

The Osteopathic Physician

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The Osteopathic Physician

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Volume XLII

WAUKEGAN, ILL., JULY, 1922

No. 1

Spotlights on the Los Angeles AOA Convention

By H.S.B.

Los Angeles gave the profession one of the pleasantest conventions socially ever held. Probably it was the happiest in its entertainment and diversions for delegates and visitors of the long list of 26 annual conventions of the AOA that have passed into history. But that is not to be understood as meaning that the program was not an excellent one, for it was. Likewise, the officers and delegates worked about as hard as usual, even if scaling Mt. Lowe—a mile high—and scooting over to Catalina did break in on the usual monotony of work.

The Ambassador is a glorious place for holding a convention. We never before were treated to such room, sunlight, ventilation, comfort and luxurious appointments. Nobody got on anybody else's toes. Nobody got hot under the collar. Everybody felt comfortable and happy. And that meant the programs were well attended and thoroughly enjoyed. If anybody ever questioned whether a bully convention could be held by the AOA on the West Coast—even if he forgot, or never knew, that San Francisco gave us a glorious one about twelve years ago and Portland another about seven years ago—that doubt is now forever removed.

Eastern visitors find charms in travel to the West Coast not to be experienced anywhere else, and so it happened that mountains, canyons, deserts, parks, glaciers, seashore and all other scenic points of interest were visited by hundreds on their way out or going home.

The chief editor of *The OP* is still in Yosemite Park while this issue goes to press so nothing but a rapid-fire bird's-eye view of the convention will be attempted here:

About 800 were registered.

Dr. George W. Goode of Boston, was elected president of the AOA for the ensuing year.

New York City was selected as the place of the next AOA convention in July, 1923.

Dr. Harry L. Chiles who has served the AOA for so many years as an executive officer and in an editorial capacity retired from service and enters private practice in Orange, N. J.

Dr. William E. Waldo, who has sat on the board of trustees, in the house of delegates and in the chief executive's chair for a continuous session of ten long years, was awful happy to have his shoes knocked off and be turned out to pasture and rest with the encomium, "well done, thou good and faithful Bill." Bill felt he had earned his rest and nobody could deny that his point was well taken.

Just as the delegates began registering at the Ambassador every one was shocked inexpressibly at the news that President Samuel L. Scothorn had suddenly sustained the loss of his wife. Mrs. Scothorn was taken sick suddenly with erysipelas only a few days before the time to start for the convention with her husband. It progressed rapidly into septicemia of the meninges and death resulted Sunday, July 2nd. Burial took place Monday.

President Scothorn felt the call of duty so strongly that he rose above his grief, as far as that was possible, and came on to the conven-

tion a few days later, reaching the House of Delegates session on Friday morning. Following as this loss does closely upon the death of a little son, Dr. Scothorn is indeed in tragic affliction and the sympathy of the whole profession goes out to him.

The Board of Trustees voted to recognize Dr. George M. Laughlin's new college as soon as it has been properly opened and inspected—that is, as far as a college can be recognized until it has graduated its first class. The following resolution was passed unanimously:



Dr. George W. Goode of Boston, Mass., New President of the AOA

"Resolved by the Board of Trustees of the American Osteopathic Association that we endorse the plan of organization and proposed operation of the Andrew T. Still College of Osteopathy and Surgery of Kirksville, Missouri, and that the American Osteopathic Association hereby give tentative recognition to this institution:

And, be it further resolved, that after said college is in operation, said college shall be inspected as soon as possible after its opening session, and if found satisfactory to the Department of Education it shall be granted such recognition as will permit its graduates membership in the American Osteopathic Association."

Dr. Roberta Wimer Ford was elected president of the Osteopathic Women's National Association.

The new trustees of the AOA are Dr. George V. Webster, Dr. Frank P. Millard, Dr. Leslie

Keyes, Dr. Josephine L. Pierce and Dr. Harry L. Chiles.

The first vice-president is Dr. O. S. Miller and the second vice-president is Dr. Evelyn Bush.

The Los Angeles bunch gave the visitors a perfectly wonderful banquet Thursday night at the Ambassador. The entertainment was without a moment's lag. As one of the visitors said, "Everybody said just the right thing and just enough and then sat down. There wasn't a speaker or stuntster who kept on talking after he had really finished." And that's rather rare—isn't it?

Dr. Albert Abrams was on the program Monday night and made quite a hit with our profession.

Mr. Post's foot work had a great many interested investigators.

All the fraternities and sororities held banquets Wednesday night.

CALIFORNIA NOTES

The California Osteopathic Association held a splendid session all day Friday. The Californians are asking a referendum from the 800,000 voters of the state to give us an independent board. November 7th is to be the day of the vote and they are predicting it will be "Osteopathy's Independence Day in California." Explanation of the situation was made to the visitors in the "Convention Extra." As follows:

"California's osteopathic reputation is not what we want it to be. We have labored under a medical board that is determined to destroy Osteopathy as an independent system. Our numbers have made the reaction of the 'medico' most violent. Our legislature in 1913 passed a non-partisan law. The names of all systems were omitted from the law. The legislature reasoned that under this law each system would be free to develop and grow without hindrance by any other system. We soon discovered that the provisions of a non-partisan law can be entirely nullified by a partisan board. We have also discovered, to our sorrow, that a composite board is always a medical board and never an osteopathic board.

"Two years ago we adopted with enthusiasm the AOA legislative policy and program. We attempted to pass a separate board bill through the legislature, but failed.

"We then, at our last State Convention, without a dissenting vote, decided to go directly to the people for a separate osteopathic board. Seventy thousand citizens signed our petitions to place the measure on the ballot to be voted on November 7th.

"If we win this fight for an osteopathic board, no one will thereafter complain of the kind of Osteopathy practiced in California."

Dr. Cyrus Gaddis has been succeeded as editor of the *Western Osteopath* by Dr. C. B. Rowlingson.

The delegates ascended Mt. Lowe Friday afternoon and went to Catalina Island at 8:30 Saturday morning.

There was a visit to the Pacific Branch of the A. T. Still Research Institute, with a special program Monday afternoon, July 10th.

Dr. Chester D. Swope received hearty congratulations over the excellence of the program. He proved a bully chairman.

"Where There Is No Vision the People Perish"

The absence of two or three departmental chairmen from the East sort of put a dent in things at the outset but it was all ironed out in the wash.

Dr. Scothorn's presidential address was read for him on schedule in his absence and had the right ring to it.

Well, friends, The *OP's* chief editor hears the call of the big trees and will ask you to let it go at that for this time, as he is on vacation, and it's a pity to work when you're really loafing. Besides, all the routine news of the convention will come to you in the *AOA Journal*, anyhow.

O. W. N. A. Meets at Los Angeles

The Osteopathic Women's National Association though but two years old shows a membership of several hundred.

The program given by them at Los Angeles was creditable and stimulating, showing nineteen state organizations, and many individual members in unorganized states.

Abrams' Session at Los Angeles Highly Interests Big Audience

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

It is with pleasure that I accept your invitation to write my impressions of the address given by Dr. Albert Abrams at the Los Angeles Convention, because it affords just one more opportunity for service to humanity through the osteopathic profession.

Pen and paper fall far short of the requirements, however, because "atmosphere" is something beyond words and this commodity was very much in evidence during the tense hour in which Dr. Abrams held the platform. Our profession honored itself in the size of the audience which greeted this distinguished scientist and gave rapt attention during the entire discourse. One needed not to be a prophet, nor the son of a prophet, to have foretold that Dr. Abrams would capture an audience of Osteopathic Physicians, especially those of the progressive type who have the convention habit. And capture them he surely did, making hundreds of new and enthusiastic friends in the process. Perhaps the general sentiment of his hearers could be best expressed in the comment made after the session by one of the grand old "stand-patters" of our Profession, previously highly antagonistic to everything pertaining to the ERA. With all due emphasis he said "Why, that man is an Osteopath," and thereby expressed a highly obvious conclusion. Because even a superficial study of Dr. Abrams' writings will show the very close relationship existing between the philosophy of Abrams and that of Andrew Taylor Still, both predicated upon the recognition and utilization of natural phenomena in the living organism, both most revolutionary in concept and both devoted to the relief of suffering and the highest welfare of humanity. Truly, a new day opened to the Osteopathic Profession and the human family when Dr. Abrams addressed such a representative osteopathic audience, an audience not afraid to look a FACT squarely between the eyes, "let the chips fall where they may."

It was obviously impossible to present an entire concept of such deep significance in the short space of time permitted on the program and Dr. Abrams therefore touched but briefly upon even those topics of major importance. His story of the evolution of his experiments with the human reflexes, leading to his therapeutic system known as "Spondylotherapy," was most interesting. An expert physical diagnostician, his attention was attracted to the action of the heart when irritation was made on the skin overlying the cardiac area. He

They are affiliated with other women's organizations, Federated clubs, Legislative clubs, Business and Professional Women's clubs, etc.

They are conducting clinics for women and children, educating the community, working in Health Conferences, and assisting in Legislative problems.

A charming social feature was the reception given by the California Women D.O.'s to the visiting women physicians at the home of Dr. Lora B. Emory.

Officers for the coming year: O.W.N.A. 1922-1923: Honorary President, Dr. Josephine Liffing Pierce, Lima, O.; Acting President, Dr. Roberta Wimer-Ford, Seattle, Wash.; 1st Vice President, Dr. Grace Stratton Airey, Salt Lake City, Utah; 2nd Vice President, Dr. Chloe Riley, New York City; Financial Sec'y., Dr. Leonora Grant, Seattle, Wash.; Corresponding Sec'y., Dr. Pauline Mantle, Springfield, Ill.; Auditor, Dr. Edith Cave, Boston, Mass.;—*Roberta Wimer-Ford, D.O., Pres.*

noted the fact that the bulk of the heart muscle and the aorta became smaller under this stimulus, a fact which he quickly utilized in his treatment of cardiac conditions and aneurisms. Pursuing this reflex mechanism still further, he found that concussion of the 7th Cervical spinous process produced a still more decided cardiac and aortic muscular contraction, and that concussion of the 2nd Dorsal spine would prolong this reflex very considerably. These observations led him to make further experiments with the reflex mechanisms concerned in the spleen, the stomach, the liver, the intestines and various other organs, until he developed definite concussion centers which would produce contraction or dilatation according to the will of the operator.

Until quite recently, Dr. Abrams has known but little of the osteopathic concept and especially of the "lesion theory" but he took great pleasure in informing his audience that his recent reading of Professor Lane's book on "A. T. Still, Founder of Osteopathy" and of other sturdy osteopathic writings had convinced him that the osteopathic concept was scientific and in full accord with anatomical and physiological facts.

The applause was perhaps heartiest when he spoke of the pathetic absorption and digestion of the Homeopathic School by the so-called "regulars" and specifically cautioned the osteopathic profession to remain free and independent, as only by so doing could they escape the disintegrating influence of "regular" medicine as today organized and administered. "The osteopathic concept is worth fighting for," he said and his audience enthusiastically agreed with him.

His presentation of the electronic concept was clear-cut and decisive to the initiated, but could only leave others with the will to investigate further into the amazing mysteries of these new facts in the world of physics. His keen observation discovered that various percussion notes on his patients varied when they were facing different geographical points and to his amazement he found that certain of these percussion notes were *always* dull under certain conditions, and that only certain limited areas were involved. These puzzling findings were later correlated in such a manner that dullness in a certain area, with the patient grounded and facing west, would always mean a diagnosis of carcinoma, and certain other areas would always mean a diagnosis of sarcoma, or tuberculosis, or streptotoxaemia, or malaria, or

some other definite condition. He ascribed these phenomena to electronic action although freely admitting that many of them could not as yet be explained, the facts remaining to be elucidated when still more becomes known regarding these almost uncanny discoveries.

With these known facts as a basis, however, he discussed the various steps by which he was led to find the still more amazing fact that the energy given off by carcinoma, for instance, or sarcoma, or tuberculosis, can be definitely measured and interpreted by means of the human reflexes and that these findings now constitute the basis for the new electronic concept of disease, giving to the world a definite yardstick by which not only an accurate diagnosis can be made but the degree of virulency can likewise be definitely measured and the progress of the patient be thereby determined. He spoke of the application of these methods in determining the efficacy of all drugs and chemicals and suggested their use in still further scientifically proving the efficacy of the osteopathic procedure of adjustment.

There was but little time for a discussion of electronic therapeutics, and he therefore, touched but briefly upon the philosophy of "Like destroys Like"—the electronic adaptation of the Hahnemannian principle, "Like cures Like." It is first necessary to ascertain definitely the specific vibratory rate of the infection or malignancy and then to impose upon it a similar vibratory rate to the point of destruction. He spoke of his wonderful apparatus, the Oscilloclast, capable of supplying definitely measured destructive rates for practically all conditions, the intent being to create a vibratory environment within the diseased tissue which would make it impossible for the infection or malignancy to exist.

He paid his respects to all those who claimed to have investigated these discoveries after but a few hours of superficial and unfriendly examination, likening them to the man who looked over the rim of Vesuvius and then triumphantly exclaimed, "There, now, I told you there was nothing to it."

It was a happy occasion for the osteopathic profession, marred only by the absence of some few of the Old Guard who chose to spend their time upon the piazza during this unusual presentation, a fact which by no means passed unnoticed among the progressive element.

Dr. Abrams later expressed his great pleasure at the enthusiastic reception accorded him, an evidence of the lasting co-operation and friendship which is inevitable between those unselfishly seeking the common welfare of humanity. After the meeting, he could be found at almost any time surrounded by admiring listeners, the male sex by no means predominating.

A rising vote of thanks was given him at the conclusion of the session.

Craig Automatic Table Makes Big Hit at Convention

Dr. Arthur Still Craig of Kansas City, Mo., made a great hit with his automatic treating machine run by electricity. It really gave one a very decent sort of relaxing treatment. Two ideas suggested themselves to the doctors examining this device. 1. In connection with the possibilities of treating people who don't require specific adjustment by a doctor but who need periodic relaxation, and the possibility of giving these treatments at lowered costs; and 2. The opportunity of the lone Osteopath with a tired back to treat himself. We believe the Craig Automatic will make a place for itself in our work.

Abrams Work Belongs with Osteopathy

I am certainly glad to see someone stimulating interest in Dr. Abrams' work. It certainly belongs with Osteopathy.—*James Allen, D.O., Toronto, Ont., Canada.*

An Appreciation of the Osteopathic Special

Please find enclosed list of the passengers on our Osteopathic Special. We felt that Dr. Fraser did such a good job in getting up this trip that all of us signed the testimonial of appreciation.

The Sante Fe outdid itself in taking care of us. The service was the best I ever had on any railroad and the dining car service was such as only the Sante Fe seems to be able to give.

The Osteopaths at Kansas City met us with automobiles and took all of us for a ride around the beautiful boulevards of the city. The next morning we were in Colorado Springs where we were again met by the local profession. The morning was spent by most of us in a trip to Pike's Peak. In the afternoon, the local doctors placed themselves at our service and took us to various places of interest, especially through some of their wonderful Canyons, the Garden of the Gods and Manitou. This was voted one of the best things on the trip.

At Sante Fe we visited the old Palace of the early Spanish governors and the place where Lew Wallace wrote "Ben Hur." Here we also visited the oldest church in America. The one D.O. who lives in this city did his best for us with his car, but the distance was short and most of us walked.

At Albuquerque, the local Osteopaths were once more our hosts. We were taken to the home of Dr. C. H. Conner and were served with refreshments. Then we were taken through the city for a ride, following which the men were taken to the Y. M. C. A. for a shower and a swim. This was a very grateful interlude on our trip.

Riverside, Cal., was another stop. Here we visited the Mission Inn, one of the famous show places of the world. The wonderful collection of curios is worth going across a continent to see. The local Osteopaths served punch here and later took us for a ride through their city. We left Riverside about 4 P. M. and arrived in Los Angeles at 6 P. M. Saturday July 1, 1922.

Next time we get a special train we hope that every D.O. in the country will get aboard. I am sure that everyone of us feels sorry for the poor misguided fellow who was so short sighted as to go "some other way." This is a mere outline of the trip. I am far away from home and writing under difficulties.—WALTER E. ELFRINK, D.O., July 11, 1922.

Enroute, July 1, 1922

The California Limited, Santa Fe Ry.

We, the passengers on the Osteopathic Special enroute from Chicago to Los Angeles, wish to express our appreciation for the comforts and pleasures which have been ours during the five days of our trip. We feel that special thanks are due to our transportation chairman, Dr. James A. Fraser, for the large amount of hard work which he has done and for the excellent results achieved. In token of all this we herewith subscribe our names and addresses:—

C. B. Atzen, Omaha	Mrs. C. B. Atzen, Omaha, Neb.	Elizabeth Manning, Leavenworth, Kansas
Edgar D. Heist, Kitchener, Ont.	Elizabeth Tieke, Brooklyn, N. Y.	C. E. Medaris, Rockford, Ill.
Wm. S. Nichols, Philadelphia, Pa.	Dr. & Mrs. Edmund Grotehouse, Van Wert, Ohio	Florence Medaris, Rockford, Ill.
H. M. Walker, Dallas, Texas	Edward Drew, Philadelphia, Pa.	Mrs. H. G. Rolf, McPherson, Kansas
Alexander Preussing, Chicago	Mrs. C. L. Bolar, Memphis, Tenn.	J. R. McDougall, Chicago, Ill.
Dr. and Mrs. A. Still Craig, Kansas City	R. Kendrick Smith, Boston, Mass.	Mrs. M. R. Tilley, Kewanee, Ill.
Lou T. Noland, Springfield, Mo.	H. W. Conklin, Battle Creek, Michigan	Mrs. C. J. Chrestenson, Keokuk, Iowa
Mary Bolling Blocker, Chattanooga, Tenn.	J. B. Wells, Dallas, Tex.	Bernice L. Mattek, Chicago, Ill.
Helen N. Perrin, Chicago	W. C. MacGregor, Chicago	Amanda Anne Steinkemper, Sidney, Ohio
E. M. Tieke, Brooklyn, N. Y.	Dr. and Mrs. B. L. Gleason, Larned, Kans.	Eva Waterman Magoon, Providence, Ohio
F. P. Millard, Toronto, Ont.	G. L. Nolan, Springueled, Mo.	John Peacock, Providence, R. I.
Edna P. Anderson, Chicago	Dr. Coon and family, South Bend, Ind.	E. D. King, Detroit, Mich.
L. R. Mylander, Sandusky, Ohio	Minnie C. Ashman, Chicago	Myrtle M. Dickey, Joplin, Mo.
A. F. Rose, Chicago	O. T. Buffalow, Chattanooga, Tennessee	Gertrude Ferguson, Kansas City
G. W. Webster, Carthage, N. Y.	P. W. Gibson, Winfield, Kans.	Jeannette Oehale, Omaha, Neb.
K. B. Phillips, Kalamazoo, Mich.	George W. Goode, Boston, Mass.	Mrs. G. V. Webster and son, Carthage, N. Y.
Muriel S. Thorburn, New York	Catherine L. Anderson, Chicago	R. S. Singleton, Cleveland, Ohio
Mrs. S. H. Kjerner, Kansas City	W. J. Webb, Danville, Ill.	Mrs. W. S. Nichols, Philadelphia, Pa.
Mary Quisenbery, Lyons, Kans.	N. W. Shellenberger, Rockford, Illinois	Mrs. C. C. Wright, Charleroi, Pa.
Irene K. Lapp, Washington, D. C.	S. H. Kjerner, Kansas City, Mo.	Miss Helen McDougall, Chicago
R. M. Miles, Los Angeles, Calif.	T. R. Thorburn, New York City	Miss Dorothy Cooper, Chicago
Leslie S. Keyes, Minneapolis	Grace D. Clark, New York City	Liss Louisa Gaston, Chicago
Anna Slater, Chicago	Gertrude Farquerson, Wichita, Kansas	Anderson Craig, Kansas City
Edward G. Drew, Philadelphia	Clarissa Potts Kennedy, Charleston, S. C.	Mrs. F. P. Millard, Toronto, Ont.
F. E. Dayton, Escanaba, Mich.	Margaret M. Spence, Marengo, Ia.	Dr. Norman O. Glover, Washington, D. C.
Frank M. Vaughan, Boston, Mass.	Fred A. Bragg, Boston, Mass.	Dr. Hal W. Shain, Chicago
C. S. Kennedy, Cincinnati, Ohio	Ralph V. Kennedy, Charleston, S. C.	Mrs. H. W. Shain, Chicago
C. L. Baker, Memphis, Tenn.	Canada Wendell, Peoria, Ill.	Dr. Ina Light Taylor, Chicago
C. A. Dodson, Little Rock, Ark.	Emma Purnell, Lancaster, Pa.	Dr. R. C. McCaughan, Kokomo, Indiana
S. T. Rosebrook, Portland, Me.	Mrs. E. S. Herrick, Providence, Rhode Island	Dr. R. C. Gilmour, Sioux City, Iowa
Mary L. Heist, Kitchener, Ont.	Ellen B. Ligon, Mobile, Ala.	Mrs. P. W. Gibson, Winfield, Kansas
Alfred D. Glascock, St. Petersburg, Fla.	Jessie B. Johnson, Youngstown, Ohio	Dr. Anna B. O'Hara, Brocton, Mass.
Lewis B. Harned, Madison, Wis.	Eunice B. Bohannon, Memphis, Tennessee	Mrs. H. W. Conklin, Battle Creek, Michigan
O. A. Mace, Bedford, Iowa	Mary Quisenbery, Lyons, Kans.	James Conklin, Battle Creek, Michigan
Elva Harmon, Lyons, Kans.	Mrs. C. A. Dodson, Little Rock, Arkansas	Hugh Conklin, Jr., Battle Creek, Michigan
Harvette S. Evans, Montreal, Can.	Walter E. Elfrink, Chicago	David Conklin, Battle Creek, Michigan
Mrs. C. E. Medaris, Rockford, Ill.	C. C. Wright, Charleroi, Pa.	
H. G. Rolf, McPherson, Kans.	D. Ella McNicol, Frankfort, Ind.	
C. H. Conner, Albuquerque, N. M.	Mrs. L. B. Harned, Madison, Wis.	
M. R. Tilley, Kewanee, Ill.	Erica Ericson, Boston, Mass.	
C. J. Chrestenson, Keokuk, Iowa		
Florence Chrestenson, Keokuk		
Anna M. Fielding, Malden, Mass.		
E. Gertrude Ferguson, Neosha, Wis.		
Elizabeth Wallace, Chicago		
Pat Bergin, Kansas City, Mo.		
Mrs. J. Peacock, Providence, R. I.		
R. E. McGavock, Saginaw, Mich.		
Ottis E. Dickey, Joplin, Mo.		

