatment?

Do You Do It Because You Don't Know Any  
Better or Because You Think You Can  
Afford to be Wasteful?

It is a curious thing that so much argument should be necessary to show Osteopaths the advantages and real money profits that lie in well directed advertising to educate all their former patients. Most Osteopaths do not cultivate their own clientele thoroughly or keep it up steadfastly, and they do not in the least realize the volume of patronage and additional margin of income they lose by such neglect. By so doing they waste just so much of their own lives—just so much of the money-worth of their own lives, which amounts to the same thing. It represents a greater relative money loss each year than if a capitalist willfully threw away all the interest income of his investments and paid taxes, upkeep and living expenses out of his principal. Foolish? Yes, foolish—nothing less. Blind.

Are you doing this at this very hour, either in entirety or in part? You can't afford—unless you were born very rich—to do it at all.

The characteristic attitude of a lot of Osteopaths is that people should come to Osteopathy voluntarily and become completely converted to its intricate philosophy by one demonstration—by receiving one treatment.

Such Osteopaths blindly shut their minds to the fact that belief in drug medication is backed by thousands of years of tradition and that the powerful influence of man's superstitious inheritance constantly pulls people back into the old habits which are supported and expanded by the tremendous volume of advertising for patent medicines and "standardized" physician's prescriptions. It is evident that the only hope for the Osteopath is to affirm and reiterate over and over again the fundamental facts of Osteopathy and its efficiency as a therapy, if he is to hold the steady patronage of his patients in all the ailments for which they consult doctors, from time to time.

Osteopaths willfully, carelessly throw away much osteopathic patronage and its equivalent in income because they refuse to take into con-

sideration and be guided by the every-day facts of human experience and the fundamental characteristics of human nature. If they just gave due consideration to these things they would realize the solemn economic fact that every man who, for the first time, walks into an Osteopaths office and asks for treatment—even for *one* treatment—demonstrates by that act that he is either a radical, a sort of reformer by nature, or that his serious condition has driven him in desperation out of his customary path of thinking and acting. In either case he is the "exceptional individual." Only of such human assets are all osteopathic practices built up. You can't persuade anybody to take treatments until his frame of mind conforms to one of these types. The majority cling to old traditions; they suffer and die untimely deaths, rather than think of giving up their cherished orthodox beliefs in the mystic power of drugs to heal. But the exceptional person is your only professional asset.

So, when it is realized that every individual who takes an osteopathic treatment—or even only goes to an Osteopath for consultation—is an exceptional individual in that he has shown the mental freedom and will-power to depart from the ways of his fathers, it will be realized how very, very important it is for the progress of Osteopathy and the upbuilding of private osteopathic practice that he (and every ex-patient like him) shall be carefully cultivated; shall be steadfastly educated in all the fundamental facts of Osteopathy, and shall continually be reminded of its efficiency to heal the various physical and mental ailments to which human kind is heir. Only in that way will he be retained in the ranks of Osteopathy's supporters.

For a practitioner to throw away such life assets, to surrender voluntarily the interest, adherence and support of all such one-time and experimental buyers of osteopathic service amounts to a crime against thrift. It is the

## Not Pikers

But Osteopaths with earnestness of soul and the cosmic urge within them to attain all in practice and get all rewards possible to them!

These are the ones we delight to serve, for whom we help to solve that eternal economic problem of Expense vs. Income.

If you are not doing all the practice that you are capable of doing or do not get the rewards from your work that you consider would compensate you for your services, then you need publicity guidance. You need us. Let's talk it over.

The Bunting Publicity Service  
for  
Osteopaths  
Waukegan, Illinois

unpardonable sin against osteopathic promotion. But it is done right along. It means that Osteopathy has an army of two or three thousand corpses in practice who have no more influence in pushing it along than is exerted by the mummies of Egypt! This is strong talk. It's a strong sin of sloth we are condemning, and earnest words that burn in many possibly save a few from this sort of self-destruction.

When it is remembered how many there are who have never taken *even one* osteopathic treatment, it should be easy to appreciate how precious to Osteopathy are all those who have taken even the first step and received the first treatment; and that every effort should be made to hold all such in the fold and to impart to them increased understanding of Osteopathy and growing confidence in it as a therapy for all diseased conditions.

