

The Osteopathic Physician

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The Osteopathic Physician

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Number 2

SHOP TALKS on OSTEOPATHIC AFFAIRS

Glad He Raised His Fees

I have noticed several very good articles on "Raise your Fees." I have been located here at Pender, Nebraska, for one year, Dec. 17th, and my first year's practice ran close to \$5,000, and since Sept. 15th I have been getting from \$2.00 to \$3.50 per treatment, mostly \$2.50, and so far no one has made any complaint about me raising my prices. I get \$5.00 for the first treatment and examination. I have cut out the practice of giving so many treatments for \$25.00. I consider that it cheapens osteopathy in more ways than one.

I for one will never go back to the \$2.00 price. I have lots of competition also. This is a town of 1,400 population and there are four M. D.'s. Wake up, Brother D. O.'s and raise your fees! The chiro's have raised to \$1.50 per crack. I am osteopathy pure, 100 per cent.—*H. H. Christenson, D. O., osteopathic physician and surgeon, Pender, Nebr.*

Found This Chiro Course a Fake

Please insert this for the admonition of the wary. Spending two weeks of good time "to learn chiropractic," besides giving them the prestige of our presence in their colleges, which would make a strong business talking point for them rather than for us, is rank foolishness. I know whereof I speak. I graduated from one of the best of the chiropractic schools after spending nine months there and for the life of me I could not distinguish one simple, small individual fact with the name of chiropractic, or claim any asset to my technique other than the crude biff-and-bang thrusts originated by their able men. Commonly speaking, I got stung for a year's work and a thousand dollars or better by this commercial cult, before my good stars directed me to an osteopathic college. Therefore upon reading an advertising circular letter they had addressed to all D.O.'s, I could not refrain from this word of caution. If any D.O., having his thorough instructions in principles and technique in his own college, doesn't want to make a natural darn fool out of himself, let him stay clear of any possibility of entering a college of natural therapeutic or chiropractic.—*E. S. Moser, D.O., Naperville, Illinois.*

Prognosis Should Be Guarded

As long as the world and osteopathy exist osteopaths will find many cripples knocking at their doors. Do not say: "I can cure you," but if your diagnosis and prognosis are favorable, advise a course of a dozen treatments as a try-out or starter. Whether the patient responds or not, your position and ability remain intact.—*John H. Finley, D.O., Berwick, Pennsylvania.*

Operation for Hemorrhoids

Several patients have said things about a treatment for hemorrhoids that some physicians are using in which they claim the physicians inject something directly into the tissues. Since I have heard of this treatment from different sources and have never read anything on this kind of treatment, will some one kindly put me wise, discuss the technique, state what it is that is used in the injection, etc.—*H. W. Paine, D.O., Oregon City, Oregon.*

[Injections used for about twenty years past are reputed to be carbolic acid. The editor knows of one case prolonging useless suffering that wasted three months on such a "specialist" who said his treatment required only six weeks to cure. Absolutely nothing was accomplished for this case and not even a beginning was made toward the actual treatment, this time having been wasted in so-called "preparatory treatment." As the patient was then advanced three months in pregnancy she entered a hospital, had a radical operation by a surgeon who specializes in these cases and in two weeks went home absolutely cured. Nearly three years have elapsed and she stays cured. Pregnancy does not interfere with such an operation in the hands of an expert who has had plenty of experience.—*Editor.*]

Aetna Insurance Company Muzzled by Medical Trust

My brother and I were notified today by the Aetna Insurance Company that they no longer would issue physicians' liability insurance to osteopaths. They had protected us for years. Do you know of any reliable companies who do insure osteopaths? If so, why should not our entire profession and our supporters boycott the Aetna Insurance Company on all other forms of insurance and give our business to such fair and unmuzzled companies as do recognize us? Please give a discussion on this. I have a vague recollection of some company formed especially for osteopaths. Is there such a company?

The AOA should get after these allopathic trust insurance companies. Let me hear from you soon.—*Guy E. Loudon, D.O., Burlington, Vermont.*

The Joy of Healing

How much more joy and pleasure there is and what a greater thrill it gives us to read of those inspiring articles on how some fellow osteopath corrected a rib lesion and cured the patient than it is to note the wailings of some one for whom osteopathy is not broad enough. We are inclined to think that if the "progressive" would devote some of his energy to perfecting his osteopathic technique and then would practice it that he would derive so much satisfaction out of his successes that he would forever forget the grievous handicap he is now laboring under by not being permitted the unrestricted use of drugs.—*Chester A. Griffin, D.O., Lansing, Mich.*

Aetna Insurance Company Lined Up by Medics

The local agent for the Aetna Insurance Company informs me he has received instructions to accept the insurance of no more osteopaths for medical liability protection. He thinks it is a nation-wide order; but, my policy running out today, I am notified, looks suspicious to me. It looks as though the AMA were laying plans to make all the trouble they can. Do you know how the number of damage suits brought against osteopaths compares with the number brought against M. D.'s? Do you know of any policies having been cancelled or renewed for osteopaths recently? I have asked President Conklin to take the matter up with our AOA attorney, Mr. Patterson, and see what he can learn on the subject, for I think it is something that may turn out to be of considerable importance to us all. I am mailing my check today to the Medical Protective Company of Fort Wayne, Indiana, as that is the only available company that I know of. I will soon know what stand they take on the question.—*George M. McCole, D. O., Great Falls, Mont.*

"Simple Simon" Takes Invoice

While reading a number of very interesting articles in your good paper I notice some good doctor refers to the wonderful things being done by the "higher-ups" in the profession and he said, "even the Simple Simon osteopaths are doing some wonderful things." Well, his statement demands no reply and certainly deserves no criticism. But it was the signal for me to "invoice" and find I am surely the "Simple Simon." There are many things the practitioner should know which I do not know. I have a very limited anatomical vocabulary; yet my fingers know all the general muscles, origin and distribution. They know the lesion, acute or chronic, or both. They know how to correct them. They are doing it every day. They have saved many appendix cases that had been ordered to the knife by high brow M.D.'s. Last winter they cared for forty-seven "flu" cases and lost not one. They saved two pneumonia cases after the M.D.'s had said "no hope." They sometimes know when they do not know and then summon help. They have built a large practice where others—good, poor and indifferent failed, and yet their master is in the "Simple Simon" class in a sense. But he is filling a worthy place with credit.

Finally: "Don't shoot the pianist—he's doing his level best." Again: Do not kill the goose that laid the golden egg until the fledglings are strong enough to lay eggs and numerous enough to supply the demand.—*R. W. Thorne, D. O., Greengrub, Indiana.*

Be a Producer

Do not live on the reputation of your predecessors in osteopathy but achieve something worth while for yourself and the profession. Make osteopathy do the work.—*U. S. G. Bowersox, D. O., Longmont, Colorado.*

Decries Unprepared Specialism

I see the worst danger to our work in the fad among many of our good people trying to do special work along medical or surgical lines without good preparation for the same. I have no criticism of the good man or woman who wants to specialize and is willing to prepare, and knows how to do so; but great danger lies in attempting such work with the lack of good training. We cannot do good work in any line without good training. I think any one of our people who gives drugs in his office, if he is not a graduate of a good medical school, is guilty of inconsistency and is tearing the foundation stones of our work away. We have been successful just in the measure that we stick to what we claim to be before the public. I have been many years in practice and have often told patients to go to a good surgeon or a good medical man, and get them to do what I thought they needed to help with the case. I never gave a drug to a patient, and do not try to do surgery. I send patients who need these things to the best trained person I know in the profession. We will all see the folly of trying to be mixers in time, but just now I think it's the cause of lots of trouble and is the worst danger cloud on our horizon. I think perhaps your paper reaches more of us than any other publication, and so won't you try to help us see this mistake before it does us more harm than it has?—*Josephine de France, D. O., St. Louis, Mo.*

The Second Dorsal

The second dorsal affects the vasomotor control to the mucous membrane of the nose and throat and the general nutrition cavities of the body. Also of the eyes. In all disturbances of eye, ear, nose or throat look well to the 2nd dorsal and upper cervical. Your surgical cases will do better if these lesions are corrected.

—*He-forgot-to-sign-it, D. O., at Blackwell, Okla.*

When They Get Sick Again

One thought impressed on me this month is the puzzling fact that many patients having had a few weeks or months of treatment imagine no more are ever indicated. I meet people who were treated successfully years ago, who, when you meet them, tell you that for the past year or so the old trouble seems to be asserting itself and wondering if more treatment is called for. Funny, is it not?

—*Joseph H. Sullivan, D. O., Chicago.*

Perspiration Killer Made Tumors

One of the most subtle and pernicious "ads" perpetrated on the public today is that exploiting the "invaluable" benefits derived from the use of "Odorono." A patient of mine had used it for months when she noticed enlarged glands developing in axillary spaces. It has been nearly two years since she has discontinued its use but no change or improvement has taken place. Both axillary spaces have many nodules throughout the chain of glands and the tumors projecting under the pectorals, are the size of a large goose egg. We have had cases of body rash and a number of subtle nervous disturbances as a result from the use of this most injurious stuff. Preach and teach against its use.—*Gertrude Lord Gates, D. O., Portland, Ore.*

Ten-Finger Osteopathy

Let's get back to the basic principles as taught by the "Old Doctor." If we would adhere to these principles we would cut out all our present dissensions. Let's have more osteopathy and less muddling so that we may steer our ship clear of the rocks.

—*Ignatz Mittleman, Philadelphia College of Osteopathy.*

N. Y. D. O.'s Have Low Blood Pressure

The osteopaths of the Hudson River North Association at their last meeting decided to make a careful examination of each member present and keep a case record of same, and every one present had a sub-normal blood pressure, showing an exhausted nervous system, so there seems to be no use advertising osteopathy in these "diggins" until we get some new D. O.'s, and that we are all trying to do.

—*Mary E. McDowell, D. O., Troy, New York.*

Serious Anemia Overcome

Have been treating the last ten days a woman who has been under care off and on for two years. She was practically given up to die from anemia two years ago. Osteopathy, including hygienic, dietetic and hydrophatic methods, renewed her health. Lately she was running a temperature in a condition of pleurisy. Today her temperature is normal. Constant friction with therapeutic lamp also used, kept blood flowing to the skin. Prolonged menstruation prevented tub baths, though local applications of hot water were used.

—*Morris Lychenheim, D. O., Chicago, Illinois.*

Your Objective

Stick to the lesion until you are sure you have found it; fix it to stay—leave it alone, but don't forget it. This was the old Doctor's philosophy, and it gets results.

—*A. W. Hart, D. O., Boston, Massachusetts.*

Running After False Gods

Osteopathy will die because of the insane desire for the M. D. degree now prevalent among us, some for the purpose of prescribing drugs, while others wish to take the easy way to practice as they please, without molestation of medical boards, etc. Unless we find the cause of this desire and remove it we are lost. Either the schools are not teaching osteopathy or the students are not getting it. Very few students will become osteopathic physicians if they study medicine only. We must read medical books, but we must study osteopathy. My observations lead me to believe that many of our truest and best osteopaths are those who practiced medicine and found the worthlessness of drugs, then took up the study of osteopathy, while some of our weakest and poorest osteopaths are among those who studied osteopathy first, then medicine, without first testing the efficiency of osteopathy.—*J. J. Moriarity, D. O., Ottawa, Illinois.*

Still Paging Dr. Amsden!

I have just finished reading the last issue of the *OP*, and have gotten much good from Dr. C. E. Amsden's article on the "Colon," which he read at the New York Osteopathic Society convention. His paper ended rather abruptly, however, as if he had more to say on cases he had treated, their treatment and results. If you omitted to publish this part of his paper on account of space, I wonder if we could have it in the December *OP*? (We published all he gave us, Doctor.—Editor.) Or if Dr. Amsden actually ended his paper at that point, couldn't you persuade him to finish it for the benefit of others? (We'll try.—Editor.)

—*J. M. Phillips, D. O., Hollywood, California.*

Sticks to Essentials

I want to be an up-to-date *real* osteopath of the A. T. Still kind. I want to do the best work possible. If I do not use electric contrivances, vibrators, skin lotions, etc., am I a back number?

Which of the various schools of osteopathy spend the most *time* in teaching *real* osteopathy? The *real* technique—how to do the thing, and not the *theory*? I want the information.—*Emma C. Fager, D. O., Havana, Ill.*

Emphasize Our Acute Work

Perhaps the most important thing is for us to put more emphasis upon our treatment of acute diseases. Nature cures. Our work is altogether in the aid of nature, and no part of it obstructs her work. The removal of pathological conditions due to impaired circulation that was present in "flu" is what gave the wonderful results, and it can be duplicated in other acute diseases.

—*Chas. Carter, D. O., Richmond, Virginia.*

Shows Drug Injuries

For osteopaths, and especially half-baked ones, I recommend "Iridiagnosis," by Lindlahr. This will open their eyes as to the deleterious effect of drugs on the system and accounts for a lot of chronic cases. It shows that it is not so much the disease that leaves them a chronic as it is the drugs administered, which being foreign to the organism, accumulates in certain organs and tissues and leaves them chronics. It proves what A. T. Still claimed that drugs are poisons and work harm rather than good.

—*E. M. Steele, D. O., Wilmington, Ohio.*

A Mountain Journey Worth the Effort

I made a trip of 56 miles across the West Virginia mountains last September to see a Mrs. S. The local doctors' diagnosis was simply "stomach and heart trouble." Patient had been bed-fast for nine weeks, and the doctors said they would have to take her to a hospital to determine the nature of her case. Symptoms: Dull ache in stomach at all times, and she spat up nearly everything she ate; headaches, palpitation and shortness of breath, badly constipated and troubled with frequent urination, heart 100, respiration 16, temperature normal. I found a badly twisted pelvis, third and fourth ribs, left side up, and a rotated second cervical, which I was able to correct. The woman had an easy night and was up and around the house next day, and came to my office in about ten days.

—*J. D. Miller, D. O., Morgantown, W. Va.*

The Missing Link

If the end of the chain that Dr. Still pulled and the end that Dr. Pratt pulls are united as one by the missing link, then you will have a real sure way of assisting nature to eliminate such diseases as are caused by tight and unruly sphincters. These bring on constipation, that poisons the system and irritates the nerves beyond endurance. In time this may bring on paralysis, sleeping sickness, dementia praecox, female troubles of all kinds and many other as dissimilar ills until the life wire is severed ere the patient gets relief.

—*W. J. Mulrony, D. O., Yuma, Arizona.*

Alimentary Activation

My thought for Shop Talk is this, and I think it very essential in maintaining health. Empty the ascending colon after each meal by lying on the left side, preferably with the leaf of your McManus table elevated, and starting the hepatic flexure work towards the cecum. You will hear the gurgling as the contents pass over and down into the transverse colon and experience immediate relief. Also empty the gall-bladder at the same time by firm pressure from the base of the ribs down towards the umbilicus. This will relieve that uncomfortable feeling of fullness and prevent constipation and absorption of toxins. Don't neglect to drink a flask or two of hot water, or cold water, upon arising in the morning and thus flush out the stomach, intestines, blood, kidneys and bladder. Of course it is assumed that the rectum and sigmoid are empty at all times.—*Frank W. Mossmeyer, D.O., Cincinnati, Ohio.*

Cultivate the Prophylactic Habit

Try to educate your patients to the value of one or two treatments a week as a preventive measure against ill health. It pays both you and your patients. Or at least try to have them come in for a thorough physical examination every so often.—G. W. Barrett, D.O., Pittsfield, Mass.

Persecute or Persuade—Which? A Talk to Enthusiasts

I have run across the following good advice in a classic which we "Shop Talkers" all may well take to ourselves.

"The enthusiast has been compared to a man walking in a fog; every thing immediately around him, or in contact with him, appears sufficiently clear and luminous; but beyond the little circle, of which he himself is the centre, all is mist, error, and confusion. But he himself is nevertheless as much in the fog as his neighbours, all of whom have also cantoned out their little Goshens of perspicacity. Total freedom from error is what none of us will allow to our neighbours, however we may be inclined to flirt a little with such spotless perfection ourselves. Sir Richard Steele has observed, that there is this difference between the church of Rome and the church of England; the one professes to be infallible—the other to be never in the wrong. Such high pretensions are extremely awkward wherever the points of difference happen to be more numerous than those of agreement. A safer mode of proceeding would be to propose with diffidence, to conjecture with freedom, to examine with candour, and to dissent with civility; 'Let there be harmony in things essential; liberality in things not essential; charity in all.'—Publius. This ought to teach all the enthusiasts moderation, many of whom begin to make converts from motives of charity, but continue to do so from motives of pride; like some rivers which are sweet at their source, but bitter at their mouth. The fact is, that charity is contented with exhortation and example, but pride is not to be so easily satisfied. An enthusiast, therefore, ought above all things to guard against this error, arising from a morbid association of ideas, directed to view and examine all things through one medium alone. The best intentioned may be exposed to this infirmity, and there is one infallible symptom of the disorder, which is this: whenever we find ourselves more inclined to persecute than to persuade, we may then be certain that our zeal has more of pride in it than of charity, that we are seeking victory rather than truth, and are beginning to feel more for ourselves, than for human progress."

Why Not State Colleges of Osteopathy?

Why should not bills be introduced in all governing legislative bodies, for the purpose of the establishment of osteopathic colleges maintained by the state? We have state veterinary, homeopathic and allopathic colleges. Why not keep the interest of the public in our direction by demanding state recognition and support for our colleges?—Arthur Brunsman, D.O., Peoria, Illinois.

Clinics in 500 Centers?

I want to get before the fellows and girls the ideal now in my mind—a "vision for 1920." The records of our achievements of last year's pandemic makes it imperative that this year should mark a stride onward in making practical demonstration to even greater numbers of their great need of osteopathy. Set before the world a living memorial to A. T. Still, it's founder, by the establishment of Free Osteopathic Clinics in at least 500 centers and we can if we will. All set. Let us go!—F. E. Dayton, D.O., Chairman AOA Bureau of Clinics, Escanaba, Michigan.

Even Uses The OP to Interest His Patients

After I read each issue thoroughly I place The *OP* among other popular magazines on my library table so that my patients may receive some of the benefits from the magazine itself. The experiment has proven itself to be a most worthy one for seven out of every ten of my patients will read it and invariably each one will become interested in some particular article of the issue. What is the result? A very gratifying one, I assure you, for instead of talking about the weather or "rubber-stamp" topics, our conversation is along osteopathic lines. The patient is then doubly benefited, first from the treatment itself, and second, from the osteopathic conversation which should be a paramount issue in the development of one's patients, particularly of their mental attitude toward the science itself.

Is it, then, any wonder that I have put up such a howl for these numbers of The *OP* I have missed? Hardly, when I am using them to further the development of our noble science.

Please do not wait until my present subscription reaches its final issue before notifying me of its expiration. Every copy means so much to me that I have no willingness to lose out on any number.

Again thanking you for your prompt reply and wishing you all possible success in your already great work I remain,—H. G. Edwin, D.O., Billings, Mont.

He Did His Best

Not boasting to cure the incurable, or do the miraculous, but studiously seeking to be able to do the right thing at the right time and in the right manner, and demanding pay for services rendered at a reasonable rate, might be termed the central thoughts of all true-blue, successful osteopathic practitioners. This includes careful preparation on the part of the student while in school and continued consultation of authoritative texts by the practitioner to be always alert and abreast of progress in the Healing Art. It is one thing to be true to self and another to be, to the patient, a true physician, but it takes both to be a true osteopath. His epitaph should read: "He did his best."—Chas. A. Champlin, D.O., Hope, Arkansas.

Hit by Taxi; Regains Speech

A man in London was hit by a taxi-cab carrying the Bishop of Wakefield. After he had been taken home and his injuries dressed he then asked for the Bishop, declaring, "You have done me a good turn. I was dumb before the accident." This case is an object lesson to the osteopath who fancies it takes from 30 minutes to an hour to give treatment! We'll give three guesses as to how long it took that taxi-cab to adjust this man's lesion. Another thing: Should that chauffeur be prosecuted for practicing medicine and surgery without a license?—Kibby J. Clements, D.O., Plainview, Texas.

Wants Room for Lesion Records

Every time I sit down and attempt to make out a case report, I am more than discouraged. I find a place for everything but the one thing I am most concerned in, and that is a place to describe the lesion. I do not minimize the symptoms, I want them included, but I do want a place left to record what I believe to be the structural cause. Now, among the many benefactions you bestow, can't you get out a decent case record card for D.O.'s?—Margaret H. Farnham, D.O., San Francisco, Cal.

[We did our best, Doctor, in helping to devise the present Case Record of the Academy. It has ample room and charts to help define the lesion. What is the matter with it?—Editor.]

Amsden Can't Dodge Them!

In your November issue you had an article by Dr. C. Ehelwolfe Amsden, Toronto, Can. on "The Colon and Its Neglect in Osteopathic Diagnosis." The article is not "all there" as he says he is going to give some of the practical experience in treatment and results, etc. The article stopped just where it became interesting. I wish you would tell me where I can get the rest of it.—G. E. Arnold, D.O., Albion, Michigan.

Did the Old Doctor Hurt Them?

Instead of making a statement I come seeking information. Are there any better operators than was Dr. Still? Were the "Old Doctor's" treatments always gentle or did he find it necessary and advisable at times to hurt the patient in order to accomplish results?—S. V. Robuck, D.O., Chicago, Illinois.

A Lumbar Twist

A girl of 15 with extreme tenderness and constant pain in left iliac fossae. Local examination of ovary caused pain and nausea; temperature 99.3; leucocyte count 17,400; a lumbar twist and posterior left innominate were adjusted; pain immediately left; temperature was normal within 4 days, and leucocyte count on 13th day was 700. Case discharged cured.—M. L. Hartwell, D.O., St. Joseph, Missouri.

Attention! Georgia D.O.'s

In October 1919 *OH*, page 12, a case report is given on Hypertrophied Heart and Mitral Insufficiency, (Mrs. R., age 52). I should like to communicate with the doctor reporting this case. Will you please send his name?—Fraternally, Carrie Weatherly, D.O., Henry, Ill.

[As we have forgotten which Georgia D.O. reported this case we print this, hoping it will flag his attention so he will write Dr. Weatherly.—Editor.]

NOW THAT
FLU HAS COME BACK

During the Flu-Pneumonia Pandemic the Medics Experimented with Serums on Living Victims to Their Heart's Content and They Failed Miserably to Secure any Satisfactory Results.

"Osteopathy Potent Where
Serums and Vaccines Fail"

tells why experimental serums and vaccines are usually rank failures and it shows why osteopathy is successful in healing the victims of diseases which serums and vaccines can not prevent or cure.

This brochure offers in plain simple language the information that the public is eager to receive. Do not withhold this knowledge from them! We fill orders for this brochure at the special rate of \$4.00 per hundred. The evidence presented in this brochure puts osteopathy in the top position in modern healing art. Use it for the advancement of osteopathy, and the enhancing of your position as a physician in your community.

THE *OP*
9 So. Clinton St., CHICAGO

Little Stories of the Clinic

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

STORY No. 4:

October 11, 1919. Mrs. S. age 45, had systemic weakness, pain in the back, pallor and excessive menstruation of a severe character. A doctor with a good reputation as a surgeon told her she had a uterine fibroid and that it was necessary to perform a hysterectomy. She at once attempted to secure a room in a hospital, but there was none vacant. A week later she was notified she could have a room, but by that time she was ready to exercise a woman's privilege of changing her mind. I found a large, heavy uterus with very little mobility, badly retroverted, lying in the hollow of the sacrum. Palpation revealed a symmetrical enlargement or thickening. There was no evidence of any fibroid growth in the pelvis except such as might be inferred from the thickness of the posterior wall of the uterus. I informed Mrs. S. that I did not believe there was any fibroid, and that I believed I could help her greatly by adjusting the uterus and applying a support. I told her the treatment would be quite painful. She said "Go ahead."

