

The Osteopathic Physician

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The Osteopathic Physician

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Number 4

SHOP TALKS on OSTEOPATHIC AFFAIRS

A Bookful on the Innominate in 316 Words

I HAVE been misled, as doubtless others have, in cases which seemed to present sacro-iliac lesions but with no resulting symptoms, into attempts at normalizing structures which were already normal to the individual, though apparently in lesion. These experiences led to careful study and finally to this conclusion:

As truly as many facial and cranial bones are asymmetrical (a fact well-known to photographers and hatters as well as to discerning osteopaths); as surely as cervical anomalies are found in which seeming abnormal relations of occiput, atlas and axis are only a normal development from early postural faults due to heredity, maternal carelessness or ignorance; as certainly as a vertebral spinous process may be deflected without any lesion whatever; as positively as one femur may be shorter than its fellow; just so surely may a pelvis be tilted through developmental perversions, and thus make careful measurements and comparisons show a lesion where none exists.

In such cases—and in all that show pelvic disturbance for that matter—I test mobility of both sacro-iliac and hip joints, because *normal mobility is after all the sure test of joint integrity.*

To test sacro-iliac mobility I stand or sit behind the patient, with thumbs over the posterior iliac spines, the ends resting against the sacrum, while the fingers reach forward over the crests or anterior superior spines. The patient lifts first one foot and then the other as in walking, but without stepping forward. The higher the knees are raised, the better the test for mobility. Practice will enable one to readily detect any difference in the two joints, and the extent of hypermobility or fixation can be easily determined. Do not overlook the great difference in ligamentous tension in different patients.

Some day I hope to write more in detail on the above theme—the finding and setting of lesions when “there ain’t no sech animal.” Don’t do it.—*Edwin Martin Downing, D. O., York, Pa.*

Literature

Literature may get you a patient—there its responsibility ends and yours begins. Back up its words by your deeds. Then the patient demands literature.—*Chas. S. Green, D. O., New York City.*

What’s Under the Gold?

In these days of logic, crowned teeth and crowned heads are objects of suspicion.—*H. B. Brigham, D. O., Los Angeles, Cal.*

Awaiting Relaxation

When attempting the correction of lesions a great deal is gained by simply waiting an instant for the patient’s muscles to relax after the tension has been brought to bear. With the leverages exactly right, hold the patient in position with the proper tension; then wait an instant until you feel the patient’s muscles relax. That instant the application of the pressure brings good results.—*Ethel Louise Burner, D. O., Bloomington, Ill.*

That Tired Horse Simile

Bunting’s statement that heart stimulants in the infections are gross malpractice is a little too sweeping. A stimulant might save life by providing a goad at the critical moment. I know of a case of pneumonia which would have died without a stimulant at the crisis, yet lived and made perfect recovery. You mention the case of whipping the tired horse. Your reasoning is good up to a certain point, but you will have to agree that it might be good policy to put a little of the “goad” on the tired horse to hustle him out of the way of an auto approaching at fifty miles per hour. He could rest afterward!—*John B. Stow, D. O., Summit, New Jersey.*



Dr. Nettie C. Turner, Philadelphia, President of the Pennsylvania Osteopathic Association.
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The Problem (?) Internal Secretion

1st. Remember that each cell “secretes” into the blood stream.

2nd. Remember each cell “absorbs” from the blood stream.

3rd. Therefore each cell has an “internal secretion” for the benefit of every other cell.

4th. Therefore the only “system of therapeutics” adapted to the plan of living tissue and the only one that can endure is the system that will establish and maintain this “exchange” of “secretion”—that is Osteopathy.—*T. J. Ruddy, D. O., Los Angeles, California.*

Raise Your Fees

The failure of our profession to change our methods as regards fees is one of our greatest errors. The price per treatment is all wrong, but for God’s sake, if we do charge by the treatment, let us charge a reasonable fee, say \$2.50 to \$5.00. You’ll find hundreds of D. O.’s in prosperous communities charging \$1.00 and \$1.50 per. How is that for war prices and prosperity? Let us change front and get what we are entitled to.—*G. W. Bumpus, D. O., Denver, Colo.*

Raise Your Service First

Increased fees come logically after two things: greater reputation and more specific technic. Reputation comes as a slow growth, technic can be made to order. Divide the obsolete “general adjustment” into treatments for influenza, lumbago, acute gastritis, slipped sacro-iliacs and so on, and then the fee may be made to fit the work done. Replace the artisan with the artist. Then the increased fee will find its place at the same time the reputation is being made.—*J. A. Van Brakle, D. O., Portland, Oregon.*

Beware Hot-Air Leadership

Now that we have a League of our National, State and Local organizations by the adoption of the new constitution of the AOA, I wonder if we will take advantage of our opportunities? The stand-patters of fifteen years ago and since prevented this necessary element in our progress and I wonder what their influence will be now. Will we be prepared for any emergency that may arise or will we remain in that state of unpreparedness in which we Americans were found when the World War was thrust upon us? I hope that we may learn a lesson from the past and never again be led, or mislead, by visionary but well meaning enthusiasts. Now for a long pull, a strong pull, and a pull all together.—*E. R. Booth, A. M., D. O., Cincinnati, Ohio.*

Relaxation

Relaxation is the keyword of permanent adjustment. Without relaxed tissues an attempted adjustment is almost sure to be painful and results are very uncertain.

—*Ora L. Gage, D. O., Oshkosh, Wisc.*



Become a “SHOP TALKER”! Everybody’s Doing It! Send us your one best idea expressed in 200 words or so and help make this discussion a gold mine of practical helps for practice.

Nasal Sinus Irrigation Successful

In purulent involvement of the nasal accessory sinuses it is not necessary to do mutilating surgery upon the nose or the sinus to effect a diagnosis or cure, even to the extent of using the antrum trocar. Any sinus can be entered through its normal ostium and can be diagnosed and cured by lavage, using normal salt or boric acid solution. Bony obstructions in the nose and abscessed teeth require surgery preliminary to irrigation of sinuses.—*Walter V. Goodfellow, D. O., Los Angeles, Calif.*

Other Joints, Too

Not enough attention is given to subluxations of other joints than those of the spine. There is no joint in the whole body that is not subject to subluxation. Many cases treated as sprains are fundamentally subluxations. Spinal adjustment is fundamental but there is too much of a tendency to forget that osteopathy includes all body adjustment.—*W. Burr Allen, D. O., Chicago, Illinois.*

Good Tips on Glasses

Patients will spend a lot of money having their eyes examined and glasses fitted and court eyestrain by not keeping the glasses ordinarily clean. It is the exception to find a pair of eye glasses that are not more or less dirty. They must be cleaned and polished five or six times a day, or more often if the patient is exposed to dust, steam, etc. I have also noticed that the glass in the round tortoise shell rims becomes easily turned and thrown out of focus in cleaning. There are two ways this difficulty may be overcome. Have the optician make a small scratch or notch on the glass and a corresponding one on the rim. In this way it is possible to notice any turn in the lense. The other way, and the best one, is not to wear the round spectacles at all. There is no excuse for them except that they happen to be the fashion just now.—*Dr. Robert W. Rogers, Somerville, New Jersey.*

It Can Not Be Done (?)

Some years ago I knew exactly what an incurable lesion was: It was immovable, the skin over it was pigmented and there was an hypertrophy of the spinus process with a tendency to a local atrophy of the soft tissues. Some of my patients had more courage than I, however, and they no longer present these defects. It is with great distress that I present these unscientific results!—*Frank M. Vaughan, D. O., Boston, Mass.*

Tell Him, Jimmy!

Just what does Dr. J. D. Edwards mean by "submerged subluxations" and his method of diagnosis? I understand that he demonstrated his technique at the AOA Convention and for the benefit of those who were unable to attend, why not have him write an article in *The OP* explaining his new discovery?—*E. M. Steele, D. O., Wilmington, O.*

Instruct Your Patients

Many osteopaths neglect to give any instructions to their patients in regard to diet and hygiene. In doing so they fail to reach some cases at all and fail to reach others quickly, because a toxic alimentary canal reproduces the lesions being adjusted. That is where the "horse sense" that "Bill" Smith used to talk about comes in. Let's use our fingers but teach our patients how faulty habits in eating, faulty positions at work and exposure to infections may all reproduce the lesions we are correcting for them.—*Frank H. Smith, D. O., Indianapolis, Ind.*

Instrumental Accuracy

I know of at least two osteopaths who used no thermometer or stethoscope last fall during the epidemic and insisted it was unnecessary. One of them diagnosed a case of pneumonia as "a hard cold" and lost the case (and the family) to a M. D. Ten fingers enough for them!" I had a party tell me the other day that "even if it isn't necessary, I think the osteopath very foolish not to use the thermometer for the effect on the patient, if nothing else." Mighty poor impression for any osteopath to leave that osteopathy has no use for the thermometer or stethoscope, or any other modern diagnostic instrument. I am for osteopathy as a complete therapy—and will use instruments, head and fingers to make it complete.—*Roy Kerr Eldridge, D. O., Philadelphia.*

Unification

I am going to ask that my suggestion as contained in the August "Shop Talks" be emphasized. All about us we see endeavors of a disruptive nature—attempts of one organization to dictate the policies of another—tendencies in the main toward individualistic favoritism. As in all other avenues these ideas are just as apt to creep into the osteopathic field as in any other. There are times when one osteopathic physician is known to criticize the acts of another, or his professional relationship with patients seeking toward professional supremacy. Let's keep away from this sort of thing by stimulating early the thought that "there's plenty of good in the worst of us, and plenty of bad in the best of us" and promote efforts toward greater co-operation individually and collectively by adopting some such significant phrase for our slogan as "*Osteopathic Unity*."—*E. J. Elton, D. O., Milwaukee.*

Why Mix Drugs with Osteopathy?

The incompatibility of drugs with osteopathy may be shown by considering these facts: When the homeopathic practitioner seeks to relieve a patient, he administers a "remedy" which given to a normal person will produce the symptom he has. Osteopathic treatment applied to this patient, bringing him nearer to the normal, occasions increase or maintenance of that symptom. With similar reasoning, the allopathic drug is designed against a diseased or abnormal state of the body. The osteopathic treatment bringing the body nearer normal, counteracts the effects of the drug or allows it to interfere with the efficacy of the treatment.—*Alfred W. Rogers, D. O., Boston, Mass.*

Don'ts

Don't forget to keep a case record—it is a duty you owe the patient if not yourself.

Don't get into a rut—your patient is entitled to a complete examination, even if you are lacking competent help.

Don't slight the urine and blood pressure; it will protect you in emergency.

Don't try to cure enlarged and diseased tonsils; it cannot be done, have them removed.

Don't try to cure headaches and backaches by osteopathy when the perineum or pelvis organs need surgery.

Don't knock—the other fellow has a right to his opinion and probably is half educated at least—when in doubt consult him.—*Hubert F. Leonard, D. O., M. D., Portland, Oregon.*

Don't Mistake Your Calling

Five out of ten persons visit an osteopath for relief from some ill. They visit the theater or vaudeville for entertainment.—*Charles S. Green, D. O., New York, N. Y.*

Prophylaxis

My one best thought is that people may know what osteopathy can do for them. The universal thought in the public mind at present is Prevention. How can war and disease be prevented and humanity be saved from more wasteful strife and needless suffering? Osteopathy comes nearer to filling this want than any other material remedy. Let us emphasize at this opportune time the wonderful prophylactic properties of our healing science in helping to maintain as well as to restore sound minds in sound bodies.—*Thomas H. Spence, D. O., New York City.*

Report the Failures

Don't you get tired of hearing about nothing but cures all the time? There isn't a practitioner in the country that hasn't had an accident or a failure. If we could hear about a few of those it would save one or more of us a lot of worry and expense sometime. Medical magazines make a big point here—showing practitioners how to save themselves trouble. Our magazines seem to try on the contrary to make it appear that osteopathy is a "cure all." Every one else knows it is not so. So why jolly ourselves? Those of us who have had unfortunate experiences can often save some one else from what we suffered if we will only report our failures and show how they might have been avoided, after we have learned.—*E. T. Parker, D. O., Portland, Oregon.*

Wanted—Hospitals

Warning—Every city should have a well equipped Osteopathic Hospital. The public should know that osteopathic physicians are sincerely interested in suffering humanity. Feature the treatment for those who are deprived on account of the cost. Our greatest opportunity, our best asset.—*J. Erle Collier, D. O., Nashville, Tennessee.*

We Don't Charge Enough

Making sure of the respect and appreciation of our constituency in practice, and securing the high opinion of the public for our science, thru establishing and maintaining substantial, remunerative fees for efficient osteopathic service impresses me as being one very necessary procedure for our profession to adopt. In but few places do we find our physicians obtaining, or even asking, fees for their services to correspond with the great service and splendid results, they are giving thru their practice of the Osteopathic Science. Our physicians, as well as the public, will appreciate their science more, if they get better fees, and this will be an added stimulus to them to study their cases and to develop their technical skill thereby enabling them to render more efficient service. Efficiency and commensurate remuneration for service we render will establish the osteopathic science in the high esteem and respect it so highly merits.—*M. L. Hartwell, D. O., St. Joseph, Missouri.*

Correcting Relaxed Sacro-Iliacs

Doctor W. W. Howard of Medford, Oregon, told me of some neat technique he has worked out for the relaxed sacro-iliac.

He lays the patient in a prone position and with the thumb works the deep ligaments closely associated with the joint until they are thoroughly inflamed. The patient is then put to bed for three or four days to allow inflammation to clear up. At the end of this time, he finds the ligaments have tightened up in a most satisfactory manner.—*George M. McCole, D. O., Great Falls, Montana.*

Bursitis

Fully 75% of the cases exhibiting pain about the shoulder are diagnosed neuritis. Fully 90% of them are cases of bursitis and tendo-synovitis. Less than one-fourth of these cases are complicated by focal infection. More accuracy in diagnosing these cases will yield a larger percentage of recoveries in handling them.
—Chas. H. Spencer, D. O., President, Western Osteopathic Association, Los Angeles.

\$500 or Not a Cent, By Hek!

Recently a Kankakee surgeon sent me a young man who fell off a wagon four years ago and has been insane since. I found a cervical, middle dorsal and lumbar lesion. Three or four treatments corrected these and the boy got well. The surgeon said don't be foolish and charge them \$2.00 per treatment. Charge them \$500. His father has a large farm and has just sold his corn for \$7,500. What should I have charged?—E. L. Longpre, D. O., Kankakee, Ill.

[What did you charge, doctor?—Editor.]

Diagnostic Pitfalls

"Bronchitis" usually proves to be phthisis, bronchiectasis, or broncho-pneumonia.
"Malaria" often proves phthisis, hepatic syphilis, hepatic abscess, urinary infection, or tooth abscess.
"Hemorrhoids" often mask cancer of the rectum.—H. Viehe, D. O., Memphis, Tenn.

May I Have Fish Fridays, Cora?

Digestive disorders of all kinds and auto-intoxication in particular would be practically eliminated if people used more judgment in the selection of foods. They overwork the digestive organs by eating too much and too great a variety at a time, and they add the toxins of animal bodies to those of their own by eating too much meat. An ideal program is a dairy breakfast, a fruit and nut luncheon and a vegetable dinner.—Cora B. Weed, D. O., New York City.

A Few Don'ts for New D. O's.

1. Don't knock your M. D.'s in your town.
2. Don't fail to keep your appointments with your patients.
3. Don't fail to keep your patients interested in osteopathy.
4. Don't fail to make a diagnosis of every case.
5. Don't forget to be progressive to your profession and your community.—H. H. Christensen, D. O., Pender, Nebr.

Now a Happy Paper Hanger

March 5, 1919, I began the treatment of Mr. D., age 62. Complained of stomach trouble of 16 years standing. Had become incapacitated for carrying on his occupation as painter and paper hanger. Marked flatulency. Heavy feeling after meals. Constipation, burning sensation in stomach. He used tobacco incessantly. Diagnosis, hyperacidity of stomach. Gave five weeks' osteopathic treatment. Spine was very rigid. First three days he fasted, then for four weeks he drank six quarts of milk a day, taking 6 ounces every half hour and spending 5 minutes to drink it. All painful symptoms and desire for tobacco disappeared. At my suggestion he took a quart of milk at every meal, three times a day. This made everything go all right. He increased in weight from 120 to 137 pounds. He feels splendid and uses no tobacco.—C. W. Young, D. O., Grand Junction, Colo.

Doesn't Wash His Hands

Perhaps "Shop Talks" would be a good place to air a little grievance I have. I gave the name of an osteopath to a patient who intended spending a few weeks in his city. The man has a national reputation and writes many helpful articles. When my patient returned she reported to me that she consulted this physician but did not take treatment as she was positive that he treated six patients and did not wash his hands once.—John A. Colahan, D. O., Philadelphia, Pa.

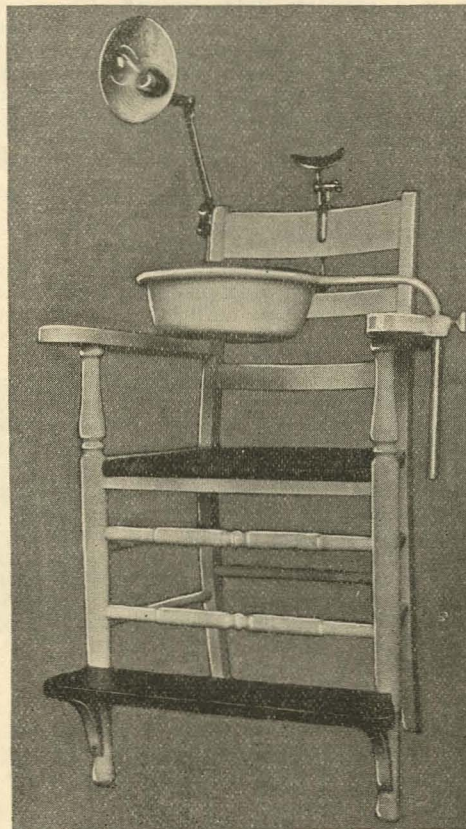
[Prefer charges against him, Doctor. Such a party should not be allowed to belong to our societies.—Editor.]

Use X Ray Intelligence

Obscure intestinal conditions don't always respond to the correction of lesions found. Radiograph your patient. Ascertain the reason your treatment failed, then remove that reason. It's osteopathic.—Charles S. Green, D. O., New York City.

To Make Diagnosis More Accurate

I have fitted up a chair with attachments at very much less expense than anything on the market. It is white enameled with a comfortable cane seat, has a head rest, electric light attachment and a bowl for irrigation purposes.



I start my routine examination by having the patient sit in the chair while I examine the tonsils, teeth, nose and ears when necessary. Sometimes, I illuminate the sinuses and take the blood pressure.

This incidentally helps to impress patients with one's efficiency; they appreciate the completeness of the examination and are willing to pay the price.

Again: when patients come in with stuffy head cold, I give them a two-quart nasal irrigation in addition to adjusting the structures of the neck. This helps clear them up quicker and they go away enthusiastic for the relief.—Leslie S. Keyes, D. O., Minneapolis, Minn.

Machinations of State Medicine

It seems to me we have got to be on our guard or our medical critics will legislate us out of business, either one way or another. I think it would be wise for you to have something each month in *The OP* designed to arouse the profession to the seriousness of the menace that confronts us in the contemplated program of the AMA. We have simply got to fight for our existence as well as our right to life, liberty and the pursuit of happiness. One thing is sure, if the medical profession succeeds in obtaining the coveted power, we along with all the other citizens of the U. S. will be serumsquirted and pus-punched in conformity with the various changing whims and fads of this hoary autocratic profession.—Geo. W. Reid, D. O., Worcester, Mass.

"Find it, Fix it and Leave it Alone."

1. Determine carefully the cause for, and present condition of, your ailing patient. Depend not alone on spinal or physical examination, but if possible utilize the help of a lab. specialist. His chemical, microscopic and x-ray report will often greatly help us.
2. Proceed faithfully and skillfully in accord with the findings to "Fix it."
3. Observe accurately the results of your efforts and if satisfactory, instruct your patient, if possible, so as to prevent a recurrence before you "Leave it alone."—E. W. Patterson, D. O., Louisville, Ky.

The First Visit—Its Importance

It is the first impression at the first visit of the first osteopath interviewed which makes and fixes the impression of osteopathy. At this interview all osteopaths are held in the balance. The responsibility of this event on the part of the practitioner can not be over-estimated. Hence we must look carefully to person, office, speech, etc., at this time.—Albert D. Heist, D. O., Geneva, N. Y.

Rubbers

The D. O. who treats his patients thirty minutes or an hour desires to be called a "Rubber", and have his patients ask for a "rub-down." But the one who gives a short specific treatment maintains his right to be called an "Osteopath."—J. Meek Wolfe, B. S., M. D., D. O., Roanoke, Va.

Proper Nasal Function

We hear a great deal about focal infection, the teeth, tonsils, etc. But the proper aeration of the nose and accessory air sinuses must not be overlooked. If there is a deflected septum or hypertrophic rhinitis, enlarged middle turbinate or if for any reason the drainage of the sinuses and the aeration of same is interfered with they readily become infected. Many such cases will respond to proper treatment when all other sources of infection have been treated properly and the desired results not obtained.

Look carefully for all foci of infection but don't overlook the nose as proper nasal breathing is absolutely necessary to good health.

—L. S. Larimore, D. O., Blackwell, Okla.

Have You?

In brachial neuritis have you ever had the patient clasp his hands behind his neck, put your knee in his back, and reaching under his arms take hold of his wrists and pull back? I have—but I don't.—H. H. Bell, D. O., Petersburg, Virginia.

What Is a Tooth, Anyway?

Since returning from the AOA convention at Chicago I have had several cases of neuritis of various types of different nerves. The owners of which, had had from three to all the teeth extracted, tonsils removed, etc., etc., several months previous to consulting me, and yet they still had the original complaint. I have come to the conclusion that "Focal" infection is being run in the ground the same as "appendicitis" and "high blood pressure." No doubt there are occasional cases where the teeth are the exciting cause, but we should be very careful about advising removal unless we are positive. We will soon be a race of "toothless wonders" and gastric disturbances are sure to follow. I have before me now x-ray plates of a man's teeth. These plates were made on the same day by different x-ray specialists, and in reading the plates they do not agree at all as to the teeth that are infected and should come out. They say "figures don't lie, but liars figure." Is it the same about x-ray plates?—*W. E. Waldo, D. O., Seattle, Wash.*

The Deadly "Flu Bu-bugilluses"

Have you a prognosis to offer in this case? A man of supposedly average intelligence picked up one of the copies of the "OH" on my waiting room table, and looking at the spine on the back cover from a side angle, said to me: "Is that a picture of the influenza bu-bugilluses they have recently found?" Our trademark should be stamped, "This side up with care."—*C. Merwin Bueler, D. O., Tucumcari, New Mexico.*

Credit In Consultation

My thought runs to getting the recognition that osteopathy deserves and that we have been working for through our Legislative Committee the past year. I think here is a question every osteopath should ask himself: "How much do I depend upon the drug therapists of my community for help? Have I so fully equipped myself that I am able to cope with every emergency that may arise in the families of my patients, unless that emergency has to do with major surgery or some strictly special work where I have not an Osteopath to consult? In other words, am I a physician?"