It is because of all the fundamental considerations involved that we say no osteopathic practice can achieve its maximum growth unless its whole clientele be thoroughly, systematically, steadfastly cultivated—educated month in and month out, year in and year out, so long as such practice exists. Affirmation and repetition without ceasing—that's the advertising formula.

From time to time we have suggested the application of this sort of campaigning to your own clientele through our Bunting Publicity Service. Whether you are attempting to cultivate your entire list of past patients with thorough-going persistency we, of course, do not know; but if you are not doing so we hope you will commence it promptly.

Everything advocated in the way of general publicity for Osteopathy is good after its own kind, but of course general publicity of *any* kind can never take the place of the sort of intimate cultivation of your old patients that is to be achieved by using the media of the Bunting Publicity Service for Osteopaths. This service is something that was made to order for your own express purposes, it was designed to fit your own personal needs, in practice, and therefore it shows you 100 percent efficiency for your needs—as *ought* to be the case where a thing is created by competent specialists for just one purpose.

### What Percentage for Safety Ahead?

If you are convinced you ought to spend part of your income for practice insurance in order to guarantee that you will maintain steady and growing demand for your professional services as long as you remain active, then how much can you spend per month?

Figure it out on a percentage basis of your present income and let us know your conclusion.

What percentage do we advise?

Well, that depends on a number of things—mainly, just what you want to do. Also, how much is your present income?

In general terms it is wise to devote 10 percent of your income to advertising if you want to grow and increase your income radically.

If you have no income to speak of and want one, then \$50 to \$100 a month, spent for twelve months, will set you up on Prosperity Street if you can do your doctor's work as well or half as well as we'll do your advertising for you.

Of course we can't make a doctor out of a dub. We mean our offer only for those who have the right merit to deserve success. If such are not busy we can make them busy if they will use our service sufficiently to earn a good practice. We've done it over and over for hundreds of others.

We're the only force in the field who have been at this good work of building up the ramparts of the profession for twenty years.

You are invited to write us about your situation, needs, aspirations. Give us the facts and figures and we will make a survey of your prospects, with a choice of advertising programs to select from conformable to your purse.

# HARVEST LEAFLETS

## For Broadcast Sowing Your Field of Practice at Minimum Cost!

You Should Use them by the Thousand on a Ten-Day Mailing Schedule. Nothing else is so productive for cross-sowing between issues of "Osteopathic Health."

They're the ideal medium to use as "First Attention Getters" and "Inquiry Makers" if used by the thousand on a follow up. Those who think advertising doesn't pull haven't bought enough of it to get any pull. If you don't buy enough to yield measurable results you haven't advertised—you've only tasted a sample for the flavor.

Enter Every Former Patient and Inquirer whose address you have on our 10-Day Follow Up to get the whole series! Then you won't debate whether Bunting advertising pays or not.

### 1-Page Harvest Leaflets

- |   |  |
|---|--|
| No.                                       | No.  |
| 18. Habit in Suffering.                   | 30. Is Your Life as Valuable as a Horse's?   |
| 19. The Osteopath's Point of View.        | 31. The Mechanical Doctor.                   |
| 20. An Osteopath                          | 32. Rubbing                                  |
| 21. The Nine Modern Wonders.              | 33. What the Osteopath Knows.                |
| 22. Osteopathy Is Not a Remedy.           | 34. If.                                      |
| 23. Dr. Atzen's Definition of Osteopathy. | 35. Man's Body Its Own Drug Store.           |
| 26. Pain.                                 | 36. Some Distinctive Features of Osteopathy. |
| 27. Insomnia.                             | 37. The Innominate Bones                     |
| 29. Sciatica.                             | 38. "Find It, Fix It, and Leave It Alone!"   |

Price, in 1,000 lots, \$5.00, with no extra charge for imprinting professional card. In less than 1,000 lots the price is 75 cents per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted on any number from 100 to 900

### 4-Page Harvest Leaflets

- |  |   |
|--|---|
| No.  | No.   |
| 1. What Doctor Shall I Employ?             | 28. The Best Spring Tonic.                    |
| 2. Disease Caused by Mechanical Pressure.  | 40. Did You Know This About Osteopathy.       |
| 3. How Osteopathic Patients are Treated.   | 41. Brain Diseases from Birth Injuries.       |
| 4. Getting Well All Over at the Same Time. | 42. Osteopathy for Automobile Accident Cases. |
| 5. Building Up Weak Throats.               | 43. Medical Art and Then Some in Obstetrics.  |
| 6. A Chiropractor at Work.                 | 44. The Error of Drugging.                    |

Price, in 1,000 lots, \$10.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$1.25 per hundred pamphlets with extra charge of \$1.00 if your professional card is imprinted.