I found some adhesions, and used the technique described in the *AOA Journal* for May, 1918. I did not consider the uterus and its ligaments as being delicate structures that could be easily injured by local treatment. On the contrary I used a great deal of force with my fingers to break up adhesions, and to pry the uterus away from the sacrum. After giving four treatments every other day, I broke up the adhesions, restored mobility, and brought the organ in an exaggerated position high in the pelvis and just back of the symphysis pubes. I then inserted a Smith's pessary.

When she reported for her fifth treatment she was quite jubilant. She felt ever and ever so much better and stronger. She was buoyant and had no dragging sensation or pain in the back. Since then she has been coming at irregular intervals. At one time she went without the pessary for three days. We found the uterus tumbled back in the old position and the woman suffering acutely as a result. This led her to realize how much she had suffered, before I treated her, and how much good the treatments had accomplished.

She reported January 20th that there had been no menstruation except a slight discharge lasting two days, since the beginning of her treatment, October 11th, and that she was feeling fine. Her weight had increased very materially. I found the pessary affording very adequate support. On December 23rd there was a little mucous discharge adhering to the upper side of the end of the pessary resting against the pubic bone, otherwise it was clean. When next examined January 20th, it was clean and free from odor. The patient had been keeping up douches of warm water and mucol once a week. I found the uterus less than half as large as it was while retroverted. The posterior wall had lessened in thickness the same as the other portions and there was still no bulging or irregularities on the surface. I informed the patient that these facts had strengthened my conviction that she never had a fibroid, though it was possible for me to be mistaken. January 20th I told the patient to come again in six weeks. The reposition and support of the uterus is evidently enabling her to pass the menopause without distressing symptoms. Ability to wear a pessary for a month and keep it clean is unusual.

Story No. 5:

Mrs. A., age 36, wife of a retired osteopath, came to be treated for diarrhea. In a few treatments the bowel condition was all right. She told me she was nervous, weak and run down and had been that way for years. She was the mother of three children. She

said she would feel some better on taking osteopathic treatment, but she had come to believe that osteopathy would after a while "wear out" in her case. I told her I believed that osteopathy would achieve permanent results if the cause of the trouble was reached, but that good spinal treatments and general treatments as commonly given by many osteopaths acted only as a palliative to serious conditions which had not been diagnosed or for which the appropriate treatment had not been applied. I told her that I believed her trouble came from mal-adjustment of the pelvic organs. She admitted that she had a retroversion and then said that her husband did not believe in local treatments, that he was a "genuine" osteopath, and did believe the pelvic conditions would right itself if proper spinal adjustments were made. I told her that I did not believe I could do much for her by attempted spinal adjustments, and that if she wished to be free from irritability, nervousness, chronic backache, weakness and run down condition, I would advise her to permit a local examination. Just then I was called into my reception room for a few minutes. On my return I found my patient coming out of the dressing room. She had had just time enough to remove her kimona and put on her regular clothing. I told her I was sorry she felt that way and we said good bye.

In a few days Mrs. A.'s good, sensible old mother with whom Mrs. A. was visiting came and asked directly what I had said to her daughter. I told her exactly, and I told her with a great deal of emphasis what I thought of the belief of so many osteopaths that no attention need be paid to local pelvic adjustment. My words brought conviction. The mother had a heart to heart talk with her daughter who came back to me.

I found a uterus resting in the hollow of the sacrum, three or four times the normal size with its walls softer than normal. I gave a gentle lifting up treatment, and applied a glycerine hydrastis tampon. In two days she returned, and I found the uterus slightly reduced in size. I gave treatment as described in May 1918, *Journal of the AOA* for retroversion, ordered Mu-Col douching to be followed with the insertion of orange blossoms. The failure of the glycerine to greatly reduce the size of the uterus led to the use of the orange blossoms. After a few treatments we succeeded in placing the uterus in normal position and inserted a pessary; and the patient felt much better and stronger. A few days without the pessary brought the same unpleasant symptoms so prevalent before the treatment began, and brought conviction to her mind that it was a big mistake to have left the uterus lie in its retroverted position for so many years. For three weeks she continued treatment, using orange blossoms between times. She left for her home before the complete reduction of congestion was secured, but feeling greatly benefited by the treatment.

Mrs. B. for thirteen years had suffered almost constantly with a severe pain in the left side of the abdomen. She said she had slept very little during this time and claimed she had had no sleep at all for many weeks. (I presume she was mistaken, as are many others under like conditions.) She was a large woman and had a large deep pelvis. I found the whole of the uterus left of the median line, resting against the junction of the ilium and sacrum. I succeeded in hoisting the organ into position at the second treatment, and supported it with a pessary. It was about normal in size. This treatment relieved her entirely of the constantly nagging pain and enabled her to sleep normally for two nights. The treatments were given a year ago and she has since come to

the office from time to time for cleansing and replacement of pessary. The pain has not returned during the year and she has had somewhere near the proper amount of sleep.

Comment: This was a rare case where a correction of the position of the uterus relieved the patient of severe pain in the locality of the uterus. If these mal-adjustments more generally brought local pain, there would be greater and more efficient efforts made to secure normal adjustment. As a general rule the greatest damage done by the mal-adjustment is in the way of reflexes and systemic derangements.

Story No. 7:

Mrs. B. described in story No. 6 had a daughter who was young, beautiful and unmarried. Mrs. B. told me her daughter was subject to "spells." Sometimes she became unconscious, though complete unconsciousness had not occurred for a year. When a "spell" would come on, her hands would become cold and her face pallid. At times the young woman would be extremely irritable and give vent to unreasonable fits of temper which was not natural for one ordinarily of a sweet disposition. She was chronically nervous and found herself unable to keep up her studies in a business college. She had had a lot of osteopathic treatment, which seemed to act only as a palliative.

I told Mrs. B. that I believed the daughter had some pelvic trouble that caused the "spells." A local examination seven months ago revealed a completely retroverted uterus with adhesions and immobility. I gave eleven treatments, breaking up the adhesions and restoring mobility. The retroversion was partially overcome. In this case no pessary was used. The uterus was not oversized, and the treatments enabled it to keep in an improved position away from the hollow of the sacrum. After the beginning of the treatment she had no more "spells." She soon began to feel very much better. The nervousness disappeared, and she appeared brighter and more buoyant. Not long after ending her treatments she was happily married and enjoys good health to this day.

Comment: There are good reasons for hesitation in local examinations and treatment in the case of a virgin, but if the physician is to cure many, many disorders he must not let said reasons prevail. The only way to restore health is to correct the lesion.

WHY OSTEOPATHS are STRONG in the FAITH

Herpes Zoster

By Fannie Gosden, D. O., Farley, Iowa.

PATIENT, female, married, 4 children, age 58. Several years before this illness the patient's clothing caught afire and her back was badly burned. Her nurse told me that almost the entire spine was one solid blister. Later on she had her gall bladder removed—she had always had indigestion and at the time when she should have been away at school to finish her education she had typhoid fever and was so nervous afterwards that she did not care to settle down to study again, but continued with lessons on the piano, at home, as she felt disposed.

At the time of the beginning of this illness she was with a friend about an hour's ride (on the train) from home. It came on with shivering spells and she felt prostrated and very sick. She said she knew she had fever, though her temperature was not taken. She came home in the course of three days. The neuralgic pain in the upper part of the left side of her body and left arm kept her awake that night and I was called in the next day. Her temperature then was not quite one degree above normal. Her pulse was rapid and irregular.

SPECIAL OSTEOPATHIC DIAGNOSIS and PRACTICE

At the
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Genito-Urinary Diseases: Thorough didactic and clinical instructions are provided for the student. The diseases of the male genital system and of the urinary tract and organs are systematically studied, particular emphasis being laid on the essentials of diagnosis. The college has ample clinical facilities to supplement the didactic work. A valuable feature of the course constitutes instruction on the treatment of non-surgical conditions. 54 hours in the 4th year, under Dr. Edward Brant Jones.

Nervous and Mental Diseases: This course is divided into its separate parts, the work in mental diseases alternating every other semester with the course in nervous diseases. The didactic work in nervous diseases covers in a systematic way the entire range of the organic and functional diseases of the nervous system. The college clinic and the County Hospital afford a wealth of clinical material and an opportunity of contact with all manifestations of these diseases. The course in mental diseases embraces the field in a comprehensive manner, particular attention being given to the Benet-Simon mental age tests, the sociological aspect of mental defectives and the relation between physical condition and mental disease. Clinics are conducted, accessory to the didactic work, as material presents, and the Psychiatry Wards of the County Hospital are available for demonstration. 126 hours in the 6th and 7th semesters, under Dr. Edward Strong Merrill.

Pediatrics: This work is given through the junior and senior years. The didactic course covers exhaustively the anatomy, physiology and hygiene of infancy and childhood, the dietetics of infancy, and in a systematic way covers all of the diseases which are common to infants and children. The clinical course furnishes ample opportunity to become familiar with the technique and details of infant feeding and with the diagnosis and treatment of all the common diseases of infants and children. 144 hours in the 3rd and 4th years, under Dr. Glen Hall Copeland.

Bone and Joint Diseases: All of the abnormalities and disease of the skeletal, ligamentous, and arthrodial systems, except those of gross traumatic nature, are considered particularly from the non-surgical standpoint. The various types of arthritis and bursitis, have for many years been made the object of special study by the head of this department. 36 hours in the 3rd year, under Dr. Charles Hughes Spencer.

Infectious Diseases: All of the acute infectious diseases such as pneumonia, typhoid fever, and diphtheria, are considered in this course. Their early diagnosis, prevention of their communication to others, treatment, management of complications and sequelae are discussed in a practical way. During the course it is possible for the student to make bedside study of the important types. 54 hours in the 6th semester, under Dr. H. F. Miles.

Alimentary Diseases: The didactic teaching in this department considers systematically all of the types of disease of each portion of the gastro-intestinal tract and its glandular appendages. Those disorders which clinical experience shows to be most prevalent are most exhaustively discussed. 36 hours in the 6th semester, under Dr. H. F. Miles.

Blood and Constitutional Diseases: The various types of anemia and leukemia, simple goitre and Graves' disease, myxedema, tetany, hemophilia, gout, diabetes, and other related conditions are the subject of discussion in this course. The many recent investigations of the endo-

crine system and their interesting revelations of the connection of general vitality with the internal secretions make this course highly important. 36 hours in the 6th semester, under Dr. Thomas J. O. Volkman.

Heart and Lung Diseases: A study of vital statistics reveals that two-sevenths of all deaths are due to diseases affecting these two systems, if tuberculosis of the lungs and pneumonia are included; that close to one-tenth of all deaths are due to disorders of the circulatory system, and that this proportion is rising, from an increased number of deaths occurring at the prime of life. A large number of heart and vascular diseases are rapidly amenable to rational treatment. Few departments give instruction fitting the physician to render so much service to his community as is furnished by this course. Cases for study are numerous, both in the college clinic and the County Hospital. 54 hours in the 6th semester, under Dr. R. W. Bowling.

Physical Diagnosis: The principles and technique of physical diagnosis are systematically covered in this course. The students work in small groups practicing the procedures involved. Each student is required to demonstrate his familiarity with the technique of thoracic and abdominal visceral relationships, landmarks, etc., and to present complete notes and case histories covering the procedures, at the termination of the course. 90 hours in the 5th semester, under Dr. R. W. Bowling.

Laboratory Diagnosis: With physiological chemistry and bacteriology as a basis, practical methods for the examination of blood, urine, sputum, feces, gastric contents, etc., are taught and demonstrated. Special attention is directed to the clinical significance of laboratory results, and a thorough mastery of the technique of standard procedures is demanded. 72 hours in the 5th semester, under Dr. Dayton Turney.

Case Recording: This course prepares students to secure case records of proper character by giving them systematic instruction in the taking of histories and recording synopses of finding. In addition to the allotted work of this course, it is required that students assemble the various clinical and laboratory records bearing on each case, and make systematic studies and final reports on these to the clerk of the clinic. 18 hours in the 3rd year, under Dr. Dayton Turney.

Dietetics: The chemistry and process of digestion for the various food elements having been previously taught in the departments of chemistry and physiology, this course presents the relation of differing dietaries to health. It takes up in detail the question of the modification of diet to suit conditions found in the various diseases. 36 hours in the 7th semester, under Dr. Dayton Turney.

For complete catalog address The College of Osteopathic Physicians and Surgeons, 300 San Fernando Bldg., Los Angeles, Calif.



Bowling



Merrill



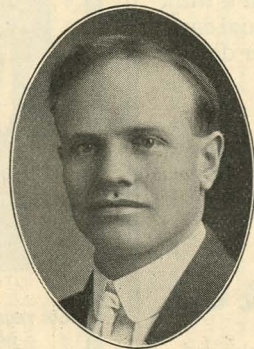
Volkman



Jones



Spencer



Turney



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There was a lateral rotation of the 2nd cervical; an anterior lower cervical most pronounced at the 6th, a posterior upper dorsal and a dropping down of the ribs. The 5th and 6th and 7th were so close together that they were touching each other. The whole spine needed loosening up and adjusting. The urine was acid—no albumin, no sugar, but the test for I. K. S. gave a deep purple color. She had taken several doses of laxatives, but the bowels would not move. I cleaned them out with an enema, and used the enema twice daily for two days, then once each day and had her drink plenty of water and fruit juices.

There were blisters around her side. I advised dusting the parts with zinc oxide, starch and boric acid, and later zinc oxide ointment. Those blisters multiplied and spread until the side of the body was covered with them from the neck down to the 8th rib and from the shoulders almost to the elbow. One of the blisters was as large, I think, as a silver quarter and a number of them contained bloody serum. The worst blisters were under the arm-pit and just below it. Zinc oxide ointment did not ease the pain in them and something else must be done at once. I read up on remedies in "Stelwagen" but didn't seem to find what I needed.

I was in a tight place and I didn't want to call in a medical doctor. A narcotic would lessen her chances for recovery. Those blisters had the appearance of burns. Why not treat them as such? I melted two ounces each of beeswax and rosin in a granite vessel and added to it pure leaf lard and a little mutton tallow—4 ounces. When cool enough I stirred in about one-half ounce of the oil of turpentine. I spread this ointment on pieces of gauze and applied it to the blistered areas. I had scarcely finished arranging and covering the dressings when the patient exclaimed "That ointment is going to do the work—I feel better already." The blisters didn't heal in a day but the use of the ointment kept her fairly comfortable. It was more than two weeks from the time I made the first application until the last spot was healed. After the skin looked normal there would be intense itching at times and as I didn't want to daub her up with ointment I used Stelwagen lotion for hives—the one containing alcohol, phenol and glycerine. It is fine.

My great bug-a-boo in this case was company—friends would call and stay for hours—until

she was exhausted and they hadn't the courage to tell callers that the doctor wanted her kept quiet. I was called one night when she was having a nervous chill. She shook the bed and the family were holding her hands, her feet and her head and trying to soothe her. I had her sleeping quietly in less than half an hour. Her daughter had timed me. All through her illness she had severe attacks of neuralgia, but I could always relieve her. Her bowels responded nicely to treatment. In two weeks after I commenced with her, she was having one or more good movements every day.

I treated this case from August 6th to September 12th, 1914, and a month later gave her seven treatments to correct lesions. I have kept close tab on this case and there has been no recurrence of the trouble.

Eye Strain of Vertical Muscles

By Charles H. Kauffman, D. O., New York City

Optometrist, male, age 45. Eye strain of vertical muscles. (Sup. and Infer. Rectus) which optometrists reduce by means of a prism. This treatment is unsatisfactory they claim.

I found atlas and axis lesions; also 7th and upper dorsal lesions.

Eyes were tested by optometrist himself before and after, showing nearly a perfect test after 4 or 5 treatments. When lesions are entirely adjusted I expect complete results. His eyes feel 100 per cent better, even though the test does not come up to normal as yet.

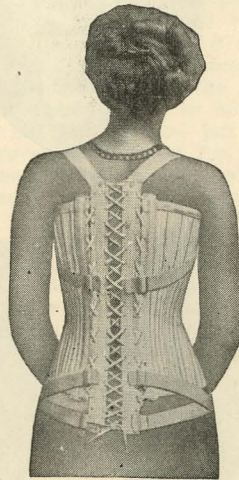
In my own case I had him test my eyes. Test showed strain and contracture of vertical muscles. Two treatments resulted in a perfect test, due to my neck and 3rd cervical not being badly involved. Eyes felt stronger and I was relieved of tired look. As many people have tired looking eyes (which detract from their appearance) this condition is probably present in many cases.

Thus, testing of eyes proved conclusively that osteopathy can produce specific results in such cases.

Just a line to say to you that I have been enjoying recent issues of *The Osteopathic Physician* very much. You are actually saying good things and lots of them, and the things our profession needs to know, and I congratulate you upon the growth of *The OP*.

—Arthur G. Hildreth, D. O., Macon, Mo.

Many Osteopathic Physicians Find It a Great Help



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THE CHALLENGE

Ten, twenty, thirty years ago, numbers of earnest men and women, inspired by the genius of

Dr. Andrew Taylor Still

started out single-handed and fought their way to recognition. They won, because their therapy was half a century in advance of the therapy then in vogue among their allopathic arch-opponents. From the very beginning, the D. O. far out-classed his M. D. rival in practical results, till today drug therapy stands at a disadvantage before an awakened public, and even the drug therapists themselves have to a large extent abandoned the use of drugs with any hope of cure except in a few diseases. They are making progress toward a basis of

Rational Therapy

If we are to continue to achieve superior results, and maintain our established leadership in the therapeutic world, we must continue to advance, to be the first to apply each new truth of biology, anatomy, physiology, etc., that science has demonstrated. We must go further and establish new truths in each of these sciences ourselves.

We cannot stand still nor stagnate. We must follow in the footsteps of our illustrious founder, first among the leaders, greatest of all the therapists that have lived and learned and taught and demonstrated therapy. We must follow him AS HE LED, not blindly conforming to tradition, but striking forth with sound, logical reasoning from the most advanced established facts observed by others or ourselves, discarding nothing of established value, using nothing that is not essential, regarding

Disease as an Effect

due to a definite cause, searching always for the cause and basing our therapeutic procedures on the cause, because that is scientific, but alleviating suffering while we are searching for the cause, because that is human.

We disagree with those reactionaries in our profession who seem to believe that the M. D. has any therapeutic advantage over the D. O. We admire the Simon pure Osteopath who depends on his fingers and scorns the use of any therapeutic adjunct. We attribute the striking success of our Hospital to the fact that we have some of the best of them on our staff, and the nationally known graduates of our college owe their success and standing, in great part, to the firm grounding given them in the fundamental teachings of Dr. A. T. Still.

We teach OSTEOPATHY. Our graduates are OSTEOPATHIC physicians and surgeons, strong in faith, successful in performance. We are not reactionary. We are not stand-paters. We are

Osteopathic to the Core

But we know and teach the limitations, and the value in selected cases, of such therapeutic adjuncts as diet, exercise, hydrotherapy, surgery, antiseptics, anaesthetics, antidotes, diphtheria antitoxin, saline injections, enemas, etc., and expect in the future to add anything that is sane and demonstrated scientifically to be of value.

Our faculty is composed of Osteopathic physicians and surgeons, many of them specialists of national reputation. They nearly all practice in Philadelphia, the OLDEST MEDICAL CENTRE IN AMERICA, the logical place to demonstrate the superiority of Osteopathy. We have ample clinical material. In our Hospital all sorts of cases are observed and treated osteopathically. Judged by accepted standards, our death rate is extremely low. On this fact we base our hope that Osteopathy will be adopted in all Philadelphia institutions before many years have passed.

There is a tremendous and growing demand for Osteopathic Physicians. We have letters from many sections of the country asking us to send them an Osteopath—and we cannot supply them. If the profession is to survive, it must be ready to meet the demand. Your duty is to FIND MEN AND WOMEN with aptitude for the profession. Our duty is to train them so that they will give their patients

The Best Treatment That Science can Devise

We challenge any medical college in the world, allopathic, homeopathic or osteopathic, to do its duty more earnestly and efficiently than we do ours. Students entering high school and contemplating a medical career, should not be left to doom themselves to relative failure by studying their profession at an allopathic college, without first being advised of the wonderful merits of Osteopathy as a profession. If you know any young men or women in High School or entering High School, right now is the time to talk to them, and if they show the right spirit and ability, have them write for a catalogue at once.

DR. ARTHUR M. FLACK, Dean

Philadelphia College of Osteopathy

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to double its capacity and make it self-supporting

THIS

is the greatest public expression of faith in Osteopathy yet made by any community in the world. This Hospital is

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On its professional staff are Osteopathic physicians and surgeons of national reputation, all exclusively D. O.'s, except two, and they are two of the most loyal osteopaths in the profession.

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In 1917 we had 16 beds.

In 1918 we had 30 beds.

In 1919 we have 60 beds.

In 1920 we shall have 120 beds.

This Hospital was incorporated in 1911, is conducted "not for profit," is supported by the voluntary contributions of the benevolent, and does needed charitable work not done by any other local institution. In this hospital, hundreds are restored to usefulness and earning power, who would otherwise be dependent on charity. It is our firm belief that political economists and capitalists will soon become aware of this fact and, once they do, Osteopathy will have all the money it can use.

Osteopathic Hospital of Philadelphia

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February and March Class members can make themselves eligible for graduation at our summer clinic.

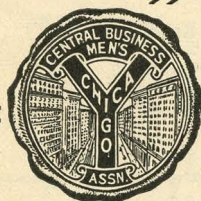
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"Your School is a missionary in this line and I am more thankful each time I talk with 'so-called Orificialists' who have learned by seeing others work, that this Course was presented to me for a foundation on which to base the reasoning of cause and effect. It seems to me few practitioners of the Orificial work have really grasped the fundamentals of the structures with which they are dealing. I am very sure the continued existence of our School will change this lack of definiteness in a few years and this philosophy will be placed in its proper sphere. I thank you for your many cordial kindnesses."

Write us for dates of next clinic and for whatever other information you desire.

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ACTIVITIES of the ACADEMY of OSTEOPATHIC CLINICAL RESEARCH

How Osteopaths Treated Flu-Pneumonia in the Pandemic of 1918-1919

KEY TO REPORTS OF THE EPIDEMIC
(Read all abbreviated answers with reference to these questions as numbered).

1. What kind of lesions were found?
 2. Where?
 3. How corrected?
 4. What general manipulations were given for bedside treatment?
 5. What was the *average time* used for patient for osteopathic treatment?
 6. *How frequently were patients treated?*
 7. Did you observe any unfavorable reactions from *too long or too thorough treatment?*
- (This question is to bring out if over-conscientious work may not easily result in *over-treatment* of these cases.)
8. *How many days were patients under treatment?*
 9. Did patients who had been drugged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for

}	(a) Influenza alone?
	(b) Pulmonary complications?
	(c) Bowel and stomach complications?
	(d) Nervous complications?
 11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what?

}	(a) If enema, what kind, how much, how often?
	(b) If manipulations, what kind and how?
	(c) If laxative, what kind and how much?
 12. What methods were used to keep the bowels active?

}	(a) If enema, what kind, how much, how often?
	(b) If manipulations, what kind and how?
	(c) If laxative, what kind and how much?
 13. What method used to keep kidneys active?
 14. Did you sweat the patient? If so, how and at what stage of disease?
 15. Did you use cotton jacket for pulmonary complications?
 16. What about ventilation, that is, much or little?
 17. What was average temperature of room?

}	(a) If manipulation, where, what kind, and how applied?
	(b) If baths, what kind, how often?
	(c) Enemas? what kind? If manipulation, what kind and how applied?
 18. Were any means used to reduce temperature of patients?