Another thought: What should be our policy as regards our professional attitude and relation with drug therapists? When you have treated cases in conjunction with drug therapists have you received all due professional courtesy, and did you get professional credit for your work? Haven't we had enough of licking the hand that smites us?—*Hugh L. Conklin, D. O., Battle Creek, Mich.*

I Found Flu Vaccine Worthless

Finding that many of my patients were going elsewhere for influenza vaccine last winter, I laid in a stock and gave it to those who desired it, explaining to each one that its use was experimental and that it was of no proven value. I found it of no value. When I told the factory representatives that thoroughly vaccinated patients were contracting influenza they told me I would find such cases very mild. This did not prove true. Last week a factory representative called on me in the interests of the influenza vaccine. I told him I would not use any this season because of my experience last year. He admitted it would not prevent influenza but that it would prevent complications and death which always resulted from the activity of the streptococcus haemolyticus. I'm from Missouri this time and will let some one else conduct experiments on the public this year.—*H. F. Morse, D. O., Wenatchee, Wash.*

"Know Your Anatomy"—A. T. Still

To correctly make an adjustment of any part of the human organism the physician must first have in mind the full picture of the normal relation of the parts involved. He must have in mind every hangnail on each bone of the human frame and know what structure is attached thereto, where it goes, and what it does and the nerve or organ or structure in the pelvis, abdominal or thoracic cavities. He must know this and have in mind the functional relation of the parts involved to the whole.—*J. S. Baughman, D. O., Burlington, Iowa.*

Orificial Aids

Every osteopath should finish his education by taking a course in orificial and constructive surgery which will increase his percentage of cures, as it has mine. I had the good fortune to bring through the flu two hundred and fifty cases without the loss of a case by osteopathic and orificial treatments with due attention paid to dietetics, to hygiene and sanitation.—*W. J. Mulrony, M. D., D. O., Yuma, Arizona.*

Treat the Entire Spine

In my osteopathic experience of 10 years I have proved and verified one of Dr. Still's statements many a time. "The spinal column is a complete living unity." Therefore the necessity of examining, diagnosing and treatment of the whole spine from the coccyx to the occiput. Any spinal disturbed relationship will directly or sympathetically bring on a disturbance of function of our complex unified organism. I like "Shop Talk." Let's have more of it.—*Victor C. Hoefner, D. O., Waukegan, Illinois.*

Several Things

Just back from Macatawa, Michigan, where fishing, eating, sleeping, bathing, constitute the order of the day. After convention and Deason's course I was entirely in need of a rest. A great convention—probably the greatest—that was—in Chicago. The absence of the usual clap-trap found in so many of our programs, the unusually well co-ordinated features of the topics read, the ability with which they were treated was refreshing. Of course there was considerable exhaust steam let off while the new constitution was up—but no one was seriously burned. Am glad we go back to Chicago for it is central, has the pep and drive, a splendid school and hospital facilities. If promised changes in hotel are made next meeting should be a record-breaker. Keep your eye on Conklin.—*J. L. Holloway, D. O., Dallas, Texas.*

The Objective

Get out of the *treatment habit*—it's catching—render *service*.—*Charles S. Green., D. O., New York City.*

Use the Form "Drug Doctors"

I object very seriously to hearing osteopaths refer to the M. D.'s as the "regulars" or "regular school." Call them, when talking or writing, the "Drug Doctors", particularly where patients are in hearing distance. Get this habit. Every little move in the right direction helps. There never was anything "regular" about them except the uniformity of their bigotry toward rational competitive therapists and their oppression of weaker schools. We would perhaps do well to use the term "drug system" to indicate organized political medicine fighting for imperialistic authority over the lives and pocketbooks of the people.—*F. E. Wilcox, D. O., Detroit, Michigan.*

Keep Your Orientation

Yes. Sure—get a broad education! Why try to limit the knowledge one may wish? Do we wish ours to be inferior to other schools? No one can know too much! We have no absolute monopoly of the healing art and why not give our patients the benefit of the best there is—of everything? Rest assured our M. D. friends are anxious and willing to get any little crumbs possible from us, and they are doing it! The kiros ditto. We must study, study, study, everything new and old, to make ourselves so much superior to either system that the average run of intelligent patients may easily recognize the difference between our sort of "osteopathy" and that given by imitators, either M. D. or kiro. But let us never get even a microscopical distance away from that old lesion theory as a casual factor. That's what makes us different!—*E. A. Archer, D. O. Pullman, Wash.*

Mechanics and Chemistry Both

M. S. Perkins, M. S., professor of chemistry and physics in the Chicago College of Osteopathy, told the student body at the opening session of the college—"From what I can observe there are two widely divergent schools of the healing art. One lays almost total stress upon the chemistry of the body and its chemical intake. The other considers the body as a machine, in which the mechanical adjustment occupies first place. The latter school, however, does not ignore the chemistry, but from its curriculum much attention is given to the chemistry, as evidenced by dietetics, etc. He believed the most nearly perfect school was that which gave due consideration to both, and he felt that the osteopathic school did just that thing."—*E. S. Comstock, D. O., Chicago, Ill.*

Smallpox Will Out

Dr. Sage of Janesville, Wis., says that osteopathy will prevent any breaking out in smallpox. How does he know that it is smallpox if it does not break out? I had osteopathy from the first symptom when I contracted smallpox and also had the most lovely eruption possible and felt better after it came out.

—*Lestie S. Keyes, D. O., Minneapolis, Minn.*

Two Obstetrical Rarities

Obstetrics has a place in our practice, and though these two cases have no special osteopathic interest, they are interesting in a general way. Mrs. H., having had a normal delivery two years ago, was expected to have such again. After delivery of head, some difficulty was encountered, but traction completed the delivery, with cord broken off at 5/8 inch from body wall. On delivery of the placenta the cord was found to be eight inches in length.

Mrs. E., weight 94 pounds, seemed to have developed full time. At this time labor began, and seven-month twins were born, a male and a female with only one placenta. According to my reading I think both cases are very unusual. The cord is seldom too short to permit delivery, and opposite sexes are seldom found with the same placenta.—*Warren L. Stevick, D. O., Nowata, Oklahoma.*

Are We Over-Selling Osteopathy?

There is a new fraternal spirit springing up among the business men of the world—not that of self. Co-operation in building the other fellow, thereby strengthening the community, city and state. By making the man a better man in his home and community. Cannot this principle be applied to the science and profession of osteopathy?—*E. R. Proctor, D. O., Chicago.*

The New McManis Folding Table

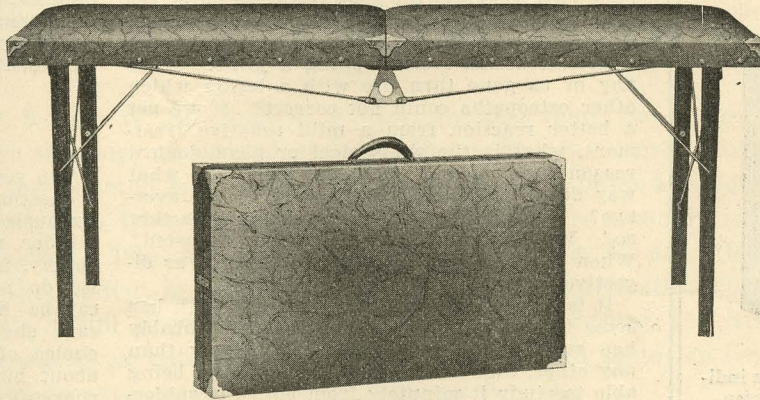
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**Automatic
Unlocking
Means**

for releasing legs and folding them down. Legs need not be handled separately; press down on curved handle of locking device throwing leg braces out of engagement and permitting legs to fold into position.

McManis Folding Table



In Suitcase Form

**Automatic
Locking
Means**

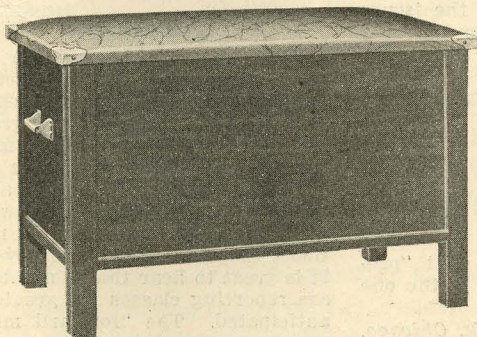
The McManis folding table does not "buckle up" or collapse in the middle when placing it in the standing position. An automatic locking means assures rigidity to the table top as soon as the legs are unfolded.

The McManis folding table has the bridge trestle support for sustaining the weight over the middle part of the tabletop, instead of the extra legs. This adds much to the stability, appearance and convenience of the table.

Weight, about 32 pounds. Height, to suit purchaser. Shipped f. o. b. Kirksville, Mo.

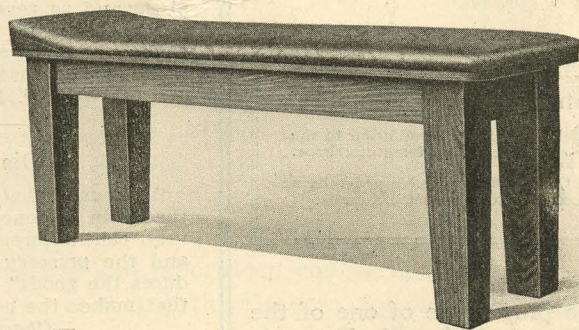
Every Osteopath needs a good *folding table* for his outside practice. One that is made strongly, operates easily and of tasty appearance. One that doesn't involve a "wrestling match" when you set it up, one that stays up after you put it there and one that doesn't develop an acute attack of "paralysis agitans" while treating on it. Doctor, we have just such a table!

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Specially designed for holding the attachments of a McManis Mechanical Table, and is also a very desirable piece of office equipment to be used as a store place for the many articles "always in the way" around your office. Made of birch and finished in imitation mahogany. Made to match your office furniture if desired. Seat upholstered with mottled brown or green leatherette. When closed the cabinet makes a dandy box seat.

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Auto-Research in Osteopathy

I always find it more satisfactory to pass along suggestions fresh as they occur to me, rather than wait and let them mature. It is the only way I can be sure to pass a new idea on.

I am enjoying the "Shop Talk" immensely. We all like to know what the other fellow's convictions are. They usually come nearer the truth, because they represent personal experience.

I would like to have this matter put under the lime light—what is the actual effect of a treatment, or adjustment, on one osteopath by another, as told by the one receiving treatment? How do we explain the good result on ourselves—is it due to the removal of a specific lesion, or to just working out the tissues? Do we get a good reaction from popping a joint? Have any of us gone thru life with a lesion which other osteopaths could not correct? If we get a better reaction from a mild sedative treatment, what is the anatomical or physiological reason for it in our particular case? In what way do we differ from the normal or the average? If we like a stiff treatment, why is that so? Why do not the lesions stay adjusted? When are they the worst—after physical or digestive fatigue?

It is my contention that every osteopath has some trouble with his spine; that he probably has studied his own case more thoroly than any other, that he has had the benefit of being able to study it minutely from both the subjective and objective viewpoints, and that the resulting case report, if minutely recorded, would be one of the most interesting that I could hope to read.

A series of these case reports would help us in getting at the really effective procedures of osteopathic practice. The suggestive, psychological and faith element of cure would be largely ruled out.

Is it "jiggering" (I have just been reading your doctrine of the hypothetical Lesion) the spine that gets the result, or is it an actual replacement of the structure to a position which we can ascertain by palpation to be more normal for the individual? May be a series of these personal experiences would help clear up this issue?

The OP has started so many lively discussions and so revels in bringing out the issues of the day that we all naturally send in our stray ideas to you. You may take these suggestions for what they are worth.

—H. D. Frost, D. O., Worcester, Mass.

Diagnostic Insight

A thought that comes to me right now and that is in evidence every day is this: The man that can differentiate between the *secondary* and the *primary* lesion is the one that "produces the goods" in osteopathy. He is the one that makes the permanent cures.

—Chester H. Morris, D. O., Chicago.

Consultation

Why do not osteopaths consult each other over their difficult cases, as do the physicians of other schools of medicine? And when they do feel they need assistance, why do they so often confer with an allopath? I have in mind the names of at least a dozen D. O.'s who are specialists and experts in some branch of our science and I never fail to call on them when I need assistance. Many of our practitioners think the patient will complain of the added expense, but it has been my experience that the patient will appreciate your efforts to diagnose and cure his case. Calling in an allopath, in my judgment, greatly weakens our claim that osteopathy is a system of healing complete in itself.

—L. C. Hanavan, D. O., Chicago.

Acute Dilatation of the Heart

Look for and adjust all lesions in the heart area of back and neck, adapting treatment to the condition and reactive powers of the patient. Light specific treatment at first, given with the idea of toning up the cardiac muscle; this will not only give comfort to the patient but a better general circulation will follow. In bed-ridden cases a daily light treatment, and to 5th dorsal, also gently raising the ribs. Relieve all contractions. When compensation is established advise very moderate exercise, increasing gradually, but never to the point of exhaustion. As the condition improves stimulate augmentors to the heart. Look to diet and elimination. Five or six months care and treatment will reduce the dilatation and re-establish compensation in many cases. Short treatments of only a few minutes duration.

—Geo. H. Carpenter, D. O., Chicago.

How to Answer a Patient

"Do you consider my case serious?" That is a question that comes to us nearly every day. Enthusiastically and optimistically answer "Under medical treatment, yes; under osteopathy, no. Any condition that can be helped we do not consider serious. Your condition can be helped by osteopathy." The greatest care should be constantly employed in the choice of words when speaking to a patient about his condition. Many a patient is discharged when told bluntly of the presence of a condition that has no immediate seriousness. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improved circulation, relief and 'the better health' that no other school has ever equaled. A discouraged mental state is a large obstacle in nature's road to repair and it is our duty as physicians to remove all causes within our power. Optimism is not egotism. Lack of optimism has prevented many an excellent operator from helping a case that a poorer operator with an abundance of optimism has cured.

—Charles H. Whitcomb, D. O., Brooklyn, N. Y.

Boost the Schools

What is most needed for the osteopathic cause right now, is more practitioners; fill our schools to their capacity; by doing this, we will soon be able to supply the great demand that has been created by the limited number of practitioners we always have in the field. In Virginia we are in need of at least one hundred more practitioners now; I understand the same condition exists in most every state. Boost the schools and thereby boost the cause. It is great to hear that a number of the schools are reporting classes far greater than has been anticipated. The "forward movement" merits the first attention of every practicing osteopath and every friend of osteopathy.

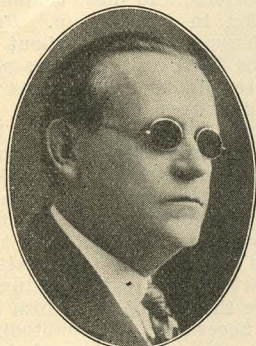
—Edwin H. Shackelford, D. O., Richmond, Va.

I Stick to the Bony Lesion

More and more every day I am impressed with the truth of the "Old Doctor's" philosophy, "the rule of the artery is supreme", and more each year I am firmly convinced that when we fail we do so because we have done one or both of two things—failed to impress on the patient the value of osteopathic treatment and the necessary time which it may take to overcome a chronic condition, and second, we have failed to correct some bony lesion. We all know how hard they are to detect and how difficult some of them are to fix and those are the kind of lesions that produce the osteopathic failure.—Nora Haviland Moore, D. O., Grand Junction, Colo.

Anatomy Histology and Embryology

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College of Osteopathic
Physicians and Surgeons
Los Angeles, California



Bowling

Anatomy is given most thoro attention, a total of 702 hours being given to the subject.

Dr. Robert W. Bowling, in the 1st semester takes the student thru osteology and syndesmology. In this course the mechanics of the skeleton as a whole and the important anatomical considerations from the viewpoint of osteopathy are strongly emphasized. Thus at the very outset of his studies the attention of the student is particularly directed to the osteopathic concept, a full appreciation of which is so important for his success as an osteopathic physician. In the 3rd semester Dr. Bowling gives lectures on the Nervous System.



Phinney

Dr. John A. Comstock, teaches anatomy of upper extremity and back; the lower extremity and abdomen; the head and neck. These courses are during the 2nd, 3rd and 4th semesters. Each student is required to dissect and demonstrate all the structures. By the method of instruction adopted each student is carried thru the entire body three times. In the 4th semester, Dr. Comstock lectures on the nervous system, and has direction of the laboratory course in comparative anatomy, which is given in either the 1st or 2nd semester. In the 3rd semester he gives a laboratory and lecture course of 90 hours in embryology.



Comstock



Copeland

Dr. Carle H. Phinney takes the student in the 5th semester for a comprehensive course in applied, topographical, and surgical anatomy. Applied anatomy is made prominent in all the courses of the Department of Anatomy, but in this course under Dr. Phinney, are brought together, by lecture and discussion, all the facts presented in the other courses so as to give the student the knowledge of structure to structure which he needs in applying osteopathic diagnosis and treatment.

Dr. G. H. Copeland in the 1st semester gives an exhaustive lecture and laboratory course in histology. The work is pursued in the order of (a) general technique; (b) the cell; (c) the tissues; and (d) the organs. 198 hours are devoted to the subject.

At the College of Osteopathic Physicians & Surgeons no department of instruction is slighted. Each course is thoro and complete with special stress laid on the differentiations which make for a true realization of and appreciation for the osteopathic concept.

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Post Graduate Work

The following are excerpts from communications sent to us by two doctors who attended our September 1919 clinics:

"This to let you know I never enjoyed a meeting more—nor have I any recollection of having had more solid instruction or inspiration along professional lines in so few days. I came, I saw, you conquered."

"I should like to express the appreciation I feel toward the School for the splendid work we received at the clinics arranged for us in Chicago. The abundance and variety of clinical material was very gratifying and the illuminative demonstrations of the work by your Director and his able assistants of the Faculty were intensely instructive and most helpful. The range of work was so great in both the hospital operations and the demonstrations of office technique that one felt he had actually seen almost everything he might be called on to do."

Write us for copies of letters from other doctors, and for an outline of our Course.

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Importance of Determination of Myocardial Sufficiency in Heart Disease

In diagnosis and treatment of cardio-vascular disease it is all important to determine in so far as possible the work-capacity of the myocardium, and to direct and regulate the physical activity of the patient within the limits of that capacity.

Due attention to pulse pressure plus proper consideration of patient's symptoms constitute our main diagnostic measures in determining myocardial sufficiency.

Myo-cardial insufficiency is one body condition—serious in the extreme—where physical diagnosis with instrumental aid is secondary to symptomatology.

Accurate diagnosis of cardiac vascular disease is of importance and a source of prideful satisfaction to the diagnostician, but without particular value re-effective treatment or prognosis unless myo-cardial work-capacity is ascertained and proper measures taken to prevent myo-cardial exhaustion.—Lamar K. Tuttle, D. O., New York City.

How to Interview a Patient

Have been running through your "Shop Talks" in August number and as you ask for "briefs" I will give you one, which in my practice means at least twenty-five per cent—may be more—towards getting results. Allow your patient first to tell why he called to see you, and don't say a word yourself until he begins to give his version of why, etc. Right there stop him and let the balance of your conversation be questions and answers, with you doing the questioning. Now examine the patient thoroughly—and by this time you ought to know just where to start in—after which the most important phase comes: Intelligently convince your patient that you have found his trouble, the cause of it, and give him an idea of what he may expect from your treatment, if he will only be patient and take treatment long enough. Allow him to go from the first conference knowing that you know what you have been talking about. Getting him in that frame of mind from the beginning means twenty-five per cent of your treatment for good results. Maybe more—W. Luther Holt, D. O., Los Angeles, Cal.

Teeth Lesions

Some cases recently observed illustrate the necessity of correct diagnosis.

1. Gradually failing sight was corrected by removing eight teeth which were shown by the x-ray to have abscesses at root.

2. A stubborn case of facial neuralgia was relieved by removing a tooth which osteopathic examination showed had an abscess at the root. The ideal osteopath is one who finds out what the real cause of the trouble is and removes it, not one who tries to find a cure too much on a theory. The facts will prove that osteopathic practice does not suffer from finding out the truth—but more strongly demonstrates its worth.—C. W. Proctor, D. O., Buffalo, N. Y.

Osteopathic Colleges

Our osteopathic colleges need more attention now than any other problem before us. Unless we make and keep good schools we are lost. We need a better foundation for our educational matters. We should make a start in getting a full osteopathic department in one of our best State Universities. It can be done; it ought to be done. Get public sentiment with us in this and it can be put through. The public belongs as much to us as to any other school of healing. The people will have what they want. Education creates wants. Yours for a permanent educational system.

—M. C. Hardin, D. O., Atlanta, Ga.

Say Rather "Slip-shod Dentistry Must Go"

I should like to add an amendment to Dr. W. V. Goodfellow's Shop Talk entitled "The Devitalized Tooth Must Go." I don't by any means agree with his dictum but I do say most emphatically that "Careless, slipshod dentistry must go." In any arthritic condition, chronic abdominal trouble, neurasthenia, enemic conditions, and many other cases of at all obscure etiology, I always make sure that there are no "blind" abscesses on the apices of the teeth. Not in one or two but in dozens of cases have I seen almost miraculous results follow cleaning up these teeth. Dental root abscesses I believe to be one of the most important, most serious, and most common places of focal infection in the system. But investigation has shown that only about five per cent of abscesses form on the apices of devitalized roots where the root canal was properly filled right to the apex of the root. I never saw a case in my own practice, and I specialized in dental radiography for some years. This is where the reform must take place. Your dental consultant must be trained to be very thorough and conscientious in this work, using the x-ray freely to guide him and your patient must be educated up to the vital necessity of this work so as to be willing to give the dentist a fee that will justify him in giving it all the time necessary. Undoubtedly, as Dr. Goodfellow says, the recognition of this insidious incubating place for micro-organisms as being an important factor in the causation of disease, will make a great advance in the healing art, but do not add "The devitalized tooth must go"; say rather, slipshod, unscientific dentistry must go. There is an appalling amount of careless dentistry done every day; some so-called specialists are no better than blacksmiths; but when you find a conscientious thorough scientific dentist who will work with you, stick to him closer than a brother, for the highest good of your patients.—James Emerson Horning, B. A., D. O., Lethbridge, Alberta, Canada.