### 6-Page Harvest Leaflets

- |                                      |  |
|--------------------------------------|--|
| No.                                  | No.  |
| 7. What Is Osteopathy?               | 24. Neuralgia and Headaches.                                 |
| 8. A Word to Former Patients.        | 45. Adjustment the Basic Principle of Osteopathy             |
| 9. What Osteopathic Fingers Will Do. | 46. Osteopathic Procedure in the Chronic and Acute Diseases. |
| 10. Neuritis From a Slipped Rib.     | 47. Why Drug Therapy Is Moribund.                            |
| 13. Chiropractic Kleptomania.        |  |

Price, in 1,000 lots, \$12.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$1.50 per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted.

### 8-Page Harvest Leaflets

- |   |   |
|---|---|
| No.                                       | No.   |
| 14. An Explanation of Osteopathy.         | 17. Osteopathic Aid in Pregnancy and Confinement. |
| (As stated by the London Times.)          | 25. Osteopathy in Obstetrics.                     |
| 15. Why the Spine Is the Basis of Health. | 48. A Short History of Osteopathy.                |
| 16. What Osteopathy Does for Women.       | 49. The Drugless Method of Treating Disease.      |

Price, in 1,000 lots, \$17.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$2.00 per hundred pamphlets, with an extra charge of \$1.00 if your professional card is imprinted.

### 16-Page Harvest Leaflets

- No. 50. Postural and Spinal Defects in Children and Their Treatment by Osteopathy

Price in 1,000 lots, \$30.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$3.50 per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted.

A complete set of samples of Harvest Leaflets will be furnished for \$1.00 which amount will be refunded if an order is placed totalling \$10.00 or more. Detailed information and plans for the most successful use of Harvest Leaflets will be supplied on request. We will plan and carry through your entire campaign if you wish us to.

The field of practice is right for the harvest in your community, and if you are not reaping as much as you should, we can show you how to do it. It's our work to do it for you. All you need tell us is, "Begin!"

The BUNTING PUBLICITY SERVICE  
for OSTEOPATHS

Waukegan - Illinois

## How Dr. Dodson Turned Hard Times Into a Harvest

In the beginning of 1921 the price of osteopathic literature had gone up so high that I just felt that I could not afford to buy. I knew that it was to be a very bad year because everybody said it would be. "Hard times" was all that I could hear and everybody said it would be worse. No crops to sell, fruit all destroyed by the freeze, no market for anything that anybody had to sell, no work to do, wages low, no business of any kind, factories would all shut down, everything was a calamity howl. I saw nothing but bankruptcy ahead.

### BEGAN SAVING HIS ADVERTISING

So I stopped buying booklets and cut my order for "Osteopathic Health" down to 25 copies per month. I kept getting 200 "Herald of Osteopathy" and 125 "Osteopathic Magazine" and by doing good work I tried to hold my practice together on that. By August I found that it could not be done!

### WITH HIS BACK IN A CORNER

I had attended the Cleveland AOA meeting and found out that I had to do something or get out of practice, for I was almost out. I came home and rented an extra office room. I did not know what for but, as the war prices of literature had been lowered, I commenced ordering all the literature that I could pay for.

Practice built up and I collected more cash in October, and in December, and in January of this year than I ever did in any correspond-

ing months of any other year! In spite of the hard times of last year I only lost 3 percent of my bills on bad accounts.

### HIS ADVERTISING METHODS

If I fail to collect \$10. any day I send out 50 booklets.

If I fail to treat 10 patients any day I mail out 50 booklets.

It is surprising how this little plan works to keep me busy and able to pay \$250. per month office expenses.—*C. A. Dodson, D.O., Little Rock, Ark.*

## Unprecedented Prosperity Ahead

America is on the threshold of almost unbelievable prosperity, according to Charles M. Schwab, the steel magnate. We have had a business spree and we are now in the cold, gray dawn of the morning after, he says. We have to pay the bill and we may as well pay with a good heart.