The above is believed to be a complete list of the passengers on this train with the exception of our Transportation Chairman and his family, Dr. James A. Fraser, Evanston; Mrs. James A. Fraser, Evanston; Miss Marion Fraser, Evanston.

AT LAST! IT'S HERE!

Do You Know?

1. Only new matter is printed every month now in "Osteopathic Health." No articles, once printed, are ever used again in its pages, no matter how good. (Such classic Brochures as are indispensable may be obtained, if at all, only as "Bunting Laity Brochures"). Every issue of "OH" now is made up entirely of clean, new editorial matter.
2. This layman's journal will contain in course of the year a lot of sprightly news and topical talks about notable osteopathic affairs such as always interest both patients and public. (For example in the June issue will be found (1) the Britannica Encyclopedia's New Definition of Osteopathy; the story of Mme. Galli-Curci's two great benefit concerts for osteopathic charities; and the Viscount Deerhurst's story of Osteopathy in Great Britain.)
3. From time to time it will contain characteristic Bunting editorials on matters of vital osteopathic concern. Also—
4. A wealth of articles especially written for its pages by the best group of thinkers and writers in the profession—every article written on order, every article paid for, and every article having passed muster as fully up to the critical journalistic standards of HSB.
5. Many discussions of single diseases. Do you hear it?—many discussions of diseases.
6. Many stories of cures.
7. Shorter articles and more of them—a wider variety of subjects.
8. Nothing within the covers of "OH" but Osteopathy, osteopathic interests, Osteopathy triumphant! No side issues—no fads—just Osteopathy—which is enough to keep one brilliantly edited magazine full of interest.

It's a regular journalistic service to educate your patients, to instruct and inform your former patients more particularly about Osteopathy, and to make new converts for Osteopathy among the numberless host as yet not interested.

You can use this *new* "OH" with pleasure and profit in conducting your practice—

But Do You?

Let us make a survey of your field and its publicity possibilities. Expert knowledge and advice without obligation or cost to you. We've been bringing home the bacon for Osteopaths for twenty years, and we can bring it home for you! Write us this day.

BUNTING PUBLICITY SERVICE

for

OSTEOPATHS

Waukegan, Illinois

Spinal Adjustment—A Discussion

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

(Continued from June Number)

VIII—TRACTION

IX—History

X—Cord Mother

XI—A Shock Absorber

Doctor H. Virgil Halladay, the eminent anatomist of the American School of Osteopathy, writes, "In reply to your letter asking my opinion on some points on Spinal Traction, will say that laboratory specimens suitable for conducting such experiments are not easy to secure or to prepare, so I have not much laboratory data on the subject. I will keep this in mind, however, and will see if we cannot do some research work which will supply you with definite information.

"I might say, however, that nature in permitting the various types of movement in the spine has made provision to take care of the cord as long as the movement is confined to the normal range and we cannot doubt further that since she builds so well mechanically, she has provided a factor of safety which will allow the spine to be moved considerably beyond the normal range of motion before the spinal cord is injured, provided, of course, that the structures return at once to within the normal range.

"Traction will elongate the cervical region. It will flex this region taking out the curve as the traction straightens it out. This will move the spinal cord forward against the anterior wall of the spinal canal but would hardly stretch the cord itself. Since there is the same type of curve in the lumbar region it will flex that region also moving the cord over against the anterior wall of the canal but hardly stretching it.

"Traction applied to the dorsal region will take out the dorsal curve moving the cord back against the posterior wall of the canal. I believe this movement in the dorsal region will about balance up the movement in the cervical and lumbar regions. It will move the cord itself, from swinging free in the spinal canal, to over against the canal wall.

"It is my opinion that forward bending of the spine will, in the degree to which it is applied, produce a corresponding amount of suction for it will undoubtedly elongate the spinal canal. Backward bending will do the reverse—shorten the spinal canal and carry the spinal cord over near the posterior wall.

"In traction with forward bending there is, as you say, compression of the inter-vertebral discs especially in front and a separation of the articular facets which will, of course, lengthen the spinal canal, but I cannot say that there would be any chance for an elongation of the spinal cord itself for it would merely be carried over near or against the anterior wall of the canal. It seems to me that it would require a considerable elongation of the spine or even greater hyper-flexion to produce any marked change in the tension on the spinal cord itself."

IX—HISTORY

Here is a most interesting article published in *The Lancet*, London, October 22, 1836.

The case is that of Sarah Hawkes. The injury occurred in 1828 and came under Doctor Harrison's care in 1831—91 years ago.

His temerity in discarding chemicals and in treating the spine started a raging controversy. Sir Charles Bell and other noted men of the time engaged in it. Charges of prejudice, calls for justice and cries of quackery were indulged in. To the Osteopath of 1922 this discussion of years ago is highly amusing. It might have happened to any one of us during the past week.

Doctor Reiland says, "That traction is by no means a new science, and that it was buried through medical prejudice before its rediscovery is shown by the following."

Doctor Harrison in reporting the case says, "Before S. Hawkes left Dunmow, she was examined by not less than forty medical men, some of whom went from the metropolis, and from more distant places, for the purpose. In the course of her confinement she was repeatedly bled in the arm, and had setons, issues, blisters and leeches successively applied to the different parts of the back, but neither they, nor any of the routine means usually employed at all relieved the symptoms, or retarded the progress of the complaint. She accounts for the origin of this distortion from the circumstance of having received a blow on the neck from the fist of another person, of so violent a description as to drive her over a form, when she fell into a fainting fit.

"The cervical vertebrae were huddled together, forming an irregular tumor. By these subluxations, or misplacements, the chin was pushed over to the left, and made to rest continually upon the chest. In little more than a week after the violence alluded to, five or six fits were experienced. Soon after the first, she had cold and hot pains in the loins, and lameness in the right hip. These continuing to increase, she was compelled, after several ineffectual struggles, to confine herself to bed, that is to say, on August 28, 1828, and never since that period had she been able to rise. About five weeks after she was thus confined, she experienced a peculiar and indescribable sound in her back and head, resembling the cracking of the fingers, or the snapping of a stick, the report being distinctly perceptible in the room below that which she occupied. She was subsequently attacked with frequent spasms in the face, eyes and right hand, but most of all in the mouth; the chin being now drawn down upon the sternum, where it remained fixed for fifteen weeks and three days.

"November 15, 1831.—Today I commenced the treatment, by thrusting folds of soft linen between the knees and ankles, in order to separate them from each other. Next day I could stir the arm a little.

"November 19th. The limbs being considerably parted, I removed the arm from its long imprisonment; but so great was the pain that she urgently desired to have it replaced. Having disengaged the arm, I directed my attention to the back. Upon turning her over, I found great irregularities in all the cervical vertebrae. One of the lower was driven forward, leaving a hollow behind. I resolved upon stretching the neck, hoping thus to replace all the vertebrae; success justified my expectations; the experiment immediately restored the natural state and appearance of the neck. Frictions from the first, were almost continually applied to the arm and scapula, in which parts the power of motion was rapidly increased; and on the 22nd, the arm was restored to perfect liberty, and she can move it in every direction.

"November 27, 1831. Turned on her face for three last days, when the cervical vertebrae were well rubbed, remaining in this posture for six or eight minutes, the first time, and bearing the change better upon every repetition. The tumour of the cervical vertebrae on the outside is entirely reduced, and the neck sensibly elongated.

"November 29, 1831. A shield was on this afternoon placed on the back, and confined in situ by means of a pair of stays. The unsightly hollow of the back was filled up (almost entirely) with linen and tow. She wore the shield till I removed it on the morning of

the 30th. The hollow of the back is already diminished, and the front of the body is straighter.

"(The shield is a piece of thin deal, glued to leather on the inside, and stuffed with soft materials; it is constructed of various forms and sizes, to suit every species of deformity. In the present instance it was twelve inches long, and seven broad, of a long oval figure, extending from the nape of the neck, and resting on the nates. Several longitudinal incisions were made through the wood on each side, the better to adapt it to the shape of the back and sides. The shield being firmly secured by a pair of strong stays, the patient was turned and replaced, as well as possible, upon her back.)

"The longissimus dorsi and sacro-lumbalis of the left are driven sideways by the curved spine, and considerably raised, especially in the loins; but there is so much tenderness over the back in general, that the slightest touch gives considerable pain.

"December 8, 1831. In every respect much better. Moves freely every large joint of the lower extremities. Right arm and hand quite well, and the protuberance in the left side of the belly nearly gone. The hollowness in the loins much lessened, the muscular enlargement on the left of the spine almost gone. Tenderness of the back nearly subsided; can now have it smartly rubbed with pleasure. Much improved in appearance and sleeps well.

"December 20, 1831. The only tenderness remaining is over the eighth dorsal vertebrae, where the seton was placed. This was kept open seven weeks and then dried up, without having afforded any relief.

"February 12, 1832. Health excellent. The feet have, to all appearance, regained sufficient strength to sustain the body.

"May 8, 1832. Of late no perceptible difference in the strength or activity of her limbs. Attention has, therefore, been chiefly directed to the three inferior dorsal vertebrae. Two have, for some time, been wholly replaced; but the middle one, (which formed the top of the preternatural arch) having still resisted the means employed, and continued a little out of the line, a small piece of wood, proved in such a manner as to prevent it from slipping, was placed on the right side of the spinous process, in opposition to and close connection with it. Thus secured, the vertebra was compelled to enter the column, and was restored to its natural situation. On removing the apparatus it was found undisturbed, but slipped back again immediately. In order, therefore, to confine it more effectually, a small shield, made of the same materials, was placed upon the most obstinate vertebra, and firmly bound there by an elastic woolen belt, which kept it tight and firm at all times. Under this treatment the recession daily became less, and the replacement easier; rectification preceeding until the bone resumed its proper and permanent place in the spinal column.

"July 24, 1832. Since last report the vertebrae have remained stationary. Excellent health. Has walked for a few minutes in her room six different times, at intervals of a week.

"November 29th. Is now perfect in figure and health, and walks about her room, without inconvenience, at short intervals."

"A few days after the commencement of the treatment, a medical gentleman, who had paid the patient considerable attention, both at Dunmow and in London, expressed himself in the following laconic style: "You may succeed in extricating the arms and bringing down the feet, but no alteration can be made in the back, for that is out of your power, as the vertebrae are united together. They are consolidated and ankylosed, from one end of the spinal column to the other."

"To this speech, delivered with unusual energy and animation, I calmly replied, 'You have addressed me in the language of London;

I know it to be the universal opinion here, that the vertebrae are, in such unhappy instances, firmly jointed by a bony union and cannot be separated. In a few days I shall have her turned upon her face in order to examine the back. I shall then be able to form a better judgment of her situation, and adopt my plan of cure with more chance of effect.

Hippocrates, Galen and Celsus have written in support of the existence of luxations of the vertebra from violence and of the employment of mechanical means for their cure.

It remained for Doctor Still to rediscover these things and to *uncover their significance*; to discover that *spinal subluxations can be and are present in most cases of disease* and even where they are not suspected. (even denied) by the regular medicine-man; to devise methods of adjustment; to discover *physiological immunity* and, perhaps, greater than all the rest, to *round out his discoveries into a school of healing practical to the utmost.*

X—CORD MOTHER

The spinal cord occupies but two-thirds of the spinal canal—the upper two-thirds. It begins at the forearm bagnum and extends down to the level of the intervertebral disc which lies between the first and second lumbar vertebra. Its average length in the male is 18 inches and in the female 17 inches. The spinal canal is about 9 inches longer or about 27 inches in length.

The relation of the length of the spinal cord to the spinal canal varies greatly in the foetus, new born and adult. In the foetus the spinal cord extends the full length of the spinal canal. In the new born it extends to the lower border of the fourth lumbar. In the adult it extends to about the lower border of the first lumbar. This comes about since the cord grows but little in length after it is once formed while the spine grows to almost twice its length.

The cord, however, does not lose its connection with the lower end of the spine but is anchored to the coccyx by the filum terminale a slender cord. About half of this anchor cord is inside of the dura mater sack which covers the cord and about the lower half is outside the sack of the dura. Thus the filum terminale serves to securely anchor both the dural sack and the spinal cord at their lower ends, when the body is thrown in an up-side-down position.

Three protecting members are wrapped about the cord. (Cunningham) From within outwards these are termed (1) the pia mater (2) the arachnoid mater (3) the dura mater. Even the ancients recognized the delicate mothering Nature had to give the central nervous system, for they called these investing membranes (1) the tender or affectionate mother (pia mater) (2) the web-like or delicate mother (arachnoid mater) (3) the strong mother (dura mater).

The pia mater forms the immediate investment of the spinal cord. It is closely applied to the cord and from its deep surface numerous fine septa penetrate into the substance of the cord. It carries many small vessels in its substance and into the cord.

The arachnoid mater is an exceedingly delicate transparent membrane which is loosely wrapped about the cord so as to leave a considerable interval, termed the subarachnoid space, between itself and the pia mater, in which there is always a variable amount of cerebro-spinal fluid.

The dura mater lies outside the arachnoid mater. The dura, a loose bag, from its attachment to the upper cervical vertebrae and foramen magnum, hangs down in the spinal canal to about the middle of the sacrum. Within this strong fibrous bag or sheath is suspended the spinal cord, that great storehouse of nerve impulses and energy.

This delicately constructed and wonderfully operating dynamo and keyboard of life *does not hang by its own tissue. It is suspended by a strong fibrous band* which stretches out like a wing from each side—the denticulate liga-

ment. This ligament is attached to the cord from the foramen magnum down to the end of the cord at the level of the first lumbar vertebra—one on either side. It is continuously attached to the sides of the cord so that every part of the cord is well supported. For flexibility, however, it is attached to the dura mater by little points or teeth, some twenty in number. By means of these two wing-like ligaments the spinal cord is allowed flexibility yet is firmly attached to and supported in its whole length by its strong mother, the dura mater.

Between the dura mater and the wall of the spinal canal, is a narrow interval, which is filled up by soft areolar and fatty tissue and numerous thin walled veins arranged in a plexiform manner. The space between the wall and dura does not communicate with the spinal cord spaces but contains just enough fluid to lubricate its surfaces.

The brain, snugly fitted into the immovable bones of the skull, is well protected but the spinal cord must lay within the freely movable vertebral column and in that situation is subjected to all the vicissitudes to which this mechanically weak and imperfect spine is subjected in the bodies struggle for existence. Nature has, however, taken great care to protect the spinal cord part of the central nervous system. The vertebral canal is of sufficient size to admit of considerable spinal movement without injury to the cord itself.

XI—A SHOCK ABSORBER

Besides the liberal size of the canal the cord is supplied with a system of hydraulic protection. This system is delicate in itself but is of great value to this part of the central nervous system. Throughout its length and in the center of the cord extends a central canal filled with a lymphatic fluid. This central canal communicates by small openings with the space just outside of the spinal cord (subarachnoid space), which space contains the same lymphatic fluid. The canal also communicates by

small openings with larger hydraulic spaces—the ventricles of the brain.

This canal system filled with freely flowing yet slightly thickened fluid forms a marvelous and delicately balanced shock absorbing system. (It is found in no other nerve system than that of vertebrates). Pressures are immediately taken up, distributed and balanced.

Interference with these openings will cause an immediate disturbance in body functions through a disturbance in the central nervous system. Osteopathic spinal adjustment is the one and only relief and it is quick and sure. Pressure disturbances in the spinal cord nerve segments are relieved and this gives immediate results. This fluid, as with all lymphatic fluids, is nutrition bearing and treatment which normalizes its flow, normalizes nutrition as well as pressure.

XII—COMPRESSION

Discussion of the investments and surroundings of the spinal cord is of great interest in connection with what Doctor Halladay has said in article VIII about spinal traction and the effect which it has on the cord.

It is also interesting in connection with what Doctor D. W. Reiland says about the effect which *compression* of the spinal column has on the cord.

He writes, "Now, Doctor McCole, if we have a number of thin intervertebral discs, we have a settling of the spine, which means that the cord is allowed to sag in the spinal canal. When this takes place, we as a rule, run into a multitude of symptoms. Although the cord is attached by tiny ligaments to the walls of the canal it naturally follows that when one or more segments of the spine become too close together that the pressure from above downward on the cord, or of its own weight on the segments below, has a disastrous effect, because the tiny ligaments become stretched and weakened until the cord sags and folds sufficiently so as to hang by the nerve roots, and in this way put a pressure upon the nerves."

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for

OSTEOPATHS

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"Where There Is No Vision the People Perish"

Best Discussion on Spinal Adjustment Ever Printed

The article on Spinal Adjustment, by Dr. G. M. McCole of Great Falls, Mont., in March *OP* just read. The best discussion on spinal adjustment ever printed.—*G. O. Shoemaker, D.O., Wichita, Kansas.*

Re McCole—McManis Article

As Dr. McCole is my class-mate and Dr. McManis is an old friend, I offer no apologies. I admit this article is fine, but it is old stuff to me, for when I was a nurse at Battle Creek Sanitarium back in 1892 and was learning massage and Swedish movements, the main thing they harped on and drilled into us was to learn and know the normal limit of motion of all joints in the body; then to use a system of manipulations that would secure that full limit of motion, and I agree with the Mc's perfectly that MOST of the osteopathic lesions are diagnosed by limitation of motion rather than by palpation and mensuration and are treated accordingly.—*Don C. McCowan, M.D., D.O., Independence, Kan.*

Diagnosis Plus Common Sense

Common sense and diagnosis is paramount, for only so can reliable treatment and advice be given. In our practice we must turn out better work than any other *Physician*. We should not be too alarmed about others, especially the chiro. Example. Did you ever attend a chiro clinic and see Old Harry Face demonstrate the correction of cervical lesions for the cure of epithelioma of the lip? It's good. Another: A young lady came to us after taking chiro adjustments for delayed menses. We found her three months pregnant and delivered her six months later. The above shows how chiros are equipped. Out of 110 operative cases last year we lost three and of the 25 referred to the Mayo Clinic our diagnosis was confirmed and treatment recommended was given. Here is the story. Don't fall down by endeavoring to treat fibroids, carcinoma, acute appendicitis, gallstones, etc., by the correction of lesions. *Diagnose the case and use common sense.*—*C. E. McNaught, D.O., St. James, Minn.*

Osteopathy in Great Britain

[From London (Eng.) Daily Mail and Weekly Dispatch]

A wave of interest in Osteopathy is at present flowing strongly through Great Britain; and it is evident that the system of therapeutics founded by Dr. Andrew Taylor Still is going to make good, by the test of public opinion and approval amongst the British, as it has already done amongst the American people.

This interest has been fostered to a notable extent by the remarkable success that has attended the work done by the League for the Prevention of Spinal Curvature. It is less than a year ago since this League, which was founded by Major J. B. Paget and Dr. Harvey Foote, was established and only nine months ago since it opened a Clinic at 12, Wigmore St., London, to offer to those who needed it and could not otherwise obtain it, the advantage of osteopathic treatment. The League for the Prevention of Spinal Curvature is already receiving the support of some of the most influential people in England, including amongst its patrons or on its Council, well known British personalities such as Lord Queenborough, Viscount Deerhurst, the Duchess of Hamilton, the Duchess of Southerland, the Duchess of Manchester, Lord Bearsted, Lord Cheylesmore, and many others whose names are a valuable tribute to the success which has attended Osteopathy and to the position which it has already attained in this country, and a hopeful augury that its message will be made fully known to the British people, up to the present surprisingly ignorant of this topic.

The premises at Wigmore St., which were leased for the Clinic are admirably suited for the work, being in the centre of the Harley St. area, the headquarters of the great medical specialists. They have been adequately fitted up, and an X-Ray apparatus, in addition to all other necessary appliances, has been installed. Dr. George S. Watson, a graduate of Kirksville, Mo., is the Osteopath in charge.