P G Work

Bear down heavy on post graduate work. Every practitioner in the osteopathic profession should take at least one month of P. G. work every year. It is remarkable how few osteopaths feel the need of further work or spur themselves up to the point of going away from practice and getting work. Brother osteopaths, if we keep the ball rolling, we have got to study.—Harold Glascock, D. O., Raleigh, North Carolina.

Cramps and Chilblains

I have found that one treatment to relax tissues along sciatic nerve at back of hip will relieve chilblains like magic. In the case of cramps in the limbs or chilblains in the feet, look for irritation and tenderness along the sciatic nerve in the hip as the predisposing cause. Undue pressure on the sciatic in the hip may act as the exciting cause in cramps, and most likely over-warming of the feet as the exciting cause in chilblains.—E. A. West, D. O., Pardeeville, Wis.

What Is a Shop Talker?

A MAN or woman who sends in that Good Idea for the Shop Talk department, done in about 200 words (less if possible), by the 25th of each and every month, (including this month) so that the editor will have ten days left in which to do his work before closing the paper on the 5th following, and still reach the field by the 15th. There you have it—are you one? If not, will you take a dare? Sure, you can be one of the editors of The OP. Try it. Write an editorial and say just what you think. Don't wait. Do it today.

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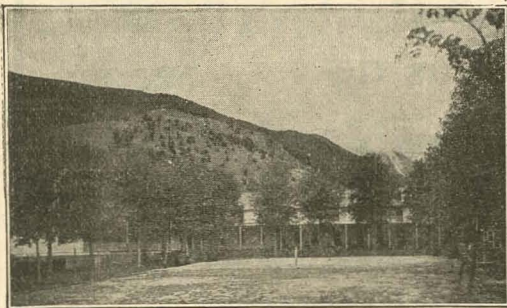
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**Lone Texas Osteopath Proposes to Bust that
"College of Surgeons" Boycott**

Here Apparently Is a Situation that Justifies AOA Support

Reported by M. B. Harris, D.O., M.D., Amarillo, Texas

ON account of the AMA-Chicago College of Surgeons "standardization of hospitals", so called there is a wave going over this country whereby D. O.'s are being excluded from any hospital work in the hospitals under this new form of standardization. It is already in full force in the East, I am informed.

The hospital here in Amarillo is adopting this "standardization", though they don't want it. The M. D.'s tell them they won't give the lectures to the nurses and will label them fourth grade hospital, thereby forcing them to adopt the new standard.

The first move the Staff made here was to notify the D. O.'s they could not bring a patient to the local hospital. I immediately, with a witness, asked if I could bring medical or osteopathic cases, and was refused. The next day I insisted on sending an obstetrical case and was refused.

There were two M. D.'s and five D. O.'s affected by this edict, all submitted except myself. My partner, Dr. G. K. Wilson, not being affected, he goes in as my assistant.

I brought suit, charging boycott, conspiracy in restraint of trade, asking for damages and injunction, setting forth the fact that the conspirators are laying themselves liable to a penitentiary sentence, which is the case in this state, and it is very plain from a Supreme Court decision. I believe at an expense of three to five thousand dollars some of the M. D.'s can be sent to the penitentiary.

The temporary injunction suit was granted and the permanent injunction suit comes up in October, and in the mean time I am doing my work at the hospital. If I win the permanent injunction the M. D.'s will carry it to the Court of Appeals and to the Supreme Court. The Supreme Court of this state does love above all things to get a chance at any trust.

The M. D.'s have declared they "will break me" on this suit.

I am determined to win, as I know I can, if my finances hold out. I can prove boycott and combination covering the last nine years, beginning December, 1910, when I did my first operation (major) in the local hospital. I have done several hundred major operations in this hospital and taken every patient away alive but one. We are doing hysterectomies in forty minutes (not fast) but my competitors take one and one-fourth hours to do this operation, this is the reason they fight me.

I believe if I can win my case—and I can, with sufficient money—it will establish a precedent for the D. O.'s that the AMA and College of Surgeons can not break, and will admit the D. O.'s all over America to the so-called "standard hospitals."

I did not bring suit against the Local Medical Society as they have access to large funds, but brought suit against the hospital Staff, and the individual doctors, omitting the names of several insolvent ones. I am sending a copy of this letter to Drs. Donley Williams, of K. C., and to Dr. Geo. Still, hoping you will investigate the matter and correspond with each other.

If you think the standardization materially affects the D. O.'s of America as I do, I submit that it is but right for the profession to help me finance this suit through the Court of Appeals and the Supreme Court, or to help provide additional legal talent. I am afraid I cannot carry it alone to the finish, but have arranged to carry it through the permanent injunction suit in October.

On September 21st Dr. Harris Sent This Follow Up:

The "College of Surgeons" standardization of hospitals affecting D. O.'s, is being adopted all over America, I understand, by the largest and best hospitals, and especially by the Catholic hospitals, and will put the D. O.'s out of all hospital work if not checked.

"I have won my temporary injunction suit, and go into the trial of the preliminary hearing on the permanent injunction suit next Thursday. This suit will cost, I judge, about \$3,000, and I believe it is the province of your publications to put it up to osteopaths as to whether they want to make a test case of my suit. I have the best case (of this kind) possible, as the doctors have boycotted me for years and tried to exclude me from this hospital in 1912.

"The hospital, by affidavits, have taken a neutral position in the matter, stating that my work has been satisfactory to them in every way for the 9 years I have been doing surgical, osteopathic and medical practice in their institution.

"I am charging boycott, violation of trust law, conspiracy, and asking for a permanent injunction. If I win this it will establish the precedent to base other suits on, if it should be necessary to bring others."

—"I am, fraternally,—M. B. Harris."

**Dr. C. Merwin Buehler Calls for Support
of Dr. Harris**

Dr. M. B. Harris, Amarillo, Texas, has started a suit against a clique of local regular physicians and surgeons in Potter County, Texas, which deserves attention. In suit he alleges boycott, violation of anti-trust law and damages. Indirectly he proposes to break up a proposed college of surgeons standardization of hospitals, which if carried through would eliminate all but the allopathic school from hospitals, as I understand it. This suit will cost Dr. Harris thousands of dollars before a final decision in higher courts is obtained.

Considering that this is taking place in one of the states where osteopaths are supposed to have the broadest recognition, I consider it of most vital importance to the osteopathic profession, and entitled to the broadest publicity. Dr. Harris deserves the moral and financial support of the united profession in this fight. He should be given every support possible. If the "regulars" win locally the effect will be felt in every state shortly when proposed standardization takes place in all the hospitals. The local standardization is not in a municipally owned hospital, but in a Catholic institution.

Cannot you furnish publicity in this case? Dr. Harris will confirm my statements and give you any other information you may desire.—Fraternally, C. M. Buehler, D. O., September 24th.

**Death Erases the Smiles of Bill
Parsons, Comedian**

LOS Angeles, Cal., Sept. 29.—(Special).—Death erased the smiles of Bill Parsons, International Film corporation comedian, tonight. He died at his home, 1847 Wellington road. His wife was at his bedside. Parsons was born in Middletown, N. Y., in 1878.

Mr. Parsons is better known to the profession as the traveling organizer who put the osteopathic life insurance company over.

Not an Eleemosynary Institution

The American School of Osteopathy leads no precarious existence because it is not conducted on gifts or voluntary sacrifices of time and effort by its officers and faculty. It has a foundation of capital and good will equal to an endowment of several million dollars. Its physical plant and equipment represent a money value of over \$300,000. The volume of its patronage yields an annual working income equivalent to more than the interest on a million dollars. Fortunate indeed is this situation for the osteopathic profession. It means that to a considerable degree the parent college enjoys the stability, and can work with the certainty and precision, of the well-endowed medical college.

This is the student's guarantee that the splendid Curriculum for 1919-1920 is worked out in the class-room and laboratory as faithfully as it is on paper. A *paid faculty*—three-quarters of whose members have engaged in the private practice of osteopathy—see to it that this course, as outlined, is faithfully delivered. No conflicts or embarrassments of private practice or personal concerns (such as must continually arise in the life of a volunteer teaching staff) come between the ASO faculty and their teaching duties. Teaching is their profession, and their *only* duty.

These marked educational advantages explain why the new entrance class of ASO shows an enrollment exceeding 160.

The parent college of osteopathy is making good to the profession today, and is measuring up to the high obligations of its birthright, as never before in its history. All these dreams of the past are possible of fulfillment today because it rests on the firm basis of economic success.

Osteopathic Surgeon Arrested by Kansas M.D.'s in Midst of an Operation

By N. Richard Lynd, D. O., Kansas City, Mo.

ON September 2nd, I was called to Hillsboro, Marion County, Kansas, for the purpose of performing nose and throat operations on patients of Dr. J. S. Wiebe. Arrangements were made at that time for a subsequent visit on September 12th.

While engaged in operative work on the occasion of my second visit, a deputy sheriff appeared on the scene with a warrant for my arrest on a charge of practicing medicine and surgery in the State of Kansas, on September 2nd, without a license, complaint having been made by two medical practitioners at Marion, Kansas, the county seat, ten miles from Hillsboro.

This necessitated my dropping my work and going to Marion with the deputy sheriff and furnishing a bond for my appearance for trial on September 23rd. I did not possess a Kansas license, in fact did not need one, but I did possess a license to practice Osteopathy in the State of Missouri.

My Attorney, B. C. Johnston of Marion, appeared before the Court and County Attorney before the date set for trial and filed a written motion to quash the complaint, which motion was sustained, the Complaint quashed and the case dismissed. Motion to quash the complaint was based on a clause in the Kansas law which specifically exempts from its provisions a physician from another state who is called to Kansas and who does not attempt to practice otherwise.

I understand other complaints are to be filed based on the question of the rights of osteopathic physicians to practice surgery. In anticipation of such action I have secured a written opinion of the attorney general of Kansas on this point, which is to the effect that osteopathic physicians are entitled to practice the subjects in which they were instructed in the osteopathic colleges and in which they were examined by the State Board of Examiners and

inasmuch as surgery was included, we are within the legal rights in practicing surgery.

A subsequent visit to Hillsboro on September 23rd brought no further activity on the part of the sheriff in serving warrants for my arrest.

The County Physician who resides at Hillsboro is as busy as a bee securing evidence against me by taking the names of patients whom I have operated on and ascertaining to whom the operative fee was paid, all of which is a waste of his precious official time, which might be better devoted to learning something about how to handle the anticipated re-visit of the flu.

Medical Inefficiency Varies Directly with Its Hypocrisy

By C. B. Rowllingson, D. O., Los Angeles, California

UNDER the caption, "How Medicine Helped Win," *The Literary Digest* reprints from *Science* (New York) part of an address by Dr. Alexander Lambert as president of the American Medical Association. After reviewing the methods of controlling dysentery, cholera, small-pox, typhus, recurrent fever, trench fever, typhoid, and paratyphoid, Dr. Lambert said:

"In the Spanish-American War 66.5 per cent of all deaths were caused by typhoid, and in the present war 85 per cent were caused by pneumonia."

It is very evident that he is grouping the deaths from epidemic influenza under the word

"pneumonia", for he goes on to say:

"The pneumonia of this war was beyond control, and was part of a world-wide epidemic that swept over both hemispheres, and the morbidity and mortality of some of the cities of this country exceeded those of the camps. ***

"Influenza, measles, and pneumonia, in the respiratory group, still stand as baffling problems, and their control has not been accomplished. Measles appeared and spread until it no longer had material on which to spread, as one attack confers immunity to a second. Pneumonia, following influenza or originating as a primary disease, still eludes control. But the knowledge which we have gained in this war of the methods of its spread, of the various infectious organisms which produce it, and their various types and varying virulence, of its occurrence as a secondary complication to measles and influenza, has enormously increased. The value of the facts thus learned are incalculable—and belief is justified that the problem is better understood than ever before, and that we soon shall see the solution of these problems."

"What are the lessons that we can draw for future action? The medical corps of an army, Dr. Lambert asserts, has now become an essential part of the fighting organization. Since all the youth of the nation must mobilize, it becomes the duty of a general staff to save its man-power and to salvage it to the greatest extent possible."

As osteopaths, we can't repress a smile at the doctor's naive statement that influenza pneumonia "still eludes control"; but when we read that it is "the duty of a general staff to save its man-power and to salvage it to the greatest extent possible," and then think of the attitude of the Surgeon-General of the Army toward osteopathy, the smile fades, and we feel like interrupting Dr. Lambert to ask why the services of the osteopaths (as such) were refused.

Dr. Lambert concludes with a plea for a National Department of Health—dominated, of course, by the A. M. A. If the public at large wants to try a little more autocracy on this side of the Atlantic, a National Department of Health, so dominated, can be guaranteed to furnish it.

Specialist and General Practitioner

The general practitioner should co-operate more fully with osteopathic specialists. Then the specialist should refer the patient back to the person who referred the patient if work is not along the line of the specialist. In that way, both practitioners will have their work to do, and the patient will have had the combined knowledge of the two.—C. E. Abegglen, D. O., Colfax, Wash.

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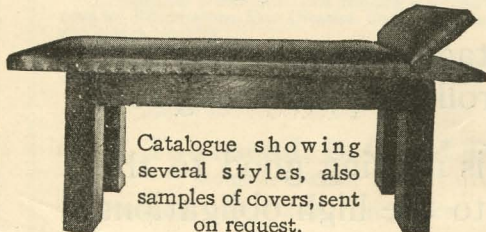
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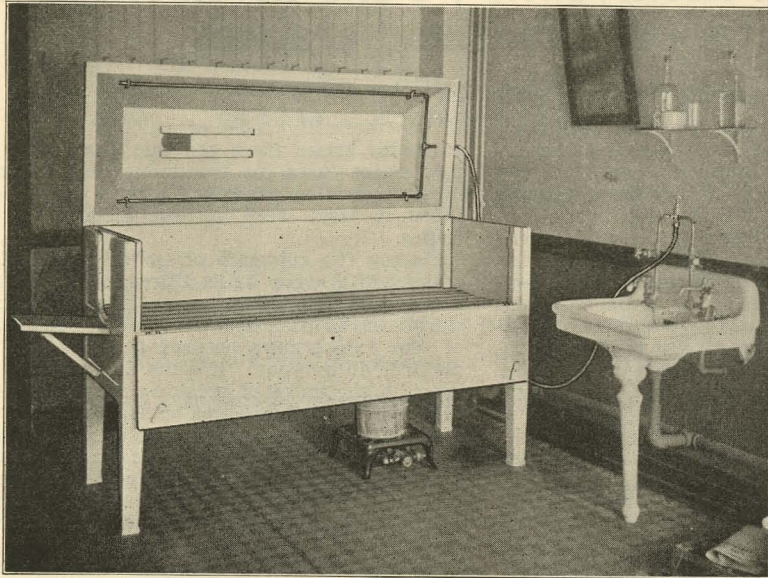
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"Anterior Poliomyelitis", Polio-myeloencephalitis or Infantile Paralysis

By H. C. Engeldrum, D. O., Chicago

IT was formerly taught that the pathology of anterior poliomyelitis was that of an inflammation of the anterior horns of the spinal cord, but it has recently been proven, post mortem, that the inflammation is not confined to the anterior portion of the cord; there is nearly always more or less, sometimes very considerable, inflammation of the cerebral meninges; there are vessels in the brain and cord that are congested—hemorrhage and oedema occur. This is brought about by the poliomyelitis virus carried there by the blood and lymph, or by continuity and the damage is being done by germs or toxins, or both. Once this progress has started in a delicate structure like the cord it seems beyond reason to expect much from a serum or medicine. Something must be done before the progress starts to revolutionize the treatment of poliomyelitis.

My idea here would be to eliminate toxins as freely as possible, not by medical treatment because of the dire results following the helplessness of M. D.'s in the actual treatment of developed poliomyelitis. Medicinal diagnosticians and therapists consider germs more than the body and concentrate their attention upon the frantic search for a medicine or a serum, instead of trying to fix the body machine so that it will run properly. Health officers are helpless to cure or prevent; their activities are confined to quarantine, isolation, sanitation, hygiene, cleanliness, compulsory reporting, inspection, surveys, education etc., part of which are more or less important, but what the public wants is results, a safe, sane treatment, instead of chasing rainbows—that is, an academic search for bacteria instead of studying the disease of the patient.

Isolation is continued for five weeks, from the onset of the disease, until some definite knowledge of the length of time a case is infective, is revealed. In some states the period is two and three weeks.

This brings us to the stage of invasion. As far as I know there is no specific; once the infection is started medicine can not stop it; but its ravages may be lessened by good nursing and general care, which includes, diet, hydrotherapy, osteopathic manipulative treatments, etc.

Most deaths come with the respiratory failure, and a few from other types, especially upper neuron types. Now what does that tell you? Make use of your technique in the regions which are of vital importance. A few die from some complications during the course, so inquire and watch the functions of the eliminating organs.

To make a judgment from figures is difficult with reference to comparative treatments; years, localities and epidemics vary. Most any doctor could pick out a group of 50 or 75 cases revealing little or no mortality. The difference

in the mortality roles of various doctors and statistics arises from the fact that some doctors select cases for treatment, and the more fatal respiratory cases and others which he refused to treat were not included in the statistics.

During the epidemic of October, 1916, there seemed to be very little difference between the serum and non-serum cases, the serum cases showed no more complete recoveries than those of the non-serums, according to the various medical authorities. If such is the case then what in the name of common sense is the use of giving a vaccine (dead bodies which produce anti-bodies in the human body), serums (anti-bodies formed in horse, specific for bacteria) or antitoxin (found in the infected horse, specific for the toxin) for various diseases, when we know that pure or good blood is the first essential to health?

Various symptoms, such as sore throat, vomiting, pain, headaches, stiffness of neck, drowsiness, general weakness, convulsions, delirium, sore back, retention of urine, sweating, tympany constipation, twitching and the like are to be met symptomatically.

During the month of October, 1916, I had the good fortune to see 166 cases of infantile paralysis, and strange as it may appear, 85% were robust children with fair complexion—only three cases out of the above number were negro children. I also observed from a collection of one thousand cases of infantile paralysis, the higher the temperature the higher the percentage of paralysis, 75% of which occurred on the third day, the paralysis affecting a group of muscles. Urinalyses were generally negative and renal complications were rare. Pyrexia occurred in all cases, constipation in 87%, and diarrhea 4%. There was a stiffness of the neck in 82%, headache in 50%, drowsiness in 81%, convulsions in 2%. Constitutional trouble was present in all cases.

One of the medical procedures was lumbar puncture, to relieve pressure and possibly allow more bodies from the blood to get into the spinal fluid. When there is a narrowing blood-vessel by diluting the blood more blood flows through the vessel; that is, by lessening the viscosity of a fluid one can increase the rate of flow. At this stage it appears we should use all means to get blood to the cells of the cord. To do this osteopathic treatments can lessen pressure in the cord, increase blood pressure and lessen the viscosity of the blood. We can stimulate the nerve cells—not by drugs, but by osteopathic technique because we treat the patient instead of the disease, and we adjust each separate human machine according to its individual needs, instead of repeating the medical errors of our age.

The New Alignment

By Herman F. Goetz, B. S., D. O., St. Louis, Mo.

SITTING on the side lines at a national convention, after hours, during the "gab fests", is where you get the real shop practice of the workaday osteopathy. Here the mantle of dignity, worn during the main sessions is laid aside and the regular shirt-sleeve technic is what you get. This alone is worth the price of going to conventions.

I was in on several of these "conversations" at our last great convention and the joy of just lolling back and listening to these "think pots spill their brew" as Bunting says, is "worth the price of admission".

To me, in all these heart-to-heart talks—all frills eliminating—just basic facts of clinical experience—the one salient characteristic that stood out boldly was that, no matter what the osteopath did therapeutically, it did not change his allegiance to osteopathy one iota. The modern osteopath seems strong in this one big thought, "cure your patient"; to do this he will do anything that good practice in his best judgment called for; but first, last and always he is an osteopath. Queerly enough (in the light

(Continued to Page 22)

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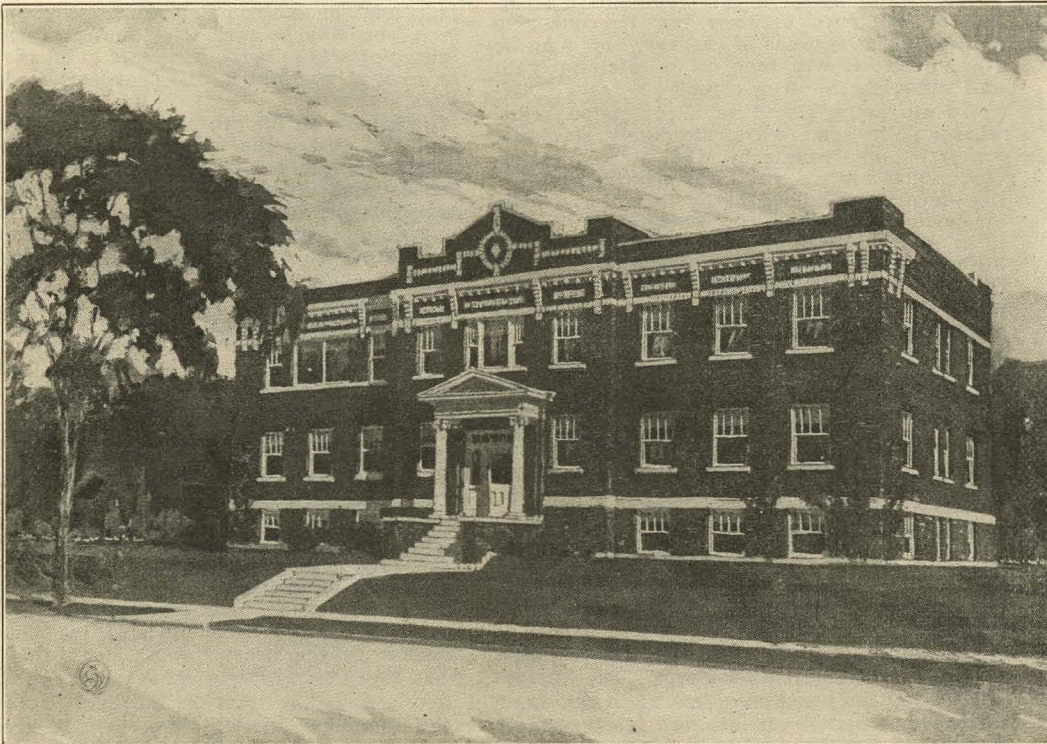
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The Osteopathic Physician

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. XXXVI OCTOBER, 1919 NO. 4

WHITHER? WHAT? HOW?