We are on the eve of greatest development. However wild may be your business dreams of the future, I will wager they will not be as wild as the realization which many of you younger men will see. If I had my life to live over, today is the time I would start, says Mr. Schwab.

We have just had a board meeting of my companies in New York and we decided at once to undertake the expansion of works that we are running at only 20 percent of their capacity. If we are right in believing that the future holds prosperity for us, what better time for us to spend our money for the extension that will be necessary in the future? We can do it cheaper now than at any other time and when prosperity comes we will be ready to reap the benefit of it.—*Charles M. Schwab.*

If your practice is slow don't get blue and discouraged. Prepare now for a busy and prosperous practice in the time—not so far distant, when industry and business will be humming everywhere throughout these United States.

But you've got to do your part to make your practice what it should be. Success doesn't happen by accident. Commence at once. Steady, systematic distributions of "Osteopathic Health," "Harvest Leaflets" and "Bunting Brochures" will compel prosperity for you if you can do your part in the treatment room. Will you bet on yourself? There's no gamble about the efficiency of our system. It's been perfected and proven up for twenty years, and it works. It pays its way and leaves a profit besides. We will plan and carry out your entire campaign for you if you tell us to go ahead.

### TRUE FOR 16 YEARS!

I firmly believe "Osteopathic Health" to be the most efficient means of assuring success in practice. I have used the magazine effectively since 1905.—*Dr. J. L. Callahan, South Bend, Ind.*

### WE REGARD IT AS A PRIVILEGE

For the first time in its 20 years history the Bunting publishing business is inviting its customers to become Preferred Share holders.

### WANT A PIECE OF BUNTING STOCK?

Have you ever thought you would like a piece of the Bunting publishing concern's stock? Well, attainment is not impossible. We are inviting the profession to take \$30,000 of it. Only \$5,200 is as yet unspoken for.

### SHALL WE TAKE YOU INTO THE FAMILY?

## Osteopathic Specialists

Goddard Building 27 E. Monroe St.

Central 3715

Chicago

*Dr. Glenn S. Moore*  
Eye, Ear, Nose and Throat

*Dr. Nettie M. Hurd*  
Official Gynecology—Diseases of Sigmoid,  
Rectum and Anus

REFERRED CASES CONSULTATION

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

## 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

## PROFESSIONAL CARDS

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

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

Riley D. Moore, LL.B., Oph.D., D.O.  
Osteopathic Physician  
Southern Bldg., Washington, D. C.  
Careful attention to referred cases.

Dr. Percy Evan Roscoe  
Osteopath  
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7016 Euclid Ave., Cleveland, Ohio

Dr. C. Burton Stevens  
Obstetrics  
Chief of Obstetrical Department Osteopathic  
Hospital  
617-18 Farwell Bldg. Detroit, Mich.

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

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

Dr. H. C. Wallace  
Practice limited to General and Orthopedic  
Surgery and Consultation  
S. W. Osteo. Sanitarium, Blackwell, Okla.

A. R. Tucker, D.O., M.D.  
General and X-ray diagnosis. Consultation,  
surgery and diseases of the ear, nose  
and throat.

Terrace Spring Sanitarium  
Richmond, Virginia

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

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

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**IN D.O. LAND**

**Dr. Gerdine Makes Circuit Clinic Trip**

Dr. L. Van H. Gerdine, Psychiatrist and Neurologist of the Still-Hildreth Osteopathic Sanatorium at Macon, Missouri, is making a circuit clinic trip in Oregon and California under the auspices of the Western Osteopathic Association. The fifteen local societies in the two states mentioned will all have occasion to see and hear him.

**Chiro Acts as Surgeon-in-Chief**

Dr. Heald, Secretary of the Chiropractic Society of New York City, was elected Surgeon-in-Chief of the Spanish War Veteran's Organization at one of their recent war dances. Incidentally Dr. Heald has several regular physicians under him. Can you beat it?—Dr. Lamar K. Tuttle, New York City.

**Seattle News**

The King County Osteopathic Association, Seattle, Wash., meets the second Tuesday of each month and accordingly the last regular meeting was held on

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"The Human Body Runs Like an Automobile."—Brochure No. 60, undated. Price 100 copies, \$4.50.