}	(a) If manipulation, where, what kind, and how applied?
	(b) If baths, what kind, how often?
	(c) Enemas? what kind? If manipulation, what kind and how applied?
 19. Were any means used to overcome cough? If so, what?

}	(a) If manipulation, where, what kind, and how applied?
	(b) If baths, what kind, how often?
	(c) Enemas? what kind? If manipulation, what kind and how applied?
 20. Were any means used to stimulate the heart?

}	(a) If manipulation, where, what kind, and how applied?
	(b) If baths, what kind, how often?
	(c) Enemas? what kind? If manipulation, what kind and how applied?
 21. (a) How many cases of influenza did you treat?
(b) How many deaths?
(c) How many cases of pneumonia?
(d) How many deaths?
 22. How many patients were you able to treat a day during the great rush?
 23. Cases reported herein were of the epidemic of 1918-19—1920
(Do not report both together)
 24. Sign your name and address and date your report.

By D. M. Stahr, D. O., Piqua, Ohio

Statistical report not furnished.

1. Contracted muscles with resulting rotation of single vertebra, or groups of vertebra, together with their resulting effects on the ribs.
2. General contraction existed entire length of spinal muscles. Principal constant lesions were: rotation of atlas and axis, sixth and seventh cervical and 1st dorsal, tenth to twelfth dorsal, and first and second lumbar, and rib lesions on both sides of these lesions. Lesions do not exist in every patient and can not be considered as specific.
3. By beside manipulation and time, the latter meaning that as the fever was reduced a good many of the lesions corrected themselves.

4. With patient lying, first on one side, then on the other, general manipulations were given to all the intercostals, particular attention being paid to those which we found contracted. A strong but gentle pressure was maintained all along the dorsal region until we felt relaxation. Similarly, in the erector spinae mass relaxation was obtained. Usually, patient was then laid on back and neck treated. Strong, steady, but extremely careful pressure was maintained and attention was given the atlas and axis at each visit, until relaxation was secured. Frequently, the intercostals over the chest were treated direct and always the cardio-excelerator centers were looked after. In no case were anything but the most gentle and careful manipulations used at any stage of the disease.

5. 20 minutes.
6. Usually, two to three times in first 48 hours. Afterwards, one or two times a day according to the severity of symptoms.
7. Yes, particularly at night.
8. Three to twelve days.
9. Not as a rule.
10. Diet for influenza was restricted to plenty of fruit juices, milk, milk toast and occasionally broth as long as the fever continued, with the addition of soft boiled eggs, custards, baked potato and tea after crisis was passed. Same general diet was used for pulmonary and also for bowel and stomach complications treated by starvation and by trying some combinations which would stay down. Nervous complications likewise.

11. Used no local applications except occasionally camphorated oil applied to chest and throat.

12. Some patients can take an enema and some apparently can not. For those who could take an enema, I prescribed equal parts sweet milk and water with the addition of a tablespoon of salt to a quart of the mixture, taken as hot as the patient could stand it, every 12 hours, the first 36 hours, until good results were secured. I very rarely manipulated the bowels themselves. Some patients took castor oil and various saline laxatives on their own initiative. I believe that constant and careful treatment through the splanchnic area undoubtedly assisted nature in her efforts to voluntarily move the bowels. Fruit juice helped keep the bowels open.

13. Osteopathically I relied a good deal on the treatment of the lower intercostals. Particular emphasis on the tenth dorsal to keep the kidneys acting. I found that the fruit juices helped also. Never restricted the patient as to the amount of cold water they could have, advising them to drink all they could.

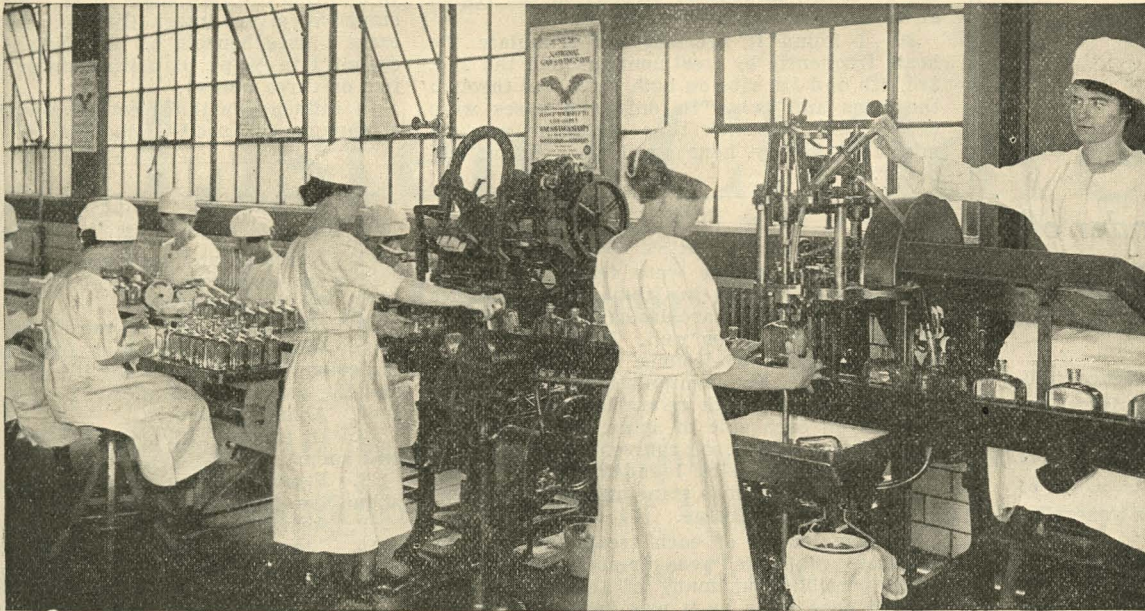
14. Yes. Usually, the first 12 to 18 hours.

15. No.

16. Always secured plenty of fresh air but tried to keep the temperature of the room from getting below 60 to 65 if possible.

18. Yes. Manipulations were used in the upper dorsal and cervical, with particular attention being paid to loosening up the first and second ribs and their vertebra and holding the atlas until you felt relaxation.

When baths were used I gave a tepid sponge bath under the cover. Did not use baths for temperature under 103 to 104 and only when the rising temperature caused intense restlessness.



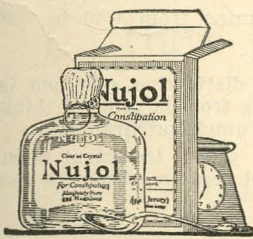
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19. Found cough very obstinate at various stages of the disease. Endeavored to reduce it by relaxation of the entire upper dorsal, both the anterior and posterior and treatment with the recurrent laryngeal directly in the region of the anterior and of the first ribs.

20. I found it necessary to stimulate the heart frequently by treatment through the 2nd, 3rd, 4th and 5th ribs on both sides and through the atlas and axis. In only two cases were drugs used, at which time digitaline was administered every hour until the patient got better.

By A. H. Zealy, D.O., Goldsboro, N. C.

Statistical report not furnished.

As to what lesions were found in my influenza patients, will say that no typical ones were found. There are lesions in every back you examine—sick or well. I made no effort to correct any bony lesions. Muscular lesions were relaxed. My manipulations consisted of more or less thorough relaxation of the spinal muscles on each side of spine. This included the cervical region, of course. When the patient was not too sick I endeavored to spring the dorsal and lumbar spine and get movement between these vertebrae.

Average length of each treatment was ten minutes. Patients were treated twice daily when possible, but many of them were only treated once daily as it was impossible to get around oftener. My experience leads me to believe that the severe case should receive treatment often but of short duration—say three times daily. Experience in osteopathic practice teaches us that frequent short treatments for influenza relieve most of the distressing symptoms, such as aching, cough and frequently elevation of temperature. It is a frequent occurrence for the influenza patient to sleep following a few minutes of relaxing spinal treatment including the cervical region.

Influenza cases averaged ten days under treatment. Some cases seemed to do well even after medical treatment was combined with the osteopathic, but as a rule my cases that were handled alone did better. Patients who had osteopathy from the beginning fared much better than those starting with medicine.

Liquid diet was used uniformly.

No local applications were used except in pneumonia complication. In these cases the family applied various kinds of poultices.

The bowels were kept active more by laxatives than by the enema, castor oil being used more than any other. The enema is valuable in these cases to reduce temperature as well as to aid elimination, but in the rush of the epidemic and the lack of nurses for the sick, we were compelled to use laxatives in most instances.

The kidneys gave no trouble in my cases. Free drinking of water was urged which stimulated their activity. I also attribute kidney stimulation to osteopathic manipulation in the lower dorsal region. One of the very best diuretics when needed in influenza or any other acute infection is a small quantity (pint or less) of normal salt solution given per rectum and retained.

Some of my patients were kept on a sleeping porch during the entire course of the attack. I am led to believe from experience that influenza patients do better when kept in the open air. Of course the feet should be kept warm and plenty of cover should be used to keep the entire body warm.

As to temperature reduction, sponge baths were used at times, but I did not attempt reduction of temperature unless it rose above 103°. In a few cases of very high temperature I resorted to aspirin in 10 gr. doses, some times it was effective and some times it was not. In my opinion the influenza patient can stand hyperpyrexia better than he can stand antipyretics.

The cough of influenza is hard to relieve as a rule. Interscapular relaxation, raising the ribs and treating the anterior structures of the neck frequently modifies it to a bearable point. In addition to this I some times used petroleum emulsion given internally. In certain other cases I used benzoin as an inhalant (one teaspoonful in ½ pt. of boiling water used every two or three hours).

In influenza without complications no heart stimulant was used.—Reported June 11, 1919.

By D. S. Harris, D. O., Dallas, Texas

266 cases of flu, no deaths; 22 of pneumonia, no deaths.

1. Muscular and nervous.
2. Lower cervical and all dorsal.
3. By manipulation.
4. Not much general, mostly specific.
5. When cases had high fever and alarming cough, three times a day if I could find time and the patient could afford it.
6. About 10-minutes.
7. If treated often gave short treatment and specific.
8. From one day to two weeks; average about five days.
9. As well as I could judge—yes.
10. Liquid diet in all cases where bowels and stomach were affected, pine apple juice and egg albumens were used extensively. In nervous complication egg albumens, celery soups, barley water.
11. Used Antiphlogistine in some cases and Vick's salve in others.
12. If fever got very high and patient was constipated cold water enema. Constipation alone. Manipulation and sometimes resorted to Salviae enough to move well.
13. Manipulation and hot water.
14. No.
15. Yes.
16. Always good ventilation but no drafts.
17. 68 degrees.
19. Manipulation, inhibition in cervical region, ice bags and enemas.
19. Treatment of throat by manipulation externally and internally, internally with fingers just removed from ice water, draining tonsils and relieving congestion in mucous membrane, spraying with Pineoleum, swabbing with Campho-phenique and glycerine equal parts, inhaling hyomei.
20. Strychnine from 1/60 to 1/30 very seldom.

Remarks:

The great distinctive symptom in influenza differentiating from la grippe I think was rusty sputum and quick prostration.

I found by giving treatment often and short I get the best results.—Reported June 10, 1919.

By Horatio V. Baker, D. O.,
Lone Tree, Iowa

Statistical report not furnished.

- 1-3. Muscular contraction, cervical and dorsal, some on right and some on left; also lesions common to the cervical and dorsal areas.
4. Relax, correct and stimulate.
5. Ordinarily, 15 to 30 minutes. For very weak ones, 2 to 5 minutes.
6. 1 to 3 times per day if I could get to them but as my patients were miles apart I treated them usually in rotation, treating the bad cases oftener. I would go back to a home and re-

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main through the rest of the night if there were cases there that promised to be stubborn and very severe.

7. One patient, I remember, would become drenched with sweat if treated 3 minutes; others would stand 30 minutes treatment and not be bothered any by it. Some who could stand a good treatment only got one a day and one every other day later on.

I visited one patient who was under the care of an excellent M.D. He gave this patient a recovery chance, as he told the relatives, of 50-50. The consultant said there was no pneumonia Saturday night. Monday night when called, I found a very bad case of broncho pneumonia. As I entered the room where this patient lay sick the bed was pulled out into the middle of the room. The nurse was standing on the opposite side of the bed from me. I stood there for a few seconds viewing my patient and sizing up what I had encountered. The nurse said out loud, "Not much hopes is there, doctor?" I shook my head for her to keep quiet. What could I say when the patient's eyes turned to me to see what I was going to answer? I never before had a nurse act like she did. She would say anything about the patient's chances right before her. She would say "Not much use trying to do anything", and "I can't impress it upon the doctors that this patient is very serious." I felt like ordering her from the room—but nurses were very scarce!

After examining the patient I left the room

and intended to tell the relatives that I could do nothing for her as she did not have long to live, but when I got out where the relatives were, instead of breaking the news I asked for a pan of hot water to wash my hands, preparatory to treating her. I didn't have the heart to go and not treat the poor woman after she herself had asked me to. She was perfectly rational and knew me when I came in and asked about my boy in France and other people in the neighborhood who had had the flu. The hardest question to answer was whether I could cure her: she thought I could as I had cured her brother. What I did tell the people was that she wanted me to treat her, so I would try and please her and probably would ease her a little but that I could not do her any real good.

She turned over on her side with ease and without assistance. I treated her several minutes, then left the room to give her a little rest. In about 15 minutes she sent out word for me to come back and treat her some more. She said she felt much better after it. She turned on the other side, and after I treated her there turned over on her back again saying her head ached a little on top, so I treated that. She seemed very comfortable and easy. I stepped to one side to give the nurse some instructions to which she replied "You do not think it of any use, do you doctor?" I glanced at my new patient and saw she was going very fast. I worked on her for a short time but of no avail. She slipped away so easily.

The nurse said that she was glad I really recognized that the case was so serious as she could get no one else to think so.

I think this patient had too much treatment but she did not show at any time that she was not standing it very well and she never complained of weakness or of being tired. I watched her and her pulse very closely, which did not change, but all at once she collapsed. She did not give us time to turn around hardly until she had gone. She had a fatty heart. This experience would have been kind of hard on a new doctor, with a new treatment, on a patient not his own; but these people seemed very well satisfied and I treated the rest of the flu cases in that home to the end.

This patient's tongue and face were very dark and these dark cases do not get well. Flu cases

under osteopathic treatment do not get dark—at least I never had one that did. This patient's lungs were full—broncho-pneumonia, but the elder of the old-time physicians in attendance would not call it pneumonia. One said "I can treat pneumonia, but can't treat this after-flu disease." Both the family physician and the consultant on the above case told the relatives that this woman did not have pneumonia. May be not, but her lungs filled up, so what was the difference?

Another case I was called to see, where the doctor said the patient had "capillary bronchitis". I told them that "capillary bronchitis" is pneumonia and that the patient would not live until morning. He died at 7:30 a. m.

An M.D. in a town near here told me that when patients turned black he was ready to sign their death certificate. He said he wrote to his professor of the college where he attended school and also to the State University and asked them what they did with their flu cases that turned black. They replied that they buried them.

The osteopath does not need to let his patient turn black. I had a patient that I was afraid of and I dreaded to see the time when I would be called to see her if she got the flu. I was sure she would get it as I had seen three others at that home, one after another, contract it. One would get up and another would come down. Sure enough, I was called to see the fourth one and that was my dreaded patient. She had been afflicted with nephritis and asthma for years and when she would see me she would say "I am really coming to take treatment before long as I need it badly." She could not straighten up for rheumatism. She overworked continually and had had a siege of pneumonia in December, 1917. When I arrived at the home she was panting for breath—a bad case of flu, the lungs being involved. I treated her twice that day. No food, plenty of water, soft. Next day or two she began to turn dark just as I had feared she might. Her tongue was red as a steak and now it began to get dark. Pulse not good, kidneys getting slower—in fact, my patient felt very badly and I felt worse as I began to think that this would be my first loss in this epidemic.

I took special pains with my treatments and left word that I would be back at 1 p. m. I was

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back and treated her again. Next day she drank quite a quantity of lemonade, no sugar, and the next day she was quite clear and the next day she remarked that she felt like a different woman. She was no bother after that, and was soon on her feet. Her kidneys went to work, her lungs cleared up, her breathing was soon easier and she was soon on her feet. She is 60 years old, at that.

8. I had flu cases that I only saw once and others that I saw every day for from seven to ten days. My little girl had the flu, that is, she had a temperature of 102 for three days, but played every day and ate three big meals every day. When I had it I could not eat or sleep or even stay in bed part of the time. I ached so badly unless I was sweating copiously; then, only, could I rest and sleep.

There are all grades of flu, just as there are of horses and cows.

10. No feed except fruit juices and plenty of water for the first day or so; then liquid diet sparingly; stay in bed for one or two days after fever is gone.

11. I used some Libradol, mustard, turpentine, Baume.

12. Enema, soap or glycerine; phenolax salts or sal hepatica.

13. Plenty of water, sometimes acidulated; at other times soda, according to conditions.

14. Yes, some I did; some sweat all the time. Sweating is one symptom of flu.

15. Yes, used cotton jackets for pneumonia.

16. Plenty of ventilation, but it must be done in the right way. When I had the flu my wife said, "Well, you must have some fresh air or you will die." I said that I would die if I got it, so the windows were not opened. I was so chilled for a while after I got the flu that all I needed to put me into the pneumonia class was a little cold air. I know how to feel for those boys where they got air without any precautions or distinction between handling the sthenic or asthenic cases. When my wife had typhoid fever, by contrast, I would sit up part of the time and act as nurse and the way I did it was to sit by her bed with an overcoat on and the bed was between two windows, right in the draft, and we fanned her while a good sized chunk of ice melted on her breast and she slept comfortably and sound. Temperature 104-105. Yet, should you do this as a routine treatment, you would kill half or two-thirds of your typhoid patients'. Cases differ. You must study your case.

17. 70 degrees.

18. Cold water bottles; wet cloths on head and neck for some; baths.

19. Cough treatment—lower the 1st rib and relax all contractions; salt water gargle or a little glycerine or some cold pack on the neck would be safe.

20. Treatment for weak heart: I carried camphor in oil ampules but did not use them, as the treatment—such as dilating sphincters, etc., proved sufficient in all my cases.—*Reported June 7, 1919.*

By Samuel I. Wyland, D. O.,

Santa Rosa, Calif.

243 cases of influenza, 8 developing pneumonia; no deaths.

1. Acute infection of the whole system. No attention was paid to bony lesions.

2. Respiratory and alimentary tracts primarily.

3. By the general treatment as given below.

4. Thorough relaxation of neck and thorax regions, bowel manipulation.

5. I should say about fifteen minutes.

6. Some twice per day, others once.

7. Did not have time to overtreat them—too many cases to look after.

8. From three to fifteen days.

9. No.

10. Liquid without exception. Milk in influenza where no alimentary tract involvement existed; where it did I used barley water with

white of egg mixed; in pneumonia cases I used fruit juices, as well as in the nervous types of flu.

11. I used no medical or drug applications at all; used heat around patients and kept them in a constant sweat. In my pneumonia cases I used an electric light inside of a pasteboard box over the chest in addition to the external heat.

12. I used enemas, saline, quantity depending upon the size of patient; manipulation thorough to liver and bowels; in a few cases far away in the country I used castor oil daily, one table spoon full.

13. Regular drinking of water; about three quarts daily for the adult.

14. Yes, every patient was required to drink some hot water and with jars of hot water placed around them; when sweating commenced they were required to drink a glass full of cold water every ten minutes for one hour; then sufficient heat was maintained to keep the patient in a moist condition constantly from the first, with profuse sweating daily until the temperature was normal.

15. No.

16. Thorough.

17. In 65 to 70 degrees.

18. Yes; thorough relaxation of cervical and dorsal regions. Sponge baths daily three hours after profuse sweating.

19. Thorough manipulation of throat, and alternating hot and cold packs to throat.

20. Yes, osteopathic stimulation, and light heat applied to chest.

Note: I have handled 243 cases of flu with eight cases developing double labor pneumonia, three single and five bronchial, with no deaths in either; a record that our system should be credited with.—*Reported June 16, 1919.*

By P. F. Kani, D. O., Omaha, Neb.

194 cases of flu, 14 of pneumonia; no deaths.

1. Muscle and bony.

2. Contraction of muscles and sub-occipital, splanchnic nerve centers, and lumbar muscles and bony lesions in these places.

3. By relaxing them and replacing all abnormal to normal, bony and muscular lesions.

4. Osteopathic treatments to those areas.

5. It depends on the condition of the patient.

6. I treat them every day once, sometimes twice. Here it depends again upon the condition of the patient.

7. No; it does not seem that way to me.

8. From three to seven days.

9. No, they never respond as well because every flu case to my observation was troubled more with constipation and indigestion, and medicine only made them more so.

10. I did not give them anything to eat, except hot water drinking, until two days after temperature was down, starting in with liquid food.

11. I use hot fomentation and give them a sweat every day.

12. I use enemas morning and evening, just luke warm. If temperature was very high I use cold water.

13. The hot water drinking keeps the kidneys active and also treat the kidney centers.

14. I sweat them every day, as I mentioned above, until the fever is down altogether.

15. In pulmonary complications I use hot foot baths or hot applications to the lower extremities continuously at the time and cold over the chest, or trunk pack.

16. I keep the room well ventilated, but warm enough that patient does not take cold.

17. Temperature in the room is from 65 to 70 degrees.

18. Order the nurse to give hot enemas or cold applications over the whole abdomen to reduce temperature.

19. Relax all from the first cervical to the 7th and 8th dorsal. I find this is one of the

best things to relieve a general cough, especially in the upper dorsal in pulmonary cases.

20. Manipulation to stimulate the heart; should always be done after the patient is over the flu, after subnormal temperature begins.

I had 124 cases from the time we had to register the cases with the State Board of Health. I had 70 before the time of registering, 14 pneumonia, and had no deaths.—*Reported May 16, 1919.*

By F. A. Parker, D. O., Champaign, Ill.

- 128 cases, 5 of pneumonia; no deaths.
1. Mostly muscular rigidity.
 2. Practically the whole spine.
 3. By manipulation mostly but used some hot applications between treatments.
 4. Thoro relaxation, correcting lesions, and deep, strong pressure over kidneys.
 5. Not over 30 minutes; mostly about 20.
 6. Very seldom over once per 24 hours. Saw some twice per day if critical.
 7. Did not notice it, for I usually did only what was necessary and quit.
 8. On an average about six days.
 9. They did not. They were the only ones that gave me any trouble.
 10. Absolute fast until fever broke in most all cases. Used fruit juices quite extensively; no broths at all.
 11. Used Antiphlogistine in all pneumonia cases.
 12. Had very little trouble with bowels; had patients drink 12 to 15 glasses of water per day. No cathartics.
 13. Treatments and the excessive use of water kept kidneys and bowels active.
 14. Did not sweat them.
 15. Yes, with Antiphlogistine.
 16. Kept room well ventilated, avoided extremes in temperature.
 17. About 70 degrees.
 18. Nothing but treatments; no sponging except for cleansing.
 19. Treatment to throat, gentle manipulation. Used lemon and sugar some.
 20. Absolutely no drugs used.
 22. Thirty-three treatments given in one day was my maximum number.
- Note: I had 128 cases in all; five went into pneumonia; one of them had had medical treatment previously for one week; another had very serious exposure at a critical time of the month. Had no trouble with either one of them. Did not lose a single case of the 128. Had three cases of pneumonia wished on me from the medics, but saved those, just the same.—*Reported May 27, 1919.*

By Mary S. Crowell, D. O.,
Farmington, Maine

- 50 cases flu, no deaths; seven pneumonia, one death.
1. General muscular contractions; upper ribs and cervical bony lesions.
 2. Cervical, upper dorsal and 10th dorsal to sacrum.
 3. Relaxing and inhibiting treatment, with packs and baths.
 4. Deep relaxing. Manipulations to neck and upper dorsal, etc; elevating ribs, stimulating bowels, etc.
 5. 10 minutes to half hour.
 6. In flu, once to four times daily; in pneumonia, 3 to 4 times daily.
 7. I observed none as indicating being over treated.
 8. Flu from two to ten days. Pneumonias, ten days to three weeks.
 9. Not able to state.
 10. Fruit, liquids, while acute.
 11. Musterole, Holis ointment, camphorated oil.
 12. Soap, salt or soda enema. Manipulation; spring lumbar for stimulation. Castor oil, if very toxic, 1 oz., repeated in hour.