And now comes the announcement of a gift of \$20,000,000 by Mr. John D. Rockefeller to the medical trust for endowment of its colleges. This will make its stronghold upon the people all the more absolute and render its strongholds of professional bigotry all the more impregnable. But a little while ago it was \$5,500,000 or more that the "regulars" received through several gifts to endow Rush Medical College in affiliation with the University of Chicago. More than \$25,000,000 added to the medical trust's war-chest in two droplets not counting other vast millions given to their intolerant sectarian schools and hospitals elsewhere!

Does it look after all, as if we osteopaths were winning the race to evangelize the world for drugless therapy?

All our endowment funds lumped together—the bulk of which have been wrung out of the sweat and sacrifice of our own physicians, we have not amassed one million dollars in the first quarter century of our professional existence.

Yet how many other millions of endowment have fallen into the lap of "regular" medicine in that time for its schools, hospitals, research institutes and other arsenals and advertising monuments?

From one man in thirty years we have grown to be an active virile profession of close to 6,000. That seems like a tremendous achievement. Yet it means only about 4 per cent of the total enrollment of physicians in this country. And all further increase of that number of osteopathic practitioners stopped fifteen years ago. Looking at the profession with biologic eyes, then, we as a species quickly reached the apex of our growth and came to a standstill, so far as increase of members went, within the first fifteen years of our history. Surely, a short-lived and self-limited phenomenon in social and professional differentiation.

If this vital man-power showing for the new therapeutics is any just measure or final equivalent of the science-value of our new form of healing then it would be only fair to regard osteopathy—as AMA leadership does—as but an incident, a mere outbreak, in the history of the healing art.

If we osteopaths are not content to take this dead-center stop of our incubation machine fifteen years ago as marking the supreme flight of our professional growth—if we will not accept it as the acme of our achievement in proselyting and recruiting our fighting army, then *when* and *how* do we dream of doing any better? By what miracle do we expect to increase our stature? Are there any signs of the times to justify the faith that in fifteen years more we

shall number 10,000 practitioners? In twenty-five years more have we any rational hope that we will number 20,000 practitioners? If not, what can we ever hope for in behalf of our profession but to rank in history as a mere revolt on the fringe edge of the army that fights death, a revolt that will live only in whatever influence it may finally come to exert toward reforming established therapeutic practice?

Let us not be a profession of shop-keepers in our private practice and in the conduct of our professional societies. If we haven't the vision to see beyond the horizon of ourselves as individuals and the horizon of our national organization for twenty years past, then we are indeed at the apex of our glory and the wisdom that we know as osteopathy will die with us. God spare the world the loss of this potent practical therapy!

We are passing, friends. We are on the way. Two decades ago when we maturer osteopaths took up the fight for this therapy we were flushed with the enthusiasm, imagination and courage of youth. We are middle aged now. Enthusiasm, imagination and courage dim with advancing age unless the vision and genius of success possesses our intellect and is impelling us steadily on to new and greater achievements. If we have stood still or traveled in a rut for fifteen years so far as recruiting our ranks is concerned is it not proof that we have lost our force and missionary zeal? Two decades more and we shall be old men and old women—those of us of the old guard who may then be left. We shall be few and we shall be futile. If we can't do it now we can't do it then.

Will the new generation of osteopaths save osteopathy and carry it forward?

That is our lament. There will not be a new generation big enough or rich enough in endowment to prevail against state medicine as it is already organized, endowed, entrenched in power and favored by government monopoly of all health matters. It does not take the eye of a prophet to see that organized allopathic medicine is growing in power and establishing its defenses ten—possible a hundred times faster each year than organized osteopathy. With a thousand years start of us and ten times the brains and success-winning policies in force today that we seem able to pit against them in the political, social, financial, educational and governmental fields in this competitive struggle for existence between two irreconcilable and antipodal systems of therapy, how long do you suppose it will take us to catch up with and vanquish the drug error?

We are going ahead as a profession somewhat and in some ways, absolutely speaking, measuring our course by what it was yesterday. Certainly we are. But relatively speaking—measuring our gains by that of the regular medical profession with whom we are locked in a mortal struggle for supremacy, we are falling behind further every day. A few clever political plays by the AMA leaders may put us in the corner, check-mated, from which we can never extricate ourselves.

These are the grave problems to which The *OP* invites the studious mind of the private members of the AOA and its officers alike. There is an answer to each of the foregoing questions. Brains can find a way out of our dilemma, our cause is not hopeless unless we stand pat with yesterday and look to the policies and leadership of ten and twenty years ago to save us on the morrow. Greater miracles have happened in the evolution of human institutions than this, that the tortoise osteopathy should overtake the hare allopathy. But the old game of the plodding tortoise will not win in this therapeutic race for the allopathic hare of today never sleeps. The way we are playing the game with fate up to this hour will never win. It cannot. It's idle to expect it. At present we have all the odds against us in every way except one: We have a consistent,

potent and successful *general therapy* and the allopathic enemy has not; only individually, as *healers*, do we beat them out in human service; in a flu-pneumonia scourge we save human life in a mathematical percentage so great that it should justly put them to rout and oust them from the power and privilege that they possess—but *it doesn't!* We have only therapeutic *worth*, then, as our advantage but worth will not win unless it is backed up with *organization advantage*. Organization advantage only comes as the price of brains having the vision of leadership, the will to win, the ability to choose the right course of action, the character to achieve the vision. Such leadership knows how to select and *pursue the main chance* and exclude and forget the *non-essentials*. It knows how to co-ordinate and activate our forces. It's life spirit is Propaganda. It's chief weapon of offense and defense, after discipline has been achieved in the organization, is *Publicity*. Without a scientific and high-powered Propaganda *such as nations have to rely upon nowadays when they would go to war* nothing can be achieved for osteopathy. Without achieving the world's new understanding and use of Propaganda and without harnessing it up ably to our cause we indeed are lost!

The question is, *can osteopaths see it? And will they ever do it?*

These may save the day—Astute Leadership and Wise Propaganda, but if they don't do it, nothing else will.

STATESCRAFT OR BARGAIN NOTIONS —WHICH?

The AOA at Orange is out in the mails with another peddle proposition—an attractive poster with an easily understood statement of osteopathy, to be framed for the office, which may be had for 25 cents each. Minatures, also attractively printed, the size for letter enclosures, are offered in bulk sale at 50 cents per hundred. The definition is the excellent one written by Dr. Atzen and adopted at the last convention. The poster is set up in good taste and printed on good paper.

But—

Whenever you see the AOA engaging in the commercial printing business, either for accommodation or profit, or hankering after any other industrial or mercantile enterprise or adventure, you may be sure it is at the expense of failing utterly to make a success of all the really great things that it was organized to accomplish.

From now on the profession wants to see the new AOA forego the misguided yearnings of a misspent youth to get into business like publishers and other business institutions, and stick to those large professional, scientific and leadership concerns which up to this hour it has made such a lamentable failure of developing and engineering.

Not having had the pleasure as yet of seeing our national society make good in a really creditable way in any of those big *organization jobs* to which it has addressed itself, let us unite on insisting that it keep its mind centered on doing the large things we require of it and quit claim wholly its interest in putter and barter.

Vast responsibilities rest upon the shoulders of our national society—representing a work which nobody will do for us if we don't do it ourselves, and a work which we can not perform as ununited, unsupported individuals, but may only achieve—if at all—by and through perfect organization. Organized effort alone will enable us to pool our energies and resources and direct sufficient power at the right moment to the needed spot. Isn't this just what the AOA properly is? And if we didn't already have the AOA in the field to assume such functions, wouldn't we form it immediately because in no other way could we hope to cope with our problems?

Certainly.

What are these great and necessary functions which the AOA has yet to achieve?

Here are several that the organization has already cut out for itself, committed itself to by adopting as its very own, each of which as yet remains in the embryonic stage: 1. Issuing a first rate scientific journal. 2. Operating a Research Institute. 3. Making Convention clinics first class. 4. Developing a case record literature, (planned to be pushed through the Academy of Osteopathic Clinical Research.) 5. Mobilizing our supporters (planned to be pushed through the Osteopathic Service League.) 6. Putting our schools on such a basis that their existence will not be precarious.

When these six jobs have been accomplished it may be time to permit the business office of the AOA to take on a few pet diversions as side issues. When the two easiest of these six hard jobs are well under way we shall all rejoice at being able to say the AOA is justifying the faith and money that we have put behind it. Until then let us keep our minds glued down to the fact that as yet the dear old organization that we have loved and labored so hard to improve has up to this time really made good at nothing beyond accomplishing its own growth, holding annual conventions, forcing our schools on the four-year basis, issuing some valuable research books and collecting those valuable flu-pneumonia statistics. That is about as much creditable work as we can truthfully say has been accomplished.

Besides these six specific institutional works that have been started and continue partly or wholly neglected while we peddle mottoes at penny profits there are the great perils to our very existence as an independent profession which should engage the first time, attention and resources of our great association, to wit:

1. The unreasonable advancement of educational standards, designed by the AMA to be our extinction.

2. The issue of obtaining equal rights for the osteopath with equal educational qualifications.

3. The American College of Surgeon's conspiracy to boycott osteopaths and their patients from all public and privately endowed hospitals under the pretense of "standardizing hospitals."

4. The steadily advancing plans of the AMA to tighten the strangle hold of state medicine on government and people.

5. The chiropractic conspiracy to defraud osteopathy of its birthright and inundate our profession with a tidal wave of short cut fanatics.

6. The danger of extinction as a profession because in fifteen years we have not been able to increase the number of our practitioners while in New York state and elsewhere we are actually dying out rapidly.

These, in the main, are the processes at work that we call "our great menaces" which we ought to be able to look to the AOA to cope with and conquer if we are going to survive. How much brain power do you expect officers and employes of our potentially great but often sleeping-at-the-switch organization will show when our main arsenal at Orange is a print shop to peddle mottoes at two for a penny?

Can you fancy Wilson and Clemenceau and Lloyd-George in times like A. D. 1919 retailing souvenirs for accommodation or profit and trying to show dollar-profit on a retail printing enterprise?

Straws show which way the wind blows.

If our Orange arsenal is devoted to the making and purveying of pop-gun ordnance and fly-swat novelties it will not have the capacity for making or using heavy guns for the great battle for osteopathic survival.

Is it not perfectly obvious?

AOA MEMBERS AND OFFICIALS

Look forward in your professional vision and take your cue from the needs of the present. Do not take the failures of the past as your chart and compass for today. Do not look to our organization policies of the recent past as authority and guidance for your course today and tomorrow. Think over our problems of today as though you were the first person who ever had to deal with them and try and settle them on their merits for right and progress. If the precedents of the past are going to furnish the horizon for our osteopathic future we will soon be put out of business by wily, unscrupulous and powerful adversaries. There is much in our great national society of osteopaths that requires to be changed. Old policies of laissez faire need to be forgotten. Passing the buck should become a lost art with us. Moribund and useless institutions need to be chucked overboard. New and serviceable activities need to be called into being and others that are worth while must be greatly stimulated. Old and useful functions need to be done immeasurably better. In important respects perhaps we can spend part of our income better. All these things are possible only, however, if alert and interested constituency stands behind capable, far-seeing leaders whom they put in office with the expectation that they will use initiative and decision. We have a live bunch of officers, we believe, but have they as live a constituency as they have a right to expect? How much interest are you showing in your House of Delegates, for instance? Do you believe clinics ought to be made a paramount feature at our AOA meetings? How much energy should the association expend to develop and publish case reports? If you are called on for a paper at the next convention will you flunk three weeks before convention time as the majority did last time? Your attitude on such questions will do much to help or hinder the new AOA fulfill the vision of those leaders in the profession who have set for themselves the task of making the national association become just what it logically should be.

THOUGHTS ON BANCROFT'S RETIREMENT FROM HIS SECRETARIAL ACTIVITIES

Not only New York's osteopaths but all the rest of us throughout the profession are reading with keen regret the brief valedictory words of Dr. Claude M. Bancroft, for half a dozen years the efficient, wide-awake, dynamizing secretary of the New York State Osteopathic Society. "Banny" has refused to be re-elected again to the job he created for himself and has filled so ably as secretary of the New York Osteopathic Society—to wit, that of waking up and activating his profession, both locally and nationally, but especially locally, before it swept into oblivion through actual dry-rot. At the next meeting of the state society at Rochester, the 17th and 18th of this month, Dr. Bancroft will not permit his name to go on the ticket again for his old job—whom we can fancy no one but "Banny" filling with such initiative, discretion, vision, pep.

Those of us who know Dr. Bancroft best can well understand his keen desire to be left out of the traces so that he can devote a little more time to himself, to Mrs. Bancroft and to the Canandaigua neighbors. For the entire term of his official service Dr. Bancroft has spent practically all his evenings, Sundays and holidays, attending to association and professional work. It is a big price for anybody to pay to his profession. No wonder a fellow gets weary with well doing in pushing such an unselfish and meritorious program. No wonder, after half a dozen or more years of it, he feels entitled to take a rest. He deserves a release—but osteopathy will be the poorer for his rest.

We cannot tolerate the thought of "Banny" growing inactive in osteopathic work, and we hope and feel sure that some way will be found

by the New York Society to retain and utilize Bancroft's knowledge, judgment and potentiality for progress at least, without burdening him to carry on so much of the drudge work.

"Banny's" brain is now more valuable to his profession than his muscle.

Especially do we outside the Empire state view with regret the possibility that Dr. Bancroft may lay down the editorship of *The Blotter* along with his secretarial pack. The profession can ill afford to lose *The Blotter*. It would not be *The Blotter* without Bancroft back of it. We need such leadership, inspiration, vision, criticism and at times well-earned abuse as "Banny" has written through its pages. In various ways it has been a *model service* to the profession-at-large as well as to its home state.

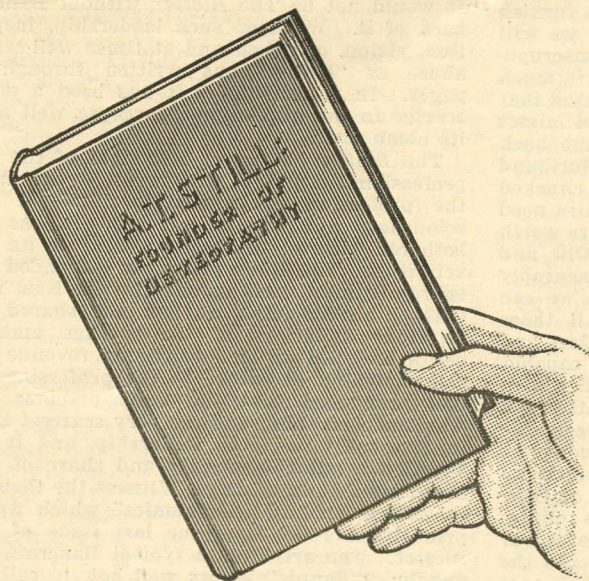
The Blotter has never lost sight of the true professional aspect of our work. It has called the profession to science, professional consciousness and human service. It has not bothered with anything less worthy in its own activities. *The Blotter* has not expended any energy trying to make money for the New York Osteopathic Society. It has not shared the fatuous ambitions of the average amateur editor to build up an advertising revenue and sell campaign literature to the profession. It has recognized that the most precious and worst needed thing and the very scarcest thing in osteopathy today is *leadership*, and it has supplied a valuable quality and share of that much needed commodity. Witness the thoughtful article on "AOA Economics" which we reprint in this *OP* from the last issue of *The Blotter*. The article is a typical Bancroft production. "Bannie" knows well how to call the profession from the things of piffle and from the wastes of time to its real objectives of scientific and professional concern. May the profession not lose the helpful influence of its Canandaigua monitor *in print*, now that his secretarial burdens are to be laid aside. We hope the NYOS will find a way to keep *The Blotter* going in its present channels and retain its founder at the head of it.

We cannot help wondering how much of real results the New York profession can show in the way of an activated personnel of membership as a result of the love, brains and labor that its retiring secretary has given it. Are there now scores of other wide-awakes ready to jump in and carry on the hard work of the association in New York State?

Conspicuously successful service of our organizations by a few officers can not save the day for osteopathy unless an alert and *working* constituency are back of them. There have been able and hard-working presidents hooked up with this high-g geared retiring secretary; but is it not also true that 90 per cent of their joint energy has been expended on the osteopathic army itself—just to wake it up! Think of having to waste all our energy, practically speaking, upon waking up our own lethargic bunch! Hell's fire—we'll get nowhere in the way of checkmating the machinations of state medicine and pyrocracy with only about 10 per cent of our ability, time and energy actually being applied to the Big Defensive—won't we? And that means only 10 per cent of the brains and energy of the comparative few who do work at that! Verily, we need regeneration and re-disciplining in our ranks from the ground floor up, so that those few capable, sacrificing officers who give years of their lives to promoting osteopathy may *spend their effort on the enemy* and not have to realize in the end that they only waste their precious vitality trying to arouse a lot of dead ones in our own camp.

New York State's "Forward Movement", her educational concession wrung from the State Regents and other things indicate that the intelligent leadership and hard work of her executives through the past six years have not been in vain. We hope to see the work of this state

The Book that
Gives Osteopathy
Its Scientific
Interpretation in
Popular Terms.



Are You Loaning It to Your Patients?

If not, you are missing a great opportunity to put osteopathy forward with leaders in thought and affairs.

A. T. Still: Founder of Osteopathy

is a book that should be read by the laity. It is up to you to put it into the right hands and urge that it be studied.

“A. T. Still: Founder of Osteopathy” is a book that will put osteopathy in its rightful position in the thinking and in the estimation of the most intelligent and influential people of your community. This book should be loaned or presented complimentary to persons of leadership and influence in your city, particularly to such of that kind as happen to be among your own clientele.

But do not restrict the potent work of this book if, perchance, certain ones who should be influenced for osteopathy are **not** among your patients. The mayor of your city, the leading jurists, the prominent lawyers, the journalists, the bankers, the educators, clergymen, the captains of industry, leading merchants, leading club women, all should have this book. The high scientific character of this work,

together with its clearness of statement and simplicity of language, give you an excellent excuse for presenting it to prominent people, even if not acquainted with them. A dignified note explaining the character of the book will amply justify its presentation and your request that it be read.* You are sure to receive many expressions of appreciation for your kindness when the book has been accorded even a casual reading.

“A. T. Still: Founder of Osteopathy” is the one book at the disposal of the profession which is at once *scientific* and *popular*. It deals with the subject of your practice in a scientific manner and with due regard to scientific accuracy, but nevertheless the language is so simple and its statement so clear, that it is “easy”, fascinating reading and nearly anybody can understand the meaning and significance of what it sets forth. Use this book to win for osteopathy sympathetic understanding and greater prestige among people of education and influence.

*Price: \$2.00 a copy postpaid.
Special prices for quantities.*

The Bunting Publications, Inc.

Chicago, Illinois

*We will furnish text of such a letter to buyers of the book

society go on with accelerated momentum, now that a change of executive management must come. Such a happy result alone would justify all the good work that its retiring secretary has given it.

This word is directed to the rank and file in all our state societies and in the AOA as well. Don't let your officers carry the whole load, and for love of the survival of adjustive therapy, don't compel them to waste 9/10 of their energy calling you from your bed lest you be burned in your professional sleep.

AOA SHOULD TAKE UP DR. HARRIS' FIGHT AS ITS OWN

With such meagre facts as we have before us, it looks as if Dr. M. B. Harris of Amarillo, Texas, ought to receive the prompt and hearty co-operation of the organized profession in his resistance to the medical boycott of osteopaths for hospital accommodations. Read his letter on Page 10. Surely this is no less the concern of the AOA and the Texas Osteopathic Association and every osteopath in practice and every patient of every osteopath in practice than it is the personal affair of Dr. Harris. It is properly the affair of organized osteopathy and we respectfully submit it to President Conklin and Judge Patterson, our legal Nestor, to ask if this injunction suit, already begun by an individual, is not a proper cause for AOA adoption. We incline to believe it is, with what little we know about the facts.

Certainly there is no work much more important for the AOA this year than preventing the success of that "regulars'" conspiracy to shut out osteopaths from all hospitals except our own for all time. Since one of the proper tests of true AOA functioning is to do the things for the profession at large that cannot be done so well by voluntary effort or individual initiative, we submit that this emergency fits that test. The protection of our rights to practice is one of the greatest concern to each one of us.

No matter, friends, if in the past there has been some disposition in AOA counsels to leave such all-important things to state associations and hapless or enterprising individuals. That has all been changed happily under our legal reorganization of the AOA in which state societies have become its component parts. We have put our organization affairs on such a basis, let us hope, with the permanent retaining of competent legal counsel, that we can take hold of such emergencies in the strategic storm center, wherever that happens to be, and move forward to success with the momentum and resources of the whole organized profession back of us. That, at least, is our conception of the new AOA. Isn't it yours, too?

WHO WILL REPRESENT YOU IN THE HOUSE OF DELEGATES?

Let us not imagine that the work of revamping and readjusting the AOA was finished when we adopted the new constitution and by-laws at Chicago. Rather, it only began, then. A practical method of management was then adopted but the work of directing and applying the splendid forces of our organization in practical channels for good remains yet to be done and will continue to remain open for the doing every year of our history. It's doing will depend upon the election of the very best leadership in the local states and districts to the House of Delegates. The best thinkers and quickest and most fruitful workers in every state must be sent to make up this body. If you have really distinguished brains and practical common sense in leadership "at home", pray elect it to represent you in this body. The sum of the wisdom of leadership of this body will not exceed the addition of its component parts. Send your one safest and best bet for

"and I like it, too, Doctor"

"I'm so glad you prescribed Hemo. It is building me up wonderfully. Besides it tastes so good I'm going to continue drinking it even after I have my strength back."

Hemo contains six times as much red blood iron as cow's milk—as much as mother's milk. It is recommended for prospective and nursing mothers, for convalescents, infants and the aged.

We will send a sample of Hemo to any physician or registered nurse.

Thompson's Malted Food Co.
127 Riverside Drive, Waukesha, Wisconsin



HEMO

How Military Surgeons Reclaim Spinal Cripples

The reconstruction of maimed and crippled soldiers of the great war is calling forth the best efforts of the great surgeons and physicians of the entire civilized world. Results have been obtained that a few years ago would have been considered impossible. Not only will the crippled soldiers benefit by these new methods of reconstruction but thousands of the unfortunate deformed and maimed in all walks of life will find relief. Each discovery should be carefully recorded and the information made available for the benefit of all sufferers.