The opening function took the form of a demonstration and exposition of osteopathic methods and technique by Dr. Harvey Foote, of Park Lane, the Chairman of the League;

and it was given at the request of the Societe International de Philologie, Sciences et Beaux Arts, which was holding its annual Congress in London. From its inauguration it proved a gratifying success, showing how great is the field for Osteopathy in England, and how quickly the public respond to its message of hope for the sick and suffering. Obviously Osteopathy has only to be adequately made known to the people of England to climb steadily to the position it occupies in the United States, its country of origin.

Patients came, benefited, and sent others. Already something like two thousand treatments have been given and there is always a long waiting list, so that the League is now considering the appointment of a second Osteopath. In response to many further appeals for lectures, demonstrations, exposition upon osteopathic methods, the League decided to hold a special function, which accordingly took place at the Hotel Cecil, London, on March 9th. of this year. The following account of the proceedings was given in the *Pall Mall Gazette*, one of London's leading evening newspapers:

Miracle of Healing

TO-MORROW'S PRACTICAL DEMONSTRATION OF OSTEOPATHY.

What is Osteopathy?

This question, which is arousing widespread interest at the moment, will be answered in full to-morrow afternoon in the shape of an actual demonstration of osteopathic methods and practice, at the Prince's Hall, Hotel Cecil.

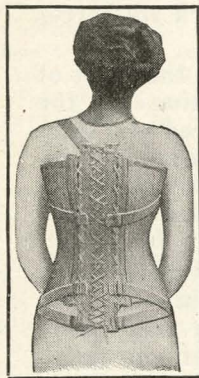
Osteopathy is, in a word, a system of healing by manipulative surgery—curing without drugs and operating, painlessly and without the knife.

THE PIONEER

This new system of therapeutics comes to us from America. It was evolved by Dr. Still, a famous surgeon in the Union Army in the American Civil War, who, in the stress and strain of that conflict, failed to get the result

[Continued to Page 8]

Many Osteopathic Physicians Find It a Great Help



YOU doctors of Osteopathy have the faculty of finding the *cause* of ailments in your patients. You are not given to treating symptoms. You seek out the *source* of trouble. And *very often* you find the source of trouble in the spine—a deflected vertebra, a slight or perhaps well-defined curvature, or tender spots at various points. Now, in cases of that sort, in addition to the regular osteopathic treatment many of your brother practitioners have found a most efficient aid in the

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KIRKSVILLE, MISSOURI

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OPEN LETTER TO THE OSTEOPATHIC PROFESSION:-

We wish that we might look you in the eye when we say this, measure your thoughts as we say it and add the necessary "Punch" to the verbal postscripts in order to drive home a few facts applying to your particular and local conditions. However we can't afford the time and we are needed here to give prompt attention to the increasing mass of correspondence and so we address ourselves to you in Buntings' monthly message and ask that you consider this Personal and Important and demanding early attention.

Six months have elapsed since we began our educational campaign in behalf of The Andrew T. Still College of Osteopathy and Surgery--the Memorial to the Old Doctor. If you have sent us one or a dozen prospective students we have communicated with all of them, sent them arguments literature of our own--and will send more. Our Campaign was conceived and is intended to interest everyone in Osteopathy as the one exact system of therapy, as a great public health measure and as a Profession. We are reaching hundreds in every State of the Union.

Our correspondence indicates that Osteopathy is TAKING HOLD OF THE PUBLIC. The speed of the educational campaign will determine the completeness of the Victory.

We are doing our part--are you doing yours?

There are ten thousand potential Osteopathic Physicians--prospective students--somewhere. Help us to find them. Pull together and fill every one of our institutions where the standards meet the original ideals of the Old Doctor. More Osteopaths mean more friends of Osteopathy. More friends mean more power to Osteopathy. More power means absolute, unquestioned indorsement and finally recognition, in State educational institutions.

Our Matriculations already insure success for the opening year of the Memorial College, many more are "on the way" and our Campaign is but started. We are out to build for Osteopathy and incidentally to give the Profession a College into which Commercialism will never enter.

From the Osteopathic Physician and our own publications you are made acquainted with our Faculty--not yet complete--and you know our plans and our ideals. Thousands of you have already given practical co-operation and we take this opportunity to thank you publicly. Constructive co-operation will carry Osteopathy "Over the Top".

Our Catalog is off the press. If you fail to receive your copy drop us a line. And this leads us to ask pardon for our issuing a double number of Achievement this month. We were just too busy to meet all of the requirements last month, but we were working for Osteopathy--and you, so it's as well after all. If you have more prospective students for us, send them along and we will at least sell them Osteopathy, if not the new College.

Cordially yours,

THE ANDREW T. STILL COLLEGE OF OSTEOPATHY AND SURGERY

Kirkville, Mo.
July 1st, 1922.

GEORGE M. LAUGHLIN, D.O., President
ARTHUR D. BECKER, D. O., Dean
JOHN T. BURNS Secretary

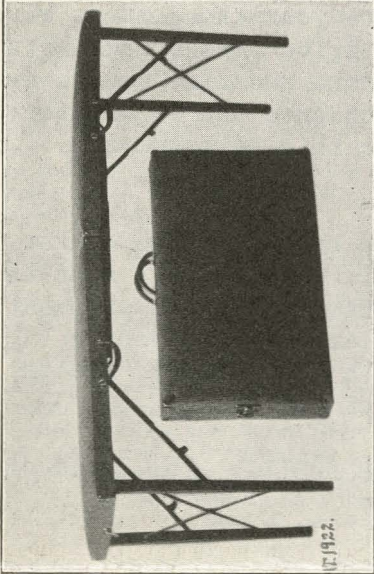
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Halladay's Applied Anatomy of the Spine \$3.50



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he hoped for from the remedial power of drugs.

He found that Nature was the great curative agency, and devoted his skill and research to evolving a system that would best aid Nature to exercise its recuperative and healing powers.

The system he evolved he named Osteopathy. To put it in non-technical language, this system is based on the mechanical idea of the body.

DEVELOPMENTS

Dr. Still found that if the nerve paths are unobstructed and the channels through which the vital fluids are circulated are kept open, a condition of health will obtain.

He sought for, and found, mechanical causes for disordered functioning of the head, neck, thorax, abdomen, pelvis, or extremities.

He learned how to adjust the bony framework, to find and correct the mal-adjustments that were interfering with the free play of Nature's forces.

STRIKING RESULTS

The medical profession in America took up and developed his system. It produced such striking and beneficial results that it was given State sanction and approval, and today there are colleges of Osteopathy in the great medical schools of the United States where men are trained in anatomy and manipulative surgery just as doctors are trained in medicine, and are practising, after a four years' qualifying course, in all the cities and towns of America.

In recent years Osteopathy has been brought to this country, where the results that have followed have made it increasingly popular and appreciated.

One of its most enthusiastic supporters is Viscount Deerhurst, as he is also a striking example of its benefits. When he was in France he contracted a severe lameness, which caused him intense agony, and prevented him from walking. Ordinary medical methods could give him no relief. Dr. Foote, the Park-lane osteopathic specialist, cured him in a few treatments.

MAN OF 50 CURED

In a recent article Lord Deerhurst gave, from his own knowledge, a typical example of osteopathic methods.

A man of fifty developed atrophy of the arm. It was useless, bandaged to his side and about to become gangrenous. Eminent surgeons urged amputation. An osteopathic specialist was called in and cured the arm in fifteen minutes.

A misplaced collar-bone had cut off the blood and nerve supply to the arm. Manipulative surgery put the bone back into position, restored circulation, and the use of the arm was immediately regained.

PROFESSIONAL TRIBUTE

Medical men are paying handsome tribute to the success of osteopathic methods.

Dr. W. Kelmar MacDonald, M.D., Edinburgh (Syme's Scholar) recently gave an address on its value as a system of therapeutics.

At to-morrow's demonstration Dr. Mather Thomson, a Fellow of the Royal College of Surgeons of Ireland (where he taught with Sir Auckland Geddes, the British Ambassador to America), will give an address on his recent visit to the United States to study trans-atlantic methods and therapeutics.

A LONDON CLINIC

Mr. Leslie Henson, between the acts of "Sally" at the Winter Garden Theatre, will also give an account of the benefits he has derived from Osteopathy.

The demonstration will be a practical one. Under the auspices of the League for the Prevention of Spinal Curvature (Ltd.), a clinic has been established at 12, Wigmore Street, W., where osteopathic treatment is given at reduced fees to such as need it.

The demonstrations will be given by the chairman, Dr. Harvey Foote, of Park Lane. Patients will be placed on the treatment table, and the

osteopathic diagnosis and treatment explained, and the technique of manipulative surgery illustrated in actual practice.

"My mother can now eat stones." This startling statement was made by Mr. Harry Green, the famous actor, recently, at the Hotel Cecil, where a large audience had gathered together to hear all about osteopathy.

It may not be literally true, but the famous comedian wanted to give the highest testimonial to this wonderful science of osteopathy, which is comparatively new to the world and almost unknown in England. His mother had suffered for years with a chronic form of indigestion, and she was cured by an Osteopath. He, himself, is subject to severe throat trouble, but instead of visiting the ordinary medical man, he consults the Osteopath. It was rather a sad thing for English people to hear Mr. Green say that never in any country had he seen so many cripples and so many crippled children as he had in England.

SKEPTIC'S CONVENTION

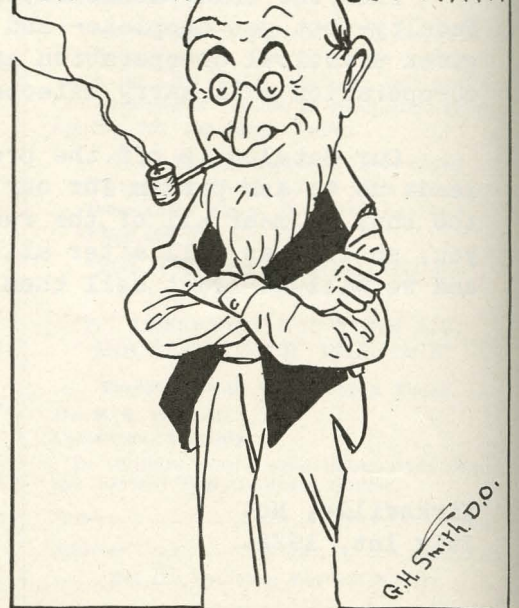
The audience had previously heard a very able lecture from Dr. Mather Thompson, once a skeptic, but now an enthusiastic convert to the science which he went to America to investigate and finally to study. Dr. Thompson pointed out that many of the ills that flesh is heir to have the root of their trouble in the spinal column. A vertebra that is out of alignment can affect the functioning of any of the internal organs. People will not realize that if the structure is out of gear the rest of the body is bound to suffer in some part or other. They demand the bottle of medicine. The blacker it is in color and the nastier it is in taste, the more faith they have in it.

WHAT THE SPINAL CORD DOES

Dr. Thompson said that the spinal cord may be said to be the telegraph wire of the body. Down the front part of it messages of power. Thus are we able to walk, to move our heads,

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

NED TUCKER ALLOWS HE'S SAVED ENUF ON DOCTOR BILLS THIS YEAR TO DANG NERE BUY A NEW 'MOWING MACHINE BY HAVIN' OST'OPATH THAT 'ER



and talk. On the other hand, messages of sensation proceed through the spinal column to the brain.

Everyone knows that when a finger is put on a hot stove the pain of the burn is not immediately conveyed from the brain to every limb, immediately felt. There is even time to put the injured finger in your mouth. It is not until the message of sensation has been conveyed to the brain that the pain becomes apparent.

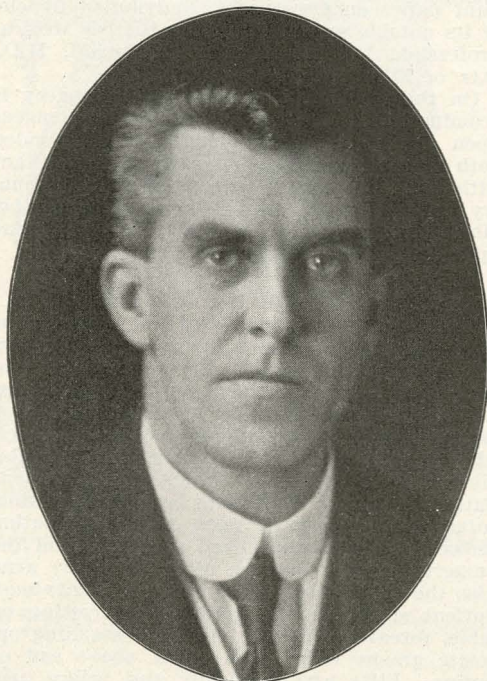
ACTRESS'S RECOVERY

The lecture was followed by many demonstrations conducted by Dr. R. Harvey Foote, who is undoubtedly the best known Osteopath in this country, and who is Chairman of the League for the Prevention of Spinal Curvature, which has established the osteopathic clinic at 12 Wigmore St., W. Another famous actor, Mr. Leslie Henson, also addressed the meetings, warmly eulogising Osteopathy, which, he said, had probably saved his life and certainly saved his theatrical career.

This report which of course does not propose to be a technical account, can convey but an inadequate idea of the very impressive address which Dr. Thomson, who is a Fellow of the Royal College of Physicians in Ireland gave, and of the impression which was made on his audience, which included many well known medical doctors, of his candid and informed account of the reasons which had undermined his faith in ordinary drug therapy and founded and confirmed his belief in Osteopathy.

The impression made, however, by the work of the Clinic and the demonstrations and exhibitions it has incited Dr. Harvey Foote to undertake, is perceptible in the keen and widespread interest now being shown by the Press. Articles on Osteopathy have appeared in all the leading London papers and in many of the great provincial papers, and greater headway has been made in the past few months than in the previous twenty years in effecting a breach in

the dead wall of ignorance and apathy as to what Osteopathy is and does. The results that have followed the introduction of Osteopathy into this country, the Pall Mall Gazette said, have made it increasingly popular and appreciated.



R. Harvey Foote, D.O., of London, England

It may be added that many doctors are now sending patients to Osteopaths in this country for treatment. This development has greatly impressed the world of journalism, and a few days ago the Daily News, one of the leading

English daily newspapers, sent a special correspondent to interview Dr. Harvey Foote on the question of the probable future relations of the British medical profession to Osteopathy. In reply to this question Dr. Foote said: "Osteopathy is a system of healing without drugs, of effecting cures of many ailments by manipulative surgery, of operating—that is to say, bloodlessly and without the knife. Most people have read in the newspapers of cures by Osteopaths after medical men practising along more orthodox lines have failed. The precise nature of this new method is, however, very little understood."

In an interview with a Daily News representative, Dr. Harvey Foote, ex-President of the British Osteopathic Association and chairman of the League for the Prevention of Spinal Curvature, did his best to dispel the mystery that surrounds what is, after all, a fairly simple matter.

THE FOUNTAIN OF WISDOM

"Osteopathy," he explained, "is based on the axiom that the God of Nature is the fountain of skill and wisdom, and that, as concerns the physical body, man cannot improve its normal functioning, nor add anything to a perfect work."

"It recognises that all the chemicals and drugs necessary to maintain health are manufactured by the body in its own laboratories."

"Disease is, in general, an obstruction to the free play of Nature's forces. The business and practice of the Osteopath are to find out the cause of the obstruction and to remove it."

Regarding the human framework as a machine, Osteopaths hold that there are mechanical causes for disordered functioning, or imperfect working, of the head, neck, thorax, abdomen or pelvis.

THE SPINE

They study, in particular, the spine, which encloses the spinal cord, by which the nervous impulses are carried, essential for the proper

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Executive Director

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functioning of the various parts and organs of the body. Having found the mechanical cause of a malady, the Osteopath corrects it by manipulation, and a cure follows.

Dr. Foote does not, of course, claim that Osteopaths can cure genuinely "incurable" cases.

"But," he declared, "they have cured cases that were wrongly diagnosed and described as 'incurable' before they reached the Osteopaths."

"Cases of apparently chronic asthma, colitis, sciatica, lumbago, varying forms of paralysis, neuritis, rheumatism, kidney diseases, heart affections, women's ailments, and curvature of the spine, have been cured by osteopathic treatment, which found the mechanical causes that induced the diseases, and corrected them."

"What are to be the future relations between Osteopathy and the medical profession?" Dr. Foote was asked.

A DIFFICULTY

"The difficulty is," he replied, "that while Osteopathy has proved itself by successfully curing diseases, there is no machinery by which proof can be brought officially, with a claim for recognition, before the medical profession."

"There is not even a register of qualified Osteopathy recognized by the British Medical Society, as, say, masseurs are recognized. It is, therefore, permissible for a doctor to work with a masseur, but a breach of medical ethics at present for him to work with a qualified Osteopath."

"Ultimately, I do not doubt that there will be Chairs of Osteopathy in the medical schools. The medical faculty is daily modifying its long adhesion to drug administration and turning more and more to the osteopathic standard."

"But that is only a half-hearted way to deal with the matter. Osteopathic technique cannot be acquired except by long and special study. It is for the medical profession, stimulated by public demand, to recognize this fact."

Another interesting development, which shows the rapid strides Osteopathy is making in public interest, is the arrival of its first professional journal in this country. "The Osteopathy Magazine," founded by Dr. Harvey Foote, has just been issued, and has already had a gratifying success, copies being clamored for from all parts of the country. The magazine gives an interesting account of the League

for the Prevention of Spinal Curvature, of the London Clinic, and reprints the article on Osteopathy written for one of Lord Northcliffe's papers by Viscount Deerhurst. It gives also a full account of the annual dinner of the British Osteopathic Association, together with the brilliant paper on Osteopathy contributed by one of its notable exponents in the British Medical profession, Dr. W. Kelman Macdonald, M.D., D.O. of Edinburgh.

On the whole it is clear that Osteopathy is "coming to its own" in England, a development upon which congratulations may be extended both to the English people, and to the gallant little band of pioneer Osteopaths in this country, whose patient and able work is now beginning to reap the great harvest of popular appreciation and gratitude.

Lesions of the Radius

These interesting lesions of the radius came to me recently. Case A. Lady aged 50 years fell on slippery sidewalk. *Symptom:* Pain and weakness on thumb side of wrist, when in certain position, so that she would almost drop anything held in that hand as, for instance, when passing a dish at the table. *Lesion:* Radius slipped distally. *Diagnosis of Lesion:* Patient sitting in chair with both arms resting, palms spread upward upon table. Palpation showed space between head of radius and the humerus greater than on other (normal) arm. Also the area sensitive to pressure. *Technique:* Patient sitting facing table, elbow resting on table, forearm vertical. Operator standing opposite grasps wrist with index above end of radius. Lifts arm vertically and brings arm still held vertically down to table, with sudden force. *Result:* Almost immediate relief. Case B. Lady aged 40 fell down stairs. *Symptom:* Loss of grip in right hand, especially in fingers supplied by ulnar nerve. *Lesion:* Radius crowded upward. *Diagnosis of Lesion:* Space between head of radius and humerus less than on other (normal) arm and the area sensitive to pressure. *Technique:* With thumb pressing against head of radius so as to wedge in between radius and humerus, the forearm grasped at wrist was rotated back and forth, accompanied by an outward pull. *Result:* Gradual improvement. —Chauncey Lawrence, D.O., Springfield, Ohio.

Osteopathic Ads in August Magazines

The next magazine advertisements on Osteopathy will appear in the following magazines—The August issue of *Cosmopolitan* which is out on July 10th—The August issue of *Atlantic Monthly*, *Century*, *Harpers*, *Review of Reviews*, *Scribners*, and *Worlds Work*. The latter magazines on sale July 15th.

We will carry a two-thirds page ad in the *Cosmopolitan*, and full pages in each of the other magazines on the above list.

This ad which will appear simultaneously in the above group of magazines is illustrated with a handsome pen drawing. It carries the word Osteopathy in bold face type at the top of the ad, and we feel that it will make a strong appeal for Osteopathy as well as for reader attention.

We have secured as additional media (to be used as soon as sufficient funds can be raised) *The American Magazine* and *Pictorial Review*.

All magazines mentioned above have written us that they will accept and complete a schedule of advertising for us.—H. M. Walker, D.O., Secretary Society for the Advancement of Osteopathy.

Could Have Been Worse

The other day a real genuine D. O. came into my office and related to me his humiliation regarding a remark made by one of his patients. She was a woman 70 years old, suffering from chronic bronchial asthma. The D.O. had treated her a number of times, such as 5 A. M.—12 P. M. etc., and his charges had been reasonable, so one day last week she called him, saying she had been real sick with a cold and had to call in a doctor. The D.O. was "peevish" and wanted to know what I thought about it and my advice to him was and is, that he should be delighted that she did not call in a chiro.—Wm. H. Burton, D.O., Muncie, Indiana.