[Continued to page 18]

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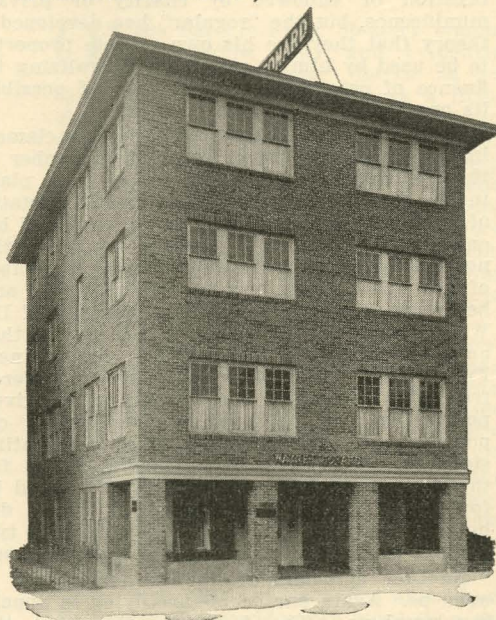
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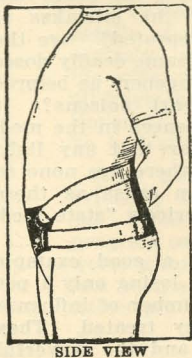
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The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVII February, 1920 No. 2

ENLIGHTENMENT WILL STOP DRUG SLAUGHTER OF OUR EPIDEMIC SICK

One flu epidemic has gone. In its wake are death, vacant chairs, heartaches and incalculable economic loss to the world. Among the victims were friends or kindred of all of us. To one adequately informed there can be no doubt that a heavy percentage of this sacrifice of life was caused by the poisonous drugs given to the defenseless sick.

If there is any thing that *could* break the heart of the world it ought to be this—that countless thousands of men, women and children lie in their graves this year who would not be there except for well intended but illogical, insane, inhuman, indefensible *treatment by poisoning* which is in vogue today under the guidance and sanction of the American Medical Association.

This solemn fact is easily proved by comparing epidemic fatalities under the practices of the so-called "regular" profession with those of the osteopathic profession, these being respectively the most representative schools of polypharmic and of apharmic healing. The statistics quoted are vouched for by the American Medical Association and the American Osteopathic Association, the latter basing its percentages on well over 100,000 reported cases.

New York city had a flu mortality of 9.8 per cent, Chicago 14.5 per cent, Boston 27 per cent; the general average death rate under "regular" medical treatment being about 15 per cent.

Osteopathic doctors in 110,122 flu cases lost but 1/4 of 1 per cent—only one patient in 400!

Difference in results: the allopathic doctors lost about 60 cases of flu where osteopathic doctors lost 1 case!

In New York city 15 per cent of the allopath's flu cases developed pneumonia, in Chicago 28 per cent. Only 5 1/3 per cent of osteopathy's flu patients developed pneumonia.

Difference in results; not one-third of the flu patients who contracted pneumonia under medical care would have suffered from pneumonia if they had been treated by osteopathic doctors!

Deaths from epidemic pneumonia under medical care were 33 per cent of all cases—one in three. Osteopath lost only 10 per cent of their cases.

Difference in results: osteopathy would have saved the lives of about two-thirds of the pneumonia patients who died under polypharmacy at the hands of the "regular" medical doctors!

Does such a comparison of results under pharmic and apharmic (drug and non-drug) systems of treatment mean anything to

the "regular?" Absolutely nothing. Proofs that he is fundamentally wrong in his therapy—death statistics which establish that where he would fain cure he often kills, give him no pause, cause him no embarrassment. Might makes right with him, and he relies on the power of his machine to carry him through.

It was this same "regular" who scorned the proffer of osteopathic physicians to help treat American's fighting men during the period of mobilization and who, in his intolerance and jealousy, would not let osteopaths serve in the medical department of the army or navy. The nation's effectives *had* to be treated *his* way when sick! When, therefore, he became directly responsible for the deaths of that easily calculated share of our soldiers and sailors represented by the great difference between his percentage of epidemic fatalities and those of osteopaths treating civilians, it did not occur to him to blush for his incompetency, or his proven lack of patriotism, or his stolid inhumanity. But the record is there and the nation will one day make the "regular" plead to this indictment.

(Any person interested in the fuller record of the comparative fatalities of osteopaths and "regulars" in the epidemic of 1918-19 can obtain the information in *Physical Culture* magazine for November, 1919, or *Osteopathic Health* for March, 1920, issued by this publishing house)

It is the same intolerant "regular," again misusing the power and confidence that have come to him by tradition, belonging as he does to the oldest organized medical cult in the field, who in the present hour is stretching his prerogatives in the endeavor to exclude osteopathic physicians and osteopathic patients from enjoying the advantages of public and private hospitals. Hospitals ordinarily are supposed to belong to humanity whether supported by taxation or endowed by charity or private munificence, but the "regular" has developed a theory that they are his own private property, to be used by him to resist the liberalizing influence of osteopathy, and to stop, if possible, its onward march to public favor.

It is this same "regular" who is now clamoring to obtain the appointment of a member of the American Medical Association to a place in the president's cabinet as absolute dictator of public health. He is using the power of his entire profession and machine to force the nomination of General Leonard Wood, a member of the AMA, upon the republican party and he is saying boldly in public prints that if Dr. Wood should become president it is certain that an allopath will be appointed to his cabinet! From what the public has already suffered from the tyranny of the allopath when given political power, no lover of freedom or opponent of the poisoning system of terminating sickness will dare support General Wood for the presidency, however excellent he would be for the place in his own personal worth, did he not wear the livery of this grasping tyrannical, intolerant, unscrupulous organization.

Another epidemic of flu and pneumonia is upon us. Again our people are dying in appalling numbers. The fortunate fact that the scourge is not as severe in its death toll as on its first visitation does not keep the death-rate from being appalling. Will the mistakes of medicine of a year ago be repeated? Are the sick to be ambushed with the same deadly doses of aspirin and its salicylic congeners as before? Also the same powerful heart poisons? It seems so. There are no evidences in the medical journals of the past year that any light has filtered through. Truly there are none so blind to reason and common sense as these boasting beneficiaries of America's "state medical system."

Osteopathic physicians set a good example in the epidemic of 1918-19 by losing only 1 per cent of the total combined number of influenza and pneumonia patients they treated. They did not use the salicylates and the powerful heart poisons. It would seem—and we had

hoped—that that example with its happy results to the sick might influence the practice of "regular" medicine away from the deadly coal-tar drugs in infectious diseases. But, alas! there is no evidence that the "regular" has profited by his errors of the past. Ephraim is wedded to his idols and not even the angel of death crossing his own doorstep can budge the "regular" from his blind faith in the superstitions of polypharmacy.

Therefore, we are taking an appeal over his head in this second flu epidemic to the open-minded common sense of the world outside the medical profession. We invite the studious attention of all educators, journalists, leaders of thought and administrators of public affairs to "The Revelations of Pharmacosophy" which begin in this issue. This department of chemical research into drugs will be continued until analysis of various groups of baneful drugs, now commonly given to sick human beings out of force of habit by the so-called "regular," has been completed. It is our hope that all who are alert to the error of this form of practice will join us in organizing the public mind and conscience to put it down. Our helpless sick must be delivered from the insidious drug slaughter of the sickroom. When the poisons now fed to our sick are prohibited by law epidemics will be only a fraction as deadly.

LESIONS OF ENVIRONMENT

Every practitioner will profit to read an article "The Patient Himself," dealing philosophically with that part of the patient "above the eye-brows," in the January 10th issue of the *AMA Journal*, written by Hugh T. Patrick, M.D., Chicago. If you don't get this journal borrow this number from a medical confrere. It would be a very helpful article to read aloud at any meeting of our practitioners as it presents phases of diagnosis and treatment that "too literal" doctors are apt to be unaware of. Especially will it be good mental diet for the type of osteopath who suffers from the obsession that every ill to which man is heir must be due primarily to some mechanical or tissue lesion *within the organism* itself.

This discussion deals with the *lesions of environment*—a chapter of pathology which constitutes a sealed book to the doctor who sees nothing in his patient but a fine anatomical machine that is subject to mal-adjustments. Too many osteopaths admittedly suffer from this form of lesion myopia. Witness the constant and repeated calls in meetings and prints to "stick to pure osteopathy," "give us only genuine lesion osteopathy," those zealous reaffirmations of faith in "ten-fingered osteopathy," etc., all of which mean exclusive interest by such individuals or groups in the dogma of the tissue lesion and their effort to emphasize it as the universal, omnipresent and practically omnipotent factor in pathology, the ne plus ultra of diagnosis, and its corollary that tissue adjustment is the only thing needful in healing.

Dr. Patrick's excellent paper offers real help to all osteopaths who are as much interested in the mal-adjustment of the individual to his environment as in the mal-adjustment of his tissues or faulty metabolism of his cells. The real osteopath should be a student of man's articulation to nature and to society just as much as the articulation of his bones or the articulation of his protoplasm, microscopically considered, or the metabolism of his chemical elements. Man's articulation to nature and to the social scheme of things produces and moulds his psychology, and this realm of his make up is subject to lesions and needs intelligent diagnosis and adjustment quite as much as his anatomy. Let us not overlook our obligation to the things of the spirit or our opportunity to make environmental adjustments between society and such patients as need such help, of which there are probably undreamed of numbers.

ALLOPATHIC ASSIMILATION OF
OSTEOPATHIC CONCEPTS

The *AMA Journal* of Jan. 10th has an interesting editorial on "The Production of Pressure Symptoms by Normal Ribs." The medics have been slow to adopt osteopathic concepts but they have come to it systematically just the same.

Were osteopathy to convene in session, disband as a profession and adjourn sine die there is every evidence that it would live in therapeutic history as to all its essential concepts, for all of them that are demonstrable are now being recognized, applied and written into medical literature with an enthusiasm and ability quite disconcerting to osteopaths. The things peculiarly osteopathic in pathology, for the recognition of which our system was founded and for advocating which our school has been ridiculed and discriminated against, are now embraced as the newest "discoveries" of the pharmacotherapeutic branch of the healing art.

Already, then, has osteopathy, like homeopathy, so impressed itself upon the traditional school of medicine that it *has reformed* medical practice—one of the things that A. T. Still set out to do.

But let us hope that osteopathy's mission will not come to an end there, with merely modifying the existing medical practice. Let us hope that, unlike homeopathy, it will be destined to continue its individual existence.

It has very little chance to do this, however, unless we all exert ourselves to the uttermost and follow wise counsels and pull in one direction and that the right direction. Let us not be satisfied merely with modifying medical practice. Osteopathic therapy is worth perpetuating.

Shall we make the personal sacrifices necessary to insure this perpetuation?

It will never result from a disjointed program, where every fellow does just what he likes to do best for his own peace of mind and personal benefit.

Shall we be able to evolve a higher form of class consciousness than we have yet known? And make loyalty to professional interest and advancement take precedence of purely personal concerns?

Time will tell.

NOW THAT THE "REGULARS" HAVE
RECOGNIZED SPINAL LESIONS
—WHAT?

We read an interesting army case of an anteriorly displaced atlas in the January 10th *AMA Journal*. It has not been a long time since medical scoffers at the vertebral displacement theories of Still claimed that an atlas could not be appreciably displaced without killing the person. Time moves on and with it the ideas of institutions change radically.

There is both strength and weakness for organized osteopathy in this widespread recognition of the truth of its principles and practices by the "regulars"—the strength of vindication, the joy of forcing its enemies to admit that it was right all the time in its fundamental lesion contention, the pleasure of having made its traducers "eat crow", but also the weakness of seeing the dominant school appropriate and use these basic tenets without giving any credit to osteopathy.

We are reforming medicine and surgery very fast but what will it profit us as a school to see our competitors calmly accept our fundamentals and fit themselves to do our work?

Well, in one sense, it is a gratification to be able to contribute something good and useful to historic medicine and surgery for our debt is great to both professions for a considerable share of all that we know—not "all we know," as some short-sighted osteopaths sometimes put it, for that is not true. We are indebted to *pure science* for practically all we know, just as the allopath is also; but we do not inherit our pure science through the medical profes-

sion. The great bulk of "learning" that we inherited from the medical profession proved to be rank superstition, charlatany, dogma, abracadabra, cant and other liabilities hard indeed to get rid of.

Pure science is now rapidly reforming "state medicine" and surgery both and likewise osteopathy, just as it should do. When the dross is all burned off both the old polypharmacic and the new apharmacic schools of healing will allopathy and osteopathy have amalgamated and become one system? To the student of affairs these institutional tendencies are a matter of the highest interest.

Meanwhile keep your eye on the fact that "state medicine" has now accepted the Still lesion doctrine and if medical politicians deny it in legislative hearings you have the material in hand with which to blow them out of water.

PHARMACOSOPHY DEPARTMENT DELAYED
ONE MONTH

Owing to the loss of proof revises in the mails at the last hours before going to press it became necessary to omit our splendid department of Pharmacosophy which had not only been set but had been made up in this paper. We did not feel justified in running so important an article without the author's final proof revision.

Watch for it next month. It will be worth waiting for.

THE PENNSYLVANIA SITUATION

An important department covering the Pennsylvania problem was crowded out of this issue, much to our regret, but will not grow stale awaiting for its appearance next month. Next month, if you are a bit sagacious, you should have no difficulty figuring out the influence of our "Revelations in Pharmacosophy" to determine the right settlement of this Pennsylvania controversy. Many a problem disappears when merely restated in a new and *true* way.

What Is Business?

[From the Illinois Osteopathic Association Bulletin]

SOME believe that business is making money. Well, so it is; but the money is only incidental. Business is performing a use in the world, being of service to the world in general or to some group of individuals in particular. If your service is good your business will be successful; people will be willing to pay you for the service you render them.

A lasting business must be built on honesty as the corner stone. A bargain that is bad for the buyer is not a good one for the seller. The old slogan of "caveat emptor" is dead. Fairness, courtesy and honesty are better business getters than craft, cunning and cupidity.

My Septennial

By John Barr, D. O.

II.

ON the parchment of Memory stands out a figure clear and evidently marked for success. Barge, as we called him down at school, was a little older than the rest of us and even in those days had the badge of success for his own. He had given up salesmanship to study our profession and we understood that he had already made good in that line. At any rate, he seemed to have more money than the rest of us and he soon assumed a natural leadership that was his by right of his ability to take it and hold it.

He quickly gained a superficial knowledge of our science and in his freshman year was prone to lecture us on the practical points that should be emphasized if one expected a large and successful practice. I never knew anyone who could make as brilliant a recitation upon the foundation of a bare hint of the answer passed to him by the fellow sitting next to him. Evidently Barge was slated for one of the topnotchers.

The first year out we heard about how he had made considerably more than expenses and in the third year came a letter modestly owning up to a little less than \$9,000. Along with this were other details of the purchase of a home in an exclusive suburb, the social activities of his wife, who happened to be a girl we all knew, and along with the rest he mentioned the name of his new car, a name he had every right to be proud of.

After that, nothing but silence. Barge evidently was pretty busy being successful. From time to time stray notes of his progress came to my desk. Odd bits they were, gleaned from here and there. He had been elected to the city council. His wife's pet dog had taken the blue-ribbon

at the local dog show, and so on. Other bits drifted in, rather negative informants. His name disappeared from the National Association membership and a little late a State Directory came in with his name among the non-members.

And I often used to think about Barge, wondered if the dollars still rolled in and if he maintained his position in society. Sometimes I even wondered what was going on in his own mind, whether he was satisfied with his progress and whether he ever thought about the rest of us and our problems.

Most of these wonderings and reveries remained unanswered until not long ago a friend of both of us happened by. We talked of the old times. And what of Barge, I finally asked him?

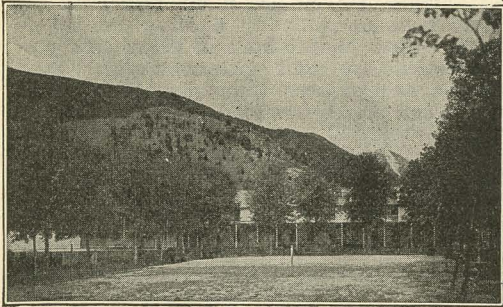
"Oh, he's doing fine, seems to have made a great success of things." I wonder how he does it, I mused half myself. Our mutual friend picked up my thought.

"Barge told me all about that last time I saw him. It's very simple when you know how. It seems he just put up a front and then sold that imposing structure to the public. He says every professional man's assets are nine-tenths "front" and so he has used his assets as best he knew how."

That sounds like Barge. In the old days he could sell anything from a glass of lemonade in the class circus to a belief in his ability to pass a grade without a written examination.

So, on that quiet evening of reminiscence most of my wonderings about Barge were answered. But because Barge seems quite happy, I hope the time never comes when he awakens to the fact that back of that "front" of his, there is the sum total of next to nothing.

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Flu-Pneumonia Reports

(Continued from page 15)

13. Plenty water, fruit and relaxing packs. Saline enema.
14. Not as a rule. If at all, early; bath and work upper cervicals and fourth dorsal.
15. Yes, at times.
16. All air possible.
17. Probably 60 to 65 degrees.
18. Manipulation: Inhibition to suboccipital area and fourth dorsal. Baths, soda sponges, cold packs to chest.
19. Kept chest muscles free, also anterior neck muscles; used vibration over chest wall to dislodge secretions.
20. Hot drinks, aromatic spirits ammonia, nothing else.
22. Probably 30 treatments a day was my maximum capacity.

By J. Henry Hook, D. O., Grand Junction, Colo.

135 cases of flu, no deaths; 10 cases of pneumonia, 3 deaths.

1. All kinds.
 2. Everywhere.
 3. Gently and gradually.
 4. Light spinal, including all areas.
 5. About 15 minutes.
 6. Most of them twice daily.
 7. Sometimes.
 8. 3 to 15.
 9. I should say not.
 10. Fruit juices and broth till temperature was gone.
 11. Both of the above and onion and cornmeal-bran poultices.
 12. (a) Normal salt. (b) Spinal and abdominal. (c) Castor oil.
 13. Osteopathic.
 14. Yes. First stages in bath tub; then in bed with hot drinks and bottles.
 15. Once or twice.
 16. MUCH.
 17. Tried to keep it around 68 degrees.
 18. When too high, cervical and upper dorsal, together with sponge bath of tepid water three hours apart.
 19. Cervical, upper dorsal, with honey and lemon.
 20. No. Drugs used but once. NEVER AGAIN! Patient died. Stryc. 1/30 gr.
- The three cases of pneumonia I had that died were very bad cases.—Reported June 10, 1919.

By W. E. Abegglen, D. O.,
Tekoa, Wash.

76 Cases, no deaths; no hospital cases or trained

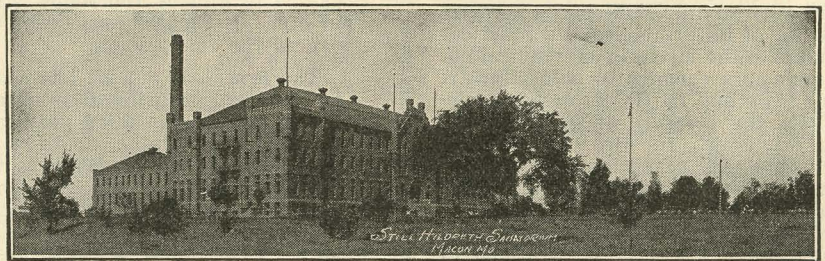
nurse assistance; while three local M.D.'s who enjoyed both advantages lost 26 cases.

1. Mostly muscular.
 2. Cervical, upper dorsal and lumbar.
 3. By thorough treatment.
 4. The whole of the back and abdomen.
 5. 20 to 25 minutes.
 6. Some twice daily; some once a day; and others every other day.
 7. Yes.
 8. 4 to 12 days.
 9. No.
 10. Liquid and semi-liquid.
 11. Nothing but cold packs.
 12. In some cases I had to use all these methods. Usually thorough manipulation of the bowels was sufficient.
 13. Osteopathic treatments only.
 14. No.
 15. No.
 16. I insisted on a very generous amount of fresh air.
 17. 55 to 60 degrees.
 18. Manipulation of upper dorsal; lifted the upper ribs; worked over the front of chest.
 20. Absolutely none.
 22. Maximum number of treatments in one day, 25.
- Note: I had a dozen cases this winter. No deaths.—Reported June, 20, 1919.

By E. T. Schildberg, D. O.,
Winnetka, Ill.

379 Cases; statistical report incomplete.

1. Axis and lumbo-sacral.
2. Muscular rigidity.
3. ———.
4. Thoracic and intercostal. I made certain I got full relaxation of all intercostal muscles and motion in all upper dorsal and lumbar, especially 4th and 5th. Also atlas-axis articulation.
5. 20 minutes of relaxation-motion and the regulation of future treatment is sufficient.
6. I treated my flu cases but once a day as I handled 379 cases in all and could not give more time to any one case.
7. Yes, always in acute cases. Personally I think it is very easy to over-treat any case, acute or chronic, especially acute cases where seldom is a general treatment indicated. It tires the patient; and over-stimulation, to my notion, may be as harmful as the primary congestions. It is also my idea that to treat three times a day lowers the vitality temporarily (unless it be pneumonia) where twice a day



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is sufficient under the proper thorough treatment.

8. Three to five days, average.
9. No, decidedly not.
10. Diet was a most important part of the treatment. (a) Flu diet—milk, milk toast, and orange or grape fruit juice. (b) Pneumonia diet—milk and grape fruit juice. The idea being that the latter would stimulate the kidney activity. (c) Bowel complications—the use of all acid foods is strictly contraindicated, as I soon found out, even apple sauce exerting a harmful effect, causing gas, and a semi-coma. (d) Nervous complications—warm milk and warm water.
11. No.
12. Enemas—olive oil or Mazola oil. I never use soap, but oftentimes citrate of magnesia, especially in flu, without bowel complications.
13. Treatment of lumbar area—and plenty of water and orange and grape juice.
14. Only as an emergency in uremic complications.
15. No—absolutely not.
16. I believe and practiced giving the patient plenty of fresh air, but in a well heated room.
17. 60 to 70 degrees.
18. Baths—sponge until temperature was reduced.
19. 1st to 5th dorsal, pressure at 1st, if case is bad.
20. Black coffee in only 2 cases of pneumonia.

By Drs. J. M. and Lucy Rouse and Drs. J. A. and Emily Price, Oklahoma City, Okla.

About 1,500 cases with but two deaths.

In compliance with your request, we herein submit a brief on the flu epidemic of 1918-19 in our city, and a few facts relative to our experience and work. It struck our city the last

week in Sept., 1918. The State Fair was in full swing at the time, and we think that the crowding of people and stuffy heated atmosphere was largely responsible for the rapid spread of the epidemic. It swept the city like a great conflagration. Hurry calls came from every direction. The city was swamped and business almost paralyzed in a night. Every physician in the city was taxed to the utmost, and nurses were impossible to secure. The epidemic raged with fearful fury for about six weeks, then it somewhat subsided for about three weeks only to reappear with renewed virulence, which continued with more or less vigor up to about the first of May, with a few scattered cases on to about June the first. Many of our citizens succumbed to this dreadful plague.