Corp. Frank Fernie

Of particular interest to physicians having in their care sufferers from spinal deformities caused by accident, is the authenticated case of Corporal Frank Fernie, a veteran of the First Canadian Contingent. The full history of this case, which has attracted wide attention, will be sent to any reader of this magazine on request.

Seven ribs fractured, two lower vertebrae bent and twisted one inch out of position, paralysis in both legs and arms were the injuries sustained by Corporal Fernie when the explosion of a German shell killed eight of his companions in an artillery excavation.

Old methods of treatment were tried by the army surgeons without success. Encased in a plaster cast for five months, Corporal Fernie was finally transferred to Canada where the surgeons at the Royal Victoria Hospital (Montreal) substituted a rigid leather brace for the plaster cast, but the patient continued helpless until he was supplied with a Philo Burt Spinal Appliance, the results from which were a revelation to his medical advisers.

Within one year from the date of his injury Corporal Fernie was working every day in the shipbuilding department of the Imperial Munitions Board at Ottawa, at which time he wrote us:

"The army medical authorities are not only going to refund to me the amount I paid for my Philo Burt Spinal Appliance, but they have placed your name on file for future reference."

We will be glad to send a complete case record to any physician or surgeon without charge.

It is our policy to co-operate directly with local physicians and surgeons, or if preferred, we assume full responsibility for results from the Philo Burt method for treating every kind of spinal deformity resulting from accident or disease, which in 18 years has been used with success in more than 30,000 cases.

The Philo Burt Spinal Appliance is sold on 30 days' trial at our risk, and is made to individual measurements, in every case. Address, giving name of your physician,

Philo Burt Company, 141 C Odd Fellows Bldg., Jamestown, N. Y.



SIDE VIEW

The Most Prominent Osteopaths Write Us

There is nothing better for the treatment of **Sacro-Iliac-Luxation, Strain, Sprain of the Sacrum** than the **El-Ar Sacro-Iliac belt and Abdominal Supporter**. Patient applied for.

Surely sufferers of **Sacro-Iliac Troubles** cannot afford to miss this opportunity. The **El-Ar Supporter** is also used for **prolapsed abdomen and floating kidneys, or Umbilical-Hernia**. For particulars write to the

BATTLE CREEK DEFORMITY APPLIANCE CO.
715 to 729 Post Bldg.
BATTLE CREEK, MICH.

Weak Foot, Flat Foot, Bursitis, Neuritis, Hay Fever

A brochure dealing with such ills as weak foot, flat foot, broken arches, bursitis of the shoulder, "glass arm" "rheumatic shoulder", brachial neuritis, hay fever, rose cold and catarrhal deafness. All these maladies are successfully handled under osteopathic attention.

OP Co., 9 So. Clinton St., Chicago



The Delaware Springs Sanitarium

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

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

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

THE DELAWARE SPRINGS SANITARIUM
Delaware, Ohio

NAEVOLA Removes Warts

Read what Dr. Harold A. Fenner has to say about it.

Dr. T. C. Lucas:

I can faithfully recommend the use of Naevola to anyone who wishes to completely and permanently eradicate warts and moles without noticeable cicatricial formation.

Harold A. Fenner, D. O.,
North Platte, Neb.

Don't wait another minute, doctor. The price is \$5.00 a bottle and every bottle is guaranteed to satisfy customer or money refunded. Better send your check for \$5.00 today to Dr. T. C. Lucas, 1130 Lady St., Columbia, S. C., and get a bottle of *Naevola*.

Doctors!

When ever you are ready to buy that good

Osteopathic Table and Stool

ask for our Catalogue and Cover Samples. Same will more than please you. A good Table and Stool is always the cheapest. We also have a full line of Osteopathic and Medical Books, and fill orders promptly.

Address

J. F. Janisch Supply House
Kirksville, Mo.

progressive leadership and good horse sense to the House of Delegates. If all other states do likewise we shall not be disappointed at the way it runs our affairs. In particular, keep the wind jammers and reactionaries at home. Don't let them elect themselves to this august body by electioneering. A few of the wrong sort if windy enough and reactionary enough can do much to defeat the wisdom and good work of a whole group of forward thinking delegates. Remember that the House of Delegates is now osteopathy's hope and we expect to see election to that job mean something in future.

HOW MUCH SHOULD BE SPENT FOR CLINICS?

It appears that \$50 was spent for clinics at the last AOA meeting. How does this line up with your ideas of the relative importance of our various association activities? We believe it is much too little. We think \$2,000 to \$4,000 could well be devoted to making our annual clinics all they should be. This is not a reflection on anybody. No individual is at fault. But the vision of the whole bunch has been blurred when we collect \$35,000 a year or thereabouts in dues and spend it all in one enterprise or another (some of them doubtless misguided) and devote the paltry sum of \$50 to giving the profession clinics. No wonder our clinics, despite the hard work of a few, have been practically a farce. What else could you expect for \$50? Why not let most of the good money derived from exhibitors be applied to giving the conventions clinics that would be clinics? This is a function that the AOA should assume in all seriousness and make ready good at, out of its ample revenues, for it is a kind of work that can not come to flower if left to individual effort nor can it be furnished by private business enterprise. If the profession is to enjoy it, it must come through the national association. Of course the profession earnestly desires to make a distinguished success of this feature of our scientific and professional work. Then why not make ample provision for it?

DR. R. K. SMITH'S BIG OPPORTUNITY

Dr. Ralph Kendrick Smith, of Boston, well and favorably known in the journalism of the profession, was elected by the board of trustees in September as editor of the *Journal of the Association* to succeed Dr. Chiles. Dr. Smith was a seasoned newspaper man when he espoused osteopathy and founded and for a couple of years or more conducted the AOA press bureau, doing much valuable work to advertise osteopathy as long as he acted in that capacity. He has a glorious opportunity now to rescue and develop our official magazine from its listlessness, and put into it journalistic power, and we bespeak all co-operation for him in his work.

Good luck, R. K., and here's hoping you put it over for us right!

Give the *Journal* some of that vision of leadership, originality, sparkle and power of which it has been so lacking.

We trust under the new editorial direction that the *Journal* will lead the Association in the direction of scientific aspiration and awaken professional consciousness and warn it away from the mirage of penny and piffle. Let it use its power to build up clinics at our AOA meetings, produce a good case report literature, fight the machinations of the wily AMA, build up our colleges and establish perfect co-ordination between our national society and its component branches, and if the *Journal* can really make good on these several onerous obligations it will not have much brain power left with which to create and print field literature for the practitioner and sell printed nicnacs and souvenirs at a profit.

Wherever and whenever the AOA goes into

business further than to conduct the legitimate *necessary* activities of its own existence or to do for the profession what can not be done for it better by private capital and initiative, we may be sure it is at the expense of making a failure of its own proper functions. The true and necessary functions of the AOA are great enough and difficult enough to keep the best brains obtainable in the profession profoundly busy.

Editor Smith will be in a position to influence the organization a great deal in the right lines of development and we trust he will prove that he is big enough to be "it" in his new job instead of meekly serving as a sort of editorial handmaiden to the traditions of his job. The membership want a real editor, not an echo in this man's job, and Dr. Smith will win undying fame and help the cause greatly if he vindicates his earlier profession as we expect him to.

BUDDING GENIUS?

We want you.

We've got room for you in these pages.

What have you got in the way of a good idea that you want to put across to the profession?

Here is the gleaming white space where it will shine and scintillate in type until the whole osteopathic world takes cognizance of it.

Never mind if you're new in print. We like new blood and new ideas.

Maybe you have something up your sleeve that would glorify 200 words in "Shop Talk" next month with a brand new idea. Maybe you have something in your arsenal even more ambitious. Fire away and let's see!

Dr. Nettie C. Turner, President of Pennsylvania Osteopathic Association

RARELY has a woman been called from the ranks of the profession to be the president of a state osteopathic association. That honor came to Dr. Nettie C. Turner of Philadelphia in the great state of Pennsylvania because she deserved it. She is the pioneer osteopath of her state and took osteopathy to Philadelphia when she was very young and when osteopaths were as rare as hen's teeth. So in one sense she is the oldest osteopath in Pennsylvania.

She assisted in organizing the Pennsylvania Osteopathic Association and was its first treasurer. She was its first vice president and latterly served as secretary for two years.

During her term as secretary, Dr. Turner took her responsibilities very seriously and worked hard. The membership was increased and the treasury was replenished. The profession appreciated her constructive work and her election to the presidency followed unambiguously.

Dr. Turner's ambition during her term of office is to promote harmony in the profession and see the dues raised. She is also co-operating actively in the big drive to raise \$100,000 for the Philadelphia Osteopathic Hospital. Dr. Turner is politic and understands human nature.

Rather an interesting and deserving personality for the House of Delegates to consider carefully when electing AOA vice-presidents, wouldn't you say?

Other women of the profession who have presided over their state associations, so far as they can be recalled are Dr. Jenette Hubbard Bolles, Denver, Colo.; Hon. Grace Stratton Airey, Salt Lake City; and Dr. Della B. Caldwell, of Iowa. Are there others? If so let us get them on record. Speak up girls!

Naso-Oral Prophylaxis

The many sub-acute and chronic infections of the air-passages that have persisted since the recent influenza epidemic emphasize the hygienic importance of careful cleansing of the nose, mouth and throat as a routine hygienic procedure. Gradually, but none the less surely, it is being recognized that naso-oral prophylaxis constitutes one of the principal means of protecting the body against bacterial invasion.

Peroxide of hydrogen has long been used for cleansing and disinfecting the mouth and nose, but it is

Dioxogen

that has demonstrated beyond all question the exceptional utility of peroxide for the routine hygienic care of the naso-oral mucous membrane.

More potent in bactericidal power than any solution of carbolic or bichloride that can be safely employed, Dioxogen has the additional advantage of being absolutely non-toxic and harmless. Moreover, since it owes its antiseptic potency to pure oxygen, which it liberates in greater volume than ordinary peroxide, Dioxogen is not only non-poisonous but remarkably bland and non-irritating.

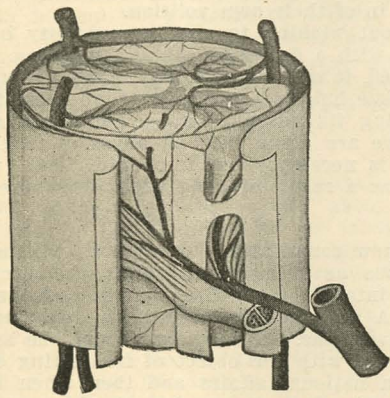
In view of these properties, together with the wholesome, cleanly character of Dioxogen, it is not surprising that so many medical men use and recommend it as the ideal germicide for all needs of personal hygiene. As a safe and dependable means of maintaining naso-oral prophylaxis Dioxogen holds a place "distinctively its own."

Directions for Naso-Oral Disinfection

Dioxogen in the proportion of one part to seven parts warm normal salt solution has been found exceptionally satisfactory and can be used as freely as desired, no matter how sensitive or inflamed the nasal mucous membrane.

The Oakland Chemical Company

10 Astor Place
New York



Vascularization of a section of the spinal cord. Note accessory artery assisting the three spinal arteries.

EVERY OSTEOPATHIC LIBRARY

SHOULD HAVE THIS BOOK

Poliomyelitis (*Infantile Paralysis*)

Edited by F. P. Millard, D. O.

THE Anatomy, Physiology and Pathology of this subject are stated briefly but clearly and sufficiently. Osteopathic treatment is definitely outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially valuable. In a review of this book in February, 1919, issue of the *OP.*, Dr. Bunting said:

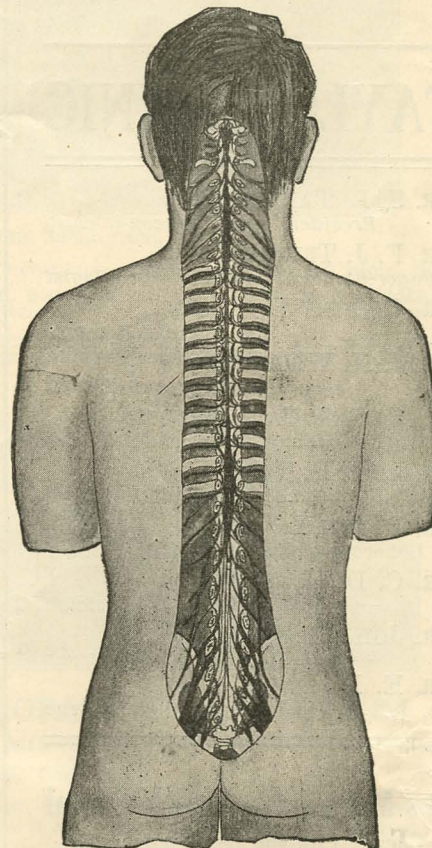
Dr. Millard has provided wonderful and beautiful original illustrations for this book. His anatomical drawings of a popularized sort illustrating the structure and relations of the spine and brain are ideal in every way. They are developed in a graphic manner which enables you to realize their significance at a glance.

The book has 162 pages, printed on heavy high grade stock; 97 illustrations, including 14 full page plates and 3-color frontispiece; table of contents, list of illustrations, and complete index; bound in cloth, stamped in gold. Price \$2.00, postpaid. An excellent book to loan to patients. You should have at least two copies, one for your reference library and one to circulate among your patients.

SEND YOUR ORDER TO

THE BUNTING PUBLICATIONS, Inc.

Dept. B., 9 S. Clinton Street, Chicago



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

The New Alignment

(Continued from page 14)

of our past ways of thinking) these osteopaths take it for granted that you are big enough, *mentally*, to think of them only as osteopaths.

They talk of stimulation, inhibition, reflexes, of light, heat, water, diet, antiseptics, etc., and yet you just know and feel that the first thought in their minds is *adjustment*.

You don't hear much shop talk about adjustment but when they do talk about it, you know that they hold the art of adjustment in the "hollow of their hands." No, you don't hear much talk about "ten-fingered" osteopathy; and "old timers" and the ones who have been standing still can't understand why this isn't heresy instead of *PROGRESS*. No denying it, the modern osteopath in this "new alignment", as I have chosen to call it, is now an all-around physician, no longer just a lethargic drinker at the fountain of knowledge; but with a new arrogance and confidence, developed by experience, boldly taking his place in the field of therapeutics as applied to practical treatment of the sick.

We talked of the ear, nose and throat, focal and general infections and their treatment.

We treated with light, heat, electricity, water, die, etc., etc., and differentiated and integrated many other methods in physical therapy. Singular cases were reported. Cure of baldness by the use of special quartz light. Bright's, by the antiseptic treatment of the rectum and descending colon. Diabetes controlled (for two years) by diet, fasting, diets of percentage starches (Allen Method).

Gastric ulcer, refused operation, cured by rest and graduated milk and raw-egg diet.

The pains of gastric ulcer controlled by the use of bicarbonate of soda or olive oil.

Pain controlled by turpentine (well rung out compresses).

Symptomatic cure of aortic aneurism, by con-

cession of the 7th cerv. vertebra. And so on. Because of this new mental alignment it did not occur to a single one of us to say "Why, these are not osteopathy," nor that we were not listening to real osteopaths.

No, they did not talk much about osteopathy, per se—perhaps for the same reason that we don't expect George Bernard Shaw, or other *wizards* in the use of WORDS, to say over their A. B. C.'s.

"Old Timers" must now accept it as a fact, as a result of growth and experience, that the practice of osteopathy afield, is no longer just spinal adjustment, not just ten-fingered, but is also applying the latest and most approved methods in physical therapy.

Now that I am back home with time to think about what I got at this last convention, it's this

big "realization": "The modern osteopath is just as good an osteopath as we have ever had; just as loyal, just as patriotic, just as profound in his belief in ten-fingered osteopathy but he also uses *other forces which other workers in the field of therapy* have found to be of practical worth in the treatment of disease. Finally, osteopaths who think of our practice as being limited to our ten fingers are in my opinion hopelessly in the minority and will never again be taken seriously by the younger element in our ranks or by the osteopathic profession of the future.

This is really a most wonderful revelation, osteopathy has outgrown its ten-fingered "swaddling clothes". Take it or leave it—but it is TRUE.—Dr. Herman F. Goetz, 721 Frisco Bldg., St. Louis, Mo.

AOA's Predominant "Money Vision" Needs Rectification

[Bancroft in the New York State Society Blotter]

IN ONE of the reports read in the general session mention was made of the increased revenue from the advertising columns of the Journal. This seemed to be put forward as a headlight to dim our vision. If the glare of financial success would but make us forget the poor quality of the Journal then something had been accomplished.

How can it be said that the Journal is a success? It has been going for years without appreciable competition—are you proud of it today? The one consistent feature seems to be its steady deterioration if mediocrity is subject to comparative terms. The revenue from advertising has nothing to do with the success of the Journal because we are losing, through its innocuous pages, our *esprit de corps* while we are busy talking of the dollars.

* * *

The question is—is the chief aim of the Journal to make money? Or is it the mouth-piece and the guiding chart for the development of osteopathy as a science and as an organization? This is about the most important matter we have to decide right now. Through the Journal many practitioners are reached who otherwise are entirely out of the AOA or any other osteopathic organization. Possibly thirty per cent of the AOA members get their entire impressions of osteopathic affairs through this medium. Is it good judgment to feed them upon advertising?

Look over the April, May, June and July, 1919, issues and see if they do not border on the ridiculous. Why is it we never mention the shrinkage of the Journal itself? Is it because the headlight of increased revenue is ever flashed in our faces?

* * *

There is a growing tendency in AOA affairs in general to measure everything by the dollar yardstick. At Chicago the reports put on the loud pedal when mentioning how much money we took in from this or that or how much the gross revenue would soon be increased. In such a tendency there is a danger as great as it is insidious.

What is the chief function of the AOA? Is it to gather dollars chiefly or to build up an organization and to foster osteopathy as a science? If it is our aim to make money then the wise thing to do is to employ a manager from the commercial world, an out-and-out penny grabber, whose whole life has been devoted to snaring the elusive shekel. Let him adopt the methods of the promoter, the oil-stock salesman, and go after our object with all the paraphernalia that is usual in such ventures.

If our aim is to build an organization and foster the interests of osteopathy as a science then we should not begin with the dollar sign before our eyes to dim our vision as to other matters. There is no question about the dollar being the finest little dimmer in the world and once its lure has fastened upon an individual or a society the ultimate goal will surely be forgotten and neglected. It should be assumed that if we attend strictly to organization affairs our revenues will accumulate in direct proportion to our results. We have a very good example of this in every community. Certain osteopaths start out to get a dollar and they are not particular how they get it or what they do to osteopathy in the getting. Others spend their time perfecting themselves as practitioners, attend to their patients without thought of the dollar and awake some day to find that the dollars are rolling in of their own volition.

Without wishing to ape the calamity however, but with a desire to sound a warning that is needed, it can be said that unless we spend more time building up the AOA and less time increasing its revenues as a factor standing alone we are going into an abyss of trouble. Money is necessary but it should, and will, follow as a result of good work elsewhere.

* * *

The new constitution and by-laws will be as innocuous as rain water unless the various States interest themselves in the affairs of the AOA and send representative delegates to the conventions. A campaign should be started at once with the object of interesting each State in national affairs and then when they are interested the campaign should continue to keep them interested.

It will not do to select any person who happens to be going to the AOA convention to act as a delegate. The affairs transacted by the House hereafter will be serious ones and will have no savor of the farce perpetrated in the past under the name of Nominating Convention. We need the best man from every State, the man who has been for some time concerned with osteopathic affairs at home and abroad. The States, of their own volition, will not interest themselves in this phase of AOA affairs because the AOA has been too long an independent, competitive body. To compensate for this lack of vision the AOA will now have to interest itself in the plan so that the States will be brought to see that the national organization is in word and in truth an association of State societies.

When a State has found a delegate of worth he should be kept in that office; to pass this important task around the circle of favorites would be a colossal mistake. The proposed

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plan of having a State secretary or president, or both, sent as a delegate thru virtue of office is hardly worthy of consideration. Many times a practitioner is elected to office for reasons that vary from the ridiculous to the sublime and among those reasons you will not always find the pertinent one of ability. Should such a person be sent as a delegate it will be just that much time and effort wasted. Take some person who has shown ability at home to deal with affairs in a business like manner, one who has shown ability to project his vision beyond his own State line and beyond the immediate year, and then keep this person as a delegate year after year without considering whether he is an officer or not. The badge of office in a State society is in no way a label or capacity.

Again that mad desire to snare the elusive shekel is evidenced by the proposal to have a registration fee of three dollars for those attending the AOA conventions. I believe that the Trustees have already voted to use this plan next year but they can always change their vote on such a question and it is to be hoped that they will do so.

If we have 3,500 members at \$10.00 per year that makes a total of \$35,000.00 income from dues alone. To that must be added the revenue from advertising (which is so loudly proclaimed) and the several thousand dollars from exhibitors from the convention. Suppose we have a gross income of \$45,000.00, isn't that sufficient to provide us with a week's program once each year and still care for the necessary expenses of the organization? Shall we put a premium of even three dollars upon attendance at a meeting? Why not assess the member who never comes instead of the loyal one who attends at considerable expense?

* * *

Again is must be asked—what is the object of the AOA, to corral dollars or build up an organization? Nothing helps the morale of a society so much as meetings. It is the getting together and talking things over that helps far beyond the measure of dollars. Why tax it? This whole dollar chasing propoganda is antagonistic to the spirit which we so need to encourage at this time. It is not the matter of the small fee to be charged but he question of the principle involved.

* * *

It is interesting to note that the expenses of the Chicago meeting totaled about \$1,600.00. Some of the items could be fairly charged against the practitioners in the immediate vicinity of Chicago because they were the ones to benefit almost entirely. While the banquet was well patronized it showed a deficit of \$225.00, the dance cost \$125.00, and the Public Health lecture around \$100.00. Clinics cost but \$50.00. Now, the attendance at Chicago represented about 1,200 taxable members (a registration fee cannot be regarded as other than a tax, and an unjustly distributed one) and at three dollars each this would make a total of \$3,600.00. Why the extra \$2,000.00 above the expense of the meeting—the outside expense at that? Is it fair that those who attend conventions contribute \$2,000.00 per year more to the general fund than those who do not.