If you are intrigued by the various reports on ERA and

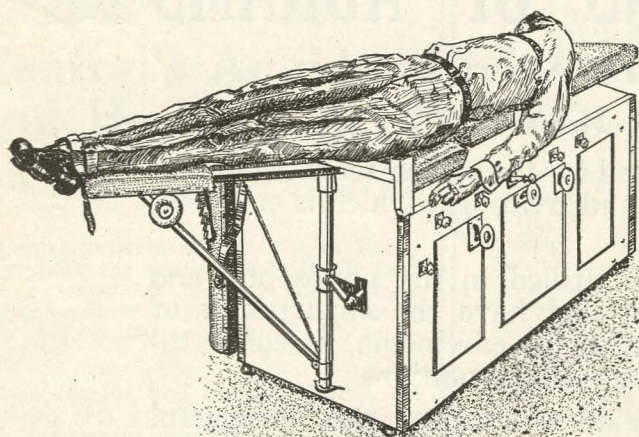
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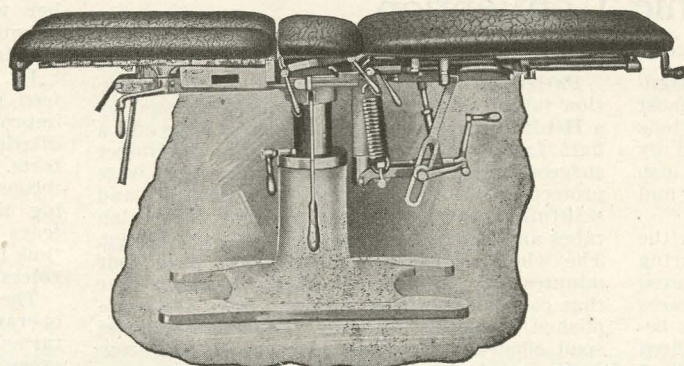
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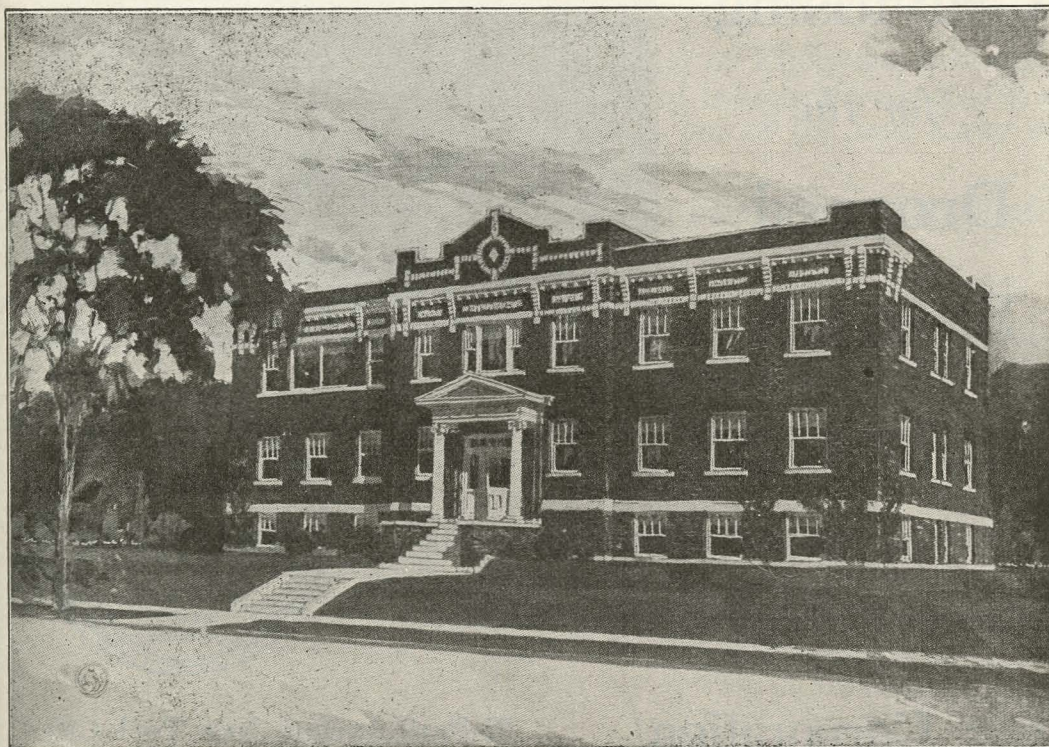
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Osteopathy
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Genito-Urinary and Rectal Surgery
- DR. E. H. LAUGHLIN
Supt. of Laboratories and Specialist in Heart and Lung Diseases
- DR. A. C. HARDY
Eye, Ear, Nose and Throat
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- DR. E. C. CHAPDELAIN, Interne
- DR. LEON PAGE, Interne
- DR. M. B. BAILEY, Interne
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Our hospital has enjoyed a very prosperous, satisfactory second year, with about 40 percent increase of patronage over the previous year. Dr. Hardy has proven to be very capable in the Ear, Nose, Throat and Eye Department. His work is high class and conservative. No effort is made to do things in a spectacular way. Dr. Earl Laughlin and Dr. Bigsby have both proved very valuable in their departments also.

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

Report of Clinics of New England Osteopathic Convention

George A. Bridges, D.O., Providence, R. I.

During the new England Osteopathic Convention recently held at Providence, R. I., a most spectacular ear clinic was staged. Operations for restoration of hearing were performed by Dr. Curtis H. Muncie of Brooklyn, who also demonstrated his methods of examination and post operative treatments.

Only such cases were accepted as were in the early stages of deafness and where hearing could be immediately and permanently restored and would not require after treatment. Cases that were deeply seated were rejected, not because they could not be greatly benefited through Constructed Finger Surgery but all of these cases require special post-operative treatment and Doctor Muncie would not assume the responsibility of his operative work unless he could personally supervise this important after care or unless this responsibility would be assumed by a local osteopathic aurist.

All patients received a complete physical examination by Dr. Bridges first and favorable cases were then examined by Dr. Muncie the day before the operative work. Blood pressure, Wasserman blood test and urinalysis was made before applying for ear examination.

The doctor and his assistants made accurate measured test of each patient's hearing capacity with the tuning forks, watch acoumeter and low tone clock. These tests were then verified by disinterested parties. After the operation the patient's hearing was tested again, showing the most spectacular improvement imaginable. In fact hearing was restored "while you waited." The doctor invited any skeptic in the audience to satisfy himself through any fair test.

Patient after patient was put on the operation table. Nitrous oxide was administered by a Heidbrink gas machine. In one minute and a half from the first breath of gas the finger surgeon pulled off his rubber gloves which were protecting his sterile hands and accurately and skillfully reconstructed the patient's eustachian tubes and finished just as they were awakening. The whole operation consumed less than four minutes. Dr. Muncie remarked, "It is not time that counts but rather skill and what is accomplished. Speed, accuracy, and thoroughness spell efficiency here and save the tissues from undue surgical trauma." No instruments were used. Several nose operations were performed simultaneously. Dr. Muncie claims that most cases of catarrhal deafness originate primarily from intra-nasal pathology (such as chronic nasal catarrh, obstructions, etc.) which cause inflammation to spread into the eustachian tubes and from these to the middle ear. To overcome this source of inflammation it is necessary to adjust the intranasal structures and not remove them surgically. This he accomplishes by the dextrous use of his very small little finger.

Many patients who came scarcely daring to hope (for their deafness had been progressing for years) left the operating room full of hopes and cheer, for they came deaf but left hearing, and were no longer shut in from the world about them.

A young lady from Portland, Maine, who could hear an Ingersol watch only one inch from her ear, immediately after the operation was again tested and could hear the same watch fifteen feet away. She also assured the

doctor's efficient nurse that she was no longer deaf saying, "Do not talk so loud," although before the operation she scarcely could hear her when she spoke in the same pitch and volume. Tuning fork tests showed a corresponding improvement in each case.

Dr. R. K. Smith of Boston, brought a seventeen year old deaf mute for operation. Some improvement had been noted through gradual dilation of the tubes through Dr. Smith's efforts. Dr. Muncie found deformed tubes and reconstructed them under gas. The next morning the patient returned. Her parent with tears of gratitude reported that for the first time in her life she had heard auto horns, loud voices and the orchestra at the theater.

There were over 207 applicants for the ear operation. One hundred and fifty-three were turned away, forty-two were operated upon and every one showed a definite improvement. Fifty-seven examinations were made. Dr. Muncie brought two assistants with him and his private nurse assistant. Dr. Parsons and Dr. Bridges and a nurse helped in examining.

The New England Convention can boast of having had the largest convention in its history, the largest ear clinic ever staged in the profession and the first clinic ever held where hearing was restored immediately as determined by scientific testing.

In commenting upon his technic, Dr. Muncie said, "Constructive Finger Surgery" represents the applying of the osteopathic principles to the treatment of the ear, nose, and throat. It adjusts the deranged tissue, reconstructs the diseased tissue and normalizes both so that normal function of the parts is re-established.

Skill and not force is essential. A most thorough knowledge of anatomical structure and their pathologic conditions with a keen development of the tactile sense is only a small part of the foundation on which one may build up a successful technic.

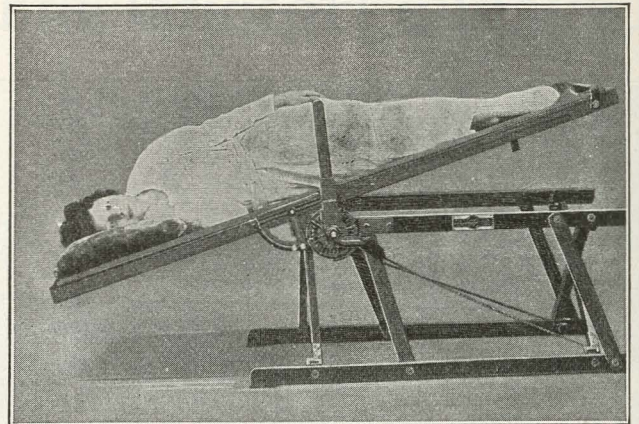
Case Report

Abdominal Pain

A man of 33 suffering with abdominal pain for two years following appendectomy, was cured in 3 weeks by daily Gravitising.

The response was remarkable. The suffering had been intense, but was relieved at the first treatment; and by the third day he had short recurrences only. All tenderness disappeared. There has been no recurrence.

Gravitising for the Dropped Stomach



The West Oscillatory-Gravity Treatment as given on the Gravitiser is well known and approved by both the Medical and Osteopathic professions.

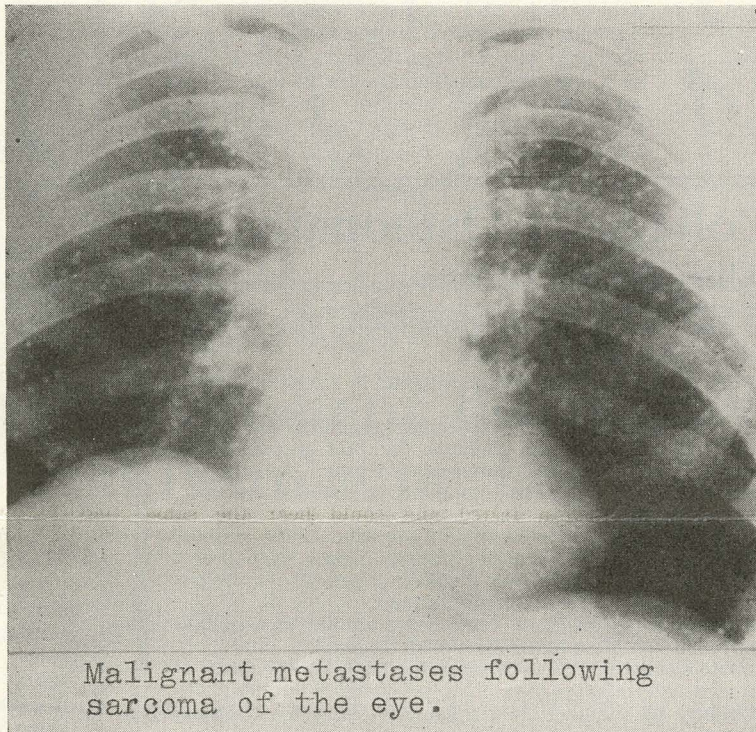
A famous New York surgeon says, "It is the most logical treatment of the ptoses I have ever seen."

This extract is typical of the many tributes to the merit of the West Gravitiser.



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

Osteopathic Constructive Finger Surgery is destined to revolutionize the treatment of deafness not only because of the marvelous results obtained but because it removes the cause of deafness and conserves and makes normal diseased and deranged tissues and thereby establishes health. Humanity has waited long for a specific remedy for the restoration of hearing. This method deals with causes and does not treat symptoms (effects)."

I have waited three weeks before writing this paper to watch the progress of the operations and have given most all the cases post operative treatment and examination and will say that in no case can I find any evidence of the tubes being injured in any way and in every case a marked improvement has been made in the deafness.

Says It Can't Be Done

I have been reading The OP about the 50 and 86 treatments a day, but I do not believe it can be done with real Osteopathy. It seems to me some are trying to outdo the chiro.—J. O. McDowell, D.O., Brunswick, Maine.

Method of Determining Rations

Dr. Von Pirquet of Vienna gave three very interesting lectures at Harvard Medical School a while ago on the most modern method of determining rations, based on his "NEM" (nutritive element of milk) and the sitting height as related to the intestinal absorptive area. A great idea! A recent A.M.A. Journal—December, I believe—tells all about it. Couldn't some one write it up for us?—Emily Augusta Babb, D.O., Malden, Mass.

Wonderful Power of the Body

The power of the body was exemplified in a recent case of a woman 67 years old suffering from congestion of the lungs. For over two weeks, night and day, this woman sat bolt upright as the slightest incline brought on a choking spell. As she was of slight build it seemed as if she could not manage for so long a time to sit without severe distress. She is now functioning normally though still weak.—Morris Lynchenheim, D.O., Chicago, Ill.

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The Winter Quarter begins January 2, 1923

The Spring Quarter begins March 23, 1923
The Summer Quarter begins June 18, 1923

Each quarter is twelve weeks in length.

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

The special Post Graduate course will begin Monday, September 11, 1922, and continue for two weeks, closing Saturday, September 23rd. Tuition for this special Post Graduate course, \$60.00. An especially attractive course is offered this year. All graduates of recognized osteopathic colleges are cordially invited to avail themselves of this opportunity.

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

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

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The clinical opportunities of Chicago are unsurpassed. No prospective student of Osteopathy should overlook the importance of these clinical opportunities. The College maintains an excellent Osteopathic Hospital.

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

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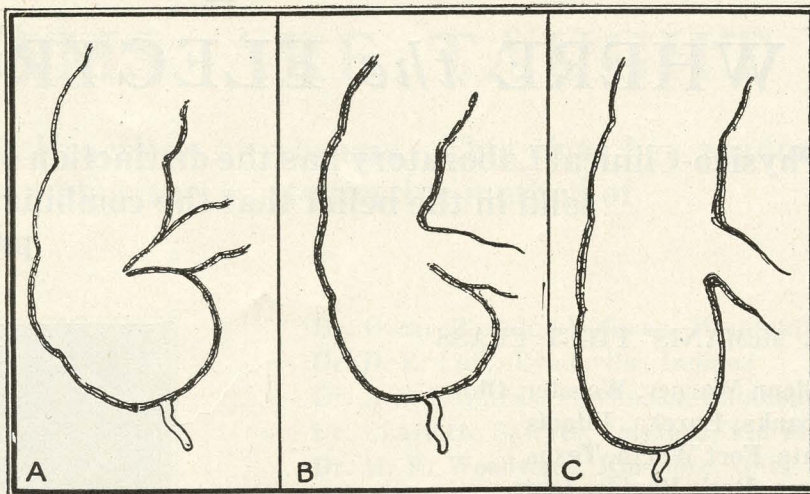
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SECOND ROW—Dr. Arthur Brese, Hilliard, Ohio
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Dr. P. C. VanderVoort, Harveysburg, Ohio

The second class in the E. R. A. at the McManis Labora-
tory started June 1st with an enrollment of thirty. The
following Doctors matriculated in the order listed, and will
receive their Oscilloclasts and attachments in the same
order:

Dr. H. J. Marshall, Des Moines, Iowa
Dr. E. H. Cosner, Dayton, Ohio
Dr. Marie H. Harkins, London, Canada
Dr. L. E. Staff, Jacksonville, Illinois
Dr. Wade M. Lockman, Weatherford, Texas
Dr. Clara Barker, Eureka, Illinois
Dr. J. W. Eisiminger, Oklahoma City, Oklahoma
Dr. J. L. Coles, Pawnee, Okla.
Dr. Addison O'Neill, Daytona, Florida



This is the first class of Osteopaths to

NEW CLASS ST

Due to the demand from the Osteopathic field, a class in E. R. A. will start at the McManis
Physico-Clinical Laboratory August first. Osteopathic Practitioners are matriculating now, and are
making plans to be here at that time.

The course will last for a period of one month. Classes are held each day in the week, except-
ing Sunday. Six hours a day will be devoted to instruction and the rest of the day to practice. Those
taking the work will be required to be in attendance at all classes, and to pass a satisfactory exami-
nation before graduating.

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- Dr. H. E. Woodward, Kenmore, Ohio
- Dr. Anna Stoltenberg, Kansas City, Missouri
- Dr. H. W. Armstrong, El Paso, Texas
- Dr. J. D. Baum, East Liverpool, Ohio
- Dr. I. C. Huneryager, Paris, Missouri
- Dr. C. B. Gaard, Fort Dodge, Iowa
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- Dr. Z. Z. Wilkins, Kansas City, Missouri
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- Dr. Dot Dillon, Rock Rapids, Iowa
- Dr. Kathryn Roberts, Bedford, Iowa
- Dr. F. M. Stoffer, Fort Worth, Texas
- Dr. E. W. Patterson, Louisville, Kentucky
- Dr. W. C. Gordon, Sioux City, Iowa
- Dr. J. R. Biddle, Rantoul, Illinois
- Dr. Jean Sloan, East Liverpool, Ohio

AUGUST FIRST

The McManis Physico-Clinical Laboratory gives special attention to Diagnosis and Treatment. Special instructions and containers will be furnished to Physicians who wish to send in blood samples for diagnosis.

Referred patients will be given careful attention. Oscilloclastic and Osteopathic Treatments given to every case accepted.

General information, charges for matriculation, tuition, blood examination, and rates for treatment will be furnished upon request.

ADMISSION

- - - KIRKSVILLE, MISSOURI

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. XLII

July, 1922

No. 1

THE NEW ERA OF PROGRESS AT KIRKSVILLE

We received very encouraging and interesting information from Kirksville about the affairs of the Andrew T. Still College of Osteopathy, its student campaign, and general developments in the town. Announcement has been made about completing the faculty membership as follows:

Dr S. G. Bandeen, M. S., D. V. M., D.O. Graduate of the A. S. O., University of Wisconsin, Michigan State College and several special courses in bacteriology, physiology, social hygiene, pathology, etc., in a number of other institutions. He will personally conduct the work in pathology, bacteriology and hygiene and be in supervision over the laboratory work. Dr. Bandeen was professor of pathology, bacteriology and clinical diagnosis at the A.S.O. 1921-22. He is a member of the Royal Institute of Public Health of England. Dr. Bandeen will act as Dean of the Department of Applied Science.

Dr. Leon E. Page, D.O. Graduate of the A.S.O. Has been in practice in Vermont during the past several years and previously held an internship in the Still-Hilldredth Sanatorium. He is now taking some special work in anatomy at the University of Michigan and will instruct in Applied Anatomy.

Grover C. Stukey, B. S. Graduate of the Kirksville State Teachers College and held fellowship in histology and assistant in anatomy in the A.S.O. He will complete his senior year with us and will be an instructor in descriptive anatomy and in charge of the dissection laboratory. He is at present a graduate student at the University of Chicago.

Dr. Orville D. Ellis, D.O. Graduate of the A.S.O. and has had special courses in eye, ear, nose and throat and gynecology and genito-urinary diseases in The Laughlin Hospital. He will be assistant in osteopathic technique and clinics. Dr. Ellis is now practicing in Indianapolis, Ind.

Dr. Seth C. Thomas, D.D.S. Graduate of the Washington University Dental College and since that time has been dental surgeon for The Laughlin Hospital. He will instruct in oral focal infection.

The college building is progressing satisfactorily and will be ready for occupancy at the opening of the school year. Plans have now been matured for the assembling of the faculty on August 15th for several preliminary faculty conferences and to complete the organization of all details in connection with the school. The total course of study numbers 4,980 hours but it has not yet been divided into semester hours. This will be done after the assembling of the faculty.

The student campaign is proceeding at high speed and already the college is in communica-

tion with several hundred actual prospects. The results have been so satisfactory that the officials believe they have probably the largest list of actual matriculants ever recorded at this season of the year in any college and have reason to believe that the enrollment will be far beyond expectations; it may tax the organization and building capacity. Should this eventuate preparations have been made to meet the requirements through added equipment and rooms. We are informed that the campaign is attracting a great deal of attention nationally. A good list of young men and women who are planning to matriculate with the college during its second year has been secured. This is most gratifying, especially as Secretary John T. Burns tells us the campaign has only "just begun." We believe this work will eventually accomplish much good for the entire osteopathic profession. This is being confirmed in letters being received by the college from Osteopaths throughout the field. It is clear also that all the osteopathic colleges will derive benefit from the extensive, nation-wide campaign that President George Laughlin has authorized. The general theme of the campaign material is, "Osteopathy for the World," and effort being made to convince readers that Osteopathy is the premier of all therapeutic sciences.

One very encouraging phase of the experiences growing out of the campaign is found in the class of matriculants already registered, and the class of inquiries being received. A surprising number of school teachers, principals of schools, educational specialists, scientific men, newspaper editors and even medical physicians have expressed interest in Osteopathy either in the form of inquires relative to the college or in encouraging letters and the recital of personal experiences which show that they are confirmed friends of Osteopathy.