"Osteopathy Potent Where Serums and Vaccines Fail," by Michael A. Lane. Brochure No. 16, undated. Price, 100 copies, \$4.50.

"Osteopathy as a Science," by John Comstock, D.O. Brochure No. 37, undated, Price, 100 copies, \$4.50.

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- December issue ..... **Sold Out!**
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- February issue ..... **Sold Out!**

February 14th at Eitel Building in the offices of Drs. Potter and Winter. Program: The Post System Case Reports by Dr. Wm. E. Waldo; Pus Cases, Dr. Rosetta Shortridge; Current Therapeutic Events, Dr. Wimer-Ford.—Dr. Ida F. Rosencrans, Secy.

**R. K. Smith Osteopathy's Champion in Massachusetts**

Dr. R. Kendrick Smith of Boston addressed a Massachusetts legislative hearing on February 6, in opposition to compulsory vaccination in the public schools. On February 7, he spoke at another legislative hearing at the State House in Boston in opposition to the removal of representation of the different schools of practice on the State Board of Registration in Medicine and also in opposition to a law debar Osteopaths from internship. The next day pre-requisite to examination by the State Board of Registration in Medicine. This bill was opposed because of written evidence produced by Dr. Smith that the hospitals of Massachusetts had agreed to debar Osteopaths from internship. The next day Dr. Smith presided at the dinner of the Lions Club at the Boston Art Club and in the afternoon was the speaker at the Lynn Woman's Club and in the evening at the Mystic Valley Osteopathic Society meeting in Malden.

**Central States Convention**

May 10, 11, 12, 1922, is the date chosen for the Central States Convention which will be held at St. Joseph, Missouri. Missouri, Kansas, Iowa and Nebraska will form the nucleus which will prepare for this convention. The local Osteopathic Association, the Chamber of Commerce and other civic clubs and organizations of the city are making big preparations to show the visiting Osteopaths true Missouri hospitality of the finest sort. A new policy will be inaugurated—that of charging a small registration fee (probably \$2.00 but not over) covering all three days of the convention and providing admission to every clinic and session of the meeting. Daily clinics will be a prominent feature. Entertainment will also be provided consisting of a banquet, a ball, a group photo of the convention, an auto ride over the city drives and boulevards, etc.

**"Osteopathy" Contest in Arkansas High Schools**

The Arkansas Osteopathic Society has instituted a contest among high school students of the state and will give away \$50.00 in prizes: \$25.00 first; \$15.00 second and \$10.00 third, for the best three essays on Osteopathy. Essays are to be from 500 to 1000 words and to deal especially with the basic principles and fundamental differences between Osteopathy and other schools of the healing art. Contest closes March 15th. The judges are: Dr. W. B. Farris, Fort Smith; C. O. Paul, Eureka Springs, and L. J. Bell, Helena.

**Cleveland Doings**

The Greater Cleveland Osteopathic Society held its regular monthly meeting at the Hotel Winton on Saturday evening, Feb. 4th. The committee, of which Dr. Arthur Herman is chairman, is perfecting plans for a student essay contest on Osteopathy in which several substantial prizes are to be awarded. Dr. Earle Willard addressed the meeting on the subject of Specific Osteopathy, and received an enthusiastic reception. Twenty of the Cleveland Osteopaths with several others from the surrounding towns took his course during the following week. A paper emphasizing the necessity of an x-ray examination in all injuries of the bones and joints was read by Dr. John W. Keckler, who exhibited a number of radiographs illustrative of some common injuries met with in every day practice. Dr. William Schultz is president of the local society, and Dr. B. C. Maxwell, secretary.—Arthur Herman, Chairman of Program Committee.

**Largest Navajo Rug Ever Woven**

What is said to be the largest Navajo blanket ever woven by an Indian is now on exhibit in Kirksville and was ordered by Dr. George Still to serve as a hall rug for the Nurses' Home. It is fifty feet long by about a yard wide. Time employed in making it is said to be about 278 days. It is gray with black, white and gray colors woven in. The different segments of it look similar but upon careful examination it will be seen that no two are alike, and that the design depicts a long chapter of

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Navajo Indian history. Mr. Williamson, manager of the Houck Trading Company, which furnished the material for this mammoth blanket, says he has seen thousands of Navajo blankets but this one is the most intricate in design and longest he has ever seen.