Last year's report of your Delegate suggested that the annual dance, clambake, and what not be dispensed with so that the expenses of a local organization would be reduced to a minimum. There is no reason now to change this suggestion. Why not charge for the dance which is usually given? A charge is made for the banquet and it is just as reasonable to make a charge for the dance. That would be one item of expense eliminated without argument. Or, why not charge an extra dollar or so for each plate at the banquet and make the beneficiaries pay for the benefits derived from the speeches? Then the item of badges must run into three

A Dietetic Standby



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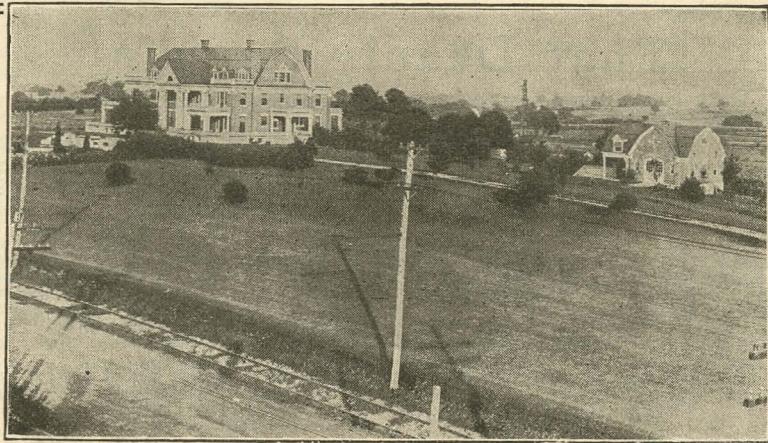
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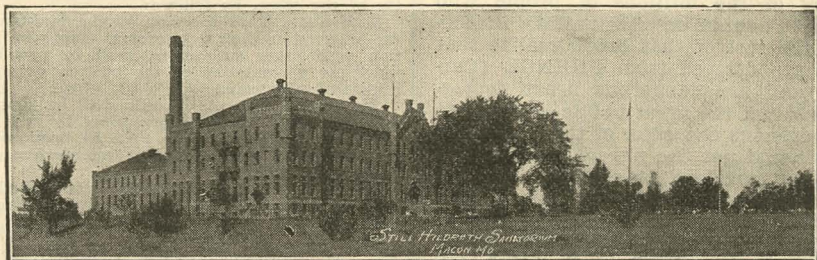
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figures each year and ninety per cent of those badges seek the waste basket with abandon just one minute after the convention is over. There is a way to reduce this item by seventy per cent—it has been tried and found practical in this State for the past five years.

* * *

In other words, why not try economy and good business sense rather than attempt to put a tax upon attendance? Our exhibitors paid something like \$4,000.00 this year (why not tax the exhibitor a registration fee?). This sum was paid because the attendance at our conventions is large and if we wish to increase this amount we should do anything possible to augment the attendance at meetings rather than to put a tax upon it. It seems as tho this income from the exhibitors could properly be made to pay for our conventions each year—the conventions earn this amount of their own worth and should be entitled to spend a portion of it for the perpetuation of the source of income. Speakers at AOA meetings are not paid even expense money and the total sum necessary to pay out each year should not be of staggering proportions. State organizations have paid the expenses of speakers and all other items for years and have not been compelled to charge a registration fee.

First, we need to get away from the dollar habit as a primary consideration. Second, if more revenue is needed then let's make it a charge against every one and not specifically against the man who attends the conventions.

That Deadly Aspirin

By Francis A. Cave, D.O., Chairman, Committee on Legislation, Massachusetts Osteopathic Society

IN a paper read before the New York Osteopathic Society at Albany last March, Dr. W. L. Buster of New York City struck the nail squarely on the head when he said, in speaking of *Aspirin*:

"Tons of the deadly stuff are bought and sold openly and the public uses it indiscriminately for about all the ills to which flesh is heir. Medical doctors are responsible for this crime. They started its use * * * and have turned out a horde of this form of drug fiends."
"It can be bought without a prescription and we here today ought to start a crusade for the enactment of legislation that would do away with its sale, without a written prescription, at least."

Dr. Buster is right, and right again. With the heavy responsibilities of therapeutic enlightenment upon our shoulders it appears squarely up to the osteopathic profession to secure the enactment of legislation which will make it impossible for an uninformed public to purchase and use such deadly stuff, at least without the written prescription of the physician who has the courage and the unwisdom to sign it.

How many of the millions of people who use Aspirin, Phenacetin, Acetanilid, Bromo-Seltzer and the rest of that brood realize that these drugs are derived from PHENOL (Carbolic Acid) and are dangerous heart depressants? Should not the great public be made to realize the poisonous character of these so-called remedies? Should not the physicians who call them "perfectly harmless" be shown up for the ignorant experimenters which they are? Who can tell how many tens of thousands of lives were snuffed out during the epidemic by reason of the "perfectly harmless" stuff called ASPIRIN and its poisonous brother PHENACETIN? Probably the osteopathic physicians can realize the extent of the catastrophe better than those of any other school, having been so frequently called in as a last resort to save the life of some poor soul facing death because of coal-tar poisoning of an already over-strained heart. Let us go to it with a will and take our rightful place as leaders in popular medical enlightenment, "Let the Chips Fall Where They May."

To be fair the dues should be raised to \$13.00 per year instead of making one person pay \$10.00 and the other pay \$13.00 just because he attends the yearly meeting.

Personally I would like to know the detailed way in which the funds of the AOA are spent because we are getting rid of a very large sum per annum and it is possible that retrenchment in some directions is the crying need instead of more money. Our annual statements are doubtless accurate to a penny but they leave much to be desired in the way of details.

It seems apropos to repeat: That it would be very much worth while for the AOA to inaugurate a campaign for the increasing of attendance at the conventions. It is true that thousands of words are written about it each year but that is all done in the Journal and the various magazines of the profession. The attendance has never been what it should be and it is evident that the publicity methods have been incomplete. The direct appeal through the mail by the way of letters, mailing cards, etc., ought to supply the deficiency. Of course, this would cost money, but what is the money received each year for if it is not to be used for the good of the organized osteopathy? There is no better stimulus than attendance at meetings and it is a thing which should be brought about even if some of the precious dollars have to be spent in advertising ourselves to ourselves. It CAN be done.—*Report of Claude M. Bancroft, Delegate to the AOA Convention from New York State.*

In line with these suggestions, the Massachusetts Osteopathic Society introduced a bill in this session of the Massachusetts Senate which came up for public hearing last February. The petition and bill read as follows:

"The undersigned, citizens of Boston, respectfully state that the unregulated sale of substances derived from carbolic acid and other poisonous coal-tar products has apparently been responsible for the deaths of thousands of citizens during the recent epidemic of influenza and pneumonia, as well as numberless previous deaths from heart-failure and paralysis.

These substances are placed upon the market and advertised in the form of various headache-powders, aspirin tablets, bromo-seltzer, phenacetin, acetanilid and numerous trade-marked products.

On account of the existing state of unrestricted sale of these coal-tar derivatives and products, the medical profession is powerless to prevent the excessive and dangerous use of these powerful heart-depressing poisons by a public which is unfamiliar with the dangers attending their use.

We therefore respectfully petition the enactment of the following restrictive legislation.

THE BILL (SENATE BILL No. 270)

BE IT ENACTED by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Section 1. That the sale of the coal-tar derivatives, for internal medicinal purposes, singly or in combination with other substances, shall be prohibited except upon the presentation of the written prescription of a registered physician.

Section 2. Accurate records shall be kept of all such substances sold, given or prescribed by any physician or pharmacist, which records shall be open to the inspection of properly accredited representatives of the state board of health.

Section 3. Violation of this statute shall be punishable by a fine of not less than ten dollars nor more than one hundred dollars for each offense.

The hearing was largely attended by representatives of the drug manufacturing and drug-store interests. The Massachusetts Medical Society was officially represented, but made no definite opposition to the bill. Open opposition from the "regulars" was not expected, however. All physicians of any schools of practice must consistently support measures which will remove from the field of drug-store and soda-fountain dispensation all such poisons as these coal-tar products. If such things *must* be given, by all means let them be prescribed by registered physicians who are supposed to know of

their dangerous character and ready to assume full responsibility for their use. *There would be less DRUGGING WITH POISONS IF SOME ONE WERE HELD PERSONALLY RESPONSIBLE FOR THEIR USE.*

The osteopathic profession holds a clean slate for just such a job as this and with a handful of men and women with the spirit of fighting humanitarianism demonstrated by Dr. Buster, we can strike a blow at the very roots of the drug curse. *Let those who use OR PRESCRIBE DRUGS ASSUME FULL RESPONSIBILITY before an enlightened Public and the rest will take care of itself.* Can any thinking person believe that the great public would KNOWINGLY take such stuff if they realized its genesis or its paralyzing effect upon the motor nervous system, as well as its deadening effect upon the sensory nervous system? The answer is obvious.

The Massachusetts Osteopathic Society proposes to maintain its attitude against the coal-tar derivatives, for internal medicinal purposes, and invites correspondence with other Societies with similar intentions.

This would be a great field for the activities of the American Osteopathic Association. There appears no special reason why our profession should calmly submit to crushing blows from the outside and remain quiescent while our fellow citizens are being fed with poisons without proper legislative safe-guards.

Fellow Osteopaths, *What is the VERDICT!*

North Platte Osteopathic Hospital and Sanitarium

DOCTORS Louis C. Drost, Harold A. Fenner, and William Ivern Shaffer of North Platte, Nebraska, have purchased real estate for the location of a hospital and sanitarium which will be strictly osteopathic. The grounds consist of a plat of thirty-six lots and buildings which are suitable for the sanitarium.

Dr. Drost is a graduate of the American School of Osteopathy and has practiced a number of years in North Platte. He has made osteopathy popular in western Nebraska and is known thruout the country as one of the best diagnosticians in the state.

Drs. Fenner and Shaffer graduated at the College of Osteopathic Physicians & Surgeons in June, 1915, and since that time have been practicing in and about North Platte excepting the time spent in military service.

Dr. Fenner has handled a general major and minor surgical practice, and had the responsibility of the Venereal department in the military camp in which he served.

Dr. Shaffer is developing American Twilight sleep and specializing in painless childbirth. Obstetrics will be one of the main features of the hospital.

The institution will be a place where out of town people can stay and have osteopathic care. This has been badly needed in this community for years. The N. P. O. H. & S. will be the first institution of its kind in the state. It is sincerely hoped that the osteopaths in other cities will fall in line and start something.

NOTICE!

Our Flu-Pneumonia Case Report Department was crowded out this month but will be back strongly in the November issue.

Dr. Stoel Will Specialize in Cardio-Vascular Work on Pacific Coast

Dr. Harry M. Stoel, whose contributions to osteopathic publications on diseases of the heart and whose original work on treatment by concussion of the 7th cervical vertebra for certain heart diseases have been so well received by the profession, will specialize in cardio-vascular diseases and diagnosis. He has sold his office and practice at Duluth, Minn., and will soon locate on the Pacific coast. Among other reasons for his removal he desires to live in a warmer climate than Northern Minnesota, as well as finding a larger city requisite for the upbuilding of a consultant's and specialist's practice. This late steady tendency toward specialism among osteopathic physicians is one of the interesting and significant trends in our professional development.

Dr. Stoel will establish commodious offices, with all the most modern and necessary equipment for specialization and diagnosis. He has not yet decided upon his new location and is considering the relative advantages of the several west coast cities.



Harry M. Stoel, D. O., M. D.

Dr. Stoel came from a medical family, his grandfather and three uncles having been M. D.'s; one uncle was in the McGill University faculty for years and another was a well known expert in insanity. Becoming interested in osteopathy he went to Kirksville, Mo., to study under the founder of the science; then proceeded to a medical school in Chicago, then to Drake University and Still College of Osteopathy in Des Moines. Dr. Stoel has always been a student and periodically has taken a furlough from his practice to do postgraduate work. He attended Tulane University (La.) Polyclinic and did medical post graduate eye, ear, nose and throat work at Chicago. Being of an investigative turn of mind he went to Hartford, Conn., for the clinic of Dr. William Fitzgerald, originator of zone therapy.

First locating in Houghton, Mich., Dr. Stoel built up a big practice there and won a very influential following for osteopathy. The newspapers often spoke favorably of his work. He then moved to Duluth, Minn., to enjoy the advantages of a larger field. Repeating his successful founding of a good practice there, he has continued the evolution into specialism until now a more ideal field for his ambition is luring him to the Pacific coast.

The articles by Dr. Stoel on heart diseases, shock and physical strain as published in *The Osteopathic Physician* are still fresh in the mind of the profession. We wish the doctor all success in his specialty work and new location.

ASO Says Freshman Class Will Go Over 160

AMONG the interesting and significant documents of the month that have come to us are the schedule of the American School of Osteopathy for the term which began September 15, 1919. It is solid and scientific from start to finish and reflects great credit on the institution and profession.

The freshman class this year will exceed 160. Now isn't that going some, after the recent war clouds of extinction hung over all our schools?

Among new faculty men at the ASO, since the catalog was issued, are the following: Dr. C. Rivers Schmidt, will be connected with the department of physiology.

Dr. L. E. Browne will add the department of embryology to his work.

Dr. T. M. Patrick will be connected with the Chemistry department. Prof. Patrick helped in this department at the State Teachers' College during the summer.

Dr. H. A. Gorrell will be connected with the department of Bacteriology and Clinical Diagnosis, giving a special course in animal parasitology.

Seventy-five per cent of the ASO Faculty have conducted private osteopathic practices and every one of them teaches from an osteopathic standpoint. This factor of the field experience prior to lecturing is considered a very strong point in the general personnel of the faculty.

In the senior year this year, four courses that used to be given as special private courses, at twenty-five to seventy-five dollars each and that use to carry with them special diplomas, will be given, diplomas and all, as part of the regular work *without extra charge*. These courses are (1) official surgery and proctology, (2) special gynecology, (3) ophthalmology and optics, (4) and Dr. Lane's private laboratory course.

Amongst the new subjects allowed for by the four year schedule we find, a course in post mortems and post mortem pathology, sexology, insurance examinations, cystoscopy, X-ray, transilluminations, and diagnostic instrumentations and animal paritology. Of course, some of each of these subjects have always been given but the added time will allow for definite courses in each. The curriculum is the strongest kind of a course and compares very favorably with any medical school in the country. It will be noted that there are over eight hundred hours in anatomy. Physiology runs through four terms. The ASO management is certainly to be congratulated on this course, which in actuality is going to be a good seventy-five per cent more than promised in the catalog, and that was the best catalog the school ever put out at that.

Death of Miss Gladys Still

THE sympathy of the entire profession goes out to Doctor and Mrs. Charles E. Still of Kirksville in the bereavement that has come to them. Miss Gladys Still, their daughter, a beautiful young woman of many graces, was called by death at Mountain Park, N. M., September 2nd, as the result of acute pulmonary tuberculosis. Burial took place from the family home at Kirksville, September 5th. Many floral tributes of love and sympathy were sent by local and distant friends and by our professional societies in St. Louis, Chicago and other cities. Rev. H. McNamee of the First Methodist church conducted the burial service. Pall bearers were young men who had been the school friends of the deceased.

Miss Still was known for her lovable nature, being gracious and generous to all and delighted to help the needy. She graduated from Hosmer Hall, St. Louis, in 1914, and entered Vassar that fall, but had to give up study and return home soon after because of the beginning of the malady that was the cause of her demise. A year later she entered the University of Missouri but after a year's study had to quit further work and wholly abandon her ambition which was journalism.

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.

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The Denver Polyclinic and Post Graduate College

THE Denver Polyclinic & Post Graduate College has been chartered under the laws of Colorado as a regular post graduate college. The faculty is now giving three different courses: Number One, The Denver Osteopathic Efficiency Course; Number Two, the Ear, Nose and Throat Cadaver Course; Number Three, the Didactic and Cadaver Eye Course.

The College has just closed its fourth class which began August tenth and ended September sixth. The following doctors took advantage of the course: Dr. Eugene F. Pellette, Liberal, Kansas; Dr. E. C. Brann, Coffeyville, Kansas; Dr. L. N. Pennock, Amarillo, Texas; Dr. Pauline Sears, Vale, Oregon; Dr. Grace Parker, Pocatello, Idaho; Dr. Sarah Balfe, Denver, Colo.; Dr. A. O. Scharff, Wichita Falls, Texas; Dr. R. D. Stephenson, Nelson, Neb.; Dr. W. R. Benson, Longmont, Colo.; Dr. A. C. Cluff, Denver, Colo.; Dr. F. I. Furry, Cheyenne, Wyo., and Dr. H. J. Nims, San Jose, Cal.

The Efficiency Course is a great boon to all the osteopathic physicians who take the course. It is a great aid to those who lack business in the methods taught in getting business. It is also a great aid to those who have a tremendous amount of business and are not able to hold up under the pressure, giving them the efficiency methods which help them to carry the load without breaking down.

The Ear, Nose and Throat Cadaver Course and the Eye Course are intended to help those who especially desire to specialize along these lines. Of course one cannot be made a competent specialist in one month but this gives the ground work, going over the didactic work and then taking the cadaver and going over the technique doing the operations. The students handle the instruments and do the operations on the cadaver under special instruction.

These courses are designated to aid in the building up of the osteopathic profession and aiding the growth of the members of the profession.

The next Efficiency Course is given in the month of February. The next Ear, Nose and Throat Cadaver Course is given in the month of November and the next Eye Course is given in the month of April. All who are thinking of taking any of these courses should send in their registrations early as the numbers are necessarily limited. We take only a few in order that personal touch may be given in the work.

The following doctors aided in the teaching of the last Post Graduate Efficiency Course: Dr. T. J. Ruddy, Los Angeles, Cal.; Dr. D. B. Holcomb, Chicago, Ill.; Dr. Nettie Hurd, Chicago, Ill.; Dr. H. J. Nims of San Jose, Cal.; besides the local faculty which resides in Denver.

Georgians Endorse Progressive Publicity

EIGHTEENTH annual meeting of the Georgia Osteopathic Association was held in Atlanta, Ga., August 23. It was well attended and a great deal of enthusiasm was shown.

Dr. F. F. Jones of Macon, president of the association, outlined the main object of the meeting which was to discuss a statewide educational campaign. He introduced Dr. J. W. Elliott as our new AOA vice president. Dr. Elliott spoke on the importance of educating the people to osteopathy, and outlined what he had done along these lines. He stressed the importance of the State Association taking hold of the work and doing it thoroughly. He offered to contribute a healthy sum to help in the work.

At the afternoon session, Dr. Percy H. Woodall of Birmingham, Ala., spoke on pub-

licity. He showed about a dozen films upon osteopathic subjects and outlined a plan for state-wide work. These films will be used by the Association.

New officers elected for the coming year were: Dr. H. H. Trimble, president; Dr. Gusie McPhillips, vice president; Dr. A. W. Chaplin, secretary and treasurer.

Four new members applied for membership in the association.

A banquet was served that night at the Druid Hills Club by the local osteopaths.

New York Society Will Meet Mightily

NEW York Osteopathic Society is preparing for a big meet at Hotel Powers, Rochester, October 17 and 18. Quite a number of celebrities from the middle west will be on the job. Also, all the talent from the far east. It will be Secretary Bancroft's last 3-ring show before he lays down his Secretarial jinx and becomes one of the plain, unworking pee-pul again, and you know "Bannie" won't quit any job except in a blaze of glory. You'd better come along and take it in.

New York State's Student Campaign

[From the New York Blotter.]

TO date the Committee has the names of eighty-four prospective students. Just how many of these will enter the fall term it is impossible to say but the Committee feels that a very good start has been made. I am certain that a few of the profession are working with prospectives whom they have not reported which will add to the total. We urge you all to continue this good work, keep after all whom you consider suitable, and if they cannot enter the fall term groom them for the spring term, but continue to educate the public to the advantages of osteopathy as a profession.

[If every state did only as well in recruiting for our colleges—as little satisfied as New Yorkers are with their effort—how much better do you think the showing would be in a short time?—Editor.]

Successful Osteopathic Nurses' Training School at Delaware Springs Sanitarium

WE acknowledge receipt of an attractive illustrated booklet issued by the Training School for Nurses of the Delaware Springs, Sanitarium, the progressive osteopathic institution at Delaware, Ohio, presided over by L. A. Bumstead, D. O., manager. This institution is located in a 24-acre park only a mile from the center of the city. The equipment includes the best of modern apparatus in all departments. Demonstrating models, skeletons, laboratories, and class rooms are provided for the didactic features of the training course. Of special value to the pupil is the practical experience in giving the various baths and massage. All forms of hydrotherapy are used and the pupil nurse is made proficient in this important branch of nursing. Familiarity with the use of the X-ray in diagnosis is an unusual feature afforded the Delaware Springs Sanitarium pupil nurses.

The course of instruction covers three years. Graduation and examination by the state board attains the degree of Registered Nurse.

This qualifies her for any duty that calls for any physician or hospital.

Here is an environment in a university town where the young woman may pursue her training work amid opportunities for social, cultural and musical advantages which mean so much. Candidates must be between 18 and 35 years, of average height, weight and in good health.

This is the kind of work the profession stands in so much need of. We need thousands of our

own well-trained nurses who are osteopathic at heart who are not misguided zealots for the deadly dope. This and all similar osteopathic institutions deserve every possible support by our own profession.

Dr. Bumstead writes us the following gratifying needs:

"We are now erecting a new building which will increase our capacity 200%. Important changes and improvements are being made in our grounds which will add wonderfully to the attractiveness of the Sanitarium. The patronage of the sanitarium is becoming national in extent and several patients (surgical) have come from Canada, even as far away as Newfoundland."

Linotype Laughter

BLT, the funny man of the Chicago *Tribune*, seldom lets a chance slip to present osteopathy in a humorous aspect in his "Linotype" and the fact that most of his inspirations are of pyrocractic origin and hence bemirch osteopathy, does not close the muffler on his chuckle one particle. Here is one where we can all laff with Bert Leston, since old Doc Bradey is no osteopath, but it's a betrayal of the people that he can steal the name:

THE DOC WILL BE BACK.

(From the Monmouth Atlas.)

I have gone on a vacation during July but will put a notice in both papers on my return. Any one wishing to write me regarding business or any patient wishing to write me regarding their case, will please call or write 720 Archer ave., Monmouth, Ill., and you can always reach me, as I will not be in one place long at a time. All my patients who lose any in health while I am gone will be put in the same condition they were in when I left, free of charge, on my return. So I will not let you lose, during my absence. I understand, a remark or two has been made, saying I would not come back. Mr. McCoy of the Searles Bldg. will tell you I have paid two months' rent in advance, so I will absolutely come back as soon as my rest has ended.

Dr. O. M. Bradey,

Osteopath and Chiropractor.