Interesting information comes also about other development at Kirksville. Through the combined efforts of the Rotary, Kiwanis and Commercial Clubs, there has been organized a building committee which has set out to raise a large sum of money for the building of small homes to be sold or rented to students and to encourage financially and otherwise those who desire to build their own homes independently. Some of the best men of Kirksville are at the head of this movement. An appropriation was recently made for the purchase of ground for a city park and for its improvement. Public improvements and plans for business blocks are under way. The Wabash Railroad is to spend a large sum of money in furnishing new depot facilities and a local corporation has announced plans to erect a 100 room brick, steel and concrete hotel of high class. Along with this, the Kirksville State Teachers College is spending \$285,000 for two very fine buildings which will be ready early in the next year and will increase the enrollment of that institution from 550 to 750 at once. It seems the spirit of the city is changing and it would appear that the building of The Andrew T. Still College is marking a new era in Kirksville as a college town. Surely it must be acknowledged that The Andrew T. Still College is doing its share in arousing the spirit of progress in the Osteopathic field and in creating public interest in Osteopathy as a health system.

Text Books by Osteopaths

Let the colleges use text books written by Osteopaths. The Chiro and Medics use their own in their colleges. The student would become more osteopathic and less liable to stray from the fold. My osteopathic eyes were opened when I read A. T. Still's Research and Practice. If it had been a text book I would have gotten more out of my osteopathic instruction. It would also be an incentive for Osteos to put in book form their experience and knowledge. —G. W. Reade, D.O., East Orange, N. J.

Will Osteopathy Be Discovered

Asa Willard, D.O., Missoula, Mont.

Some day if the investigation continues in medical circles Osteopathy is going to be discovered. It will be recalled that some years ago Dr. Goldthwaite of Boston, discovered that the sacro-iliac joint could be slipped. A year or so ago a Portland physician discovered and reported in the Medical Association Journal that the second vertebra could be subluxated. Finding that it could be so he evolved the delicate procedure for its correction of sticking his thumb in the patient's mouth and poking the vertebra back into place through poking the thumb against the rear wall of the esophagus at the point where the vertebra faced.

In an article by O'Reilly on the Lumbo-Sacral region in the American Medical Association Journal a few months ago the following statement was made:

"It does seem possible, however, that as a result of some strain there might be an injury to the ligaments running from the tip of the transverse process to the crest of the ilium, resulting in definite back symptoms. In a number of cases the lower border of the transverse process was very close to the ala of the sacrum, and in some they were practically in apposition. Here, again, it would seem possible that some untoward motion between the fifth lumbar and the first sacral might result in an irritation at this point, resulting in back symptoms.

"There seems to be enough variation between the roentgenogram and the conditions actually found at dissection to warrant further work along this line."

It is encouraging to know that there are enough possibilities to warrant further work. In the discussion which followed this paper Dr. Jefferson D. Griffith of Kansas City, Mo. expressed himself as follows:

"This is not an absolutely unsettled question because we do not know much about it yet. Even the stereoscope does not seem to lead to any positive conclusions. But we do know that our patients are troubled with something. We cannot make it out. This part of the spinal column is the most difficult one to study."

And Dr. Horace R. Allen of Indianapolis continues in the discussion and remarks:

"If Dr. O'Reilly, however, continues his study he may establish a fixed percentage in evolutionary change. Whether the pain experienced by sufferers from lumbosacral variations is accidental or evolutionary is at present unsettled."

It will be unfortunate for the poor victims with lumbosacral trouble if the conclusion is arrived at that their trouble is due to evolution, and leave it go at that. Imagine having people coming into your office with lumbosacral trouble and your having to tell them that owing to the fact that their ancestors did not walk upright that when they, their descendants, try to walk that way their backs are weakened in the lumbosacral region and that distress there could naturally be expected under the circumstances. We could properly recommend that they have their lumbosacral regions tickled with a vibrator for the immediate jovial sensation produced thereby, but beyond that they would have to wait a few generations until their family got adapted to walking upright.

Not How Many But How Well

The effort to treat as many as the next fellow may lead to chiropractic methods and detract from the value of our work. Are we correcting all the related conditions, or just touching the "high places?" We should not treat so long just to "do time," but should do our definite work, with thoroughness. In my opinion, soft tissue work to support our corrective measures is necessary if we would help our patients in most conditions.—Frank Hunter Smith, D.O., Indianapolis, Ind.

"Where There Is No Vision the People Perish"

Eighty-Six a Day

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

Dear Doctor:—I heard somewhere just the other day of an Osteopath who gives as high as eighty-six treatments in a single day, and he does not begin before eight o'clock in the forenoon and has finished by five o'clock in the afternoon. Are such "stunts" as that possible in the practice of Osteopathy?

Yours sincerely,

Q. U. E. D.

DEAR QUED.
* * *
THE STUNT to which.
* * *
YOU HAVE referred.
* * *
IF IT would be fair.
* * *
TO SPEAK of something.
* * *
WHICH ONE man considers.
* * *
JUST A days work.
* * *
AS ONLY a "stunt."
* * *
IS QUITE possible.
* * *
ALTHOUGH NOT common.
* * *
IN FACT years ago.
* * *
IN THE infancy of this.
* * *
SCIENCE OF Osteopathy.
* * *
THE OSTEOPATHS who worked.
* * *
IN THE old infirmary.
* * *
AT KIRKSVILLE.
* * *
USED TO quite often.
* * *
ROLL UP such a record.
* * *
THEN CAME the period.
* * *
OF MUSCLE kneading.
* * *
AND RIB racking.
* * *
WHEN THE measure.
* * *
OF AN Osteopath's ability.
* * *
WAS THE infinite number.
* * *
AND UNFATHOMABLE intricacy.
* * *
OF THE manips he knew.
* * *
AND THE time he spent.
* * *
DAWDLING OVER his patient.
* * *
BUT WE'RE going back.
* * *
MY DEAR friend.
* * *
TO THE good old days.
* * *
AND THE good old ways.
* * *
OF REAL Osteopathy.
* * *
FIND IT and fix it.
* * *
AND LEAVE it alone.
* * *
HAS BECOME our watchword.

Some Patients I Have Known

X

Her Only Daughter

John Barr, D.O.

Have you ever treated an "only daughter"? It is quite different from treating anyone else and is so, of course, because the patient is so different from all the other patients you have to deal with. No, the anatomies and physiologies do not mention this difference in only daughters but I assure you the difference will soon be made plain by daughter's Mother.

Some years ago I had the pleasure of finding out for myself this essential difference. Since then I have found it out again, several times, and always they differ in just the same manner, that is there is no one in all the world just like daughter.

Usually you get let in for it so gently that you do not realize it until too late. When some fond Mother tells you that she has decided to bring her daughter to you because she feels that you will give her the sympathetic attention which a growing girl should have from her physician, it naturally flatters you to think she has picked you out. As a matter of fact she probably picked you out because she had been gently passed along by all other physicians she had been to.

You take the case then, on Mother's say so that it is different. You find out that the girl has been very carefully brought up and that you are expected to take the same care in handling her. This usually means that twice as much time will be taken up in the dressing room and twice as many questions must be asked so as not to hurt daughter's feelings while you extract the needed information as to what she is suffering from.

Your treatment will have to be gentle and yet thorough because they have so little money for treatment and yet the average treatment is so fatiguing!

Before each visit, Mother will drag you into a whispered aside from which you will gather the many secret susceptibilities which you, by appropriate advice, must overcome. Mother has found that

daughter has ceased to listen to her constant stream of advice on how to live and so she uses you as a convenient figure-head to pour forth the knowledge that daughter simply must have in order to grow up into the perfect young lady she is supposed to be.

You allow this vicarious mothering to go on until one day when Mother happens to be out of hearing, daughter calmly informs you what a nice old lady you are, "you talk just like Mother!" Then you swear off on the advice and stick to your treatment.

Daughter invariably tells you there is nothing the matter when you inquire, but Mother makes up for that by telling in detail just what the trouble is. So you start in on the treatment. Daughter keeps protesting that it is all entirely unnecessary and Mother sits there with eagle eye pealed to see that no item of trouble is overlooked.

Occasionally these only daughters escape their Mothers' vigilance long enough to become engaged. Mother then makes the best of a bad situation and brings the only child in for a few treatments to build her up in advance. By this time, you are pretty tired of the entire affair but you go through with it, hoping the engagement will be a short one.

Sometimes it is and you congratulate the girl and silently thank her for getting married so that you can get rid of Mother. Three or four months later, in comes the pair of them. Daughter has developed a new set of troubles it seems and Mother has found a new field of endeavor to direct for her only daughter who may be married but, after all, is still an only daughter. You feel sorry for the husband and then, when they are gone you feel for yourself, feel as did the small boy who carried the old cat in a sack four weary miles away from home—and found her waiting on the door-step for his return.

YEA OUR battle cry.
* * *
FROM THIS time on.
* * *
AND THE dawdler.
* * *
AND THE time server.
* * *
WHO SEEKS to get by.
* * *
ON THE number of manips.
* * *
HE CAN put across.
* * *
WILL FIND the society.
* * *
OF REAL ten finger.
* * *
SIMON PURE Osteopaths.
* * *
ANYTHING BUT congenial.

NOW HEARKEN to this.
* * *
MY DEAR QUED.
* * *
JUST THE other day.
* * *
I SAW a certain Osteopath.
* * *
GIVE TWENTY treatments.
* * *
IN THIRTY minutes.
* * *
AND THIS was the testimony.
* * *
OF ALMOST everyone.
* * *
OF HIS patients.
* * *
"I AM very much better."
* * *
SO THAT'S that.
* * *
AND I thank you.

Hunting Is More Than Merely Slaying Game

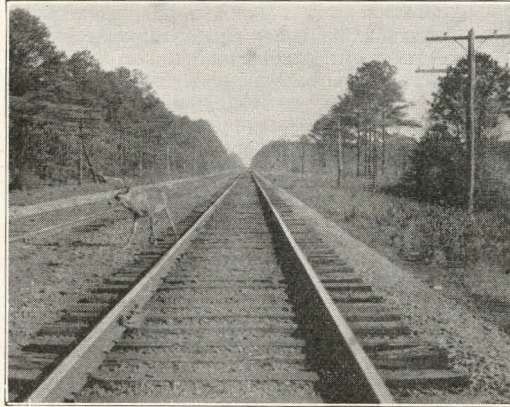
M. L. Richardson, D.O., Norfolk, Va.

My avocation is Hunting. Fifteen white tail (Virginia) deer and two black bears is the net result of my parties hunting the past season, every ounce of which was eaten and every hide saved.

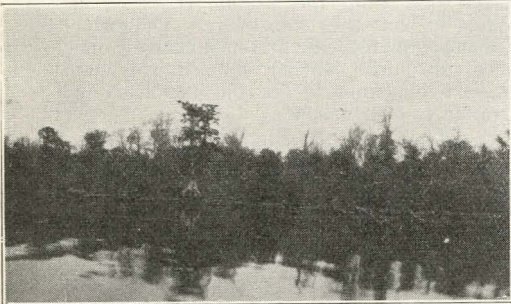
As a boy of ten my rifle was always blazing at squirrels, chipmunks, woodchucks, and an occasional muskrat or watersnake, in New York State. As I grew large enough to handle heavier shooting irons, I hunted deer, bear and moose in New York, Maine and Vermont, although I admit no moose has ever fallen to my marksmanship.

In the simple food of camp life; the hard tramp of the trail; the mental alertness essential to outwitting big game; in the tired trudge back to camp—perhaps empty-handed, or perhaps with the heavy burden of fresh meat, when the trudge is much easier; the camp fire with everyone's best hunting experience; and a night of real sleep—with no 'phone, telegrams, auto honks, or square wheeled trolley cars. In all this there is health such as is non-existent in

for a few minutes—there is a deer or a bear always seemingly when and where least expected, off in high at sight of you, or as I have sometimes witnessed, too frightened to move. With composure, reliance and confidence you



This deer crossing a railroad was knocked down by a shot that put one eye out. Summoning together all his waning energy he rose to his four weak wobbly legs and posed for his picture. He could not make them work and sank down after the camera snapped. He was then finished by a second shot.



This lake in the swamp is five miles across. One hundred yards back from this shore was our camp.

Broadway cabarets, or personally conducted tours.

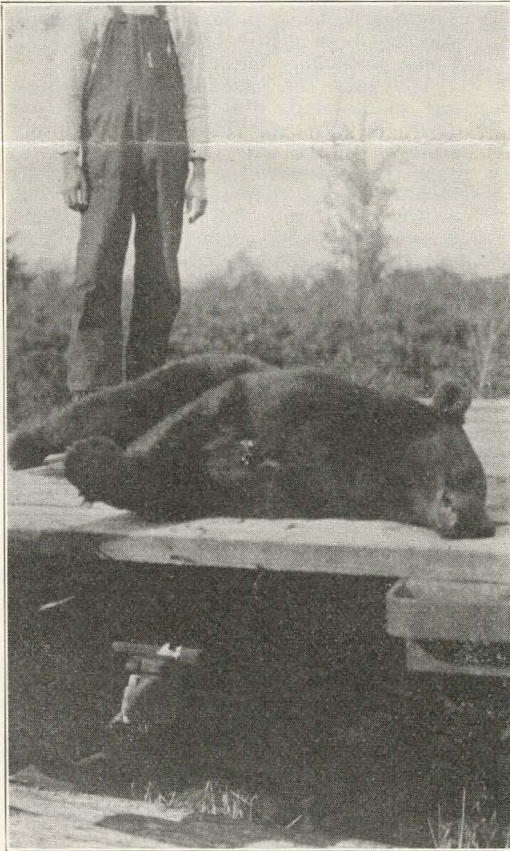
Some might feel that they know how to take personally conducted tours, to take auto trips, to register and dress up in a city hotel, but that they do not know how to handle shooting irons, how to find a deer or bear, or how to hit one vitally if they should see one. Probably not, but in good hands they will find great pleasure in the learning. They will find intelligent guides who can hold their interest for weeks teaching them woods-craft and the language of woods.

Slaying game is not all there is to a hunting party. The actual time spent shooting game on a thirty days hunt may total only a few minutes. But the thrill of those few minutes cannot be put on paper—human language being contrived for the uses of common life and



This orphan (for we had slain his mother) was an amiable and well behaved pet as long as his belly was well upholstered.

experience, struggles in the effort and fails. It is not the mere slaying that causes such a thrill—it is that you have matched your wits and ingenuity against an animal that can out-run, out-smell, out-hear, and out-see you, and you have won. You have hunted for hours or only



I have harbored a chronic suspicion for some time that this is, or was, the bear that in her noisy search for white grubs and beetles disturbed my nap. She was killed four days later at about the same place and her feet would about fit the trail we saw that day. One of our party moving along quietly in moccasins was going over a large fallen Juniper when he saw Mrs. Bear asleep on the other side. He put on the brakes and reverse and fell backward off the tree trunk. Old Mrs. Bear alarmed and curious stood on her hind legs and looked over just as he regained his balance. He drove a chunk of lead through her heart, just to quiet her nerves, and she let out a terrible shriek and fell dead. We carried her a mile through the woods, five miles across the lake in a skiff, and she is shown here on a logging car on the way to camp.

lay your head and squeeze. Your gun barks, down goes your game, kicks along the ground a few yards, and then lies dead. The bark of your gun has been heard for a mile by the others in your party—they share your thrill, wonder whether something is down or was it a miss.

Only a small part of the fun is in the killing. I have hunted many a long day without any of the party getting a shot and had a wonderful time. Searching for tracks, noting whether the droppings are fresh or old. Finding a bed on the lee side of a knoll or ticket, sometimes finding that it has been abandoned on your approach as it is yet warm. Examining the surrounding trees for hair, or for horn scratches indicating a buck, and the height of the scratches somewhat his size. Or we come across bear spoor. We note their size, whether a lone bear or several. Come to a water hole where bruin has had a mud bath and as he makes away has rubbed the mud onto the sapplings and underbrush giving another clue as to his size if the ground has not taken the foot prints well. We find the droppings, it is fresh, we poke it with a stick (crude analytical method), we learn what kind of food they are now living on. We locate the feeding grounds, here they are feeding because the breaks are fresh. Early next morning we are scattered over this feeding ground, sitting for bear, sometimes for hours



The sight of fresh meat will paint a smile on any face at camp.

and no bear comes. And sometimes they do come. Contrary to the notion of some, bears are not searching the woods for human beings to eat. They will give you the right of way every time unless wounded, cornered, or protecting young. They are very wary. Sitting for bears requires much patience and perseverance for you must be so quiet that you will not alarm the crows, robins, catbirds, or mocking birds feeding around you, for their warning cry to other birds would be understood by a bear as a signal of danger. But to the lover of all out doors it is not the least bit tedious, he can study the birds, squirrels, the trees and ground growth, and occasionally a possum or



The party and guides who could not find the dismal in the Great Dismal Swamp, although they found plenty of swamp.

coon, without disturbing the quiet of the woods. He may even take a nap if tired after the tramp to the hunting grounds and he will likely wake up in time if a bear comes along. I fell asleep on one occasion to be awakened by a crash which proved to be caused by a large bear splitting open a rotten log in search of white

EFFICIENCY in PRACTICE MANAGEMENT

The Efficient Osteopath

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

The Psychology of Starting Patients Right

II.

Last month was the beginning of our series of articles on this particular part of the Efficient Osteopath. The patient has arrived. The doctor is in. The doctor is busy. Of course, all good doctors are busy all the time while they are at their office. They are not lounging around with their feet upon the desk or sitting in the reception room, gossiping or smoking cigarettes. Idle friends are not sitting around in the office. The secretary is in her place. The doctor may be busy in one of the rooms treating a patient. If he is not, he is in his private office, studying, looking over his mail, reading his magazines, studying up his cases, writing articles, or something that is useful to him in his professional line.

The patient is informed that the doctor is busy, but the secretary does not explain just exactly what that business is. She will then come in and tell the doctor in a quiet way that Mr. So-and-So is here and wants to see him, professionally. It is important that the secretary find out whether the person who has stepped into the office wants to see the doctor professionally or personally, or is a detailer or other kind of agent. In this way, if some one has come to see the doctor socially, he is at once impressed that the doctor is seeing people professionally and that social visits are not especially desired. If it is some stranger who wants to see him personally or on business, the doctor can then take the time to choose whether he will then see the individual or not. There are often so many agents around trying to get the doctor to invest in various propositions that it is just about as well to turn them down, without seeing them. The general public should understand that the doctor is not there to see every Tom, Dick and Harry on any kind of a proposition, but he is there to see people professionally. If it is a detailer and he has good books or some product which the doctor might want to see, his time can be afforded. Of course, this being a prospective patient, he wants to see the doctor professionally. This the doctor is informed of by the secretary.

If the doctor is busy treating a patient, then the person will wait accordingly until the doctor is through with the particular patient he is treating at that time. If there is an extra room, it is well that the secretary take the prospective patient to the extra room, and inform him that the doctor will be in very shortly. If there is any thing particular about this patient that might require a little extra explanation, the doctor might step out of his room and speak to the patient, helping him make the proper connection. It is the duty of the girl to recognize the situation and only call the doctor out if it is necessary. The secretary can frequently help the doctor by taking the patient to the private room and making out the case report, as far as the name, address, and upper part of the card is concerned. These particulars the patient will readily give. Sometimes, the patient is so on the defensive that he does not want to do or say anything until he has seen the doctor. The secretary should be very tactful in regard to this. Many unmarried people are a little touchy about giving their age, when they are thirty or more. Some of them do not care to give their civil state, especially to a secretary; however, a very tactful

secretary can make a proper connection with most any kind of patient.

After she gets the patient into a private room and gets the history partially, he is generally somewhat on the doctors side. A very good connection has been made and to this point, things are favorable. I know of one doctor in Chicago who has a very competent middle aged nurse for his secretary. She sees the patient first and makes a complete case report as far as she can. The patients can not see the doctor unless they will allow the nurse to help him to the extent of filling out the case report. Much depends upon how you run your business and the personality of the nurse along this line.

Now you are going to meet the patient. This patient may be on the opposite side, as many of them are. He may be on the defensive. He may be holding the attitude that this doctor wants a patient. Of course we do want patients, all of us, under right conditions and some even under wrong conditions, according to my observation. When you come in, of course you will speak kindly to the patient and call him by name, because you have been informed before as to what his name is. Sometimes, the nurse might be in the room and introduce you which is a fair introduction, but that is not essential at all, because the condition does not come under social relations. After you have spoken to the patient and seen his card partially filled out, greet him in such a way as to disarm any criticism in his mind, as at once he will be critical of the way you look, speak and carry yourself, very likely.

Your attitude should be dignified and business like in a way to make the patient realize that you are a busy man and not hunting for patients on any ground, that you do good work, allow no neglect. The first thing to do then is to find out the ailment for which the patient came in the office. That particular thing may be one of the least important. Many times you will find upon examination that there are a lot of ailments he has not even thought of getting rid of. These report blanks should be such as to remind you of every structure of the body, for example, the chest would remind you of the heart and lungs, the abdomen would remind you of the stomach, the pelvic of the uterus. The case report should be long enough to include all this by suggestion to your mind. Of course it should not carry a lot of excess or unnecessary things.