We took care of something like fifteen hundred cases. Many of these were completely prostrated from the start, while other cases were more or less mild, but all were bad. We used strictly osteopathic treatment, which varied according to the conditions found. The toxic condition, the great prostration, the fearful aching soreness, aggravating cough and high fever were controlled by treatment. Pneumonia jackets were used as a rule and frequently hot applications of turpentine, coal oil, camphor gum and grease. This seemed to give great relief at times. Used lots of water for drinking and irrigating bowels.

We found no specific bony lesion that we felt warranted in saddling the blame on to. In every case there was great spinal rigidity due to the irritated contracted condition of the muscles and soft tissue. Relaxation and elimination were the things indicated, and this we looked after. As a rule treatment lasted from five to fifteen minutes, and from one to three daily, as the condition indicated. The diet was strictly liquid during the fever period and for two or three days after it had subsided or become normal. We used no adjuncts save in a few patients objecting seriously to enemas, then we advised syrup of figs if the treatments failed to give results desired.

Absolute quiet was demanded in every case, not only during the acute stage but for several days after all bad symptoms had subsided. When our instructions were followed there were no after complications and our people were well.

Many of the cases we were called to see were suffering from some type of bronchial pneumonia. There were extremely bad and mild forms in this complication.

We lost but two cases and they lived in the country where it was most impossible to get to them. Had only one case of meningitis; this had developed before we were called. This case made a complete recovery.

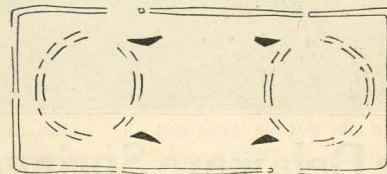
The battle here was fierce and we were taxed to the limit and we feel much like the boys seem to feel who have returned from the heat of battle in France, that while we gained a great victory, yet it was too serious to talk about.—Reported July 3, 1919.

Drs. Gass & Breegh, Beatrice, Neb.

300 cases—statistical report incomplete.

1. Muscular.
2. From head to coccyx.
3. Treatment and relaxation by heat.
4. Relaxing and stretching muscles, bending of spine.
5. About 15 minutes.
6. Once to three times a day, depending on the case.
7. No.
8. From 3 to 15 days.
9. Can't tell.
10. Liquid diet.
11. Dionol on a few.
12. Alkaline enema, 2 quarts twice daily. Knead bowels. Castor oil, one or two ounces, depending on case.

No. 36



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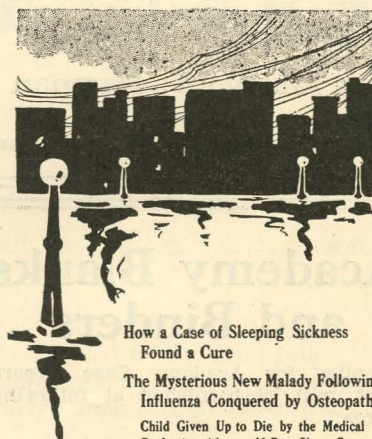
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No. 34



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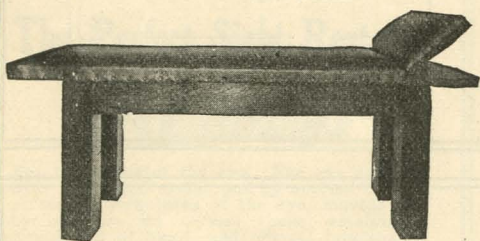
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13. Treatment at 10th, 11th and 12th dorsal and lots of hot lemonade and water.
14. Yes, after thorough physic, sweat the patient about three hours, gradually.
15. Yes.
16. Plenty.
17. 70 degrees.
18. Not until it reached 103 degrees. Cold compresses.
19. Relax tissues of neck and dorsal region.
20. No drugs used for heart. Raised ribs and worked at sub-cervicle region, etc.

By J. F. Clark, D.O., Greenville, Texas

Statistical report incomplete.

1. Old lesions plus severe rigidity.
2. Dorsal and cervical regions.
5. No set time for treatment. Always fit treatment to patient, and not patient to treatment. Some fatigue from five minutes of treatment, and others feel better after ten to twelve minutes of treatment.
6. Number of treatments per day depends on age, nervous condition, possible complications and general strength of patient. Illustration: Man, wife and grandson; ages 80, 75 and 19 respectively. Old people very nervous; after treatment would sleep two or three hours and feel very much refreshed, and were treated morning, noon and evening for three days and once a day for three days. The son once a day in evening three days, and the fifth day. The old people treated very light, lying on back. Springing the dorsal spines and lifting ribs. Cervical very light, usually took about five minutes, and if signs of fatigue showed up stop at once. So I have come to the conclusion to under-treat is laziness, but over-do is criminal, not only to patient, but to your profession.
9. *Drugged patients* ordinarily respond very slowly, due to gastric disturbances and general nervous condition.
10. The first few days I ordered absolute rest from all food, as I found that any gastric disturbance meant a rise and prolongation of temperature, and after the patient began to improve, or about the third day, begin feeding small amounts of liquid or fruit juices, and if gas showed up, rest from food for a day and then use foods with *alkaline* reaction.
11. I used chest protectors in all cases. Can't say that one was much better than the other—the main point is to see that the patient was well protected and kept good and warm, to keep down pulmonary complications, and shorten duration of flu.
12. Activity of Bowels. Copious amounts of water plus treatment usually had desired effect, and if not, I used the pure old C. Oil, while water is fine for the kidneys. I had no set rules other than rest in bed, no food at start, followed by light diet, bowels and kidneys kept well flushed.

All of my work was in private homes, except the girls in one boarding school. Trained help was out of the question, so I had no experience with sweat baths, and could use only hot foot baths, etc.

To say that I mastered the flu I can't, but my idea is that it is a general systemic infection, and each cell of the body is bathed in its toxins, and more especially the nerve centers and through it the circulation, elimination, thermogenetic centers; and general body resistance is so deranged that nature can't manufacture antitoxins fast enough; so here is where the osteopath comes to nature's rescue and helps the nervous system to functionate properly, and normalize all of the body, secretion and excretion, return of health being the result.—Reported June 10, 1919.

By Myrtabel Bland, D. O., Pasadena, Calif.

87 cases, no deaths.

1. Muscular and bony, according to type of flu, cervical and splanchnic.
2. Abdominal muscles and limbs, atlas, axis, 6th cervical.
3. Relaxation and osteopathic methods only.
4. General relaxation of all contracted muscles and bony replacement where necessary.
5. About 25 minutes—some longer, some less.
6. Average once a day; bad cases twice, a. m. and p. m.
7. No. I used heavy deep but quiet movements to avoid sudden shock.
8. Regular treatment, 8 to 10 days usually; 2 to 3 weeks under my care and observation; 3 times a week.
9. I had 3 cases of pneumonia that had been under M. D.'s care, 2 had been given up as lost; these all responded slowly and suffered more.
10. 2 quarts of water daily for first two or four days. Cream of bran and celery, onion, raw grated carrot and sauerkraut, pineapple, gelatin.
11. Antiphlogistine in all pulmonary cases. In three pneumonia cases I used wormwood and vinegar poultices for Antiphlogistine packs.
12. Enema, salt and soda, one teaspoon of each to 2 quarts water, two times daily. Osteopathic work over splanchnic and abdominal regions. In contrary cases liccorice powder at bed time.
13. With kidneys I had very little trouble. Flaxseed tea where necessary.
14. No, only in two cases where fever persisted.
15. No. Cotton packet for pulmonary complications. Antiphlogistine packs in bad cases. Otherwise strong camphorated oil.
16. All possible ventilation. Got most cases out on open screen porches (California.)
17. I had no case where artificial heat was

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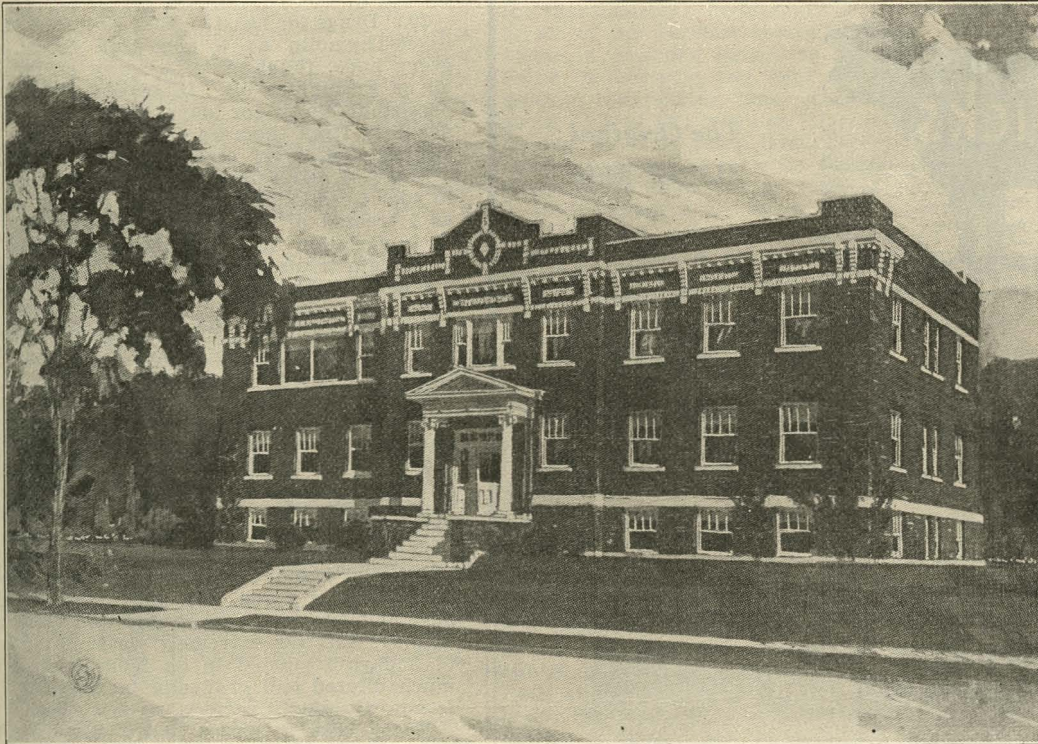
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3. General Surgical.
4. Obstetrics.
5. Gynecology.
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(Name of doctor to physicians on request)

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(Signed).....M.D.

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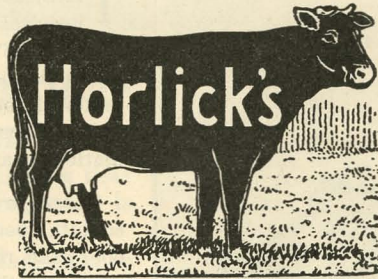
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used in the dwelling. Hot bottles and bricks used where needed.

18. Inhibition of two lower cervical, 2 upper dorsal. Epsom salts sponge. Plenty of plain water to drink.

19. Flaxseed tea, with lemon and honey. Freeing up a clavicle and 1st rib; also upper cervicals.

20. Drugs for heart? No! No! No! I used Glyco-Thymolin as a nose and throat wash every hour, followed by a spray of Pinoleum oil or Eucalyptus oil. In several cases of low persistent fever for days (about 100 to 101 degrees) I put them up on their feet on a non-starchy diet, every case with good results.

Note:—I fear I have not done well in answers to your Questionnaire. I am not satisfied myself, as I treated 87 cases and each required some little variation in treatment so that it is hard to explain treatments effectively in short space.

I had a baby, 23 months old, young parents. The child was brought into my office unconscious, axillary temperature 106, pulse too rapid to count, dyspnoea; both arms from elbow to wrist and both knees were as dark as ink. I did not think it would live an hour but put it in a bath and then used hot camphorated oil and rubbed the limbs for 15 minutes every hour. I gave osteopathic work the entire length of spine, raised the ribs, used vinegar and wormwood packs, followed by Antiphlogistine on lungs and gave high enemas of warm flaxseed tea. Kept the bed warm but only used light wool blanket over child and kept bed in open sleeping porch, day and night. In three days temperature was normal and child tried to play, but was extremely weak. At the end of 3 days I started in on Mellen's food very much diluted and gradually increased it. She is now absolutely perfect; no evil effects.

Every case I treated had a hemorrhage of some sort. Every woman menstruated, children had nose bleed and one old man had a bad hemorrhage in one eye.

I also had 10 cases of pregnancy from 2 to 8 months and never lost a mother or babe. I had a banker's wife, 8 months pregnant, 40 years old, 1st child and right side badly atrophied from infantile paralysis when she was 2 years old. She was up two weeks before her confinement. Normal (hard) labor, 18 hours, 7½ pound boy, now two months old and weighs 12 pounds and the mother is in A-1 shape. Naturally I feel all that such patients need is care—good care. By the way, this mother had a very severe hemorrhage from her rectum, lost a pint of blood from hemorrhoids, which have since been removed by an osteopathic surgeon.—May 28, 1919.

By J. Merrill Wright, D. O.,
Rockford, Ill.

Statistical report not included.

1. The lesions found were in muscles of the back of head, neck and all along the spine, with marked tenderness over the kidneys.

2. These were found in the greater and less splanchnic nerve centers from the eighth to tenth and from tenth to twelfth dorsal vertebrae. There were also lesions found in upper cervical and upper dorsal region.

3. These were corrected by gentle relaxation of muscles and mild articulation of the vertebrae—all along the spine.

4. The first was to relax all contracted muscles all over the whole body. Second was to equalize the circulation in general. As the disease itself produces an overstimulation to the nervous system, I gave inhibitory treatment to stop the aching along the spine. Beginning at the upper cervical and working downward to sacrum. This is given by gentle pressure on each side of the spinous process with the tips of the fingers and I find it controls the aching in general.

5. Average time of treatment was thirty minutes.

6. Twice a day, morning and evening.
7. It is very easy to over treat and one must govern this according to the patient's vitality as there are no two cases just alike.
8. Five days under treatment, twice daily, and one treatment every other day for a week.
9. As my patients were osteopathic they had not been drugged. And I regard this as one reason that no complications set in.
10. While the temperature of the patients were on no food was given. Plenty of water and liquids of all kinds that were cooling to the blood. Place patients on general diet very gradually afterward. In pulmonary complication the treatment in diet is the same. Nervous and gastro-intentional complications the same.
11. No Antiphlogistine or Dionol was used. Camphor oil rub in over the thorax, well in back and front; oil heated.
12. Bowels kept active by giving enemas of plain water; blood heat. General rotary treatment over the abdomen and strong heavy treatment to liver and spleen. Saline laxative used.
13. Vichy waters given several times a day.
14. Patients were sweated at the onset of the disease. Using hot lemonade and hot water drinks.

15. No.
16. Room well ventilated; window lowered from the top so no draft came on the patient. Window also raised from the bottom three times a day at which time the patients were kept well covered.

17. Room temperature on an average was 68 degrees.

18. The patient's temperature was controlled by holding the suboccipital region and steady pressure on the inferior cervical ganglion. Sponge baths, every four hours, using tepid water.

19. Rotary and inhibitory treatments in the upper dorsal and lower cervical regions. First relax muscles from the 7th cervical to 5th dorsal vertebra. Then inhibit from the inferior cervical ganglion down to the fifth dorsal nerve center, and from the fifth dorsal center upward to cervical ganglion, this being the center for controlling cough.

20. No drugs necessary for heart stimulation. The heart was treated after the temperature had subsided and by stimulation first to superficial and then to the deep circulation. This treatment is given by swing treatment of the arms and lower extremities. And then with patient on the right side stimulate the heart from 1st dorsal to 5th dorsal spinal nerves with deep relaxing treatment to the muscles from the left side; and then have patient turn over and treat the right side muscles the same as the left. Begin at the fifth dorsal and treat upward as high as the 1st dorsal. Treatment being up and outward.

By Alexander F. McWilliams, D. O.,
Boston, Mass.

188 cases, no fatalities and no pneumonias.

About one-half of these cases I saw the first day of symptoms and they were cured by the one treatment. The others took two to five days in bed. I kept patients in bed until night temperature was normal. A few set in with bilious attacks and a few with croup; these few did not show what I call the distinct flu lesions, but I had to go by that peculiar flu temperature.

I did not follow the M. D's rule in the discharging of patients which so many did follow, (sorry to say) i.e. four days after normal temperature. I kept patients in bed until night temperature was normal. As soon as the night temperature was normal, or below, I discharged them. Nothing in results led me to believe that my judgment was wrong.

Treatment was given to upper four cervicals for flu; for cough, to liver centre and 1st right rib; if other symptoms arose, I treated the centre involved.

Treated a few of the sickest patients twice a day for from one to three days; the rest once a day.

The *OP* lays stress on the danger of over-treating—my procedure was to first place thermometer in patient's mouth and then to find out how the disease was progressing by examining the cervical area before looking at the thermometer. Incidentally I gave practically all of my cervical treatment with thermometer in patient's mouth as it made me less liable to exposure and kept the patient from talking, thus saving time. Cervical treatment about two to five minutes. I would then feel the rest of spine, and if liver, kidneys or bowels needed attention, I gave it; otherwise not. If treatment is given on the basis of doing what is needed there is no fear of overtreatment.

I think the only time I give a poor treatment (and that is usually over-treatment) is the few times that I attempt to talk while treating since *one can not talk and treat at the same time*; while doing one thing one should stop the other.—Reported June 6, 1919

By Burrell Russell, D O., New Philadelphia, Ohio

96 cases of flu, no deaths; 5 cases of pneumonia, 2 deaths under aggravated conditions.

In reply to your inquiry about records of flu, I did not keep any case reports except in a couple of pneumonia cases. The fact is that during the worst of the epidemic I had charge of a small mining town near here. There I had from five to six, and even as high as ten in one family, sick. In one house where the two died seven were all ill at the same time. Lack of care, cleanliness and proper attention made the work very unsatisfactory. In this particular town I got more than I could keep account of. There were 21 houses in a row and every house had its ill persons except one. Another doctor had the other houses that I did not attend. All told, I had one week of it there and treated 45 different cases, with two deaths among those who had pneumonia when I arrived. No covers on the beds, windows wide open and snow blowing on bed—this paints a picture that may give you some idea of what one could do and could not hope to do under such circumstances with such cases.

I can not write any detailed history of all these cases but will say that I have had 96 cases to date. Five of pneumonia, two deaths. All the rest were typical and uneventful. Average duration was from 5 to 6 days. Fever usually 101 to 104. Extreme headache, backache and nose bleed.

An interesting family experience.

Mr. Wal. Age 40. Typical.

Mrs. Wal: Confined with a Temp. of 104. Two hours labor. No complications. Baby full term. Baby well, none the worse. Did not affect mother either way. Made complete recovery in 10 days.

Son of same mother. Age 12. Crippled and deformed to an unbelievable degree, developed pneumonia and then made a complete recovery in spite of empyema and his former condition. (Deformity of course did not clear up).

Six children in same family made uneventful recoveries.

Kaiser Family, 5 in family.

Father and mother and three children all stricken. Mother developed pneumonia. Taken to Emergency Hospital. Case record enclosed. The rest of family uneventful.

Another Kaiser household.

Nine, sick. All recovered. No pneumonia, etc. There were many single and unimportant cases whose names I did not even know. I cannot give you anything of much value as during the entire time I was so busy that I did not attempt to keep any accurate account.

The treatment that I followed was to keep patient warm above all things. Fresh air but no at-

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tempt to move the outside weather into the room, as some did. Not much food but liquids during the entire time. Treatments twice per day—as often as I could give them. That is I tried to see them twice per day but some only got one and some only every other day. Water all the time.

Just one thing I noticed; of the three pneumonia cases that recovered all sweat a good deal during convalescence and the other two that died did not sweat. I believe that it was good for them to sweat. In fact as soon as they did they started to improve. Of course it was necessary to see they did not take any more cold.

I can recall these cases from my earlier experience with the epidemic.

1. Mrs. W. age 48. Taken at the onset, fever broken on 5th day; uneventful.
2. Mr. W. age 35. Taken at the first appearance, aborted. I might add that daughter and sister both died. I did not have charge of them, in fact did not see them.
3. Mr. Hay, age 45. Taken at the beginning, aborted.
4. Mr. Shaffer, age 30. This case I relieved another physician. No complication.
5. Mrs. Shaffer, age 30. Typical case, no complication.
6. Mr. H. age 24. Severe case, followed another physician, later was relieved by same physician, complications developed pneumonia, I am not informed as to outcome.
7. Mr. Maloney, age 45. Confined 5 days with fever, uneventful.
8. Mrs. Maloney, age 45. Aborted after first symptoms appeared.
9. Wilmer M. age 10. Severe but recovered, no complications.
10. Mary M. age 16. Uneventful.

11. Helen M. age 10. Pneumonia developed. Various people got discouraged and relieved me before finishing. I cannot state the outcome of such cases.—Dec. 30, 1919.

By W. H. Thompson, D.O., Riverside, Cal.

50 cases of influenza, no pneumonias; no deaths.

1. Cervical usually.
2. Muscular.
3. _____.
4. Very active to special lesions; also general treatment.
5. Average time; 20 minutes.
6. One to three times a day.
7. No unfavorable reactions noticed from too long or too thorough treatment.
8. From 3 to 10 days under treatment.
9. No.
10. Restricted liquid diet in both influenza and pulmonary complications. In bowel complications no food for a day or two.
11. Camphorated oil, external, on throat.
12. Enema and castor oil.
13. Increased water drinking with lemon juice at times.
14. Yes. As soon as possible and continuously.
15. No cotton jackets used.
16. Moderate ventilation.
17. 70 degrees.
18. No means used to reduce temperature but manipulation.
19. Means to overcome cough; manipulation to throat direct and attention to lesions in cervical.
20. No drugs used to stimulate heart.
21. Cases of influenza treated—50; no deaths. Pneumonia, none met with.
22. Twenty.—Reported July 14, 1919.

country physician, however, has to carry more than that as *the people want to take something, so he has to leave something for them to take.*

Several other expressed themselves in about the same manner when Dr. W. put on the cap-sheaf by saying:

"I am thoroughly convinced that the reason we lost so many flu patients is because we tried to do something and had nothing to do it with. There would have been a great many more people alive today than there are if we had simply sat down at home and never answered a single flu call. It was a big blunder on our part."

Several other physicians agreed with him. Surely this is a tremendous indictment against the medical profession. You see there was absolute frankness for they did not know they were talking to an osteopath.

HOW DID YOU TREAT YOUR FLU CASES?

Is not the value of this department to you and to your profession great enough to make it worth while for you to write The *OP* similar analysis of *your* experience? If you had any *real* experience with the epidemic cases of 1919-20 we would like you to report it. Even if you sent in your report to us last summer we would greatly appreciate your doing it over in conformity with the revised and expanded questions at the head of this department and do it a little more legibly. Most of our friends replied to the questionnaire on the blank that we mailed out, writing illegibly between the crowded lines, which was not our intention at all or more adequate writing space would have been provided! Editing such reports is really a terribly long, hard and dolorous job for the editor—as bad as deciphering Sanskrit baked bricks in some cases. Many such reports in hand can not be used at all. Some were not signed by their authors. Would you, whose reports have not yet been printed in The *OP*, mind doing this job all over afresh for us, bringing your statistics up to date, and giving the additional data asked for on the present form at the head of this department? Thank you! Typewrite your reports wherever possible. Double space your lines whether typed or written to allow editorial revision. Write on one side of the page only. Use plenty of paper. The most legible, most complete and most helpful reports to be received will naturally get first attention and first insertion in our columns.—Editor.

Infection Psychosis Following Influenza

By E. C. Braun, D. O., Coffeyville, Kansas

ON March 13, 1919, I was called to see Mrs. X, age 34 years, about eleven o'clock P. M. Found her violently insane with the delusion that her husband was trying to do away with her.