#### P. C. O.'s Second Annual Athletic Meet

The second annual athletic meet of the Philadelphia College of Osteopathy Athletic Association was held in the Second Regiment Armory, February 11th. This was the largest athletic meet ever staged by an osteopathic institution and was replete with events of the highest calibre. Events: Inter City College Relay Championship; Philadelphia High and Preparatory School Relay Championship; Suburban High and Preparatory School Relay Championship; Interfraternity and Intersorority Relay; Inter city College Two Mile Championship.

#### P. C. O. on Princeton's Tennis Schedule

That the students of the Philadelphia College of Osteopathy hold their own against students of other colleges and schools in the field of sports is amply intimated by the fact that Princeton deems this year's aggregation of netmen at the P. C. O. of sufficient importance and strength to be placed on the spring tennis schedule. If anybody should be fit and excel in sports it is osteopathic students and as far as we have been able to find out, the students of our colleges have always come up to expectations in this respect. The Osteopathic Profession looks with interest to the tennis tilt on May 6th between Princeton and the Philadelphia College of Osteopathy. P. C. O. netmen you have the good wishes of all of us for a glorious victory over Princeton!

#### Chicago Meeting

The regular meeting of the Chicago Osteopathic Association was held at Hotel Sherman, Chicago, Thursday, March 2nd. Dr. Louise Burns of the A. T. Still Research Institute addressed the meeting.—Alex E. Walker, Secy.

#### M. A. Lane Memorial Completed

The Library Memorial to be placed to the memory of Professor Michael Lane, at the John Crerar Library, Chicago, has been completed. This library is a free, public reference library, purely scientific and the largest of its kind in the country, containing 500,000 volumes, 300,000 pamphlets and 13,000 maps on social, natural, physical, medical and applied science. The subjects endowed in the Memorial are Histology and Immunology which include the current journals on these subjects as well as the books. This idea for a library memorial originated with some of Professor Lane's students but it was found difficult in these times of financial readjustment to raise the necessary \$6,000. Mrs. Lane, however, promised the students she would gladly make good any deficit, and this she has done with a very generous sum. This donation may later be increased, as \$10,000 is the amount required to make the Memorial ideal. Professor Lane's name with the endowed subjects is cut in marble at the entrance door of the library, and his name is engraved on a special book plate in every endowed book.

#### Boston February Meeting

Dr. Louisa Burns of Los Angeles was the speaker at the February meeting of the Boston Osteopathic Society, taking for her subject, "Experimental Location of Osteopathic Centers" and "Effects of Upper Lumbar Lesions on Female Rabbits." At the close of the lectures, as well as during them, questions were asked, and much profitable discussion resulted. Dr. Burns also spoke of the needs of the A. T. Still Research Institute, and pleaded for better support of its work by the profession.

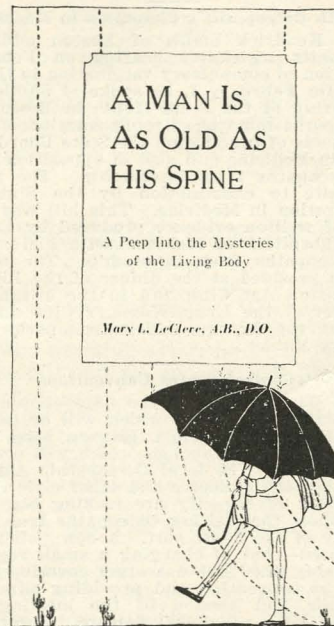
#### Kirkville's New Magazine

"Achievement" is the name of a new magazine in Kirkville. It is the official organ of The Andrew T. Still College of Osteopathy and Surgery. Mr. J. T. Burns, secretary of the college is editor and under his able guidance it will without doubt achieve great things.