After you have gone over all these things the patient begins to be impressed with the idea that you are not a slacker in your work. Up to this point, you have taken the history without having the patient prepared for any physical examination. It is better ordinarily to do that. It is not good psychology to get him ready for a physical examination, before the history is taken. Unless you proceed step by step there will be a tendency to get a reaction. He thinks you are pushing him or getting ready to treat him. He is ready then to put up a defense, very likely. After the history is taken, it is very easy to explain to a person that if he ever comes back, it will only take a few minutes to check up, because this report will be on file, that this information will be held in absolute confidence and will never be divulged to any one else.

Then you will tell the patient that the nurse will take him to a room for general examination and tell him how to get ready. You will then leave the room. The nurse will be around handy, as she knows what is going to happen. If the patient is all ready in the proper room, you proceed to make the physical examination.

grubs. He was about four hundred yards from me. I was all awake and alert—he continued on his path towards me, but when about a hundred yards away, left the path, presumably having got my scent, tried to detour, but a puffy shifting wind gave him the scent again from a new direction, he was confused and gave up going back somewhat in the direction from which he came. The ground growth was so dense I could not see the beast even at a hundred yards. All this maneuvering was conjectured from sound and later proven by the tracks.

So a hunting party is a healthful use of mind and body in the air and sunshine of the great outdoors. When you come back you will not jump at a muffler explosion or be startled when the house cat unexpectedly jumps to your lap. Also your squawking young hopefuls will not get on your nerves.

Such I find is the vacation that pays me the best return. For the past few years my hunting has been mostly in the Great Dismal Swamp. This region I can no more find dismal than I could find the Virgin Islands virginal in the days of Blackbeard and the Spanish Main.

Things Stirring in Ohio

The Ohio osteopathic profession is on fire with enthusiasm for self betterment. It was stirred into action during its State convention held in The Delaware Sanitarium last October.

The grandeur of the institution furnished the setting; the high quality of the staff and its work furnished the interest; the completeness of the equipment and excellence of its operation furnished the enthusiasm; the forcefulness of Dr. R. H. Singleton and his boosters furnished the punch.

Today, after nine months have passed I can record the formation of more new professional projects; the carrying onward simultaneously of more new movements and the giving and taking of more new post graduate work than ever before during a similar period of time of the Society's life.

Clinics are being conducted in Cincinnati, Columbus, Springfield, Upper Sandusky, Zanesville, Warren, Cleveland and other places. These are not all spinal clinics. There are those who set aside a day a month for a general clinic. Drs. Calvert, Hess and Shepard are operating such a one, and effective work is being done, too.

A movement was initiated during April where-in a children's permanent free clinic—once or more often each week—was established in each physician's office. This met with a wide response.

No longer can the general public advance the statement that the Osteopaths of Ohio are not as a profession philanthropic.

The idea of grouping D.O.'s for better work, better service and greater professional strength is spreading also.

In addition to the Roscoe Osteopathic Clinic in Cleveland, Drs. Weaver and Burnham are now combined in a leased building on State street, in Columbus.

Dr. Kerr of Cleveland has recently purchased a suitable building in a splendidly accessible residential section of Cleveland, where Drs. Kerr, Johnson, Schultz and Pearl Barker Schultz will conduct practices under the name of the Cleveland Osteopathic Clinic Group. Their intention is to also establish a free children's clinic.

The grouping plan is a correct idea. In unity there is strength and protection for our patients. Dr. Robert H. Nichols says that a rushed general practitioner is a menace to his community. Let us be busy, but let us be grouped wherever it is at all possible.—R. E. Roscoc, D.O., *Chairman of Ohio Clinics.*

From Saddle Bag Days

The old-time country doctor cared little for theory—he depended upon results. One such originated an astringent, antiseptic, anti-phlogistic, styptic, soothing and healing combination for use in the treatment of irritation or inflammation of the genito-urinary tract and of the skin.

Micajah's Medicated Wafers

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THE WESTERN OSTEOPATH

809 First National Bank Bldg., Oakland, Calif.

C. J. Gaddis, D.O., Editor

If it is a lady, the nurse will step in and explain exactly how she is to get ready. If she is not in the proper room, she will be taken there and explanations made. Some doctors have a special examining room where all the apparatus for diagnosis is kept, such as stethoscope, blood pressure apparatus, etc. The things can be carried around with no great trouble.

The patient is now ready for the physical examination.

Osteopathic Slogan!

Physical fitness is the basis of physiological efficiency.—C. B. Atzen, D. O., Omaha, Neb.

Thoroughness

It takes longer to give a thorough examination, but, then, you *know* what you should treat afterwards. Had a patient recently who had been to fourteen M.D.'s and one chiro. Examinations revealed pyorrhea, three bad teeth, sinusitis, colitis, and to his surprise, I massaged the prostate, stripped the urethra, made a smear, and found gonococci and strept there. He had gonorrhoea eight years previous and was discharged as well. He has two stiff elbow joints, but they are clearing up under osteopathic and electrical (D'Arsonval current) treatment. This patient has gained weight and is now back at work (running a locomotive).—J. B. Eades, D.O., Bluefield, W. Va.

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THE ORIGINAL
Avoid Imitations



Little Stories of the Clinic

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

Story No. 43

Saturday, April 29, Mr. B. came to my office and said he wanted me to see his son D. who was desperately sick with pneumonia. Mr. B. said that he was a believer in medicine and medical doctors, and that he had three doctors for his boy and they said "nothing more could be done for him," and he came to me as one grasping at a straw.

The boy was twenty years of age and had often been sick. He had suffered severely with the flu and had had pneumonia twice before. Before my coming he had been ill since Sunday and after Wednesday the temperature had run from 104 degrees to 105 degrees F. He remembers nothing that happened during the first five days I had charge of the case. He was almost unconscious, or as one in a dazed condition. Friday he rose in bed, screamed, and with face distorted with pain fell down on the bed, and for several days thereafter he was unable to articulate a word. The heart was in a fairly good condition. He was an only son and the parents were frantic, feeling that death was inevitable unless some extraordinary thing was done to save life.

There were moist rales in the right lung; breathing was difficult; respiration 38; pulse 116. I found a rigid spine, especially in the upper dorsal region. I spent a half hour giving an osteopathic treatment, using most of the time in gently separating the upper dorsal vertebrae. I then supervised placing of a cold vinegar water compress and hot Mason jars as described in the March *OP*, Story No. 38. He sweat profusely for three hours, resulting in

apparent improvement. He fasted for five days. Enemas were given with good results. Two treatments a day were given for seven days, followed by three treatments a week until today (May 18). His improvement was gradual but certain and definite. Ability to talk came on gradually. At present he is almost fully recovered.

Story No. 44

Wednesday, May 1, at 5:30 P.M., I visited a nine months' old baby who had a twelve hour case of pneumonia. Respiration 50; temperature 105.2 degrees F; pulse 140; moist rales in one of the lungs; marked dyspnea. Baby looked decidedly sick; anxious expression from the eyes; great fretfulness with much suppressed crying.

I gave a twenty minute treatment, followed by cold pack over thorax and hot pack with Mason jars for remainder of body. We placed blankets in buggy. We had the cold vinegar water compress extending at right angles to the head of the buggy. The nude baby was laid over the compress. The wet ends of the towel were quickly brought over the chest, followed by the dry ends of the folded blanket. Then the sides of the blankets in the buggy were brought over the baby, with two pint Mason jars full of hot water placed on each side, with one thickness of heavy blanket between them and the baby, to keep the jars from burning the skin. The baby remained in the pack four hours.

Immediately after the pack was applied, he went to sleep and slept a half hour. During the remaining three and one-half hours he was

quite restless, but was kept fastened in the pack. He sweat very profusely.

By next morning the temperature had dropped from 105.2 degrees F. to 99.4 degrees F. taken per rectum. The baby was very comfortable, and breathing easily. He did not appear at all sick. The respiration and pulse were almost normal. He took a good treatment without crying. He seemed brighter-eyed and jolly and ready to play. His full recovery occurred in a few days.

COMMENT: These two cases are reported to show the utter folly of the medical do-nothing policy in treating this next to the deadliest of all diseases. We also wish to again illustrate the value of the cold compress and hot pack combination. Here was an advanced case and an infant where the procedure was very successful.

Comments on "Little Stories" 41 and 42

In the June *Osteopathic Physician*, Dr. C. W. Young in his "Little Stories of the Clinic," invites correspondence regarding his stories number 41 and number 42. We are accepting.

It is unfortunate that the data presented are insufficient for a differential diagnosis. Had he presented facts in regard to the equality of radial pulses, bruit, heart sounds, paresis of vocal cords, blood pressure, dullness on percussion and most important of all X-ray report of thorax, his diagnostic problem would be less difficult. However, it would seem from results obtained that his tumor was intra-thoracic goiter.

Late literature (Terry) says, "True intra-thoracic goiters are rare, but the term is used to include those in which a considerable part of the goiter lies within the thorax. About 7 to 10 percent of all goiters fall within the latter category. Accessory thyroids in the thorax may become goiterous and be entirely separate from the thyroid proper, but in the great ma-

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majority of cases intrathoracic goiters are adenomas developing in either lobe or isthmus of the thyroid and gradually descending into the thoracic cavity. This descent is favored by the direction of growth of the tumor; by the pressure of the muscles anterior to the thyroid; by gravity; and by the repeated dragging effect of inspiration on a low lying mass. In some cases the entire thyroid gland lies lower in the neck than normal—a condition of thyroptosis, which may lead to intrathoracic goiter."

These goiters are found usually in older people; congenital goiters are sometimes found. "Two types may be recognized—the plunging and the fixed. In the former the goiter may be forced into the neck by more or less violent respiratory movements, such as coughing, while

in the latter the goiter remains in the thorax; either because of adhesions or, more commonly, because of its size or position, it cannot escape through the upper outlet of the thoracic cavity."

Diagnostic signs are:

1. Respiratory embarrassment usually paroxysmal in type.
2. Sense of continued pressure in upper thorax.
3. Dysphagia.
4. Distention of superficial veins of neck and thorax.
5. Dulness on percussion in sternal region.
6. Mass in upper thorax which moves with respiration shown by fluoroscope.
7. Paresis of vocal cords. (usually unilateral:)
8. X-ray of thorax.

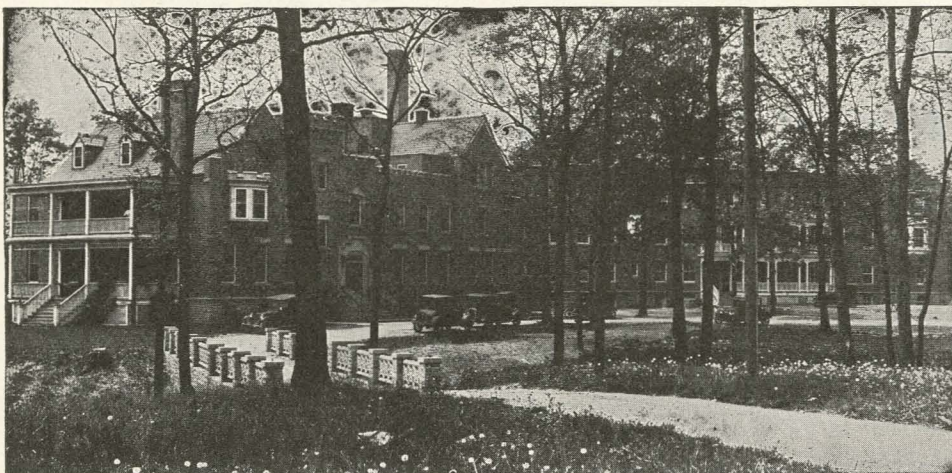


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The condition must be differentiated from aneurysms and other mediastinal tumors—*Samuel L. Grossman, D.O., Williamsport, Pa.*

* * * *

In "Little Stories of the Clinic," Nos. 41 and 42, Dr. C. W. Young of Grand Junction, Colo. describes what is apparently known as "intrathoracic goiter." This is discussed on page 261 of "Internal Secretions and Practice of Medicine" by Sajous—Tenth edition—Vol. 1. The chiropractor's treatment, however, seems to be entirely original.—*L. E. Tichenor, D.O., Deer Lodge, Mont.*

Great Progress at the Roscoe Osteopathic Clinic

The months of April and May have been P. G. months for the Roscoe Osteopathic Clinic.

Two years ago when Dr. Rench associated himself with the clinic idea—before the Roscoe Osteopathic Clinic was a reality, he accepted a binding requirement, namely: In order to remain in the clinic group, one must take each year a P. G. course of at least one month.

During May Drs. Rench and Keckler were in New York studying along their respective lines—Dr. Keckler extending his X-ray studies to six weeks. A part of April was spent by Dr. Roscoe in studying diagnosis with Dr. Robert H. Nichols of Boston.

April 1st completed the Clinic's first year's work. Its success attests to the soundness and practicability of the clinic and professional group idea. From two physicians, this clinic has developed in a year to four physicians and a highly trained laboratory woman. Following is the professional personnel as it is today:

Dr. P. E. Roscoe, Dr. L. R. Rench, Dr. J. W. Keckler, Dr. L. J. Dellinger and Miss Marion L. Spellman.

X-Ray in Diagnosis

Use the X-ray more in diagnosis. Patients expect and silently demand it. I've lost several patients to other doctors because I deferred using the x-ray. My experience is that patients regard the doctor in a better light if x-ray is insisted, though they can't always pay the price. The public likes to feel that their doctor is up to the minute.—*H.M. Grise, D.O., Watertown, Wisconsin.*

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Finger Treatment—a Plea Against Radicalism

Jerome Moore Watters, D.O., Newark, N. J.

Bolshevism is radicalism, but little by little it is becoming more conservative. So it is with all forms of radicalism. They either die a natural death, or gradually become conservative. It makes for publicity and the almighty dollar for a time, but there it ends.

There have always been radicals in the world, and there always will be, but, as they have never predominated, they never will. At present, the osteopathic profession has a few radicals—very few, I am glad to say. These are of two classes: those who say radical things, and those who do radical things—the latter in regard to what they are accomplishing—in other words, making extravagant claims for results which they themselves must know cannot be accomplished.

We should be careful of what we say so as not to mislead the public and not to insult the intelligence of the osteopathic profession. We should learn to be honest with one another; try to boost our specialists; tell our patients about them; not claim to be the only one in our territory doing finger surgery or reconstructing tonsils or what-not. Boost our profession, not ourselves.

Dr. Still always taught conservatism. One never heard him pop a bone so that the noise could be heard across the street, and I feel sure that he never split eustachian tubes, or told a patient suffering with nerve degeneration that he could be cured.

I have been amused at the many claims of origination that have been put forth in the past few years.

In one or two incidences I have seen work done a year before some self-styled originator claimed it for his own. If one will delve far enough back into Osteopathic History, one will usually find that some one was doing the same thing years before, but was not advertising it with a brass band. I frequently have patients come to me who have had this radical treatment, and after examining them and hearing their stories, I always thank my lucky stars that I wasn't the victim.

We should not be any more radical in our statements of what we can do, and what we are

doing, than in our technic. As I write this, I recall some things that I have heard and read which the one responsible for them should have known to be false. Some of these statements are:

1. All otitis media cases cured by adjusting posterior occipit. No comment necessary!

2. Case where ear drum was entirely gone. New drum grown in four treatments. Either a deliberate falsehood or doctor did not recognize the ear drum that was present upon examination.

3. Case of deaf mute. Finger operation performed, patient came out of anesthetic and remarked that he could hear. Must not all deaf mutes be taught to speak?

4. 82½ percent improvement in nerve deafness cases. I believe that 25 to 35 percent would have sounded more reasonable.

5. Eustachian tube digitally dilated to the bony opening. If one were to dilate a tube with his finger to that extent, the tube would split. Better to have said the tube was split or obliterated. It would not be so misleading. Dilate means to expand—not to split or rupture.

There are many more such statements if I could only recall them now.

Whether we use the term "finger surgery," "finger treatment," or "finger technic," does not matter, so long as we use them in the right way. One term will scarcely cover everything that we do with our finger.

Above all, let us be honest with ourselves, honest with our patients, and honest with our fellow practitioners. We will find that this will force us to be conservative in both speech and treatment, and that with conservatism as our slogan, we will accomplish better results with far more lasting effect.

Osteopathic Finger Technique

Much has been said as to whether the special technique used by the osteopathic specialists in the Eye, Ear, Nose and Throat work should be termed Finger Technique or Finger Surgery. I have been unable to determine where there is any surgery performed. It is purely Osteopathy and Osteopathy is not surgery. Dr. A. T. Still did not term the work of correcting the abnormal conditions in the body, surgery, but Osteopathic Technique or Adjustment. In this special technique we are adjusting abnormal conditions. I consider the term, "Finger Surgery" as mis-construing to the public. We do not want the laity to think or believe that if they come to our office for treatment for eye conditions, hay fever, catarrhal deafness, etc. that they have to undergo an operation each trip and this is what the term, "Finger Surgery" will lead them to believe. For anyone to advertise as the originator of Finger Surgery, it seems to me, is to attempt to take the discovery of A. T. Still and put it under another name. Let us carry out the desire of the Old Doctor to the end by using the term, "Osteopathic Finger Technique."—Dr. E. C. Brann, D.O., *Southwestern Osteopathic Sanitarium, Blackwell, Oklahoma.*

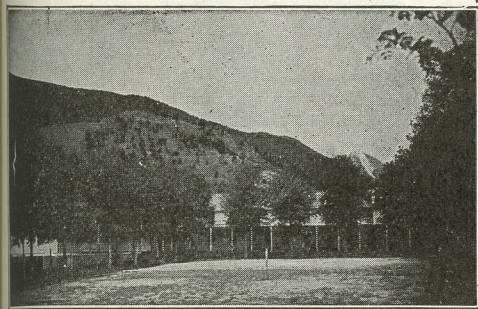
Who Did It First

There has been considerable discussion of late in our magazines as to who was the originator of "Finger Surgery."

Having graduated from the A.S.O. in 1911, I can frankly say it was during my second year in college that we heard about dilating the Eustachian Tube with the finger, which was the beginning of the technique now known as "Finger Surgery."

Dr. J. Deason, now of Chicago, was doing this experimental work at the time above mentioned, which work he continued after he left

Chico Hot Springs Sanitarium and Hospital



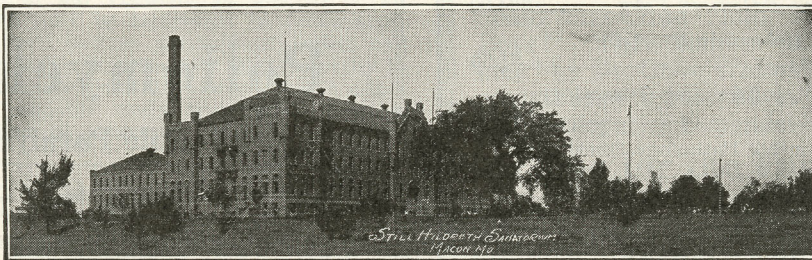
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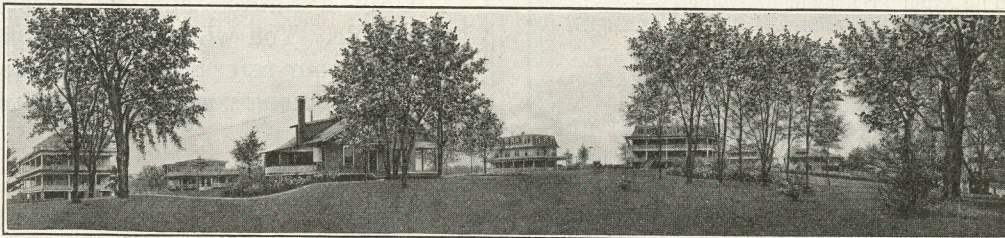


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the staff of the A.S.O. to become head of the A. T. Still Research Institute, which at that time was located on Ashland Blvd., Chicago. If I am not mistaken this was in 1913, and during his first year at the Institute I visited him. While there he told me more of his work in finger surgery and I made arrangements with him at this time to come to our city and give us a talk on, and demonstration of his findings.