HISTORY

Had influenza for about two weeks under medical treatment, temperature was normal for three days then the sudden insanity. Was in this condition for four days and nights with M.D. in charge. Was giving her hypodermics to try to quiet her but to no effect. I found her in bed with feet tied to foot of bed, and tied about the waist to each corner of head of bed.

SYMPTOMS

Pulse 108; temperature 101; respiration 26; heart action good. Patient was very emaciated but had unusual amount of strength. Face and eyes badly congested. Would hit and scratch any one coming near her. If she could get a hold of anything, would throw it. Very nervous and impossible to keep her still.

FINDINGS

Second and third cervical rotated to right. Tenderness in upper dorsal but no marked lesions. Liver enlarged; very pinched expression on face. The urine was specific gravity 10.19, scanty, no albumin nor sugar. Had to have her husband hold her while examination was made.

TREATMENT AND RESULTS

After relaxing work to cervical region, corrected the lesions, patient was quite violent for about twenty minutes afterwards, then became quiet. Saw patient next morning and found her rational and she has continued to improve. She stated that when I corrected cervical lesions that she began to realize things. She knew nothing of the four days and nights she passed through. Within six weeks she had gained thirty pounds and has had no return of delusions.

Treating Flu Brought Spinal Cases to Office Later

By Dr. R. C. Wallace, Brockport, N. Y.

NOW how in the devil is a man going to tell how he treated the flu? All alike in some respects, yet all different. Take questions 1, 2, 3—one found all kinds of lesions, everywhere, and one corrected them, much the same as one would at any time. I recall one case. A woman told me she had a backache for 20 years. I found the *LESION* and corrected it. Altho that was a flu case in bed, it was the means of sending to me several more cases of back trouble for treatment at the office later. But I will just say this much. My cases got osteopathic treatments as frequently, as much of and wherever they needed it. They got an enema of warm water every day, even if they thought it not necessary. And last but not least, if any of them ever had any drugs, they never told me of it.—May 27th.

Medical Frankness about Killing Cases of Flu

ONE day during the big epidemic an osteopath had a patient in one of the larger western hospitals. It was an operative case, and he was going to assist. He simply introduced himself as Doctor. While in the dressing room the question of the flu came up.

Dr. W. said, "I am thoroughly convinced now, after more than ten years practice, that there isn't to exceed ten drugs in the whole pharmacopela that amounted to a snap of my finger".

Dr. B. said, "All the drugs that have any value whatsoever can be put in a little case and carried in the outside coat pocket. The

Dr. Bancroft Wishes It Stated

Permit me to say through The *OP* that while I made the comment quoted by Dr. O. J. Snyder in approval of his course while straightening out the tangle with those Pennsylvania irregulars several years ago, I did not write it at this time—as the quotation now might make it appear—nor make such comment in connection with the Daily controversy, as might be inferred. I wrote that endorsement of Dr. Snyder's course fully a year ago, and have made no comment on the Daily trouble and am withholding my opinion for more complete information. Please state this for me in The *OP*.—C. M. Bancroft, D.O., Canandaigua, New York.

THE FRUITS of STATE MEDICINE

Dr. Bancroft's Diphtheria Patient Denied Hospital by the M. D.'s

[From The N. Y. SOS Blotter, Feb. 1st].

IN October 1919, I applied to the Memorial Hospital of Canandaigua, N. Y., for admission of a patient having diphtheria. The Superintendent of the Hospital was away at the time and I was referred to the Chief of the Staff. After some conversation with him I said, "Let me get this clear, Doctor, you refuse admission to this patient because she is under the care of an osteopath and not because she has diphtheria?" and his answer was "Yes." This despite the fact that a separate building is maintained for the care of such cases and it was opened and used the next day for a case of diphtheria under the care of another physician.

I understood that the question was to come before the Executive Board of the Hospital as to whether any osteopath should be allowed to enter a case of any description. At once I wrote a letter protesting against such action until a hearing had been given the osteopathic profession. This hearing was granted and the following letter was submitted in addition to the remarks made by Dr. Ralph H. Williams. At this time an answer has not been forthcoming.

The chief point to consider is this: can an institution pose as being public and charitable and thereby be entitled to exemption from taxation and still say that any certain school of licensed physicians shall be shut out without reason or cause? Does that not take away from its public character and rob a certain portion of the public the treatment they may desire? Does that not nullify a listing as a tax-free institution? This is the point which does not seem to have appealed to others placed in this position and it is one which should be determined for all time through a test case. Our attorney believes that we have a clear case against any hospital deriving free taxation from its public and charitable position if we are barred therefrom because of our beliefs and not following sustained charges of incompetence, etc. Unless we do take a stand and fight such things will occur all through the State, if a determined fight is put up it may be the end of such attempted actions. What do you think about it?—C. M. Bancroft, D.O.

Just Plea Falls on Deaf Ears, Stony Heart and Atrophied Conscience of AMA Highbinders

Canandaigua, N. Y.
November 10, 1919.

To the
Executive Board of the
F. F. Thompson Memorial Hospital,
Canandaigua, N. Y.

Mr. Chairman and Members of the Board:—
As I understand the communication of your secretary, I am granted the privilege of appearing before you as President of the New York Osteopathic Society so that I may advance, on behalf of my profession in this State, reasons and arguments against a motion to deny osteopathic physicians the usual privileges of this hospital.

It is unusual for a body of men to be denied the right to follow their profession within its natural precincts unless some untoward incident has occurred, unless something specific is

wrong, and consequent charges are made. In this instance I know of no charges having been preferred and it is rather difficult to advance arguments when the subject is broad and much must be said in a short space of time. It will be necessary for me to speak in a general sense and deal with principle rather than incident.

First, I wish to point out that an osteopath is required to spend four years in a high school and four years in a college of osteopathy registered and inspected by the Board of Regents before he is even allowed to take the licensing examination in this State. He puts in the same number of class hours, he studies the same books as does the allopath, and his colleges must reach the same standard as those for the allopath. You have before you a table which gives in detail the studies in the allopathic and the osteopathic colleges and the hours devoted to each subject. Upon graduation the osteopath, the allopath, the homeopath, and the eclectic must pass the SAME examination in every subject before the same board and in the same room before being granted a license to practice medicine in this State. A little later I will ask Dr. Williams, the osteopathic representative on the Board of Medical Examiners, to tell you more about these particular points. An additional point is, that the highest court in our State, the Court of Appeals, has declared that osteopaths are practitioners of medicine and they are so licensed by the State.

The right to practice any branch of the healing art is based upon education and legal license granted after the enactment of laws by the Legislators of the State representing the majority of the people. The Department of Education and the Department of Health but carry out the laws after their enactment. Having been granted a license to practice by the State the presumption is that an osteopath is possessed of the proper degree of learning, care, and skill required to adequately treat the sick in his own peculiar way.

I want to emphasize that point particularly because it is the usual start of misconception, and it is true that, after a certain length of time the beliefs of people become so strong that the idea cannot be entertained that any method other than their own can be successful. Quite unconsciously they retire behind a wall of complacency and satisfaction. A homeopath may believe so strongly in homeopathic procedures that he cannot see wherein other methods could succeed, yet other methods do succeed in spite of his beliefs. The right to practice is based upon educational qualifications and in no way is such license given because of the theory of a school or because a practitioner believes in this or that method.

The right to practice being based upon education then the denial of the privileges of an institution for the care of the sick should be based upon:

1. Insufficient preparation, or
2. Clinical results which are harmful to the patient, or
3. Personal disqualification—where an individual is, himself, unworthy.

The question here is not whether or no the osteopathic theory of treatment is true. I believe that it has proven its value during the thirty years of its existence, that before that

great court, the public, it has justified itself, and any theory which has stood the test of time and trial has within it virile germs of truth. The matter of the result of treatment is only properly brought up at a trial for malpractice and I am sure that is far from your minds.

If the results of osteopathic procedures were detrimental there would be an unusual number of death certificates signed by its practitioners, but such is not the case. Osteopaths observe the laws of hygiene and sanitation, they observe the rulings in regard to contagious and infectious diseases, they produce clinical cures and benefits more often than they fail else they would not be able to earn a livelihood in any community—the public does not long patronize a physician who is a failure in the majority of his cases.

As an osteopath does observe the usual health laws and regulations, as he has satisfied the State that he is properly educated, as his existence and growth today demonstrates that he is a benefit to the sick, I cannot see why the right of his admission to practice within a hospital should be questioned at all for a hospital is for the alleviation of suffering and the curing of disease—not for the protection of any particular school or schools of practice. This institution for instance is granted exemption from some \$100,000.00 in taxes because it is for the benefit and use of the sick of this community—not because the patients in this hospital employ a physician of a particular school. The state grants us the right to sign birth and death certificates and there seems no logical reason why any institution should not grant us the right to treat the public between those two stages of life. Certainly it cannot be said that the State did not expect the osteopath to treat disease in his own way when this right was conferred. The right to sign death certificates surely presupposes an ability to render adequate and competent treatment, otherwise the whole medical practice act would be a farce.

Special Information for Osteopaths

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

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

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

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

The law says an osteopath must not use drugs yet a license to treat the sick is granted and it must be assumed that there is then a method of treatment other than the employment of drugs.

Osteopaths read the same books as do allopaths, all the basic subjects are taught the same way in the two schools. Osteopathic colleges teach the use of serums and antitoxins, the use of drugs in cases of poisoning, the use of antiseptics and germicides, surgery must be studied thoroughly and an examination in it passed under the State Medical Examining Board the same as for the allopath, the chief and only difference is in the treatment of disease. The allopath emphasizes particularly chemical stimulation and inhibition within the body and gets what he believes to be good results by his methods, the osteopath particularly emphasizes mechanical stimulation and inhibition without the body and gets what he believes to be good results by his methods. Are they not both a benefit to the public? Isn't the chief and higher function of a true physician the relief of suffering by whatever method he may deem best? At no time does an osteopath deny a patient the use of drugs or any other form of treatment—how could he? Such action would be impossible because the individual seeks a physician of his own free will and stays under his care of his own free will. If it is the will of a certain portion of the people of any community to employ the physician of their free choice why should such people be denied the extra care and asylum afforded by a hospital because they happen to choose an osteopath? Why should their right of choice and preference be fettered, or their chances of recovery through lack of hospital care be handicapped?

The only tangible objection to the admission of osteopaths as practitioners in this hospital which I have heard, and that came to me in a rather indirect manner, is "you do not use drugs." Such an objection presupposes the fact that there is no other way to treat disease than by the use of drugs and that drug giving is the only weapon in a physician's armamentarium. If that is the objection it is one which is natural to those who practice drug giving or drug taking, to those who inherited the belief in the practice. But to say that clinical results can be brought about in no other way than by drugs is to sit as judge and jury with habit, custom, and inheritance as the only evidence, while entirely neglecting the obvious and pertinent fact that millions of sick and afflicted are getting relief and recovering health without the use of drugs. Had the world always been satisfied with the things that had been in existence, the things that had gone before, there would be nothing new in commerce, in art, in science, or in the treatment of disease.

The osteopath being broadly educated knows when drugs must be used, when their introduction into the body is imperative, and at such a time he follows but one course: He calls upon a drug giving physician to administer his remedies, he calls upon him as a specialist and collaborator—not as a superior. The treatment of disease today is too broad a field for any one man to cover adequately, hence the specialist. And, the osteopath may, and does, use the specialist in drug giving just as he advises or demands the work of the surgeon, the laboratory man, the diagnostician and consultant, the X-ray expert, or the nose and throat specialist. He is in practice for the purpose of benefitting his clientele, not to exploit a theory at the expense of human life or comfort, and if that end is being served by another he is big enough and broad enough to so advise. How else could he maintain a standing in any community? Those who use drugs and those who do not are separate and distinct schools. An osteopath has no legal right to employ drugs except in an emergency and the Attorney-General of this State has ruled that the

degree M.D. does not confer the right to employ osteopathic procedures. One school does not include the other logically or legally.

I believe that osteopathic physicians should be extended the usual courtesies and privileges of this institution on a parity with the allopath, the homeopath, and the eclectic because:

1. They have an education equal to that of any other practitioner;
2. They are licensed by the State to treat the sick, to sign birth and death certificates.

3. They are a benefit to the sick.
4. They deny no one any other form of treatment.
5. They observe the usual laws and regulations.
6. They do not have a high death rate among their clientele—a high death rate would show either incompetence or neglect or both.

Respectfully submitted,

C. M. Bancroft, President,
New York Osteopathic Society.

M. D.'s Shut Door of Oshkosh Hospital on an Osteopathic Patient!

[From the Oshkosh Daily Northwestern, Jan. 30th].

WHETHER a public hospital has the right to refuse a patient admission merely because that patient is being treated by an osteopathic physician, this refusal being at the behest of practitioners of the so called regular medical school, is a question raised by Dr. F. N. Oium, an osteopath of this city, who declares that he was recently refused admission for one of his patients to St. Mary's hospital. Relative to the matter Dr. Oium today stated:

PATIENT REFUSED

"On Tuesday night of this week I had as a patient, a well known business man of this city, who was suffering from a serious bowel infection and as there was no nurse available I telephoned to St. Mary's hospital for a room and was informed that the medical staff had ruled that no osteopathic physician should be permitted to bring a patient into the hospital for treatment. If the family would change physicians, a room would be provided at once.

"Can it be possible," Dr. Oium said, "that a humane organization like the St. Mary's sisters can submit to such rules by a self appointed body of physicians who have no authority over the institution whatever? Will the sisters openly consent to supporting a rule that will prevent a patient from having the necessary care to help save his life because such patient should happen to prefer some other system of treatment than that prescribed by some member of the medical staff?"

QUESTION FOR PUBLIC

"These are important questions which may come home at any time to any family and it is for each and every one to think over and decide what should be done. You as a taxpayer are exempting St. Mary's hospital from at least \$15,000 in taxes, but if your life is at stake you are denied the services of the institution unless you will submit to the treatment of a certain class of physicians.

"Are you going to accept it or are you going to protest it?"

Dr. Oium added that this ruling appears to have but recently become effective, for this was the first time in eighteen years that a patient of his had been denied admission to the hospital. It was his understanding, he also stated, that the rule is the result of years of propaganda among medical and surgical men of the so-called regular school against osteopaths throughout the country, culminating in the action which has just found local expression in the case which he cites.

He expressed the belief that the subject is one with which the general public should immediately and vigorously concern itself for its own interest and protection. Besides Dr. Oium there are two other osteopathic practitioners in the city.

STATEMENT AT HOSPITAL

A representative of the sisterhood which operates St. Mary's hospital, who stated that she was in authority at the institution, was

asked about the Oium matter this afternoon. She admitted that the rules of the medical staff of the hospital were that patients of practitioners outside of the regular medical profession should not be admitted to the hospital unless the patient were first "turned over to a medical man" and said it was against the rules of the hospital to permit persons to practice at the hospital who were "not regular members of the medical profession." She declined to make any further statement in the matter and referred all inquiry to Dr. F. G. Connell, who, she stated, is at the head of the medical staff of the hospital. Inquiry at the office of Dr. Connell brought the information that he was not in and efforts to get in touch with him for a statement on the situation were unsuccessful.

[From the Same Newspaper, Jan. 31st].

HOSPITAL ENTERS REPLY TO CHARGES

FORMAL STATEMENT IS ISSUED BY HEAD OF MEDICAL STAFF IN THE NAME OF THE MANAGEMENT

The following communication was given to The Northwestern today by Dr. F. Gregory Connell, head of the medical staff of St. Mary's hospital.

"Editor Daily Northwestern:—Will you kindly publish the enclosed statement in your paper giving it the same bold faced type that was used in your article of yesterday's mention of the hospital:

"Hospitals, like other institutions, must have rules and regulations.

"The rule in all Class A hospitals is that every patient must be under the care of a competent graduate in medicine.—Management St. Mary's and Mercy Hospitals."

"Why Cry 'Peace!' 'Peace!' when there is no Peace?"

If you did not read the editorial of that title last month refer back to it and read it.

Dr. Harris Loses His Suit to Prevent Hospital Boycott of Osteopathy

I AM obliged to The OP for the suggestion that the American Osteopathic Association should send Mr. Perry S. Patterson, their attorney, to look into and assist in these suits the D.O.'s are bringing to break up the "hospital standardization" scheme of the M.D.'s now sweeping the country, or rather that part of "standardization" that is going to take surgery out of the hands of the D.O.'s and keep osteopathic patients out of all public hospitals for years to come, if not permanently.

I sincerely hope that the AOA will see the necessity and opportunity of this right soon and help out in these suits, as few individuals can win against the medical machine and the host of M.D.'s pitted against them.

As for my suit, it is too late now to tender any organization assistance, as I have personally spent \$1,250, so far—and lost.

I will not appeal as the expense is too great, and this will be the history of other suits carried on by individual osteopaths who are unsupported.

I am preparing to open my own hospital at great expense as it cannot be avoided.

I did not ask the Texas Osteopathic Association to help me as it seemed to me to be the function of the AOA to carry the burden of these suits; the standardization of the hospitals being national; however, the same system is being adopted in Canada. I could write you indefinitely of details on this subject but my time is more than taken up now in the returned flu epidemic work, where osteopathy has made such signal successes. Yours fraternally—*M. B. Harris, D.O., Amarillo, Texas, January 25th.*

Medical Politicians Close Our York (Pa.) Sanitarium to Mental Defectives

PENNSYLVANIA Osteopathic Sanitarium of York, Pa., has been compelled by the State Lunacy Board to discharge its insane patients because the board refused to give the institution a license. The State Lunacy Board which is the tool of the "regular" medical profession has had the effrontery to say that an M.D. must be put in charge of this institution before a license will be issued!

The sanitarium had fully complied with the law but the State Lunacy Board violated its trust to the commonwealth by delaying to issue a license for two years after the institution was ready to do business and had made the usual formal application to obtain a license; so, by this indefensible injustice, the sanitarium was compelled to go ahead and perform its chartered functions to the commonwealth without a license.

Of course this affront to the osteopathic profession by the "regular" medical profession is intentional; is done as a gross insult. It followed immediately after the Dailey trial and is part of the same studied campaign of persecution. It is also a part of the nation-wide "hospital standardization" conspiracy to shut osteopaths and their patients out of all public and private hospitals. Not content with their ambition to possess all hospital accommodation for their own exclusive use, the "regulars" also mean to shut up osteopathic hospitals and sanitariums as far as they are able.

This medical coup at York is hooked up with the one at Amarillo, Texas, with the one at Canandaigua, N. Y., with the one at Oshkosh, Wis., and with various others of like nature. We shall hear of others.

"Why should osteopathy cry 'peace!' 'peace!' when there is no peace?" for osteopathy and will not be as long as "state medicine" is entrenched in its present fastnesses?

Osteopaths, get together and forget your childish strife over academic questions as foolish as the ancient schoolmen's bickering about how many angels could dance on the point of a needle. Whom the gods would destroy they first make mad. It is sheer madness to be debating whether as osteopath can function as a general practitioner and surgeon with only his bare hands for tools when the profession is being stood up before the wall for slaughter. Grab a gun and fight the medical oppressor for your profession's life.

WHEN typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.—*Editor.*

DO YOU WANT NATIONAL DEFENSE?

Our comment on the foregoing inquiry is, "Where, oh where is the American Osteopathic Association in this nation-wide crisis?"

Is our national organization fit and willing to function as the brain of the profession—to organize, direct and apply our utmost resources of defense against this hohenzollern-like medical conspiracy in restraint of human rights?

Or, will it be necessary for the profession to organize another agency to save the liberty and the institutional life of osteopathy, and to defend our patients against these inhuman outrages at the hands of "state medicine?"

For several months we have been patiently urging this great impending crisis for the osteopathic school upon the attention of the AOA in connection with the case of Dr. Harris at Amarillo, Texas. Dr. Harris is but an incident; the court decision involved may be of monumental consequences. We do not see much reason to believe that our national organization as yet realizes what we were driving at. The AOA frankly does not find itself interested in the court case of any man who has not been paying dues into its treasury; and we observe it passing the buck of defending osteopathic rights in a Texas court back to the Texas Osteopathic Association, yet doing nothing, so far as we learn, to urge the Texas forces to assume energetic responsibility for the case. It simply assumed that if the case was of such consequence as we pointed out the Texas profession would succor Dr. Harris. Evidently the Texas Association has been assuming that if the case was really of importance the AOA would be in the saddle. Between both complacencies the medics defeated Dr. Harris.

The case has been lost by us—osteopathy was defeated, and a court precedent in far off Amarillo may be quoted to cheat practitioners of their human right from Portland, Maine, to Portland, Oregon.

For the love of life and osteopathic survival, men and women of the profession, are we folks here in The *OP* office—Arnold and HSB—the only ones of the profession who worry our heads ceaselessly over the fateful problem of checkmating assassins of therapeutic righteousness?

Perhaps some of you think we in The *OP* sanctuary give most of our time to selling our pamphlets in competition with the AOA's activities—as we would have a perfect right to do, being "merely a private business house;" but the truth is otherwise. As nearly as we can figure it out, the Orange office seems to be trying to discharge our chartered corporate functions to the profession and we seem to be trying to discharge theirs! Believe us, friends, we would gladly see the AOA official machine take on a new conception of its dignity, responsibilities and communal obligations to the profession, and be allowed ourselves to give more time to our own private business. We have done our best to help the big association find itself in this matter.

We are still in hopes that the AOA will wake up—yes, this very month—and get the vision necessary to actually assume national leadership in defense of osteopath legal rights.

The busy chiro—be it observed by way of comparison—has no such national association as ours, and seems to need none; but he has a national defense bureau which will rush to the defense of any lone chiro in any state of the Union or province of Canada and fight with all the acumen of a centrally directed able staff of well paid attorneys.

Is it not obvious that this is exactly what the osteopathic profession needs? And that none but the blind would have overlooked so great a need through so many years?

Presumably we already have all the machinery created, fed with ample power, oiled with plenty of money and ready to operate in osteopathic defense in our national machine—except that the great central coordinating and func-

tion brain of leadership is lacking! It is not, we believe, that President Conklin could not, and would not, functionate if permitted to, but that a dead system of precedents will not let him. There is apparently dead-weight instead of vision permeating the whole organization. Individual initiative is repressed by ankylosed committees of our ossified system of society machinery. The machine is sick—sick above its eye-brows.

When the AOA added \$5 a year to our dues for national defense we thought it meant we would have a national defense. When it picked a national attorney in Mr. Perry S. Patterson more than a year ago we believed that he was going to be used as such—as a national attorney, to fight all our great legal battles, and not merely to advise the trustees when they could legally expel a member and such other petty considerations. When the AOA put itself before the profession at the last meeting as the central functioning head of all state societies we supposed it would realize that such a course definitely and irretrievably committed it to assume and direct national legislative and judicial defense. This is not a job that ought to be left by mere accident to private volunteer initiative—which seems to be the profession's plight up to this hour.

However, this is not saying that private initiative of the right kind, if nationally supported, could not make a success of it, for we believe it could and would! *Unquestionably it could.*

In fact, if the AOA wishes to abdicate in this peril and give itself to the more ancillary concerns of the Orange office—the gathering in of more ample and still more ample revenues, etc.—The *OP* will make bold and say that we know perfectly well how to direct this fight and would endeavor to *save the day for osteopathy* if given the chance. We would be willing to function for the profession as director of the impending legal battle for defense of our hospital rights *without personal remuneration*, providing the AOA put *one-half* the money at our disposal for the payment of counsel which it has already collected from the profession *for national legal defense purposes and for nothing else*. That sum, we believe, amounts to upwards of \$17,500 a year for the past two years. Less than the collection for one year would win this fight permanently in all probability.