#### Chicago Atlantians Feast on Bull Moose

The Atlas club boys gave a great feed to 125 guests at their clubhouse, 5412 Ellis Avenue, Chicago, February 8th. It was a "Bull Moose and Venison Dinner." Dr. J. Deason, the mighty nimrod, provided the big game on one of his more recent mouches up Greenland's icy mountainway. The feed was a royal gorge. All the osteopathic girls were there, nearly. HSB served as toastmaster. Speakers were Dr. Blanche Elfrink, who was the supreme hit of the evening and leaped at one bound into the front rank of the profession's raconteurs; Drs. Littlejohn, Bischoff, Fannie Carpenter, Comstock, Deason; O. C. Foreman, representing Theta Psi; W. C. McGregor, representing ITS; Dr. Charles Green and Mr. Perry S. Patterson. There was music in the air. Ray M. Russell, '23, gave vocal solos; Wilger L. Jones, '23, violin solos; and the Atlas quartet rendered several fine numbers, comprising Thorburn '22, 1st tenor; Russell '23, 2nd tenor; White '23, baritone; and Lewis, '23, bass. It was a great occasion, and a wonderful tribute to the managerial hospitality of the Atlas boys to be able to feed so many guests sumptuously without overtaxing their own culinary facilities.

## Osteopathic Health for April



In this issue an important truth is plainly restated, namely: osteopathic adjustment of the spine prolongs human life. Also a common error is corrected to wit: that Osteopaths claim sick people have dislocated joints. A lot of valuable health information in short compass. True to science but all simply told. Every ex-patient on your records should have this magazine. To be sure of your required quantity send your order promptly.

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**Dr. Jos. H. Sullivan's Silver Jubilee in Practice**  
Dr. Joseph H. Sullivan was given a surprise dinner and big silver loving cup by a bunch of the Old Guard at Chicago Athletic Club March 1st, that being the 25th anniversary of his entrance on practice in Chicago. Dr. O. C. Foreman presided. HSB handed over the cup. "Joe" was quite swept by emotion but responded in his happiest vein. Reminiscences of the "Old Doctor" and the old pioneer days at Kirksville made up a delightful evening.

## PERSONAL

Dr. Francis A. Cave of Boston, Massachusetts, announces the removal of his offices to the Universalist Building, 359 Boylston Street, (at Arlington Street Subway Station). While continuing the practice of Osteopathy, as heretofore, Dr. Cave has equipped his offices for diagnosis and treatment according to the Electronic Reactions of Abrams, having been authorized by Dr. Abrams to administer the same.

On account of ill health Dr. H. M. Bower of Albuquerque, N. M. was forced to give up his practice for several months. Dr. F. E. MacCracken, who has practiced in Beatrice, Neb., for the past ten years, will have charge of his office.

Dr. R. R. Keeningsham announces the removal of his office from the Wiley Building, Mount Union, Pa., to 1232 Pennsylvania Avenue, Tyrone, Pa.

Dr. James A. Savage, formerly at 503 Columbia Bldg., Duluth, Minn., is now located at 224 New Jersey Building.

Dr. Alice P. Shibley will set sail on April 8th for Italy and Switzerland to take a much needed vacation. "My first rest since before the Great War," says Dr. Shibley.

## BORN

To Dr. and Mrs. Robert E. Nye, Wyoming, Ohio, on February 6, 1922, a son, Robert Eugene Nye, Jr.

To Dr. and Mrs. W. P. Currie, Bath, Maine, on February 2, 1922, a 6 pound daughter, Lorraine Barbara.

## MARRIED

Dr. G. E. Arnold of Albion, Michigan, and Mrs. Orpha O. Pitkin, December 21, 1921. Mrs. Pitkin has been head of the Home Economics Department at Albion College for a number of years.

Dr. Geo. I. Gilmore, DeSoto, Mo., and Miss Fern Winniette of Kirksville, Feb. 23, 1922.

Dr. Ovid W. LaPlount of Manitowoc, Wis., and Mrs. Carolyn Bier of Springfield, Ohio, January 26, 1922.

Dr. Fred V. Griffith of Salmon City, Idaho, and Miss Betty Violet Black of Hailey, Idaho, January 6, 1922.

Dr. Lewis Wilbur Allen of Greenfield, Massachusetts, and Miss Louise Bardwell, Saturday, February twenty-fifth. At home after May first, 27 North Madison Circle, Greenfield.

## DIED

The loved wife of Dr. D. S. Wilson, who has practiced in Clinton, Iowa, close on to 22 years, on Wednesday, February 8th, after a long illness of several complications with the probable presence of cancer. A young daughter and Dr. Wilson are the immediate surviving relatives of the deceased.

## EXCHANGE and MARKET

WANTED—By senior student, position as assistant for the summer. Address No. 336, care of The OP, Waukegan, Illinois.

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