The above picture was sent in by Dr. T. L. Herroder, of Toledo, Ohio. Dr. Herroder says he has been up in the north enjoying himself fishing. The picture is a one-day catch but the doctor does not say whether he caught the fish or whether some one else did. We take it for granted however, that he is the proud and lucky fisherman.

Diagnosis vs. Error

"Gall Bladder Disease."

By F. J. Trenergy, D. O., Roentgenologist to the Taylor Clinic, Des Moines General Hospital

DURING the past five years the use of the Roentgen Ray as an aid in the diagnosis of gall bladder disease has become more and more general. In all the great clinics it is a routine procedure. The public almost demands its use, feeling that an examination is incomplete without it. Even in localities where there is not ready access to a Roentgen machine, people are willing to go many miles that they may receive the benefits of an x-ray examination. Of recent years people are beginning to lose their blind, implicit faith in the diagnostic ability of the ordinary practitioner and are demanding that they *know the facts*. They hesitate to submit to treatment unless they themselves, as well as the physician or surgeon, *know* what they are being treated for.

The full value of a Roentgen ray examination is not shown in the typical case of gall stones in which the patient suffers from repeated attacks of acute gallstone colic accompanied by nausea and vomiting and associated with recurrent attacks of jaundice. The patient himself can diagnose his case. Its great value is shown in those indefinite cases, the atypical cases. In these the patient suffers from a more or less vague distress in the abdomen, often described by the patient as a "misery". There is usually a history of more or less jaundice extending over a period of several years, an indefinite feeling in the epigastrium or right hypochondriac region sometimes described as a "pulling" or a "heaviness." Constipation usually prevails, occasionally diarrhea, and the patient often complains about distress about the heart, backache and headache. The most pronounced symptom is the ever-present gas in the stomach and bowels. Of this last symptom the patient usually complains bitterly. He has taken all manner of treatment for stomach trouble, has been dieted, but one food seems to cause as much distress as another. He is forced to use a cathartic almost daily and in spite of all that has been done his symptoms are not relieved. This condition is most frequently met with in women past thirty-five. It has been said that in one of the large hospitals of the east, of the women who have born children, who come to autopsy, a large per cent have gall stones, and have never been so diagnosed or this condition even suspected.

It is in this great group of indefinite cases that the Roentgen ray is of the greatest value. First, the direct evidence of the presence of gall stones as shown by the shadow on the negative plate.

Second, the ability to demonstrate the presence of adhesions between the pylorus, duodenum or colon and the gall bladder by the use of the opaque meal and the fluorescent screen, watching the movements of the bowels and manipulating them under observation.

Early in the history of the use of the Roentgen ray as an aid in diagnosis, gall stone were so seldom demonstrated that Roentgenologists were wont to discourage its use in this field. Since the introduction of the transformer, the Coolidge tube, the intensifying screen, and of late the duplitzed film, together with the present improved technique, it is said that from seventy to eighty percent of gallstones can be demonstrated.

The patient having been previously prepared by fasting for a least eight hours, the bowel having been thoroughly flushed to remove any impacted masses of fecal material in the colon and to take away the gas, a number of plates are taken with the patient in the prone position covering the area from the tenth rib to the crest of the ileum and from the spine outward to the extreme right side. Stones containing a

high percentage of calcium are readily shown; giving a clear, well-defined white shadow on the negative plate. Those stones which are composed chiefly of cholestrine and bile salts are much more difficult to demonstrate. A shadow can usually be recognized which is cast either by the periphery or the long diameter of the stone. Such stones usually have a nucleus of calcium or a coating of the heavier salts. The direct evidence as shown by the shadow of a stone on the negative is, of course, sufficient to warrant a diagnosis of gallstones.

Usually the outline of the gall bladder can be shown, and its size and position can be demonstrated. Something of the condition of its walls and the character of its contents can be determined. Sometimes a distended gall bladder is filled with nothing but mucous and at another time with thick bile or with inspissated pus. Each condition produces a distinctly different appearance on the negative plate.

To this direct evidence is added the indirect evidence obtained by administering the opaque meal. The meal most commonly used is a mixture of from four to six ounces of barium sulphate and eight ounces of buttermilk. This is given to the patient in the upright position behind the fluorescent screen. The position and shape of the pylorus and duodenum are observed. The patient is also examined in the horizontal position, as well as prone, supine and lateral. In this manner the presence and extent of adhesions may be accurately determined. These adhesions are frequently the source of reflexes which cause the annoying gastric symptoms and the indefinite abdominal distress. The knowledge gained by such an examination is of great value to the surgeon, should the case come to operation, in determining the nature and extent of the work to be done.

In cases in which stones were not demonstrated on the negative plate this examination is of the greatest importance. Rarely has there been any inflammatory process of the gall bladder without the formation of adhesions. The patient is observed at three-hour intervals until the meal is ready to leave the colon. The gen-

eral condition of the small intestine as to position, presence of adhesions, constrictions or dilatations etc., are noted; the condition of the ileo-cecal valve, its size, position and degree of competency are observed. The condition of the appendix, its filling time, position and presence of adhesions are carefully studied. Lastly the colon adhesions are frequent between the hepatic flexure on the first portion of the transverse colon and the gall bladder.

In all of these cases it is very well to have a complete Roentgenographic examination of the gastro-intestinal tract, the urinary tract, the lungs and teeth. Other pathological conditions usually accompany gall bladder disease. Almost every case has, or has had, a pyogenic process in the mouth. A careful x-ray examination of the teeth will always reveal these hidden foci of infection. Recently a case was examined in our clinic for gall bladder disease in which the entire right lung was found to be fibrosed from an old tuberculous infection which has become more or less inactive. In another case a duodenal ulcer was found, the duodenum adherent to the gall bladder. A large ureteral calculus was found in a woman who had been treated for years for gall stones. Chronic appendicitis is frequently found associated with gall bladder disturbances. All of these conditions must be given consideration in the treatment of the case in order to bring about a cure.

The x-ray examination is of course supplemented by a most careful study of the case history, a thorough physical examination and careful laboratory tests. The gastric contents, the blood and urine receive especial attention.

In most of these cases the x-ray examination alone is not sufficient to make a complete diagnosis but is, by far the most important and most efficient aid we have at our command.

The value of an x-ray examination depends entirely upon the skillfulness of the Roentgenologist both in technique and interpretation.

An officer of the x-ray department of the Army Medical Corps recently made the remark that the constant study of the body under the x-ray was bringing the mind to the osteopathic view of the etiology of many pathological conditions. The hundreds of Roentgenologists in the Army have made great strides during the great war in the advancement of Roentgenology. While we as Osteopaths were for the most part denied these privileges, we can not be denied the use of the knowledge gained.

Judge's Instructions in Damage Suit in a Washington Superior Court

Important for Osteopaths to Keep on File for Ready Reference

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR CHELAN COUNTY

T. A. Bratton,
Plaintiff,
vs.
H. F. Morse,
Defendant.

INSTRUCTIONS, BY THE COURT

The court instructs you that in this case upon the issues raised by the complaint of the plaintiff, the burden of proof is on the plaintiff and to entitle the plaintiff to recover herein he must sustain that burden by a preponderance of the evidence. The presumption is that the defendant is possessed of the proper degree of learning, care and skill required to properly treat the injury of the plaintiff, and that the defendant did not negligently treat the plaintiff's injury as alleged, or negligently do anything which he did do, and did not negligently do anything or omit to do anything which he should have done, in the treatment of the plaintiff's said injury. This presumption in favor of the defendant continues until overthrown by a preponderance of evidence to the contrary. If, therefore, upon any issue as raised by the plaintiff's complaint the evidence is equally balanced or in favor of the defendant, your verdict must be for the defendant upon that issue.

In order to recover, the plaintiff must show by a preponderance of the evidence, and the jury must find, that the defendant, in the treatment of the plaintiff's injury either did some particular thing or things that osteopathic physicians of ordinary skill,

care and diligence would not have done under like or similar conditions or circumstances; or that the defendant did some particular thing or things in a manner that osteopathic physicians of ordinary skill, care, and diligence would not have done in like or similar conditions or circumstances; or that the defendant failed or omitted to do some particular thing or things that osteopathic physicians of ordinary skill, care and diligence would have done under like or similar conditions or circumstances. And the plaintiff must also further show, and the jury find, that the injury complained of was the proximate result of such doings or failing to do some one or more of such things.

The court instructs you that in considering whether the defendant in his treatment and care of plaintiff's injury exercised ordinary care and skill, you can not set up a standard of your own but must be guided in that regard solely by the testimony of physicians; and if you are unable to determine from the testimony of the physicians introduced as experts, what constitutes ordinary care and skill under the circumstances of this case then there is a failure of proof upon the only standard for your guidance and the evidence is therefore insufficient to warrant a verdict for the plaintiff.

The jury are instructed that the treatment by a physician of one particular school is to be tested by the general doctrines of his own school concerning such treatment and not by those of other schools. If there are distinct and different schools of practice, and a

physician of one of these schools is called in, his treatment is to be tested by the general doctrines of his school and not by other schools.

The court instructs the jury that it is not negligence of the defendant or lack of proper skill on his part, for him not to have an x-ray machine, or for him not to use same in the treatment of the plaintiff's arm, unless such machine was usually employed by osteopathic physicians in the same general locality in which the defendant was practicing his profession or in similar localities.

The court instructs the jury that in determining this case they are to consider that the defendant did not warrant a cure, but his contract, as implied in law was that he possessed that reasonable degree of learning, skill and experience which is ordinarily possessed by others of his profession, acting under like circumstances, and from want of ordinary care and attention. The employment of the defendant by plaintiff was not for extraordinary diligence and care, and defendant cannot be made responsible in damages for errors in judgment, or mere mistakes in matters of doubt or uncertainty, provided he exercised reasonable skill and diligence as is ordinarily exercised and used in the practice of the profession of defendant by those who practice under like circumstances.

The court instructs the jury, that a physician or surgeon is not bound to use any particular method of treatment, and if among physicians and surgeons of reasonable skill and learning, more than one method of treatment is recognized as proper, it is not negligence for the defendant to use his honest judgment and to adopt either of such methods; and the facts that some

other method of treatment existed, or some other physician or surgeon testified in this case that he might or would have used or advised the other different method, does not establish or even tend to establish negligence, or improper examination or treatment on the part of the defendant; nor would it be an act of negligence or impropriety for the defendant not to have adopted such method, so testified to by such physician or surgeon herein.

You are further instructed that in order to hold the defendant liable for pain and suffering you must find that the pain and suffering endured by the plaintiff was the result of some negligent act of commission or omission on the part of the defendant in his treatment of the plaintiff. You cannot consider the pain and suffering incident to the condition of the injury at the time of employment or treatment administered in an attempt to correct it, unless you find that such treatment negligently performed and caused or aggravated the existing pain and suffering, if any.

The physician is the proper judge of the necessary frequency of visits. The jury are instructed as a matter of law, that the physician attending a patient is the proper and sole judge of the necessary frequency of the visits to his patient so long as the patient is in his charge, and in an action for his services the physician is not required, under the law, to prove the necessity of his making the number of visits that he makes, and for which he is seeking compensation.

You are further instructed upon the use of what is known in law as Hypothetical questions, that such a question is one which assumes a certain condition of things to be true, a certain number of acts to be proved or to be disproved, and calls upon the witness to assume all the material facts stated to be true and express his opinion as to a certain condition. The witness to whom the hypothetical question is addressed assumes them to be true, and bases his answer upon the assumed case. The opinion of the witness must, therefore, be brought to the test of the facts in order that you may judge what weight the opinion is entitled to.

Sight-Seeing Bus Did Not Megaphone Osteopathy

Dear Doctor Bunting: I have just received a letter from my wife, who has been on an eastern tour since June 28th, calling my attention to a condition which she observed in Philadelphia.

Since you are in touch with the whole profession and have been the means of overcoming many obstacles and righting many wrongs for the good of osteopathy, I am referring the matter to you, knowing that through *The OP* you can at least bring it to the attention of the osteopathic world.

I am inclosing the letter which fully explains itself and at the same time proves that Mrs. Ralston is wide awake for osteopathy.—Fraternally yours, *John L. Ralston, D. O., Glencoe, Ill., Aug. 11.*

Butler, Pennsylvania, August 9th.

Dear John: I just thought of something—after I had mailed your letter this morning, that I have been wanting to write you about even since I left Philadelphia.

After I had taken Beatrice to see the historical things of interest in the central part of the city, I took the usual and easiest way to see the most in the shortest length of time—the "Sight-seeing Bus."

We took a morning trip, and an afternoon one, covering part of the same ground twice.

Both trips the guide called particular attention to every Medical Hospital, all allopathic and homeopathic, in some cases mentioning the medical man at the head.

We passed directly in front of the *Osteopathic Hospital and College* and he never spoke of them.

After having had this experience in the morning, I was prepared when I found we were again passing it in the P. M.

The last remarks he had made thru the megaphone were about the Homeopathic Hospital when I saw we were opposite the Osteopathic Hospital—so I thot "Well, here is one crowd will know there is an Osteopathic Hospital and College too, and I just called it out myself much to the joy of our enthusiastic young daughter.

We decided then and there that something should be done to see that every guide on the "Sight Seeing Busses" be instructed to call attention to our hospital and college.

The many tourists who are friends of osteopathy would be pleased and the others would be given something valuable to think about.

No doubt this has all been thought of before, and there is likely a reason why it is not being done, but even so something surely ought to be done, for it seems to me osteopathy ought to be brought before the many tourists who visit Philadelphia every year in just this way.

Will you not write to the "Powers that be" in the *Osteopathic World* in Philadelphia and see what can be done?

This letter is merely a post-script or after thot for I mailed a letter to you only two hours ago. Yours, Amabel Lee Ralston.

Good for Mrs. Ralston! She deserves a place on our publicity committee. Now, then, Wide Awakes in William Penn's town, what are you going to do about it? Report your results in *The OP*. Get busy.

My Creed

1. If the case does not respond I have not found the lesion—or have not corrected it.
2. Study anatomy all the time.
3. Straight ten-finger osteopathy. If I don't get results, it isn't the fault of osteopathy—it's me.—*Fred B. De Groot, D. O., Rock Island, Illinois.*

LETTERS from The OP FAMILY

Dr. Gair Returns from France

I HAVEN'T seen any osteopathic literature since I left in May for France. I am glad I went across, even if I did not accomplish the work I went over to do. It was a boy's hospital run by Fathers. The cases were more surgical in character. I did not find any that would have responded readily, altho the surgeon was very anxious to see my work and offered me cases in his private hospital—cases like ulcer of the stomach. I had a long and interesting talk with him at his home the day before. He was quite willing to be convinced, which made me all the more cautious in looking for material.

Not finding enough to justify me to stay, I went to Nice where I knew a surgeon in charge at the Military Hospital. He had an appalling number of cases. I selected a few and we had fine results in nephritis, incipient T. B., bronchitis, sciatica, etc. It was amusing to watch the patients crowd about the glass doors to see what the American doctor was doing. Many were anxious to be experimented on—even the nurses asked to be treated. The work proved too heavy for me, however, and I had to give it up. I am not used to handling men.

Osteopathy has a good opening in France if the right ones go over. I heard of a doctor from California who established a good practice in Marceilles after the armistice and got excellent results.

I imagine I have a pile of osteopathic literature to look over at my office on my return to Brooklyn and will be glad to read the news.—Very sincerely, *E. Florence Gair, D. O., Westhampton Beach, L. I., August 28th.*

We Still Require Militancy

Dear *OP*: That discussion under "Publicity Fundamentals" conducted by Ralph Arnold ought to do much good. I wish to heartily endorse your response to the criticism reported by Dr. Beeman. There is no doubt in my mind but what the position you take is absolutely right.

We cannot reasonably expect 100% perfection in any line of endeavor, whether it be diagnosis, treatment or popular literature. We must have an ideal and endeavor to approach the ideal. In the matter of publicity I fear a great many of our professional brethren are too captious and too easily influenced. Of course we should be open to criticism, but one or two or even three or four criticisms do not necessarily mean that a piece of literature is not virile and effective. When some point is criticized, such as that quoted by Dr. Beeman, it offers a grand opportunity to present a few facts relative to the real ambition and purpose of the American Medical Association. It seems to me that we should be glad to have the opportunity brought to us in this manner that we may show up the machinations of this politico-medical association.

It is not freedom from criticism that we should seek. Had Dr. Still followed such a policy where would we be today, or where would osteopathy be? It would have died aborning. We should be reasonably conservative, but when it comes to being conservative to the point of fearing that we may offend somebody it seems to me that we are going too far to the extreme in that direction. Militant Osteopathy is what has brought us to the position we occupy in the world today and the time has not yet arrived for us to depart from the policy of militancy. We know we are right, we know that the medical man for the most part is working along the wrong line. Dr. Still gave to the world the foundation for all therapeutic endeavor. Realizing this fact, should we not be courageous as well as firm and aggressive in our convictions? Should we not even take delight in proclaiming to the world the osteopathic interpretation of all therapeutic problems and at the same time call attention to error or false conceptions, even in high places?

I congratulate you, Dr. Bunting, on your masterly defense of the stand you take regarding osteopathic publicity.—Very truly yours, *Geo. W. Reid, D. O., President, New England Osteopathic Association, Worcester, Mass.*

Industrial Osteopathy at Armour & Co.'s Plant

By Don. C. McCowan, D. O., M. D., Chicago.

LIKE everybody else who writes a paper for a convention or medical journal, I will probably be guilty of giving my own horn a little toot. In fact, I shall feel at liberty to give it a couple of toots.

In the first place, I have the distinction of being the first osteopath to receive a railroad appointment where I did osteopathic work on industrial injuries for six years. Then, when I returned from the army service Christmas, I applied for a position with Armour & Company at the Union Stock Yards where I was immediately engaged, not because I have an M. D. degree but because I am an osteopath and they were looking for a man who could give osteopathic treatment to their employees and all their old bad fracture, joint, muscle and ligament cases were turned over to me from the plant employees. (By the way, the office force which numbers about thirteen hundred, has a medical department of its own under the care of an osteopath.)

As to results I have obtained? Wonderful is the word that tells it all. Of course, I could go into detail and give three or four dozen cases or refer to the statistics of the Claim Department to convince you of the truth of my statement, but I will simply say I have the respect of the nine M. D.'s, the Claim Department and the superintendent of the Medical Department which is sufficient.

You wonder how the employees take to it? I will say with one or two very rare instances, very kindly. Our course, with 13,000 employees mostly Negroes, Poles and Lithuanians, with the low type of intelligence and the natural antipathy against a company doctor, there is

occasionally one who objects to any kind of treatment. But I want to say, big industries need and are going to have osteopathy. I attended a meeting of the manufacturer's association where there were 300 industrial surgeons at which the two principal speakers were the chief surgeon for the Bethlehem Steel and Dr. Magnuson, who is the surgeon for the State Industrial Board of Illinois. The burden of Dr. Magnuson's speech was that big industries must give *manipulative* treatment. He even went into detail and gave some very clever osteopathic technique. (Of course, he did not call it that.) He rubbed it in that to advise a patient to put on some hot fomentations and rub on some linament was not enough. He told them the worst cases they had to settle before the board were cases where scientific manipulation treatment had been neglected, that in the big industrial hospital under consideration they would have specially trained men in this line, even if they had to put in a special department in some medical schools and train the men.

Of course, big industries are not going to the Osteopath and offer him a big salary to go out and work in their plants, but the medical man is right on the job and of course he is not making it easy for the osteopath to get in, but the managers of big business are awake and are demanding something of the medical man that he cannot deliver. So it is up to the osteopath to come to the front and supply that demand for, besides the actual benefit to both employer and employee, it is bringing osteopathy to the knowledge of thousands of the less educated working class.

War Has Exploded Anti-Typhoid Serum's Claims

[Rocky Mountain News Editorial, September 20th.]

THE war has taught us many lessons. Whether we are wise enough to make use of them remains to be seen. Certainly it would be a great pity if we should retail all our former theories, customs and practices and obtain no benefit from the facts brought forth by the happenings and experiences of the past few years.

Before the war vaccination against typhoid was considered by the medical profession to be one of their greatest achievements. The United States army furnished a medium for thoroly and perfectly testing the efficacy of this treatment. Every soldier was compelled to have anti-typhoid vaccine injected into his blood three times at intervals of ten days. And what was the result? According to the surgeon general's report for 1917 a total of 19,608 men were sent to the hospital during that year from illness caused by the vaccination.

A treatment for the prevention of disease which results in sending nearly 20,000 men to the hospital would be ridiculous if the results were not so pitiful.

And when the test came and our boys were forced because of insanitary conditions to drink polluted water, they contracted typhoid and died of it, notwithstanding that they had been vaccinated. In an official health report, Col. W. D. McCaw, chief surgeon, states that in one unit of 248 men from Camp Cody, ninety-eight had typhoid when they reached England, and the mortality was over 8 per cent. He also states that about 75 per cent of the men engaged in the Chateau Thierry offensive contracted intestinal diseases, including typhoid, and that more than 300 cases of typhoid occurred in the Argonne sector. Colonel McCaw says:

"The occurrence and distribution of typhoid-

para-typhoid in our troops has constantly and continuously been brought to the attention of all medical officers serving with the American expeditionary forces thru the medium of the weekly bulletin of diseases. It would appear, however, that many officers have utterly failed to grasp the significance of these reports and warnings, a fact which may be due to a false sense of security under the popular belief that vaccination against typhoid and para-typhoid gives complete immunity, even in the midst of gross insanitary conditions."

When sanitary conditions are good there is little danger of typhoid. The purpose of vaccination is to protect against insanitary conditions. Since it does not afford such protection, of what use is it?

Whether we shall profit by this lesson of the war remains to be seen. Let us hope that hereafter all forms of vaccination will at least be optional.

"Trench Mouth" or Ulcero-membranous Gingivitis, the Gingival Phase of Vincent's Disease

By Clarence J. Grieves, D.D.S., Baltimore, in *The Dental Cosmos*, September, as Reviewed by M. D. K. Bremner, D.D.S., Chicago, in *The American Dentist*.

THIS disease, commonly designated "trench mouth", is often mistaken by the inexperienced for pyorrhea. It is perhaps the most contagious and infectious of the gingival diseases and now that our boys have come home, we will probably see quite a few cases in the near future, for as Dr. Grieves says:

While not necessarily a military disease, its contagiousness is always demonstrated in every closely associated assemblage of younger individuals in dormitory or barrack life, using a common kitchen or galley and mess

gear, table utensils and linen, food and toilet articles. It can occur from the "swapping" of pipes, cigars, cigarettes, toothpicks, pens, leadpencils, money, mouth organs, musical instruments (involving frequently an entire band), chewing gum, and candy, kissing, etc., in fact by any means of salivary contact, which is generally most infectious. Thus it becomes peculiarly the soldier's and sailor's disease, and especially the mouth and throat disease of the navy.