If entrusted with this man's job we would simply phone Mr. Patterson within five minutes and say "The case of national osteopathic defense, sir, is in your hands—*get busy!*" He would do the rest. Merely an order is wanted—and provisions to pay the bill.

And thereafter not another AMA hospital boycott would be launched against osteopathy in any city north of the Rio Grande but Mr. Patterson or his aids would be there to pull the fangs of the intolerant allopathic monster. We would not let adverse court decisions be piling up precedents against osteopathic interests without at least a very stiff legal fight.

It is now or never, osteopaths! Do you want such defense—or not? You can get it if you furnish it; but you probably will not receive it waiting for our present committee-form of government to supply it—not at least until the war is over and we have lost by default.

Why not pass the buck to some one willing and able to assume it?

The Half Was Never Told

Let me say frankly that at first I wondered whether or not *Osteopathic Health* was the wonderful business-getter that I read men say that it was, but take it from me, *Osteopathic Health* is the biggest patient puller in existence. I applied the method you suggested to me on my mailing list of former dental patients. The result has been way beyond expectations. I am going to invest every dollar I can possibly afford in *Osteopathic Health*, from this day on. Any osteopathic physician who is hanging back from using this method of publicity is "asleep at the switch."—*J. B. Ellis, D.M.D., D.O., Boston, Massachusetts.*

DIAGNOSIS VERSUS ERROR

Cholelithiasis or Gallstones

By S. L. Taylor, M. D., D. O., Surgeon-in-Chief, The Taylor Clinic,
Des Moines General Hospital, Des Moines, Iowa

HERE is probably no field of medicine in which mistakes are more frequently made in diagnosis than in disease of the gall-bladder. First, because the case history is not carefully taken, and second, because the symptoms are so closely associated with stomach disturbance.

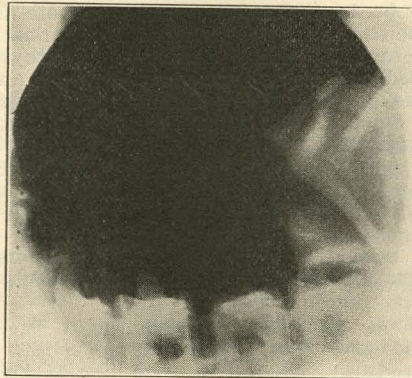
The case history carelessly taken will nearly always point to the stomach. The patient complains of heaviness in the stomach after eating, some gas rifting and distention, but no special pain. Occasionally this distress becomes so annoying that vomiting occurs; this is very rare. Ofttimes the heart beats and thumps unusually hard and the patient thinks she has heart trouble. The doctor so often takes this diagnosis and treats the patient accordingly. The stomach improves under pills, calomel, salts, osteopathy or whatever the treatment happens to be. Sooner or later the attack of indigestion and gas returns and the patient has another long siege of the same treatment, again improving. This process of treatment and "cure" goes on interminably, the doctor all the while fooling himself as well as the patient, and believing that he has "cured" the patient of stomach trouble several different times. The "stomach trouble" has now become chronic and the patient and doctor agree that the disease is quite incurable. All stomach remedies have failed, and broadly speaking, nothing might have been expected since, in the first place, the stomach disturbance was only sympathetic of gall-bladder disturbance. This is very directly stating what occurs in literally thousands of instances.

I have a patient now under my care who has exactly such a history. She had gas on the stomach, rifted, belched some, and was so much agitated by the heart condition that she consulted two different heart specialists and they both told her she had some heart trouble and treated her for it. She had stomach (?) trouble so badly for three long years that she at times almost starved herself to death. She became almost a skeleton. She would not eat for fear she would have a recurrence of her stomach trouble, which had often been "cured." Finally some doctor who had a grain of diagnostic ability got hold of her case and made the diagnosis of gallstones, or gall bladder disease, and removed the gallstones. In one week's time this patient was allowed to eat solid food and she suffered no stomach symptoms whatsoever. This case was not mine, nor did I see the case for a long time after the operation. The history of this case shows that she never had typical gall-bladder pains but showed only the casual observer that the stomach was the offender.

Real stomach symptoms have definite earmarks which can be recognized by the careful observer. The intelligent searching history will elicit the difference. In many of these cases, if the doctor would put one-half hour in getting a careful history and ten minutes in making his physical examination, I am sure not so many mistakes would be made in diagnosis.

In the light of all the facts brought out by surgery and allied fields of investigation, no single fact stands out more convincingly than that gallstones result from gall-bladder infections. Closely akin to the truth of the foregoing statement is the fact that no one has begun to understand the symptoms of gall stones until he has mastered the subject of gall-bladder infections. In most cases the two are co-existent and are so closely associated that in fact the symptom complex is in general the symptoms of gall stones.

By careful observation and detailed comparison of the symptoms of the two conditions, infection of gall-bladder and gall stones, no distinction can be made. The two conditions are co-existent for the presence of the one leads to the other and infection probably never clears up so long as the gall-bladder remains in situ. This explains why the history of gall stones is recurrent. The infection subsides and lights up—subsides and lights up, and this may, as it oftentimes does, go on for years. The patient has bilious spells, nausea and vomiting of much bile; he is sallow, depressed and has "liver trouble." Fullness after meals is complained of, also of distress in the right side and of all kinds of stomach symptoms. There is no wonder that the careless doctor has been puzzled and lead into foolish statements that the patient had both stomach and liver trouble and with this hazy, careless, superficial and wholly unjustifiable diagnosis, he first gave pills for the liver and then tablets for the stomach. It would be interesting to know how many barrels of medicine have been given in just this way, to know how many people have been treated in this way and even more interesting to know how many doctors are doing this very same thing today.



The Appearance of Gall Stones in a Radiograph of the Gall-Bladder Region.

It is not of little interest to contrast the points showing the similarity of the symptoms in cholecystitis or ordinary infection of the gall-bladder, and those occurring in cholelithiasis or gallstones. The same bacteria cause both conditions among which are the typhoid bacillus and bacteria causing the acute infectious diseases. The pus-producing cocci are also ascribed as predisposing and actual causes of both affections.

Cholecystitis is often latent, or if not entirely so, it does not manifest itself distinctly and solely as a liver disturbance. Patients will often appear to be and express themselves as "all dragged out." They have an exhausted feeling; their work becomes a burden, and they have to force themselves to their daily tasks. They don't know what ails them and the doctor oftentimes is just as much in a quandary.

Gallstones are also oftentimes latent. The same obscure symptoms are manifest and the patient suffers in the same way. I have known patients on whom I myself have operated, to have had indefinite gall-bladder symptoms for fifteen years and they had a great variety of diagnosis made on their cases, varying from heart trouble thru the various gastric neuroses, to nervous prostration. Really, how simple minded and childish some practitioners have seemed to be when they approached the important subject of gall-bladder disease!

Pain is common to cholecystitis and gallstones. It is true physicians frequently, and I think generally, endeavor to make a clear-cut distinction between the two, but while the shrewd diagnostician can do so with a fair degree of certainty, yet the fact constantly remains that the difference is so small and indistinct that no surgeon today will hazard his reputation by making a positive statement based on symptoms alone, as to the presence or absence of gallstones. It has proven too often true that positive statements have been wrong. Pain in gallstone attacks is said to come on suddenly, be very sharp and cutting, and frequently to cease just as suddenly as it came on. The same is often true with cholecystitis without stones. Spasmodic pains of any hollow viscera are always sharp, cutting and colicky. The spasm of the gall-bladder is no exception to the rule. A gall-bladder badly inflamed and probably adherent to the stomach, omentum or colon will doubtless be thrown into spasms at times. Spasms as a rule are short; they come on suddenly and they cease suddenly, but like so-called typical gallstone attacks, they may last for hours.

Pain in cholecystitis may come on at any time; so may gall stone attacks. Both are more frequent after meals, both may be a dull ache, almost continuous. The pain in both may be referred to the epigastrium or the shoulder blade, usually to the right, but may be referred to the left as well. The pain in both may be deep and boring, or there may be no pain at all in either. Stabbing pain in the right hypochondrium may occur in both on deep inspiration, thus by running the gamut of pain in both cholecystitis and cholelithiasis; it is very clear that no diagnosis can be based on pain alone.

This article is to be continued and we shall show how gallstones are diagnosed in the TAYLOR CLINIC.

AOA Reinstates Dr. Edwards

Dr. J. D. Edwards who was suspended by the AOA trustees for holding paid classes at the last national convention in opposition to the wishes of the organization, has been reinstated in membership. The following official notification was sent to him:

Dayton, Ohio

Dr. J. D. Edwards, January 14, 1920.

St. Louis, Mo.

Dear Doctor Edwards:

The Board of Trustees of the American Osteopathic Association, desiring always to deal generously with the members of the Association, has voted to raise the suspension which was enforced in your case at the Chicago convention. I am instructed by President Conklin to notify you of your reinstatement in the American Osteopathic Association, effective January 15, 1920.

Fraternally,
W. H. Gravett, Secy. AOA.

YMCA Official Praises Your Light Bearer

DR. I. H. Lidy received the following praise from T. Carson Hanna, secretary of the Y. M. C. A., in regard to the value and interest he found in *Osteopathic Health*: "I want to thank you for including me in the mailing list for the brochures on osteopathy. I read them even when other reading matter has to be passed up, finding the scientific matter in such readable form useful and interesting."

"I believe there is a real contribution to the public good in giving wide circulation to these doctrines which are but the application of generally accepted theories. I always pass on the little books to others."

And still some osteopaths do not use this magazine or any other literature for spreading the light of osteopathy among men. Well, what is to be said of such osteopaths, anyhow? Are they not slackers? It looks so from our point of view.

PUBLISHER'S DEPARTMENT

The "Physical Culture" Article Reprinted in March "OH"

YOU will have a chance to circulate *Physical Culture's* boost article about "Osteopathy's Victory in the Flu-Pneumonia Epidemic" since it is reprinted by special permission of Mr. Bernarr McFadden, in full in the March issue of *Osteopathic Health*. It includes, of course, that editor's "Challenge to the Medical Profession" for keeping osteopaths out of war medical service—a challenge that the "regulars" will never answer.

Along with this superlatively good article (which has been called "a \$100,000 boost for osteopathy") there are four more pages of data telling of the availability of osteopathy to cure the many lingering after-effects of flu which so often appear after medical treatment—types of cases that have helped to keep osteopaths busy ever since the first visitation of influenza. These chronic ills include:

- | | |
|---------------------|---------------------|
| Heart weakness | Persistent Debility |
| Digestive troubles | Tuberculosis |
| Bright's disease | Earache |
| Nervousness | Deafness |
| Neuritis | Insomnia |
| Paralysis | Melancholia |
| "Sleeping Sickness" | Insanity |

There are convincing articles on "Sleeping Sickness" (which is declared to be the clear result of strong drugging) and the "Infectious Neuroses" including insanity.

"The Doctor of Osteopathy" page panel is included. Also the page panel on the "Comparative Courses of Study of Osteopathy and Medicine."

We offer you this as a 100-per cent efficient piece of campaign literature—the strongest, clearest, most convincing and best piece of campaign literature ever compiled for the osteopathic profession.

If this is true, what is the obligation of the osteopathic profession to circulate it?

What would you say?

1,000,000 copies?

We think so, too.

Well, if the osteopathic profession wanted to give that good an account of itself we both would have to be stirring. Eleven-twelfths of any such order would have to come from second and subsequent editions. We will be frank and say we only print 80,000 copies this month; we do not expect that supply to last the month out; we expect many thousands of belated orders to go unsatisfied unless there were such a big volume of them poured in upon us promptly that we decided to run a second edition—and that would take two week's time to prepare. Getting paper to print anything over 100,000 copies at this time would be a sheer impossibility! So you can figure out that the early birds get all the worms in this instance, beyond a doubt.

If you want this great campaign document, write or wire in your order today. No thousand copy orders will be accepted.

The *OP* 9 South Clinton St., Chicago

NO MORE FREE SAMPLE COPIES!

Patrons are notified that owing to the impossibility of being able to buy enough paper in the open market at any price for printing the full number of copies of *Osteopathic Health* sold each month, thereby requiring us to go on a "paper ration" basis, no more free sample copies of this little magazine will be distributed.

For twenty years we have followed the prac-

tice of giving every osteopath in the field a free annual subscription to *Osteopathic Health* to acquaint all with what a mighty power for advancing osteopathy this little patient-educator and therapeutic boundary-rectifier really is. We have distributed over one million free copies of *OH* among osteopaths in this way, at an advertising cost to ourselves of over \$20,000. A great many osteopaths have accepted this without so much as a feeling of thank you, and without ever buying one copy of *OH* for campaign purposes. Cases are not rare where we learn of our free sample copy being handed around thoughtfully among patients by a thrifty doctor! We don't mind. No one can say that the *OP* sanctum has not done its part to advertise osteopathy to the world, and we hope every copy we send out does somebody good!

With the price of paper as high as it is we could not afford to continue giving sample copies to the whole profession in this way, even if we could buy paper in sufficient quantity at present—which we can't! We are paying fourteen cents a pound today for paper which we bought two years ago at 3¾ cents, and we can not satisfy our minimum requirements even at that price. The paper mills tell us it may yet go to 20 cents!

Be prepared, friends, for an early and radical raise of rates in supplying *OH*—say, a jump of 50 to 75 per cent, which would only restore parity between it and all else bought with our present-day depreciated dollar. Also a raise of The *OP* subscription either to \$3 or \$5, we don't know which, without increasing the size of the paper.

It promises to come to that or else doing without both these media. If the profession were not willing to support both *Osteopathic Health* and *The Osteopathic Physician* adequately in the present squeeze, the logical thing to do would be to get along without them.

What is your wish, friends and customers?

We want your advice. This is a frank feeler. We are beginning to wince under squeezing and we fear there may be more of it coming. We wish to be prepared. Write us your ideas and wishes.

Meanwhile, we will be glad to receive one dollar orders for the receipt of a single copy of *Osteopathic Health* by the year, to enable you to receive it regularly in lieu of samples.

We will no longer send free *OP* sample, either. Single copies, 25 cents to any address.

IS YOUR CONFRERE AN *OP* SUBSCRIBER?

We would like your help to get any friends you have in the profession on our *OP* subscription list who are not there now. Possibly we may take our own work too seriously but candidly we feel sorry for any practitioner of osteopathy who is not getting The *OP*—we feel that it is not a square deal to him—not unless he is an awful tight one and then it only serves him right!

Are we right or wrong? Just look at this current issue, or any issue, for that matter—is any osteopath justified in doing without it at any reasonable cost?

Present "outsiders" will be welcome into The *OP* family of readers at the present rate of \$2 while we still have this matter of a raise in subscription price under advisement. Will you

pass the word along? Please make it a point to find out if your confreres get *OP* and if they don't—well—you know—go after them!—HSB.

What They Think of Chiro-Klepto Pamphlet

"Chiropractic Kleptomania" is rightly named and deserves to be placed in the hands of every reader of English in the U. S.—Eugene Pitts, D.O., Bloomington, Illinois.

"Chiropractic Kleptomania" is very good. I am going to use hundreds of them.—Burrell Russell, D.O., New Philadelphia, Ohio.

"Chiropractic Kleptomania" has some clinical signs of killing off some bunk imposters of osteopathy. Here's hoping for a big funeral.—H. W. Christensen, D.O., Pender, Nebraska.

It certainly hits chiros as I know them.—J. D. Miller, Morgantown, West Virginia.

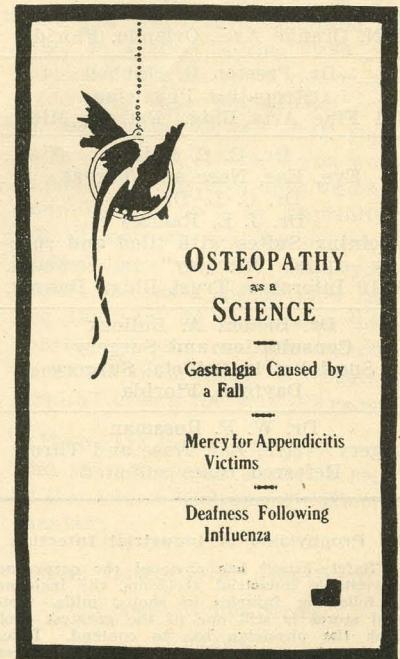
I have read with interest your "Chiropractic Kleptomania" and there is much about it to commend. A short statement will sometimes do the work better than a long one.—M. F. Hullett, D.O., Columbus, Ohio.

Use this 6-page folder to correct the fraudulent claims of chiropractors et al. sui generis in your community. Price, \$9.50 by the thousand—priced cheaply so you will buy in that quantity. Your professional card imprinted on the back without extra charge if order it in thousand lots.

We want to tell you a little of our appreciation of The *OP*. It is surely great and the Shop Talks are fine. Wish they came every week. This is a great food, real experience.—Drs. Stewart and Stewart, Clinton, Iowa.

Herewith \$2.00 for renewal of subscription. The *OP* is O. K. I enjoy it more than any of the other osteopathic literature. Every osteopathic physician should take The *OP* because of the publicity details it gives that he should know about.—C. G. Noel, D.O., Fortville, Indiana.

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Professional Cards

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

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

Wm. Otis Galbreath, D. O.
Refraction,
Adenectomy, Tonsilectomy
Ear and Nasal Surgery
321 Land Title Bldg., Philadelphia

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

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

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

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

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

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

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

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

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

Dr. Benoni A. Bullock
Consultation and Surgery
Specialist in Orificial Surgery
Daytona, Florida

Dr. W. F. Rossman
Surgery: Eye, Ear, Nose and Throat
Referred cases solicited

The Prophylaxis of Industrial Infection

While "Safety-First" has obviated the occurrence of many preventable industrial accidents, the incidence of infection following injuries in shops, mills, factories, offices and stores is still one of the greatest problems with which the physician has to contend. Industrial first-aid and surgery make many special demands on the physician. Of these demands, that for an efficient, non-toxic and cleanly antiseptic is one of the most constant. The physician using Dioxogen has no trouble in this direction, for he has learned to appreciate its unique advantages as a thoroughly reliable antiseptic in the routine prophylaxis of industrial infection.—A. D. V.

IN D.O. LAND

Geo. A. Also Known "As the Husband of"

Mrs. George A. Still of Kirksville is president of the Missouri Federation of Women's Clubs for 1920-1921. This great honor is well deserved by Mrs. Still's activity in promoting the welfare of the woman's club movement for many years.

January Meeting Chicago Osteopathic Association

The regular monthly meeting of the Chicago Osteopathic Association was held at Hotel Sherman, January 8th. Clinical demonstrations were given by Dr. W. Stanley Barham on "Applied Osteopathy." Dr. Barham has done a great deal of special work in this field and is Professor of Applied Osteopathy at the Chicago College of Osteopathy.

Illinois Osteopathic Association Annual Convention at Champaign in April

The Twenty-first Convention of the Illinois Osteopathic Association is to be held this year at Champaign, April 26th, 27th and 28th. The several committees are busying themselves in all the details necessarily involved in putting on a convention worthy of a great state and a great profession. You are urged to attend.—Lester A. McMasters, Chairman Publicity Committee, Urbana, Ill.

Dr. H. H. Christensen Taking Special Work at Taylor Clinic

Dr. H. H. Christensen, of Pender, Nebraska, is at Des Moines, Iowa, taking special work at the Taylor Clinic. He says: "I am enjoying the work very much. The Taylor Clinic is up to date and progressive in every way and it is certainly doing some wonderful work in diagnosis and in osteopathic surgery. The course can be well recommended to any D.O. who wants to learn something more."

Drs. Baughman Read OP on Way to Florida

Via Big 4, 1/23/20: Here we are Bunting! Wife and I are on our way to Florida reading that greatest of osteopathic papers, The OP, from "kiver to kiver." Long may you live to spread that education so sorely needed by humanity. No one has done more and no one can do it better than Bunting. More anon. Expect to open office in Florida for the winter at West Palm Beach.—Fraternally yours, Dr. J. S. Baughman, of Burlington, Iowa.

Dr. Howard Forgets a Bill and Offers a Reasonable Excuse

There are three times in this year of our Lord 1919 when a man should be excused for overlooking his honest debts: when he gets married; when he is hunting a house; and when he dies. I beg to be excused for my apparent delinquency on the ground that I've recently been married and since then have been house-hunting, getting settled in my own home, etc., so kindly accept the \$12.00 enclosed.—M. J. Howard, D.O., Ottawa, Canada.

Three Ohio Osteopaths Win Surgeon's License

Dr. V. W. Brynkerhoff, Toledo, Dr. W. W. Hall, Ravenna, and Dr. R. P. Baker, Delaware, were successful in the December examination in major surgery given by the Ohio Board of Medical Examiners. These men are the first to receive their licenses as surgeons under the new Ohio law admitting osteopaths to examination in major surgery. All of them have been in general practice for several years. Dr. R. P. Baker is a member of the staff of The Delaware Spring Sanitarium, Delaware, Ohio.

Osteopathic Society of the City of New York, Meeting

The Osteopathic Society, of the city of New York, held a meeting January 17th, at the New York Osteopathic Clinic. The program presented was very instructive as well as interesting. Dr. Raymond W. Bailey of Philadelphia was the principal speaker. His topic being "Professional Value of Clinic." Two cases of shell shock were presented by Dr. Ralph Crane. A general discussion of professional and other problems arising at the Clinic followed.

Boston Epsilon Chapter Iota Tau Sigma Meeting

The regular bi-weekly meeting of Epsilon Chapter Iota Tau Sigma fraternity was held at the fraternity house, January 14th. Dr. Geo. Reid of Worcester, Massachusetts, was the speaker of the evening. Dr. Reid's subject "The Osteopathic Vision," deserves a great deal of merit and coupled with the enthusiasm and sincerity with which he delivered his address made this meeting one of the most interesting and valuable meetings of the school year. Following Dr. Reid's talk a social hour was held and refreshments were served. About thirty-five members were present.

Dr. Kibby Clements Busy as a Bee in Practice

I am covered up with practice. Am having so much outside work. It is nothing to make from sixty to one hundred miles drive after night. I have had two confinement cases since 1st of the month. Both were 8 pound and 9½ pound boys, James W. Ward and Robert Henry Allen. I have six baby cases due between now

and the 10th of February. I delivered a fine boy the 9th of this month within twenty-five minutes after my arrival. I am rushed almost to death, hardly have time to get my meals. Sleep is out of the question. Have a splendid practice and it is growing all the time. Patients come to see me from all the surrounding towns, a radius of one hundred miles. Fraternaly yours,—Kibby J. Clements, D.O., Plainview, Texas, January 10th.

Central "Penny" Reorganizes

The Central Pennsylvania Osteopathic Society was reorganized on November 6, 1919. Officers elected were: President, Dr. E. Clair Jones, Lancaster; Vice-President, Dr. M. W. Brunner, Lebanon; Secretary, Dr. Emma Purnell, Lancaster; Asst. Secretary, Dr. J. M. Shellenberger, York; Treasurer, Dr. S. L. Grossman, Williamsport; Asst. Treasurer, Dr. L. Guy Baugher, Harrisburg. Since the organization of the Society it has met monthly in Harrisburg where real live wire meetings are held and important professional matters are discussed. At the January meet we were honored with the presence of Dr. Nettie Turner, President of the P. O. A., Dr. O. O. Bashline of Philadelphia and Dr. W. J. Novinger, Trenton, N. J. Next meeting, Tuesday evening, February 17th, 109 Locust St., Harrisburg.—Emma Purnell, D.O.