Although there has been much work done since by others, I feel that Dr. Deason is the one who originated this technique and who is still doing much for its advancement. I might say here I am very glad he is not only advocat-

ing but using conservative technique, for I feel that radical work along this line will in time have a very harmful reaction. Having done a limited amount of this work for the past eight years along with my general practice, the last part of last year I took special work in Ear, Nose and Throat and am now devoting my whole time to this work and am very glad to say that the results obtained by conservative technique has been very satisfactory. technique has been very satisfactory.—*Keene B. Phillips, D.O., Kalamazoo, Mich.*

Dr. Millard's Articles Stirred the Profession

"I wish to express my appreciation in your getting Dr. Millard to take up the line of discussion appearing in his articles in *The OP*, especially from his standpoint. I have felt that we have needed a waking up in that respect for a long time. I do not know of any one in our profession more fitted to handle that subject better than he."—*J. Marshall Phillips, D.O., Hollywood, California.*

Dear Doctor Millard: Your article in this month's *OP* is very good indeed. We plodders in the small country districts read of your accomplishments with a feeling of awe and gross unworthiness, which no doubt is difficult for you to appreciate. However, we foster the ambition to improve each opportunity in so far as we can see and do, and every crumb that falls from the table of the more experienced and efficient is eagerly pounced upon. I wish you the success you so richly deserve"—*E. Gertrude Ferguson, D.O., Neosho, Mo.*

"My dear Dr. Millard: Anything I have read of yours I have liked; but I like your last article in *OP* best of all. I have had an awful time trying to get out of the "engine wiping" class. You must remember, most people are ini-

tators. They haven't the brains or the desire, to get down and grind out things for themselves. We have to be shown that there are better methods. "How it feels to treat 86 a day," I venture to say has caused more D.O.'s to think than anything that has been published for a long time. Thanks ever so much for the stimulation.—*E. D. Parker, D.O., Portland, Oregon.*

"Dear Doctor Millard: Your two articles, "Getting the Practical Vision" in the *Western Osteopath*, and "How Do You Put In So Much Time In The Treating Room" in *The OP*, are two of the best things ever published in any Osteopathic Journal. Especially the article "Getting the Practical Vision" gave me a world of inspiration. Thank you for the two articles. Yours in the bonds of K.S.O."—*Geo. M. McCole, D.O., Great Falls, Mont.*

"Dear Doctor Millard: Your article in *The OP* is great. I wish every D.O. in the world would read it over several times. Keep on hammering. Some of them will get the idea eventually. They should have gotten it before they graduated."—*E. O. Millay, D.O., Montreal, Quebec, Canada.*

Successful Operation in Case of Congenital Dislocated Hip

Little Margaret Walters, aged nine, of Zanesville, Ohio, was operated on last March at the Clinic for Crippled Children, suffering from a congenital dislocation of the hip. Dr. M. F. Hulett, of Columbus, performed the operation using the Dr. Lorenz method. Recently when the cast that had remained on the child's body since the operation last March was removed, it was found that the dislocation had been perfectly reduced. Another cast was placed on the hip and when that is removed it is predicted the young girl will be happy in the joy of full limbed life and vigor.

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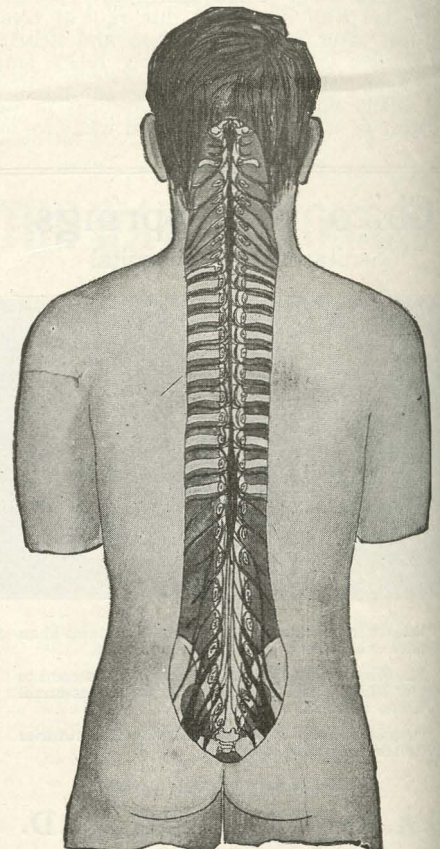
By F. P. Millard, D.O., Toronto, a remarkable book on account of the clearness and comprehensiveness of its treatment of the anatomical, physiological and pathological phases of the subject.

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

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Don't Abuse Your Health in Summer

If asked which is the more dangerous season, summer or winter, we unhesitatingly answer, and with good reason, winter, for winter with its cold and winds and snow and sleet and severe demands on human vitality is the time which brings the most sickness. This being a fact of common knowledge most people are more concerned about their health in winter and take special precautions to preserve it. The summer season is viewed very differently. We picture it as a season of pleasant days, recreations, and abundant good health. But summer brings its own health dangers and because we are so disregardful of them they are often more serious in consequences than need be. Very interesting information about diseases of summer is given in the August issue of "Osteopathic Health" by Dr. A. G. Walmsley. He points out that when summer arrives the main object with many of us is to enjoy ourselves thoroughly and keep cool while at it. In the anxiety to keep cool and comfortable and the intentness of our pursuit of pleasure we expose ourselves foolishly, abuse the digestive system, overtax ourselves physically, and so catch colds, strain ourselves and otherwise upset the health equilibrium and we do it all entirely thoughtless of evil consequences until disease grips us and we pay the penalty. The average layman would be surprised to know of the many complaints that are typical of, or aggravated during, the summer season. Such things, for instance, as stomach and bowel diseases, typhoid fever, "rheumatism," neuritis, sciatica, hay fever, whooping cough, etc. Dr. Walmsley having had long experience as an osteopathic physician advises about health care in summer and tells how Osteopathy relieves the sufferer who falls victim to any of the complaints of the season. It is a timely discussion well worth reading. The information

given may save you much worry, pain, or permanent disability. A copy of this August issue of "Osteopathic Health" can be secured, free of charge, by applying to Dr. _____ of _____. A telephone call or postal card will bring it. Other interesting articles in this issue relate to Osteopathy and the expectant mother, infantile paralysis, Osteopathy for boys, and health care for the "little women" of today.

"OH" Pulled in a Gale!

Enclosed find new contract for "Osteopathic Health" for the twelve months ahead increasing my standing order from 50 magazines per month to 100 per month. I got a call last night to go in the teeth of a 40-mile gale to treat a patient who gave the call as a result of receiving "Osteopathic Health" from my office each month. Did I go? I did!—*Florence Morris, D.O., Des Moines, Iowa.*

"Most Diseases Are of Spinal Origin"

[From the Journal of the American Osteopathic Association]

We are pleased to note that The Bunting Publicity Service is bringing out "Most Diseases Are of Spinal Origin" in the form of a handsome brochure. We well remember when this famous popular scientific article was first published. In our opinion, it was a real achievement, which has been fully substantiated by its sale of upward of a million copies. It is just as interesting and instructive today as it was twenty years ago, for its logic and scientific patness is just as true now as then. This is an article that should be placed in the hands of every one of our clientele as well as of all others who may be interested in Osteopathy. For it is well written, scientifically exact and sets forth the basic principles of Osteopathy in a comprehensive way. In a word, it is a dignified and readable essay from every possible angle.—*Issue of February, 1922.*

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 August

Diseases of Summer

The Stomach and Bowels; Cholera Morbus; Summer Neuritis; Summer Colds, Lumbago, Sciatica; Hay Fever; Whooping Cough, Croup, Etc.; Poison Ivy, Poison Oak, Etc.; Falls, Sprains, Etc.

Osteopathy and the Expectant Mother: Infantile Paralysis. Don't Spank That Child. Attention, Boys!

"Little Women"; Osteopathy Dependable; Nervous Dyspepsia and Malnutrition Cured in 3 Months; Chronic Constipation Cured by Correcting Spinal Lesions; The Osteopath a Specialist on the Spine.

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

DR. _____,

For August Issue

We have a fine discussion on Diseases of Summer and How Osteopathy Cures them, written on request by Dr. A. G. Walmsley. Can you imagine anything more timely? When it's 104 in the shade does cold lemonade hit the spot? You bet! Just exactly does this forthcoming OH hit the spot for a talk about Osteopathy in August. You'll get an idea of how well Dr. Walmsley filled his assignment by this outline of topics he talks about:

The Stomach and Bowels
Cholera Morbus
Typhoid Fever
Summer Neuritis
Summer Colds, Lumbago, Sciatica
Hay Fever
Whooping Cough; Croup
"Rheumatism"
Poison Ivy, Poison Oak, etc.
Falls and Sprains
The Athlete's Friend

You will surely want your community folks to read this interesting information about the value of osteopathic attention in summer time. Better write today and make your reservations. We are booking orders now.

Other Good Things, Too

The talk on summer's ailments takes about half the issue. It is followed by four dandy short articles by Irma G. Grise on "Osteopathy and the Expectant Mother"; "Infantile Paralysis"; "Don't Spank that Child"; and "Attention, Boys!" Then comes "Little Women" by Dr. Olive Walmsley, and a contribution by Dr. M. L. Hartwell on "Osteopathy Dependable."

Fine for the Family

This issue, you see, has something worth while to say about the health of the entire family—father, mother, son, daughter and baby. Ideal literature for spreading the gospel of Osteopathy in the homes of the land. Can you afford not to use this August issue of OH? You really can't! Can you afford to get along without the sort of high-grade journalist-service support which is offered you each month through "Osteopathic Health"? You really can not! It is costing you money to do without it. Take action. Put in your order for 500 or 1,000 monthly—whatever your field requires. To do so is just common justice to Osteopathy, your clientele and your pocket-book.

BUNTING PUBLICITY SERVICE

for

OSTEOPATHS

Waukegan, Illinois

"Where There Is No Vision the People Perish"

September Issue Osteopathic Health

Carries the title "The Human Telephone." It is an intensely interesting semi-scientific explanation of osteopathic philosophy and practice by Dr. Mary L. LeClere who wrote that very delightful monograph entitled "A Man is as Old as His Spine" which appeared as April issue "Osteopathic Health." We are sure this contribution by Dr. LeClere will prove just as popular as its predecessor. It explains in a very simple style scientific facts commonly quite obscure to the layman. Clear cut direct statements that make the thing as plain as can be and yet strung together in a way that makes an interest-holding story from start to finish. It's bound to do a lot of good for advancement of popular osteopathic understanding. It will create new converts to Osteopathy, too! We can't tell you all about it in this space but here are some of the high spots:

The Nervous System Like a Telephone System.

What the Spinal Lesion Is and How It Adversely Affects Spinal Nerves

Results Produced by Spinal Lesions

How Nerves are Injured

The Osteopathic Adjustment; What It Is

Time a Factor in Correction of Spinal Lesions

Forms of Manipulation

Lesions That Cannot Be Cured

Spinal Lesions in Animals

Osteopathy Potent in Acute Diseases

Osteopathic Standards of Education; How They Came About

Now is the safe time to place your order for this splendid patient winner and educator. Later may be too late! Osteopathic Health, you know, is primarily prepared for contract users. Editions are estimated in advance in accordance with the contract-patron demand. A limited surplus is provided for "single orders" and late arriving new contracts. So to be sure of getting the supply you desire order early or put yourself on contract basis. The latter is best and cheapest.

Osteopathic Health is the journalist service supreme for Osteopaths and you really cannot afford to forego receiving its benefits regularly. It costs you money to be without it. Get yourself in line with the big bunch of wide-awake Osteopaths who have proven for themselves the value of this service and who stick to it year in and year out. Sign up your contract for what your practice field requires. If in doubt ask us and we will help you estimate intelligently quantity you should circulate monthly.

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois.

A 15,000,000 "Reader Circulation" Advertising Campaign for Osteopathy!

Many Osteopaths have the ideas that Osteopathy has always been well advertised. Others maintain that it has never been adequately advertised. Hence a considerable discussion recently about getting wider circulation for the information about Osteopathy.

It is true that Osteopathy has never been adequately advertised. The potency of the advertising most widely used by the profession—the direct-to-the-home circulation of "Osteopathic Health"—has never been adequately utilized although abundantly tested out and proven to be wholly successful by the hundreds who use it. Yet only a comparative few have used it liberally and consistently.

As to what might be accomplished by the method of advertising! Consider the tremendous influence that would be created for Osteopathy if the 3,000 members of the AOA each distributed 1,000 copies of "Osteopathic Health" monthly! That would be a total monthly distribution of 3,000,000 copies. Assuming that on the average each copy reached five readers the total "reader circulation" per month would be 15,000,000. It is within the power of the profession to do this simply, inexpensively, and efficiently. The machinery for instituting and carrying forward such advertising is already available and working. The Bunting Publicity Service for Osteopaths is equipped to do the complete job.

There is no method of advertising as powerful or as economical when measured by results as "direct-to-the-home circulation." The literature furnished by The Bunting Publicity Service for this sort of campaigning is of highest advertising quality and character.

The osteopathic profession can get abundant advertising—all it wants—if it will only avail itself of the material and machinery already built and running ready at hand to use.

A Common Complaint

I feel sure I should do something systematically in advertising. The chiro's here are great advertisers and the five Osteopaths do not do one bit of publicity work. I can not even get them to help organize a Douglas County Osteopathic Society. I have to do everything alone and so whatever I spend and do helps the others as much as it does me.—*Dr. Barrows.*

Isn't that a pretty state of affairs for Osteopathy?

What sort of "adjustment" is required to fix such mental blindness and sluggish ambition?

Can any red-blooded Osteopath suggest the technic for the case?

Perhaps a preliminary case history would help in solving the problem. We suggest the patient be asked to answer the following questions:

Why do you not advertise Osteopathy?

Why do you not educate your patients?

Why do you not join osteopathic societies?

Why do you take the benefits of osteopathic publicity paid for by others and give nothing in return?

Why are you content to be an entirely negative factor in osteopathic progress?

Are you entirely satisfied with yourself as an osteopathic physician and with your material success in life?

If any Osteopath, or group of Osteopaths, in the state of inertia suggested by our correspondent will answer these questions some interesting data might be collected that would aid in solving the problem of this "osteopathic inertiatitis" which unfortunately is all too common a complaint.

We Pay Cash for Acceptable Manuscripts

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

FOR "OSTEOPATHIC HEALTH"

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

The preference is for short articles explaining a variety of diseases rather than for one long manuscript. Long articles have to possess some definite theme, show artistic unity and logical construction. But any practitioner who is interested in his practice, even though without possessing literary gifts may write the most acceptable sort of simple short articles containing one or more good ideas or dealing with particular diseases, diagnoses and cures. We are able to supply the literary revision, if it be needed, to polish good plain recitals of fact.

FOR "HARVEST LEAFLETS"

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

1 page "Harvest Leaflets" average from 100 to 125 words.

2 page "Harvest Leaflets" from 250 to 300 words.

4 page "Harvest Leaflets" from 660 to 750 words.

8 page "Harvest Leaflets" from 1,700 to 1,750 words.

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

Quantity Prices—Osteopathic Health

Copies Mailed to Your List on Annual Contract

For 1000 copies per month	....\$55.00 per month
For 750 copies per month	.... 41.25 per month
For 500 copies per month	.... 30.00 per month
For 300 copies per month	.... 20.25 per month
For 100 copies per month	.... 8.00 per month

Bulk Shipment by Express on Annual Contract

For 1000 copies per month	....\$40.00 per month
For 750 copies per month	.... 30.00 per month
For 500 copies per month	.... 22.50 per month
For 300 copies per month	.... 15.75 per month
For 100 copies per month	.... 6.50 per month

Copies Mailed to your List—One Time Order

For 1000 copies	.....\$67.50
For 750 copies	..... 50.75
For 500 copies	..... 36.25
For 300 copies	..... 23.25
For 100 copies	..... 9.00

Bulk Shipment by Express—One Time Order

For 1000 copies	.....\$52.50
For 750 copies	..... 39.50
For 500 copies	..... 28.75
For 300 copies	..... 18.75
For 100 copies	..... 7.50

Professional card plate free to contractors. All prices are for magazines with or without professional card imprint. Prices on express shipments include transportation. Charges are prepaid. Manilla envelopes supplied free. Superior quality white envelopes furnished instead, on request, at 25 cents per hundred extra.

It Recalled a Scattered Practice in Short Order

Just a few words to say in regard to the use of "Osteopathic Health" since my return to practice. As you know, I have been back only a few months but I started to use the "O.H." immediately. The results are astounding. Not only has "O.H." brought back my former patients but stirred up new ones. Before I never thought much of "O.H." while enjoying its benefits but how I have changed my mind. Last issue is just fine. I only had this issue 20 minutes before I had read it through.—H. J. Pierce, Greenville, Ohio.

Dr. Chas. J. Muttart

Specializing in

Diseases of Gastro-Intestinal Tract

Consultation and Referred Cases given special attention

HOSPITAL FACILITIES

1813 Pine St.

PHILADELPHIA, - - - PA.

Louisiana Wants Osteopaths

Louisiana needs about twenty good live ten fingered Simon Pure Osteopaths. Not new fangled Specialists nor camouflaged Medicos, but men and women who want to practice Osteopathy. I would like to place an Osteopath in Plaquemine, Houma, Donaldsonville, New Iberia, and Ruston. These towns have no Osteopath. Lake Charles, Monroe, Baton Rouge, Jennings, could stand two or three more each. New Orleans ought to have ten more Osteopaths. Living conditions, churches, schools, hotels, roads and business, are all good in the above mention towns. For further information write to Dr. Henry Tete, Secretary State Board of Osteopaths, 1117 Maison Blanche Bldg., New Orleans, La.

Dr. Muncie Offers to Instruct Physicians or Clinics in His System

Dr. Curtis H. Muncie, who successfully treated and brought back to normal hearing the Brooklyn lawyer who had been deaf practically twelve years, is now ready to teach any combination of physicians, surgeons or hearing specialists or any clinic, his method of restoring hearing to the deaf. He maintains that there are thousands and thousands of deaf persons for whom there is hope and yet whose cases are now hopeless for want of physicians who can give the proper treatment. Dr. Muncie purposes to give lectures on his methods to as many physicians as will attend, in his home or in any clinic with this one stipulation, viz., that he be offered absolutely no compensation.

Find That Student Now!

Doctors are becoming scarce. One-half as many M.D.s are being graduated as a decade ago. Why not fill the ranks with D.O.'s? Otrh wise the medical program of "community doctors" and "community hospitals" will go over and the D.O. will be left out. Find some students NOW for our colleges!—H. C. Wallace, D.O., *Southwestern Osteopathic Sanitarium, Blackwell, Oklahoma.*

IN D.O. LAND

Vermont State Board of Examination and Registration

The Vermont State Board of Examination and Registration held a meeting on June 28 and 29 at Barre, Vermont.

Dr. F. B. Teter Passes Away

Dr. F. B. Teter, the blind Osteopath of Davenport, Iowa, who though handicapped has done such excellent work both as an Osteopath and in legislature for Osteopathy, died at his home on June 8, at the age of 49.

Chiro Bill Defeated in Louisiana

The Louisiana Legislature House Bill No. 276, popularly known as the chiro bill has been "killed." There will be no further action in the matter this session. This means that the chiros are out of business in Louisiana for at least two years more.—Henry Tete, D.O., New Orleans, La.

St. Louis Osteopathic Association Meeting

At the St. Louis Osteopathic Association's May meeting, St. Louis, Prof. W. P. Sachs read a paper on "The Fundamentals of Psycho-analysis" and Dr. J. Jeffrey on "The Vegetative Nervous System." As this was the last meeting of the year it was decided to call a meeting in June for the purpose of electing officers for the coming year.

Big Opening in Mississippi

There is a big opening for a well trained laboratory man and his well trained wife at Greenwood and Clarksdale, Mississippi. If you have grace, grit and gumption and can deliver the goods, can be a friend and a counselor in need there is a grand opportunity for you in the two above named cities of Mississippi. For further information write Dr. Louisa Jane Collins, 421 McWilliams Bldg., Clarksdale, Mississippi.

Western Association Officers for 1922-23

At the fourth annual convention of the Western Osteopathic Association, held in Los Angeles with

DIRECTORY of Osteopathic Hospitals and Sanitaria

Detroit Osteopathic Hospital

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

The Gamble Osteopathic Sanitarium

747 North 2nd West
Salt Lake City - - - Utah

Philadelphia College of Osteopathy and Osteopathic Hospital of Philadelphia

19th and Spring Garden Streets, Philadelphia, Pa.

The Howell Sanitarium

Orlando - - - Florida
Milk Diet, Rest and Osteopathy

Laughlin Hospital and Training School for Nurses

Kirksville - - - Missouri

The Des Moines General Hospital

The Home of the Taylor Clinic

A Staff of Competent Specialists. X-ray and Clinical Laboratories unexcelled. Radium available for every kind of application. Dr. S. L. Taylor, President and Surgeon-in-Chief; Dr. F. J. Trener, Superintendent and Radiologist.

Terrace Spring Sanitarium,

712 Monteiro Ave - Richmond, Va.

Complete osteopathic, surgical, laboratory, X-ray, physical training and hydro-electric departments. Exceptional facilities for treatment of chronic, constitutional and non-mental nervous diseases. Staff of eight well known Osteopathic Physicians, and a nursing staff equal to the best. Special attention given to the Porter Milk Diet. Write for booklet.

Millard Charts

at

\$1.00 per Copy "As Is"

The Millard Chart is a three-color duo-anatomical chart showing spinal and sympathetic nerves. Size 22 inches by 27 inches. 57 references.

Men of high standing in the profession have testified to its merits. Originally it sold at \$5.00 per copy. Now, for the purpose of closing out on it, we are offering it at \$1.00 per copy "as is."

You've got to hurry if you want one. Supply almost exhausted.

The Bunting Publications, Inc.

Waukegan, Illinois

Surprise Bundle!

Fine

Osteopathic Popular Literature

500 pieces \$5.00

This bundle contains some Bunting Brochures, some "Harvest Leaflets," and some OH. Price includes equal quantity of mailing envelopes. Your card imprinted if you want it. Shipment by express, carriage charges paid. This special offer is for summer season only, so hurry along your order.

THE BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

the AOA convention, the following officers for 1922-23 were elected: President, Dr. L. H. Howland, Portland, Oregon; Vice-president, Dr. Mary Gamble, Salt Lake City; Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles.