Addresses Warren, Ohio, Association

Dr. Harry Goehring, director of physical efficiency for the Pittsburgh Pressed Steel Car Company of Pittsburgh, Pennsylvania, addressed the Warren Ohio Osteopathic Association, January 17th, on "Keeping the human machine in proper repair and adjustment as a requisite to efficiency of operation to a large industrial plant." Dr. Goehring has charge of several hundred patients composing the office force of the Pittsburgh corporation which has employed him at a fancy sum to keep the workers in trim. He was to have addressed the local Rotary Club but was prevented from doing so by the lateness of the train schedules. The meeting was attended by Dr. Sowers and Dr. McDonald, of Sharon; Dr. Weaver, of Niles; Dr. Reid, Dr. Printy, Dr. Mills, Dr. Loeb and Dr. Glasco, of Warren.—Geo. M. Glasco, D.O., Warren, Ohio.

Dr. Geo. A. Still Repairs a Broken Neck

Dr. Geo. A. Still operated on a school girl, Miss Nellie Henderson, of Richmond, Mo., January 21st, at ASO hospital, Kirksville, for broken neck. Ten weeks before, while playing in school her head was forced down under her desk while she was sitting. She was stuck tight, and in order to get her out her friends forced her head farther down. She straightened up and her head fell sideways on her right shoulder giving two distinct pops and she fainted. An M.D. called it a bad sprain and supported the head by a sling thrown over the head and under the axilla.

Five weeks after the accident, Dr. E. Cameron, osteopath, took charge of the case. He found her head almost resting on her right shoulder. He sent the case to Kirksville for an X-ray examination. It was found that the third vertebra in the neck was broken, and the arch was loose. There were small fragments of the articular facet, between the second and third.

Dr. Still made a small incision through which he removed the bone fragments and roughened the surfaces of the bones so they would ankylose. The head was supported by a jury-mast, to prevent the weight of the head irritating the parts. Healing will soon take place and the neck is expected to be practically as good as ever. The young Miss returned home February 2nd, apparently all right but with her neck still in a cast, of course.

New Jersey Osteopathic Society for Academic Freedom

January meeting of the New Jersey Osteopathic Society was held January 10th, at Achel Steters, Newark. Dinner at 6:30. Meeting 7:45 P. M. Some notes and views were given on diagnosis and treatment of the damaged heart by Dr. Lamar K. Tuttle, New York.

Our problems by Dr. O. J. Snyder, Philadelphia, Drs. Vane Sigler and Walter J. Novinger, Trenton.

Dr. Snyder spoke on the significance and legal aspects of the recent Daily case in Philadelphia and deplored the misunderstandings and unjust criticisms abroad regarding it. As a result of Dr. Snyder's statement it developed that there is a great deal involved in the case for the advancement of osteopathy and that the profession should suspend judgment and criticism until such time as the whole story is told, when they will be able to read between the lines of the testimony and make proper interpretations. The meeting was so impressed by the discussion that a resolution was passed endorsing the stand taken by Drs. Snyder, Flack, Balbirney and other witnesses for the defense of Dailey.

At the business meeting it was decided to attempt to amend the present New Jersey law so that the unjust and unfair limitations to the practice of osteopathy in the state should be removed. The profession in the state is now working hard for the passage of this amendment.

The state clinic, library, scholarship, membership and educational committees are showing creditable activities and expect to show excellent results in the near future. The membership of the society is increasing which indicates a further awakening of the profession to the fact that the greatest advancement of osteopathy can best be accomplished by more harmony, closer union and presenting a more united front. Out of the state osteopaths cordially invited to attend our meetings.—Albert J. Molyneux, D.O., Publicity Chairman.

Atlas Club Holds Memorial Services for Dr. A. T. Still

Memorial services which were to be held by the Atlas Club at Kirksville, Missouri, on December 12th were postponed on account of shortage of fuel. They were held January 15th at the college. An exceptionally fine program was carried out.

Gives New Year's Greetings to Rotarians

Dr. John D. Cunningham of Bloomington, Ill., President of the Bloomington Rotary Club, delivered the following New Year's message to the members which was printed in the Bloomington local newspapers:

"A Happy and Prosperous New Year.

"Rotary is a business brotherhood, extending hands of service around the world. It is an investment of brain and heart, with no thought of personal return.

"There is no way to estimate the value to the world of a smile, a handclasp, a word of encouragement, a helpful deed. They bring compound interest. What estimate can be placed on the investment of the brain and heart of one hundred eight Rotarians?

"The incalculable opportunities of another year are before us. May there be a wholesale clipping of happiness—coupons because of, and by Bloomington Rotary.

"With grateful appreciation of the help and good cheer which are being extended to me as president by my fellow-Rotarians, both on and off of committees, I am,
—John D. Cunningham, Bloomington, Ill.

Southwestern Sanitarium Adds New Member to Its Staff

The Southwestern Osteopathic Sanitarium of Blackwell, Oklahoma, has added a new member to its staff in the Department of Eye, Ear, Nose and Throat work. Dr. L. S. Larimore, who has been in charge of this department since the sanitarium opened, has found it necessary to have assistance and so Dr. L. V. Credit has been secured. Dr. Credit practiced in Wilmington, N. C., prior to entering the army. Most of his army service was in the nose and throat section of one of the general hospitals. Dr. Larimore and Dr. Credit are among the few who, having the D. O. degree only, devote all their time to the treatment and surgery of the Eye, Ear, Nose and Throat. They do not feel the need of the M. D. degree. Dr. Larimore will now devote his time mainly to diagnosis and surgery, principally at the sanitarium, while Dr. Credit will handle the treatments, refraction, and surgery at their downtown office and at the sanitarium. The calls from the profession of the South-West for consultation and operative work that cannot be sent to the sanitarium can now be attended to and the work in this department be properly taken care of. All departments of the Southwestern Osteopathic Sanitarium are flourishing.

Dr. J. H. Cheney Locates after Long Period with Army in France

Dr. J. H. Cheney, late of the Medical Detachment of the 3rd. Pioneer Infantry, has returned from duty in France and has removed from Winnebago, Minnesota, to Sioux Falls, South Dakota, 307-308 Minnehaha Bldg. Speaking of an osteopath's experience in the army he states that it was one continuous round of C. C. pills and paint 'em with iodine, superintended by a medical sergeant, first class, who, from his extensive experience in medicine in civil life, gleaned from the occupation of piano mover, had the preference over men that were trained. If the osteopaths want recognition now is the time to go after it not wait until we are in midst of another war. The records of hundreds of D.O.'s who laid aside their profession and shouldered a gun or shovel while their no more trained brothers were wearing shoulder bars, are now available. We laid aside our grievances at the request of Surgeon General Blue so as not to cause any friction with the foreign medical departments. Now we have plenty of time for a show down and the AMA dare not let this bill come before the house for a vote. It is my opinion that a D.O. would look just as well in a Sam Browne, smoke just as many cigarettes, sleep just as long, know just as little of what he was supposed to know, prescribe just as much physic and mark as many men "duty" when they should be in bed as the average M.D. with whom I came in contact while in the service.

Dr. Albert Fisher of Syracuse, New York, Passes Away

Dr. Albert Fisher, of Syracuse, New York, the first osteopathic physician to locate in New York State, died January 9th from heart failure while alone in his automobile which he was driving thru the streets of his home city at a very early hour in the morning. The automobile was found by a patrolman at 2:45 A.M. banged against the curb in Cortland Avenue within one block of Dr. Fisher's home. An investigation showed the driver toppled over in his seat. The patrolman immediately notified police headquarters. The body was taken to the hospital of the Good Shepherd where it was announced that Dr. Fisher had been dead some time. An autopsy revealed heart disease as the cause of death. It appeared that Dr. Fisher was stricken almost without warning altho it was deduced by the coroner that he had made every effort to reach his home as quickly as possible. The automobile was in high gear when found and it had scraped along the curb for about 200 feet. Dr. Fisher was regarded as one of the leading osteopathic physicians in New York State. He was a member of the State Board of Osteopathic Physicians. He attended the wife of the late President McKinley before her death being invited by the President to go to the White House and personally take care of Mrs. McKinley's case. He was 51 years of age and is survived by his

wife, formerly Miss Lillian Crandall of Whiteboro, two sons, and his father, Dr. Albert Fisher, Sr. of Chicago.

One Copy of OH Does Good Work in Maine

I certainly am disappointed not to be able to have copies of the December 1919 issue of *Osteopathic Health*. I have been distributing *Osteopathic Health* for some time and consider the December issue one of the most important ever published. The need for distributing it in this locality—where the old-time charm of drugs still holds sway, and where osteopathy is almost unknown—is very great. One of the most prominent families here has had my single copy. Every member of the family has read it. The one member who takes treatment told me that her father had been so impressed with the remarks about aspirin that he had requested his wife never to use it again. Others would be equally influenced could they read the December issue of *Osteopathic Health*; but it takes a long time for one copy to reach 200 homes! I am sending out similar articles—especially written to meet the crying need here—but feel that the psychological effect of a publication like *Osteopathic Health* would be greater. If you reprint the issue please let me have at least 200 copies. Would you consider reprinting for such copies as have been desired by myself and others, considering the great need of spreading such information? If not, may I have the privilege of using such parts of the information as I deem most essential in publicity matter of my own? I will give proper credit, of course! I believe in osteopathy and want it to win among these Aroostook conservatives.—Yours for the Science, *Jane B. W. Hall, D.O., Caribou, Maine.*

Chicago College and Hospital News

The Woman's Board of the hospital, at their December meeting voted a special gift of \$500.00 each to the hospital and the college, to be spent for whatever purpose the trustees felt was most needed. The Woman's Board is one of the big factors of the organization which is making for its success. The Osteopathic Woman's Club of Chicago gave a dinner on December 11th, at Edgewater Beach Hotel, the proceeds of which is to initiate a scholarship fund to assist needy students of the college. It was a huge success; those who were not able to attend sending contributions for the good cause. Beta Chapter, Theta Psi Fraternity, contributed to the memory of Dr. Still by forwarding a wreath of evergreen to be placed on his grave on the second anniversary of his death; Dr. Blanche Still Laughlin, his daughter, sent the following note of appreciation: "To the members of Theta Psi Fraternity, Beta Chapter: I want to thank you for the wreath which I placed upon the grave of my father, Dr. A. T. Still; Undaunted he faced the hard and lonely road that led him to his goal; unwavering he heard the epithet of scorn, of cynicism, of intolerance. Unflinching he followed thru. And his heart was not embittered by opposition, nor was it hardened by pride in the great hour of success. Nay, rather, he said, 'I love to love and to be loved.' Again I thank you." Members of the Iota Tau Sigma Fraternity gave a subscription dance on December 11th at Harper Hall. There was a large attendance, all of the organizations of the school and their friends being well represented. Dr. Harrison H. Fryette and Dr. Myrtle W. Fryette, of Chicago, left January 1st for two months in California. Dr. H. R. Holmes is to have Dr. Fryette's class in Technique during his absence. Dr. Chester H. Morris, also of the college faculty is spending the holidays in California, where Mrs. Morris and the children are wintering. The Nurse's Home was a scene of a pretty Christmas party given them by members of the Ladies Auxiliary, December 23rd.

Massachusetts Society Holds Annual Meeting

The eighteenth annual convention of the Massachusetts Osteopathic Society will go down in history as one of the best, if not the best, ever recorded. It was held at the Hotel Lenox, Boston, January 3, 1920. Dr. Geo. W. Goode, president, presided. The program was very practical all the way through and was especially conspicuous because of the absence of text book discussions and papers. The star attraction was Dr. Carl P. McConnell who discussed and demonstrated, "Applied Osteopathy." The most spectacular feature of the whole program and the one that brought down the greatest applause was: "A Demonstration of Simplified and Efficient Technic," by two members of the Senior Class of the Massachusetts College of Osteopathy, C. H. Downing and Winslow M. Kingman, under the supervision of Dr. J. Oliver Sartwell and Dr. W. Arthur Smith. The work of these two seniors was a revelation to all present and was received with great enthusiasm. It was convincing evidence of the superior course now being given at the Massachusetts College of Osteopathy. Other societies would do well to feature their program with these student technicians under the supervision of Dr. Sartwell and Dr. Smith. In the election of Dr. Geo. W. Goode as President of the Society for a third term, an old precedent has been broken. Other officers for the coming year are: Dr. Perrin T. Wilson, Cambridge, Vice-President; Dr. Frances Graves, Boston, Secretary; and Dr. Charles G. Hatch, Lawrence, Treasurer. The entire program was excellent but I will abstain from further comment to give you a list of the topics and speakers: "Some Reasons for Typhoid Fever in the A. E. F.," Dr. Perrin T. Wilson, Cambridge; Discussion, Dr. Peter J. Wright, Dr. Muriel E. Lewis; "Pyorrhea," Dr. S. L. Gants, Providence, Rhode Island; "Acidosis and the Vitamines," Dr. Earl Scamman, Boston; Discussion, Dr. Aubrey W. Hart, Dr. Bertha E. Carter; "Applied Osteopathy," Dr. Carl P. McConnell, Chicago, Illinois; Discussion, Dr. Howard T. Crawford, Dr. Mary Emery; "Pediatrics," Dr. Lucy H. Abbott, Waltham; "Mass Diag-

Chiropractic Kleptomania

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

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

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

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

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

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

The Osteopathic Physician
9 South Clinton Street
Chicago

nosis," Dr. Waldo Horton, Boston; Discussions, Dr. Robert H. Nichols, Dr. George E. Smith; "The Osteopathic Student's Point of View," Miss Eva W. Magoon, Chicago College of Osteopathy; "Pelvic Conditions" Dr. Ruth E. Humphries, Waltham; "Bedside Practice" Dr. Mark Shrum, Lynn; "Public Health," Dr. Helen G. Sheehan, Boston; "Applied Osteopathy," Dr. Carl P. McConnell, Chicago, Illinois; "Border Line Cases," Dr. L. Curtis Turner, Boston; "Diet," Dr. Henry W. Clement, Providence, Rhode Island; Discussion, Dr. Anna G. Tinkham; "Simplified and Efficient Technique," (By the Technique Dept. of the M. C. O.) Dr. J. Oliver Sartwell and Dr. W. Arthur Smith and Dr. C. H. Downing and Dr. Winslow M. Kingham, of Senior Class; "Legislative Needs" Dr. Matthew T. Mayes, Springfield; "What is the Relationship of Diseases of the Eye, Ear, Nose and Throat to the General Health?" Dr. Herbert H. Pentz, Boston. Fifteen new members were elected to the society. It was voted that the Massachusetts Osteopathic Society become an auxiliary of the AOA. It was also voted that the date of the meeting be changed to the first Saturday in December in the future.—George W. Reid, D.O., Worcester, Massachusetts.

PERSONAL

Dr. E. O. Peterson of La Porte, Ind., is taking a special post graduate course at the ASO.

Dr. W. M. Koons, of Herrington, Kan., is at Kirksville for a special course in anaesthetics at ASO hospital.

Dr. S. B. Kiblinger, of Joplin, Missouri, has been appointed medical examiner for the Brotherhood of American Yeoman of Joplin.

Dr. George A. Rubin of Rockford, Illinois, has been spending a few weeks in California and has now returned to Rockford to resume his practice.

Dr. T. B. Bondus has opened a new office in the Kesner Building, Chicago, Illinois. He announces that his practice will be devoted to Urology and Syphilology and that his treatments are in accordance with the osteopathic School of Practice.

Dr. L. B. Harned, recent graduate of the Chicago College of Osteopathy, Chicago, is taking charge of the practice of Dr. F. E. Dayton, of Escanaba, Michigan, while Dr. Dayton is away attending special post-graduate course with Dr. C. C. Reid, at Denver, Colorado. Dr. Harned has seven months' experience at the Great Lakes station during the influenza fight last year.

LOCATIONS and REMOVALS

Dr. J. R. Gorsline, at LaPlata, Missouri.
Dr. J. H. Spencer, at Chelsea, Vermont.
Dr. F. V. DeVinney, at Downing, Missouri.
Dr. J. L. Margreiter at Flat River, Missouri.
Dr. O. R. Crain, from Bloomfield, Iowa, to Leon, Iowa.

Dr. Adella Moyer, from Payette, Idaho, to Ontario, Oregon.

Dr. J. L. Schwartz, from Valley Junction, Iowa, to Cascade, Iowa.

Dr. Mary Quisenberry, from Lyons, Kansas to Blackwell, Oklahoma.

Dr. James L. Keen, from Brunswick, Mo., to Grand Junction, Colo.

Dr. Howard C. Atwood, at 210 Loring building, Riverside, California.

Dr. B. P. Mansfield, and Dr. Henry C. Shreek, at DeKalb, Illinois.

Dr. J. Meek Wolfe, from Roanoke, Virginia to Big Timber, Virginia.

Dr. W. E. Scott, from Greenville, South Carolina, to Rogers, Arkansas.

Dr. C. D. Sawtelle, from Billings, Montana, to Spokane, Washington.

Dr. Hoyt Taylor, from Mt. Pleasant, Michigan, to Kirksville, Missouri.

Dr. A. V. Kalt, at Chamber of Commerce building, Pasadena, California.

Dr. W. L. Shepherdson, at 257 McCoy-Tanner building, Sikeston, Missouri.

Dr. J. H. McDowell, from 102 3rd street, to 123 2nd street, Troy, New York.

Dr. Mabel G. Newburn, at Loyal Mystic Legion building, Hastings, Nebraska.

Dr. Christopher A. Campbell, from Reidley, California, to Forest Grove, Oregon.

Dr. Joseph A. Pockock, at 1339 King street, West, Toronto, Ontario, Canada.

Dr. C. A. Porter, from Waterville, Washington, to Port Angeles, Washington.

Dr. Herbert Lipman, from Mexico, Missouri, to Inez Hotel, Kansas City, Missouri.

Dr. Leah Purkitt, from Downing, Missouri, to R. T. J. building, Sedalia, Missouri.

Dr. W. F. Wright, from Mason building, to Bradbury building, Los Angeles, California.

Dr. Benoni A. Bullock, from 211 Stevens building, to Gardiner block, Daytona, Florida.

Dr. Nellia M. Cramer, formerly in Alaska, at 2207 Fulton street, Berkeley, California.

Dr. F. A. Bereman, from Effingham, Kansas, to 110-1/2 W. Central, Eldorado, Kansas.

Dr. Arthur L. Hughes, from Trust building, to 67 Park Place, Bloomfield, New Jersey.

Dr. M. A. Boddy, from Stockton, Illinois, to 5240 Brooklyn avenue, Seattle, Washington.

Dr. Dale H. Craig from 514 Empire Bldg., to 710 Interstate-Press Bldg., Denver, Colorado.

Osteopathic Health

for

MARCH, 1920

Physical Culture's Acknowledgment of Osteopathy's Success In the Great Scourge.

"Osteopathy's Victory In the Flu-Pneumonia Epidemic"

Serious Ills That Follow Upon the Flu.

The leading article is a reprint, by permission, of Dr. Bunting's article that appeared in *Physical Culture* and which attracted such wide attention thru out the country. Supplementary articles of high importance and interest deal with the after effects of flu and what osteopathy is able to do in such conditions. An exceedingly valuable and timely issue; obtained with attractive art cover design.

How "Bad" Mechanism In Our "Joints" Makes Sickness

This new edition of this famous brochure is carefully revised, set in a new type and bound in cover of attractive color effect. This brochure persuades attention, and in succinct, easy language explains "osteopathic lesions;" what they are and why they cause disease; how osteopathy removes them and enables the patient to get well. Only a few thousand copies left; price while they last \$4.50 per hundred.



THE OP CO., Chicago

Dr. Gertrude Gaylord from 1122 So. Michigan Ave., to 11415 So. Michigan Ave., Chicago, Ill.

Dr. Lutie B. Mosley, from Harrisonville, Missouri, to 2019 Division street, Fort Madison, Iowa.

Dr. Lydia C. Hutt, from Hyde Park building, to 129 Wirthman building, Kansas City, Missouri.

Dr. Hildegard King, and Dr. Errol R. King, at 204-6 Pennsylvania building, Riverside, California.

Dr. A. M. E. Lefingwell, from Muscatine, Iowa, to 625 West 21st street, Los Angeles, California.

Dr. Jennie Lucena Spalding, from 408 Legal building, to 320 Haywood building, Asheville, North Carolina.

Dr. O. P. Alquist and Dr. H. H. Campbell, from 604 Congress street to 9a Forest Avenue, Portland, Maine.

Dr. Albert Victor Kalt, from Los Angeles, California to Chamber of Commerce building, Pasadena, California.

Dr. F. H. Healy and Dr. Stella, from 308 Eugene Field Apartments, to 408 Victoria building, St. Louis, Missouri.

Dr. Lena Creswell, formerly American Bank building, now First National Bank building, (change in name of building.)

Dr. Mildred L. Maybee, from North Conway, New Hampshire, to Hotel Marie Antoinette, New York City, New York.

Dr. James H. Moore and Dr. Margaret L. Moore, from Festus, Missouri, to Seattle, Washington, with offices 1013-14 Sea Board building.

Dr. Cora Belle Weed, temporarily at Hotel Wentworth, 59 West 46th street, New York City, pending preparations of her new quarters at Hotel Schuyler, 57 W. 45th street.

MARRIED

Dr. Wellington C. Fossler, and Miss Frances Mae Fogel, both of Sterling, Illinois, at Sterling, November 27th.

Dr. Julian C. Foster, of Butler, Pennsylvania, and Miss Harriet Martha Jolliffe, of Pittsburgh, Pennsylvania, December 24th, at Pittsburgh.

BORN

To Dr. and Mrs. R. S. Crum, of Tiffin, Ohio, a son, December 5th, 1919.

To Dr. and Mrs. George T. Still of Allentown, Pennsylvania, on January 4th, a son.

To Dr. and Mrs. N. H. Rankin, of Cleveland, Tennessee, December 21st, a son, John Carter.

To Dr. and Mrs. Chas. Povlovich of Hale, Missouri, a son, Charles Albert, December 18th, 1919.

To Dr. and Mrs. Walter F. Rossman of Grove City, Pennsylvania, a daughter, Ruth Irene Rossman, January 20th.

To Dr. and Mrs. J. Paul Price of Hannibal Missouri, at the Woman's Hospital in Kirksville, a son, November 25th, 1919.

To Dr. and Mrs. William W. Efford, of Chicago, a son, Victor Robert, January 8th, weight nine and one-half pounds and all well.

DIED

Dr. Albert Fisher, of Syracuse New York, January 9th, from heart failure, which occurred while he was driving his automobile in the early morning. Age 51.

EXCHANGE and MARKET

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

Wanted—a man to take charge of my practice thru June and July. Reply c/o 194, The Osteopathic Physician.

Wanted: Opportunity to work as partner, assistant, or take charge of practice. Army service. Address, Number 177, c/o OP, 9 So. Clinton St., Chicago, Ill.

For Sale—Twenty shares of Dennon Food stock immediately. How much am I offered? The high man takes it. Address No. 195, c/o The OP, 9 South Clinton St., Chicago, Ills.

FOR SALE—Kruse Sulphur Vapor Bath Cabinet, complete, first class condition; Sterling Violet Ray outfit; Cedar Rapids stretching machine for spinal traction, good as new. Dr. J. W. Pay, Milbank, South Dakota.

FOR SALE—Old established practice in good Kansas town. Am moving to a college city for the benefit of educational work for my son. Would like to turn over practice by March 1st.—Address No. 193, c/o The OP, 9 So. Clinton St., Chicago.

Woman Osteopath Wanted!—We have a desirable position with large opportunities for varied experience for a woman osteopath with personality, tact, and osteopathic ability. Must be able to recognize the value of such adjuncts as hydrotherapy, medical gymnastics, etc. Must be a woman not above middle age, with "staying" qualities. Position is permanent and affords attractive remuneration. Give full particulars about yourself, and your experience when writing. Address No. 196, c/o The OP, 9 South Clinton St., Chicago.