Dr. C. A. Porter, Hors-de-combat Thanks to Balty Ford

Dr. Claude A. Porter of Port Angeles, Washington, has a prancing steed of the brand that made Michigan famous. The animal got balky one day and when all the excitement was over Dr. Porter says he found, to his great regret, that "a one handed Osteopath is by no means 100% efficient." So Dr. Ernest E. Chappelain of Seattle was called in to take charge of Dr. Porter's practice while his right arm was "hors-de-combat."

Wife of Dr. Scothorn Passes Away

Mrs. Olga Scothorn, wife of Dr. Samuel L. Scothorn, past president of the AOA, died on July 3rd of Septicemia. Mrs. Scothorn was a member of the graduating class of the Southern Methodist University and was a member of the University Club and Lambda Rho Sorority. Surviving the deceased, besides Dr. Scothorn, is a daughter, Delight. Dr. Scothorn wishes us to thank the profession in his name for the beautiful floral offerings and many words of sympathy extended to him in his bereavement.

Eastern Idaho Osteopathic Society Meeting

The Eastern Idaho Osteopathic Society met in Pocatello May 14th and 15th. The principal speaker was Dr. T. J. Ruddy who demonstrated his ability as surgeon in the treatment of the eye, ear, nose and throat. During the meeting Dr. and Mrs. V. M. Bodmer entertained as also did Dr. Grace Parker. Over 30 patients were taken care of at the clinic which was voted to be one of the most successful ever held in the society. To end up the meeting a very enjoyable banquet was held at the Hotel Ban-nock.—Vern M. Bodmer, D.O., Pocatello, Idaho.

Osteopathy Brought Speedy Relief

Elias Fox while riding in the rear seat of a large automobile which was only lightly loaded, permitting therefore full action for the heavy springs, was thrown violently against the top of the car as it was driven over a breaker in the road. His head struck and he sustained dislocations of the first and second vertebra of the neck. He was brought to Clarion, Pa. to the operating rooms of Drs. Stahlman and Long, Osteopaths. A few skillful manipulations soon reduced the dislocation so that Mr. Fox got up from the treatment table and walked off as though he had been in no accident whatever.

Osteopathic Society of New York City Meets

The Osteopathic Society of the city of New York met Saturday evening, May 20th, at the Waldorf-Astoria. On the program were: Dr. J. William Bohrer of Brooklyn, New York whose subject was "The value of Publicity"; Dr. L. R. Whitaker, Boston, Massachusetts, whose subjects were "Investigation of Changes in Muscles, Nerves and Viscera by Electrical Methods" and "Clinical Research in Osteopathy" and Dr. R. M. Crane, Manhattan, whose theme was "Telephone and Telephone Red Book Committee Osteopathic Official Information Bureau."

Osteopathic Clinic for Children and Disabled Soldiers at Wilksburg, Pa.

A free osteopathic clinic for the treatment of children up to 16 years of age and of disabled soldiers has been established at the Ross Avenue Methodist Episcopal Church, Ross and Swissvale Avenues, Wilksburg Station, Pittsburgh, Pa. The clinic will be held in the basement of the church, Tuesday and Friday mornings from 8 to 9. The clinic is for all regardless of church affiliation. The clinic is under the Bureau of Free Clinics for the Prevention of Spinal Curvature.

Job Lot Sale

We have 3,000 assorted OH mostly recent issues. Some dated; some undated. Some imprinted with various cards; others blank. Price per 1,000 as is, \$18.00, f. o. b. Waukegan. Price for entire lot in one shipment, as is, \$45.00, f. o. b. Waukegan.

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

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 Kleptomauia. | |

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 ripe 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

24th Annual Meeting of the Wisconsin Osteopathic Association

The Wisconsin Osteopathic Association held its 24th annual meeting at the Park Hotel, Madison, May 24th and 25th. On the program were: Drs. V. W. Purdy, Milwaukee; Dr. Eliza M. Culbertson; Dr. A. W. Brockway, Waukesha; Dr. R. H. Singleton, Cleveland, Ohio; C. C. Hitchcock; A. U. Jorris, La-Crosse. R. W. Risley, Madison; A. V. Mattern, Green Bay and H. W. Conklin, Battle Creek, Mich., each of whom chose a timely subject and handled it in a masterly way. The guests were entertained at the annual get-together informal dinner at the Elizabeth Room, Park Hotel and also by the Madison Rotary Club at a noon luncheon.

22nd Annual Meeting of the Washington Osteopathic Association

The Washington Osteopathic Association held its 22nd annual meeting at Yakima, Washington, May 26th-27 at the Commercial Hotel. On the program were: Drs. F. Holmes, Spokane; E. Tracy Parker, Portland; A. B. Howick, Yakima; H. F. Morse, Wenatchee. J. Wesley Kaylor Bellingham; R. J. Lockwood, Yakima; J. L. Mullinbrook, Spokane; R. M. Robert, Seattle; J. L. Walker, Yakima; and C. A. Hughes, Sunnyside. All the numbers on the program were very interesting and the Osteopaths who were in attendance came away satisfied that their time was profitably spent.

Sioux Valley Osteopathic Hospital and Clinic

Drs. Myron R. Runions and John M. Hester and a number of associates are now successfully conducting the Sioux Valley Osteopathic Hospital and Clinic. This hospital was formerly operated by five M. D.'s who found it necessary to lease it over to someone else on account of internal disagreements. It is operated on the open plan, that is, it is open

to all qualified physicians and the system is working out well. It is modern through and through and is equipped to take care of any surgical cases that might be brought in or referred to it. Osteopaths in and around Iowa are fortunate in having so well an equipped hospital to send their special cases to.

New England Osteopathic Assn. Meeting

The annual meeting of the New England Osteopathic Association was held at the Narragansett Hotel, Providence, R. I., May 19-20. The new officers elected were: President, Dr. Howard C. Crawford, Boston; Vice-president, Dr. John Parfiet, Manchester; Treasurer, Dr. E. C. Link, Stamford. The following delegates were elected: Maine—Dr. Margurite Stevens, Portland; N. H.—Dr. John Parfiet, Manchester; Vt.—Dr. Gilman Wheeler, Baltimore; R. I.—Dr. Wm. B. Shepard, Providence; Conn.—Dr. E. C. Sink, Stamford; Mass.—Dr. Geo. Goode, Boston; Dr. Philys Taylor, Springfield—Maude J. Williams, Secretary.

Detroit Osteopathic Association District Holds Successful Essay Contest

The Detroit Osteopathic Association recently conducted an essay contest among the junior and senior high school students in the following counties: Wayne, Oakland, Lenawee, Macomb, Monroe, St. Clair and Washtenaw. The judges all resided outside of the contest district and were: Drs. R. D. Tracy, Flint, W. W. Markert and E. A. Ward, Saginaw. The essays all dealt with the basic principles and fundamental differences between Osteopathy and other schools of the healing art. Composition, spelling, neatness, etc., were considered by the judges. Prizes awarded were as follows: First prize, \$100.00; second prize, \$50.00; third prize, \$25.00. fourth, fifth and sixth \$10.00; seventh, eighth, ninth and tenth \$5.00.

Free Osteopathic Clinic in Centralia, Illinois

It has long been the desire of the Osteopaths of Centralia, Illinois, and more particularly of Doctors Wood and Jayne to have a free osteopathic clinic in Centralia. This clinic is now a reality. The above mentioned doctors consulted with the county officials of the W. C. T. U., explaining their proposition in

**Dr. J. M. OGLE
Osteopathic Physician**

diagnosis by

**Electronic Reactions of
Abrams**

and

Oscilloclastic Treatment

Referred cases for diagnosis or treatment given special attention. X-ray laboratory.

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Moncton, N. B., Canada**

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General and X-ray diagnosis. Consultation,
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Terrace Spring Sanitarium
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Hubert F. Leonard, D.O., M.D.
Consultation and Surgery
Local anaesthesia in general surgery; nose,
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Surgery: Eye, Ear, Nose and Throat
Referred Cases solicited
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Careful attention to referred cases.

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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. Leland S. Larimore
Eye, Ear, Nose and Throat
Prof. Ophthalmology, Optometry and Oto-
Laryngology, K. C. College of Osteo-
pathy and Surgery
601-2-3 New Ridge Bldg., Kansas City, Mo.

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. C. C. Reid
Eye, Ear, Nose and Throat
Dr. C. L. Draper
Dr. J. E. Ramsey
Adjoining Suites with tiled and spec-
ially equipt "surgery" in common.
501-10 Interstate Trust Bldg. Denver

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.

Dr. L. B. Overfelt Dr. W. V. Cooter
Osteopathic Physicians and Surgeons
Referred cases given special attention.
Boulder, Colorado

Dr. Franklin Fiske

has moved to the

New Borden Building

350 MADISON AVENUE

(At E. 45th Street)

New York City

The Glenbrook

An Osteopathic Home for the sick

**96 Glenbrook Rd.
Stamford, Conn.**

Fifty Minutes from New York City

Modern osteopathic institutional care in restful home surroundings. A limited number of cases are accommodated, insuring individual care and attention.

Specialized treatment for disease of the cardiovascular system.

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

New York City Office, 18 East 41st St.

detail to them. The aforesaid officials received the proposition favorably and arranged for a clinic to be held each Saturday morning from 8:30 to 10 o'clock. Hand bills were printed and distributed, and reports of each session of the clinic were sent to the newspapers. Six sessions were held so far and there are about 45 children being cared for with an average attendance of 30. All kinds of cases are being treated for Enuresis to the case of a little girl with T.B. of the spine at the 12 dorsal which is in a cast and is doing fine. The work falls right in with the W. C. T. U. Welfare Work.

Georgia Osteopathic Association 22nd Annual Convention

The Georgia Osteopathic Association held its 22nd annual convention on June 3rd at the Hotel Piedmont at Atlanta, Georgia. Dr. H. H. Trimble of Moultrie read a paper on Public Education, Dr. Stella Thurman of Americus, Ga. on Physics and Mechanics of Osteopathy; Dr. Grover C. Jones, Macon, Ga., on Proctology from the Osteopathic Viewpoint and Dr. C. L. Brooke, Columbus, Ga., on Children's Clinics. Following these there was a round table and clinics. Officers elected were: President, Dr. C. N. Walker, Athens; Vice-president, Dr. Elizabeth Broach, Atlanta; Secretary-Treasurer, Dr. A. W. Chaplin, Albany; Dr. C. L. Brooke of Columbus was put on the Executive Board for three years. Dr. M. C. Hardin of Atlanta was the association's representative at the AOA convention in Los Angeles. —John W. Phelps, D.O., Ex-president.

Philadelphia College of Osteopathy Gives Free Post Graduate Course

From June 2nd to June 17th the Philadelphia College of Osteopathy and the Osteopathic Hospital of Philadelphia offered the graduates of that institution and graduates from other colleges a free post-graduate course covering osteopathic fundamentals in the light of progress, showing the actual living pathology on the operating table, and demonstrating the most advanced method in the various specialties. The Philadelphia College of Osteopathy is to be congratulated on its undertaking of so laudable an enterprise as the benefits of a post-graduate course and, in many cases, its great need is acknowledged by everyone for, as says the circular sent out by the college, "in the daily rush to care for all who call for our services, our time for study becomes restricted and ideas of vital importance may escape our attention."

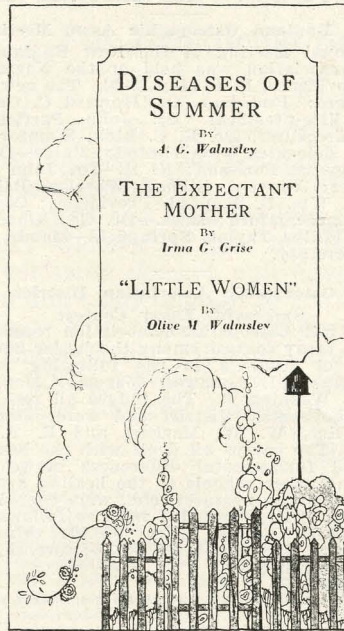
Dr. Millard in Limelight

Dr. Franklin P. Millard of Toronto, Ontario, Canada in an address before the delegates of the Pennsylvania Osteopathic Association pointed out that health was to be placed paramount and his statement that "if golf interferes with business the thing to do is to give up business for no man, no matter how busy he is, should sacrifice his life for his business or profession" was taken up by the Associated Press Dispatch and printed in the various dailies of the states. The leading Toronto Sunday paper, "The World," in an editorial, June 4th, compares Dr. Millard's statement with that made by Dr. Wm. Osler a number of years ago in Philadelphia where, it is alleged, he advocated the chloroforming of all men over 60 years of age. The World points out that Dr. Millard's statement, unlike that supposed to have been uttered by Dr. Osler will be of great service to humanity. The paper says, "it is but fair that if Toronto produced the man who inadvertently brought worry and venom to the hearts of the three-score-year men, it should also send out to them a great benefactor. This is Dr. Franklin P. Millard, who in a recent address in the same city of Philadelphia, gave this piece of advice: 'If golf interferes with business, the thing to do is to give up business.' We have no doubt that Dr. Millard will prove to be a most popular doctor."

23rd Annual Convention Illinois Osteopathic Assn.

The twenty-third annual convention of the Illinois Osteopathic Association was one of the most successful ever held. The attendance was better than last year. We had a registration of 150. Everyone who was scheduled to appear was there and we had two late additions, Dr. R. H. Williams of Kansas City and Dr. Gerdine of Macon, Mo. All of the papers were excellent and many members expressed themselves as being more than repaid for the time spent. The outstanding feature of the convention was the Diagnostic Clinic. This clinic examined 86 patients during the three days. There were something like 15 specialists through whose hands these patients passed. Every patient was given all of the examinations which were indicated by the general examination which preceded. In addition to the general osteopathic examination, there were present, principally from the Chicago College of Osteopathy, eye, ear, nose and throat men, obstetricians, gynecologists, ophthalmologists and pediatricians. The object of this clinic was to demonstrate to the laity how wide a field is covered by the present-day osteopathic practice. The patients were charged \$10.00 each for this service so that the clinic paid its own way and a little more. The officers for this next year are: Dr. J. F. Peck, Kankakee, President; Dr. J. M. Fraser, Evanston, President-elect; Dr. Velma Clark, Galesburg, Vice-president; Dr. Carrie Bundie, Mendota, Vice-president-elect; Dr. Walter E. Elfrink, Chicago, Secretary-Treasurer.

Osteopathic Health for August



Here is something to intrigue interest during hot days of August. It gives information that will leave a lasting favorable impression about Osteopathy. Develops a new mental attitude toward osteopathic practice. If you want to stimulate extra practice during August this is the thing to use. It is likely to bring you patients who will need your services through Fall and Winter.

PERSONAL

Dr. Anna K. Aplin formerly of 38 Alfred Street, Detroit, Mich., is now located at 8047 Woodward Ave. Dr. Alfred W. Rogers, of Boston, Mass., is in Europe for the summer.

Dr. Pearl Barker Schulz is now located at 1946 East 82nd Street, Cleveland, Ohio.

Dr. Samuel L. Scothorn announces change of address from 843 Wilson Building to 1912 Master Street, Dallas, Texas.

Dr. Norman J. Nielson is now located at 279 Front Street, Belleville, Ontario. His former address was 17 Victoria Avenue.

Dr. L. Alice Foley announces change of address from 505-506 Essex Bldg., to Curtis Hotel, Minneapolis, Minnesota.

Is it Well with the Child? The above is the title of a very interesting article in the June issue of "The Club Woman's Magazine" by Dr. Walter H. Siehl of Cincinnati, Ohio.

Dr. Carrie Parenteau Anderson announces the opening of her office at 925 Consolidated Realty Building, 607 South Hill Street, Los Angeles, Calif.

Dr. S. B. Kiblinger of Joplin, Missouri, announces the removal of his offices from 306-7-8 Bartlett Building to 303-4-5 Bartlett Building.

After spending ten years in the one building, Dr. F. K. Walsh has removed to the new Masonic Temple where he has very agreeable offices.

Dr. Walter J. Outt has removed from Philadelphia and has located for practice at Summit Apts., 2787 Hudson Blvd., Jersey City, N. J., having taken over the practice of Dr. Mellie G. Hulse.

Dr. E. J. Gahan of Perryville, Mo., left on July 15th for a month's trip in eastern Pennsylvania and New York, visiting his father and other relatives. Dr. Gahan will drive as far as Detroit.

Dr. Charles S. Green of 51 East 42nd Street, New York, left on July 6th for his camp "The Birches" in Northern Ontario. Dr. Green will not return to his offices until September 11th.

Dr. J. S. Baughman of Pensacola, Florida will be away from his offices during the months of July, August and September. Dr. Charles Sommer of Indianapolis, Indiana will take care of his practice.

Dr. Myron R. Runions of Correctionville, Iowa, is glad to inform the profession that he is taking another step for the advancement of Osteopathy by taking upon himself a wife, Miss Olive Mumford of Cedar Rapids, Iowa, July 15th.

Dr. W. C. Montague and wife of Evansville, Indiana, sailed from Montreal June 16th for an ex-

tended tour of Great Britain and continental Europe. They will see the Passion Play, returning about September 20th.

Dr. C. C. Crampton of Kankakee, Illinois has sold his practice to Dr. J. C. Jeffery of Bellville, Illinois. Dr. Crampton will devote all of his time during the next three years to the development of a large raisin grape vineyard in Delhi, California, which is near Fresno, the raisin center of the world.

Dr. F. W. Threshman of 301 Lafayette Ave. Brooklyn, New York, announces that he will be away from his office until after Labor Day. He is leaving on a trip to England whence he will go to Continental Europe, motor through France and Switzerland, see the Passion Play at Oberammergau, finally visiting Bavaria, Belgium and Holland.

Dr. Ellen Shultz of Guthrie, Oklahoma, sailed for England on the Caumaria steamship July 13th for the summer accompanied by her sister and brother's family of Madison, N. J. While there she will visit the Clinic for the Prevention of Spinal Curvature in London. Dr. M. Ford will take charge of her office during her absence.

Dr. Lamar K. Tuttle of 18 East 41st Street, New York City, left on June 5th for San Francisco to enter Dr. Abrams' Clinic for the purpose of further investigating ERA. Dr. Tuttle finished a course under Dr. Cave but wishes to have the finishing touches put to it by Dr. Abrams himself. According to Dr. Tuttle all that is claimed for the Abrams method seems well founded.

Dr. Clarence Vincent Kerr and Dr. Gilbert Lane Johnson announce the removal of their offices from the Guardian Building to 1946 East 82nd Street, Cleveland, a large residence property which will house "The Cleveland Group of Osteopathic Physicians" which in turn will conduct an osteopathic clinic with a department for crippled children, the first establishment of this kind in Cleveland. Associated with Drs. Kerr and Johnson will be Drs. Wm. H. Schulz and Dr. Pearl Barker Schulz and an x-ray osteopathic specialist.

BORN

To Dr. and Mrs. Walter Siehl of Cincinnati, Ohio, a son, Philip Fred, June 21.

To Dr. and Mrs. Stephen M. Farnum of Providence, R. I., a son, Stephen Coleman, June 20th.

MARRIED

Dr. Myron R. Runions of Correctionville, Iowa, and Miss Olive Mumford of Cedar Rapids, Ia., July 15th. Dr. Robert Henry Veitch of Boston, Massachusetts and Miss Beatrice Grant Ennon, July 20th.

Miss Esther Shipman, daughter of Dr. K. W. Shipman of Evansville, Wis., and Mr. F. L. Starin, June 21st. They will reside at Darien, Wisconsin.

DIED

Dr. F. B. Teter, at Davenport, Iowa, June 8, age 49. Mrs. Olga Scothorn, wife of Dr. Samuel L. Scothorn, July 3rd at Dallas, Texas, age 24.

EXCHANGE and MARKET

FOR RENT—Cottage, Gull Lake. Write Dr. Cobb, McNair Bldg., Kalamazoo, Mich.

WANTED—To get in touch with some Osteopathic Physicians (female) who are not married. Address all correspondence to Dr. Morris Ray, care of Mrs. Maud Halowell, Pennsylvania Avenue, Seymour, Ind.

FOR SALE—One of the best established practices in state of Montana. Specializing, reason for selling.—Address No. 351, care of The OP, Waukegan, Illinois.

FOR SALE—Practice and equipment in Illinois countyseat town. Ideal for man and wife. Best location. Office and flat in connection. Fifteen hundred will buy.—Address No. 357, care of The OP, Waukegan, Ill.

FOR SALE—Huston Bros. High Frequency outfit, Type F.—Ultima Co. Sinustat No. 3 in fine condition.—Krusse System Sulphur Vapor Bath Cabinet, good as new. Write for descriptions and prices. Address Dr. J. W. Pay, Milbank, S. Dak.

FOR SALE—An established (eleven years in one location) well paying practice in best residential section of Newark, N. J. Apartment six rooms, all light. Lease runs 'till October, renewable if prompt. Rent reasonable. Furniture for sale, if wanted. Everything reasonable. Accounts open to inspection. Personal introduction to patients. Address No. 355, care of The OP, Waukegan, Ill.

FOR SALE—Will sell my practice averaging \$8,500 a year, six-room modern brick hospital building, brick garage accommodating two cars at rear of lot. Located in town of 900 in southern Iowa, large farming country to draw from as well as several small towns. Reason for leaving—want to take P. G. course and go to California. Will sell for \$10,000—half cash, balance by note.—Address No. 356, care of The OP, Waukegan, Ill.

"Where There Is No Vision the People Perish"