The fusiform bacillus associated with the spirochetes are generally conceded to be the responsible organism. The initial lesion generally is located in the incisor or third molar region and through cheek contact will spread, progressing to a gangrenous stomatitis or invade the periosteum and produce necrosis of the jaw bones. It may also attack the floor of the mouth, the pharynx and the tonsils. All of these processes, Dr. Grieves says:

Are accompanied by fetor and salivation, drooling of bloody saliva at night, and occasional enlargement of the submaxillary or sublingual glands and lymph nodes. Varying degrees of constitutional symptoms accompany the acute stage: Temperature 100-102 degrees, nausea, loss of appetite, malaise, lack of "go", headaches, etc.

In the treatment the doctor warns against the danger of instrumentation, because the infection is apt to be forced deeper into the tissues and thus spread the disease, and he says:

When the periodental membrane is involved, far below the depth of the pockets, along its vascular supply, the alveolar partitions disappear by lacunar absorption or halisteresis; and the large bone areas destroyed are replaced by granulated tissue with deep ingrowth of epithelium, simulating malignancy. Quite the contrary occurs in the ulcero-membranous types. The margins become necrotic and liquefy on a horizontal plane with no deep irregular invasion. All parts are involved alike, regardless of type, and fade away equally to an abrupt wall (which may be covered superficially by epithelium) underlying which, even when lost to the middle root-third, the tissues appear almost normal; for the teeth are firm, there is no deep chronic periodontitis, the alveolus is dense, and the lamina dura radiographically visible. If proper treatment be instituted promptly—and every day means tissue saved—the prognosis is decidedly more hopeful than in pyorrhea, though the tissue loss is more apparent. * * * * * Swabs of iodine, cresol and phenol, zinc chlorid, silver nitrate, silvol, etc., are useless, if not harmful, the gangrenous membranes forming as usual.

Contrary to the views of Dr. Grieves it is claimed that swabs of peroxide, followed by application of creosote and iodine, have been used by some men in the army with pretty good results.

According to Dr. Grieves the sequelae resulting from an attack of this disease are quite serious—

Even when occurring in youth, and the denture, once involved is never quite up to normal. The gingivae may appear healthy, but the alveolar crests if restored at all, are very susceptible to all type of damage; food pockets arise and persist, and later some form of interstitial exudative lesion, or even pyorrhea, seems almost inevitable. These pockets predispose to cervical dental caries in the cementum, and continued root exposure often induces calcific degeneration of the dental pulp—the formation of pulp stones, with much referred pain and neuroses.

THE FLU

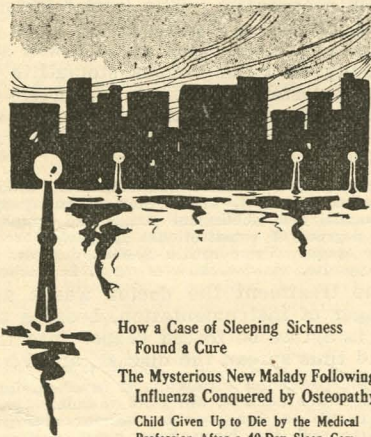
Reprinted from the "Slams of Life" by J. P. McEvoy. Published and copyrighted, 1919, by P. F. Volland Co. Chicago, Illinois

When your back is broke and your eyes are blurred,
And your shin-bones knock and your tongue is furred,
And your tonsils squeak and your hair gets dry,
And you're doggone sure that you're going to die,
But you're skeered you won't and afraid you will,
Just drag to bed and have your chill;
And pray the Lord to see you through
For you've got the Flu, Boy,
You've got the Flu.

When your toes curl up and your belt goes flat,
And you're twice as mean as a Thomas cat,
And life is a long and dismal curse,
And your food all tastes like a hard-boiled hearse,
When your lattice aches and your head's a-buzz
And nothing is as it ever was,
Here are my sad regrets to you,
You've got the Flu, boy
You've got the Flu.

What is it like, this Spanish Flu?
Ask me, brother, for I've been through.
It is by Misery out of Despair,
It pulls your teeth and curls your hair,
It thins your blood and brays your bones
And fills your craw with moans and groans,
And sometimes, maybe, you get well—
Some call it Flu—I call it hell!

No. 34



How a Case of Sleeping Sickness
Found a Cure

The Mysterious New Malady Following
Influenza Conquered by Osteopathy

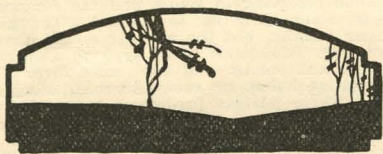
Child Given Up to Die by the Medical
Profession After a 40-Day Sleep Com-
pletely Restored by Osteopathy

The Lesson of a Cured Lumbago

Ills that Lie Between Acute and Purely
Surgical Practice

A New and Rational Hope for Patients
Who Have Not Been Relieved

No. 33



95 Per Cent of All Diseases Beyond
the Realm of "Medical Victories"

Why Osteopathy Cures Numberless
Ills Where Medicine and Surgery Fail

Modern Medicine Has Scored Only Eleven Victories
Against a Thousand Failures

3,000 Drugs More Hurtful Than Healing

Drug Abuses Far Outrun Drug Uses

Heart Stimulants in the Infections Are Gross Malpractice

Osteopaths Willing to Concede Medics 5 Per Cent of the
Field of Disease and Can Prove Their Own
Superiority in the Remaining 95 Per Cent

The Osteopathic Dominion Includes All Curable Diseases



PUBLISHER'S DEPARTMENT

Every Osteopath is Really a Nerve Specialist

FROM the very beginning of osteopathic practice to the present hour the osteopathic physician has been the world's first and only practical specialist in combating diseases by nerve treatment—by a true nerve therapy, that of relieving nerve tissue of mechanical irritation, assuring it good nutrition and drainage, and indirectly, by such means, relieving it of chemical poisoning through restoring correct metabolism. While the drug schools have sought to treat nerves by a further upsetting of correct metabolism thro introducing extraneous poisons, the osteopath has treated and cured nerves and manifold diseases by his saner therapy. He is therefore the true nervous disease specialist. The great bulk of all diseases he treats by giving prime attention to the integrity of nervous tissue. No wonder he wins out in competition with drug efforts at healing.

The philosophy and practice of this basic fact is well developed in the new installment of *Osteopathic Health*. (November issue) which reprints that justly celebrated brochure, "The Why of Nervous Diseases."

Those who have been long in practice ought to know all about the merits of this standard piece of educative literature. We can not fancy an osteopathic office willingly going without it. The new practitioner ought to lose no time getting acquainted with it and using it for its excellent results in putting osteopathy in a clear light before the people.

This brochure is equally good for the office or family practice, for general osteopathic practice or restricted chronic practice. It is good fundamental doctrine even for the osteopathic specialist to circulate.

"The Why of Nervous Diseases" has great merit to use in fields where the chiro virus has been disseminated, German propaganda style, to prevent the truth, falsify therapeutic history and rob osteopathy of its own character and achievement. It does not mention the chiro but it eliminates him by stating osteopathy clearly and fairly on its own merits as a theory and as a practice.

We don't think you could get anything else so good to use this month in a progressive educational campaign for osteopathy in general and for your own practice in particular.

In addition your office equipment will lack something for the next year or two to come if you do not have an adequate supply of these brochures on nervous diseases to hand out to your callers and patients, for themselves and their friends.

Order a good supply for your immediate distribution and a reserve stock for your educational arsenal—The *OP* Company.

God Bless Our Girls

ONE thought that comes uppermost in my mind is the fact that The *OP* has become a necessity. I wonder what we would actually know about each other, professionally, were it not for this medium! It has proven itself a necessity in the professional osteopathic world and I do not see how any wide-awake osteopathic physician can be without this publication. It is just like reading the home paper and, personally, I do not expect ever to maintain an office without it, so, really, my one best thought to you today is that of my appreciation of your efforts for the profession. It is very fitting that we should have as the editor of our professional news sheet a man who has walked

with the lives of those who were first eminent in the osteopathic world, and I want you to know that I appreciate the privilege of reading your paper. Assuring you of my desire to cooperate in any possible way and with every good wish for your continued success, I am, Fraternally, *L. Alice Foley, D. O., Minneapolis, Minn.*

Smiling Harry

[From the N. Y. Society Blotter.]

IN an issue of *The American Dentist* there appeared an editorial dealing with the success of the osteopathic physicians in treating Influenza. It was well and convincingly written and was read by some thousands of dentists—all of them with more or less influence in their respective communities. The advertising value of such an editorial is beyond our meager comprehension but it must have been far more than we could have afforded in mere dollars.

It happens that our own Bunting is a part of the publishing end of *The American Dentist* and we can thank him for boosting our game along in the right way. So many people believe that Bunting is thoroughly steeped in commercialism and never says or does anything that is not dollar tainted that I am more than glad to call attention to this unselfish act. No matter what he gets paid for, he does much that brings in no revenue, and he does it because of his belief and faith in osteopathy. What is your record?

In connection with this comment re Bunting it would only be a mark of respect to mention that he passed his 70th birthday on August 1st. Flowers and comments are gratefully declined.

[*The American Dentist* was founded by Ralph Arnold and H. S. B. and is edited and published by them as one of the family of Bunting Publications.—Editor.]

Comes Home to Roost

An osteopathic physician of Iowa used that editorial in *The American Dentist* on osteopathy the flu-pneumonia as a basis for publicity in his local papers.

A dentist of Iowa used some article in *The American Dentist* as a part of a lecture he made before an Iowa Osteopathic Society.

A dentist in Chicago, a subscriber to *The American Dentist*, visited us the other day and was interested in subscribing for *The Osteopathic Physician* as he wanted to keep in touch with osteopathic affairs, and he stated that he contemplated taking a full-four year course at the Chicago College of Osteopathy.

Verily, the osteopathic and dental professions logically are closely related and have a right to draw thus closely together. They should cooperate more fully. Make friends of the progressive dentists of your city.

Interested in Hypothetical Lesion

CONGRATULATE Dr. Bunting on that article in *OP*, "The Hypothetical Lesion" only it doesn't necessarily apply to eight years ago! It reminds me of an occurrence more than that long ago, in which I appeared on our district program with a paper "My Successes," recounting cases in which I secured the unexpected result, but couldn't satisfy my mind as to the *how* or *why*. One of the "peculiar cases" was a pelvic condition unusual to me, but a

certain well known osteopath in discussing my paper said he had had "a thousand cases like it"! (Ye gods! what a bluffer!) "Shop Talk" is fine.—Fraternally, S. B. Miller, D. O., Cedar Rapids, Iowa.

I would like to suggest that you boost the price of The OP sufficiently to send us a good weekly news journal. Make it ten dollars a year if necessary.—Fraternally, A. F. Steffen, D. O., Scottsbluff, Nebraska.

Osteopathic Health is gradually being the means of bringing health—by way of the propagandic osteopath—to many "incurable (?) patients" of the old school doctors. New Patients are coming to osteopathy daily directly from the Osteopathic Health booklets.—Fraternally yours for osteopathy, Roy Kerr Eldridge, D. O., Philadelphia, Pennsylvania.

Erysipelas

The Dionol Company: First, I had wonderful results in treating "flu" last winter with the Dionol treatment. Second, I was recently called in consultation with Dr. in a case of facial erysipelas. He gave an unfavorable prognosis and turned the case over to me. I at once put her on Dionol, externally and internally, and she made a very rapid recovery. Temperature reducing from 104 to normal in 3 days treatment. The same day I was called in consultation in a case of acute articular rheumatism in a child seven years old and had marvelous results in this case with Dionol. I am reporting these cases, as to me, the results obtained were the finest I have witnessed under my method of treatment.—(signed) O. J. Fullerton, D. O., Waterloo, Iowa, August 22nd.

IN D. O. LAND

News from Hartford, Connecticut

The Hartford Times of Hartford, Conn., just recently published a little article in which it was stated that Hartford was one of the first cities in the east to have available corrective exercises with arthopedic apparatus for the treatment of children.

Good News from the C. O. P. & S.

The College of Osteopathic Physicians and Surgeons at Los Angeles reports excellent prospects for a large entering class of good quality. Inquiries have recently been received from prospective students in Canada, England, Scotland, and Australia, as well as many parts of the United States.

Chicago Association Meets

The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel Sherman October 2nd. Dr. A. D. Matters, of Green Bay, Wisconsin, formerly instructor of anatomy at the Des Moines Still College of Osteopathy, was the speaker of the evening. He discussed "The Cause and Treatment of Flat Foot" with clinical demonstrations.

Dr. Henry Tete of New Orleans Made International Rotary Club Committeeman

Dr. Henry Tete of New Orleans, has been appointed by the International Rotary Club as District Committeeman for the states of Louisiana, Arkansas and Mississippi for the osteopathic section of the Physicians and Surgeons Classification. This appointment shows that Dr. Tete is held in high regard as a rotarian and that he is recognized as a live wire in the organization work.

Western Pennsylvania Association Meets

The Western Pennsylvania Osteopathic Association met at Hotel Chatham, Pittsburgh on Saturday afternoon and evening, September 27th. Dr. Nettie C. Turner, president of the Pennsylvania association, and Dr. Ira W. Drew, secretary, were present and discussed the problems. Dr. Turner also gave some of the "Old Doctor's" technique and Dr. Drew spoke on "Diorrhoea of Children."

New York City Society Meets

The Osteopathic society of the city of New York held its first meeting of a series on the 27th of September at the Holland House. The program was as follows: Impressions of the Chicago Convention, by Dr. Charles Hazzard, and Dr. Charles F. Bandel; Army Experiences, by Dr. Frank Farmer, Captain U. S. A. Medical Corps; A New York Osteopathic Hospital, by Dr. Clarke Fletcher.

Arkansas Association Meets

The Twentieth Annual State Osteopathic Association was held at Hope, September 5-6, in the offices of Drs. Champlin and Champlin. The following officers were elected: President, Dr. L. J. Bell, Helena; Vice-president, Dr. B. F. McAllister, Fayetteville; Secretary-Treasurer, Dr. E. Martha Hawkins, Paragould; Statistician, Dr. Chas. A. Champlin, Hope; Sergeant-at-arms, Dr. C. A. Dodson, Little Rock; Trustees; Dr. Chas. A. Champlin, Hope; Dr. A. H. Sellars, Pine Bluff; Dr. C. O. Paul, Eureka Springs.—E. Martha Hawkins, D. O., Secretary-Treasurer, Arkansas Osteopathic Association.

Golf Star Suffers from Neuritis

Chick Evans, the famous golf player, suffered from a bad case of neuritis, his left leg from the knee to the ankle being affected. He was in this condition while playing in a recent tournament with Francis Ouimet. Mr. Evans had treatments from Dr. H. H. Fryette, of Chicago, and also from Dr. Harry Goehring, of Pittsburgh. At the time of the match he was advised not to play golf while in his condition.

Good Towns in Georgia Without Osteopathy

There are many good towns in the state of Georgia that offer good opportunities for osteopathic practice. Among the towns of good size that have not at present an osteopathic physician are: Bainbridge, Barnesville, Brunswick, Cartersville, Fitzgerald, Newman, Summerville, and Waycross. The osteopathic physicians of Georgia are progressive and they are ready to extend a hearty welcome and helping hand to competent osteopathic physicians who may decide to locate in the state.

New York State Society to Meet in October

The 21st annual convention of the New York Osteopathic society will be held at Rochester, October 17th and 18th at Hotel Powers. A recent announcement states that a gloom dispelling banquet will be held on Friday evening, a cure is guaranteed. The same card states "Palpitating hearts, hesitating hands, faltering feet will never land you anywhere or help you to bring home the bacon. Be brave, be resolute, be bold! Take a chance—come to Rochester. Buying a ticket is almost painless. Travelling is almost safe, and you can dash into the wilds of a New York society meeting with the chances 1000: 1 in favor of coming out alive, benefited and full of zip."

Dr. Barnett of Boonville, Missouri, to Open Osteopathic Sanitarium

Dr. J. A. Barnett, of Boonville, Missouri, is planning to establish a Milk Diet and Rest Cure Osteopathic Sanitarium. Dr. Barnett will specialize in taking care of anemic and neurasthenic patients and also cases of the milder forms of rheumatism, also he will pay especial attention to cases of high blood pressure and partial paralysis. Dr. Barnett has had six years' experience with milk diet treatment and he regards the results obtained in many cases as simply wonderful. He already has some three or four patients who have promised to patronize his institution as soon as he is ready to open up. He feels that he will secure enough patients from his home county to keep him busy for quite a while after the institution gets started.

Florida News

Osteopathic Physicians and Surgeons of Dade County, Florida, organize. Officers are: Dr. Ella X. Quinn, president; Dr. Minnie Erwin, vice-president; Dr. A. L. Evans, secretary; Dr. Paul Erwin, treasurer. All of Miami, where public clinics will be established at an early date.

Dr. Ella X. Quinn represented the Business and Professional Women's League of Miami at the convention of Federated Women's Clubs held at Hotel Statler, St. Louis, July 14 to 18. Dr. Quinn received worthy mention and thanks at the St. Louis convention for her efficient and quick response to emergency calls of collapsed delegates. Also a recent letter of thanks from the executive secretary of the Executive Committee of that women's great organization. When Dr. Quinn passed through Jacksonville, she was entertained at luncheon at the Mason Hotel by the officers of the Jacksonville Business and Professional Women's Club of that city. She stopped over at St. Augustine and "whipped" the business and professional women there into line for organization. Dr. Quinn also sold her timber on her large tract of land near St. Augustine while prices are "on."

Minnesota Association Meets

The 21st annual meeting of the Minnesota State Osteopathic Association was held at St. Paul October 3rd and 4th. The program was as follows: Friday, October 3rd, (morning session) 10 A. M. Demonstration of Spinal Articulations on Specially Prepared Anatomical Specimen, Dr. H. V. Halladay, American School of Osteopathy. 10:45 A. M. an Osteopath in the Medical Corps of the U. S. Army, Dr. O. L. Jordan, Brainerd, Minnesota; 11:30 A. M. Official Surgery, Dr. Arthur Tay-

Statement of the ownership, management, circulation, etc., required by the act of congress of August 24, 1912, of The Osteopathic Physician, published monthly at Chicago, Illinois, for October 1st, 1919. Publisher, The Bunting Publications, Inc., Chicago, Illinois. Editor Henry Stanhope Bunting, Lake Bluff, Illinois. Managing Editor, H. S. Bunting. Business Manager, Ralph Arnold, Chicago, Illinois. 2. The Owners: H. S. Bunting, Lake Bluff, Illinois; H. D. C. Van Asmus, Lake Bluff, Illinois; R. A. Weston Arnold, Chicago, Illinois; A. M. Sick, Park Ridge, Illinois; H. F. Hosley, New York City, 810 Singer Bldg. 3. Known bondholders, mortgagees and other security holders owning or holding 1 per cent of more of total amount of bonds, mortgages or other securities: None. Signed, Ralph Arnold, Business Manager. Sworn to and subscribed before me this 23rd day of September, 1919. (Seal) Madeline Martin. (My commission expires December 21, 1921.)

lor, Stillwater, Minnesota; 1:30 P. M. address of Welcome, Mayor Hodgson, St. Paul, Minnesota; 145 P. M. President's Address, Dr. Arthur D. Becker, Minneapolis, Minnesota; 2:30 P. M. Differential Diagnosis of Acute Abdominal Obstruction, Dr. Geo. Still, President American School of Osteopathy; 3:30 P. M. Question Box, Dr. Geo. Still; 7:00 P. M. Banquet at the St. Paul Hotel, Dr. J. B. Bemis, Toastmaster; Saturday, October 4th, 10:00 A. M. Demonstrations of Articulations of Spine (concluded), Dr. H. L. Halladay; 10:45 A. M. Pseudo Angina Pectoris, Dr. H. C. Edmiston, New Ulm, Minnesota; 11:15 A. M. Business Meeting; (Afternoon session) 1:30 P. M. Some points in Diagnosis commonly overlooked, Dr. Leslie S. Keyes, Minneapolis, Minnesota; 2:00 P. M. Pelvic Reflexes, Dr. Alice L. Foley, Minneapolis, Minnesota; 2:30 P. M. The Duty of Osteopathic Physicians to State and National Laymen's Work, H. C. Griggs; 3:00 P. M. Our Successful Treatment of Influenza, Dr. Arthur E. Allen, Minneapolis, Minnesota.

PERSONAL

Dr. Charles E. Pollard, formerly of Westfield, Illinois, is now located at Champaign, Illinois, where he has purchased the practice of Dr. O. P. Hurd, who has removed to New York state to take charge of a farm which he purchased some time ago. Dr. Pollard has entirely re-equipped the offices with new furniture and furnishing and among his equipment is a latest model deluxe McManis treatment table.

Professional Cards

<p>Dr. Percy Evan Roscoe Osteopathy and Minor Surgery 601 Guardian Bldg., Cleveland, Ohio</p>
<p>Dr. J. Deason, Osteopathic Physician Specializing in Ear, Nose and Throat 27 East Monroe St., Chicago</p>
<p>Wm. Otis Galbreath, D. O. Oculist, Adenectomy, Tonsillectomy Ear and Nasal Surgery 321 Land Title Bldg., Philadelphia</p>
<p>James D. Edwards, D. O., M. D. Originator of "Finger Surgery" in Catarrhal Deafness, Hay Fever, Eye, Ear, Nose and Throat Diseases 408-9-10 Chemical Bldg., St. Louis, Mo.</p>
<p>Dr. C. E. Amsden Diseases of the Alimentary Tract 2 Bloor St., East Toronto, Canada</p>
<p>Hubert F. Leonard, D. O., M. D. Consultation and Surgery Eye, Ear, Nose & Throat Surgery a Specialty 703-706 Morgan Bldg., Portland, Oregon</p>
<p>Riley D. Moore, LL.B., Oph. D., D. O. Osteopathic Physician 1410 H St., N. W., Washington, D. C. Careful attention to referred cases.</p>
<p>Dr. T. J. Ruddy Eye, Ear, Nose and Throat Originator (Bowling) of "Finger Method" for Hay Fever and Catarrhal Deafness, etc. Chief of E., E., N. & T. Dept., C. O. P. & S. 302-9 Black Building Los Angeles, Calif.</p>
<p>Dr. Frank J. Stewart Diseases of the Skin and also Genito-urinary and Venereal Diseases Room 1201, 7 W. Madison St., Chicago</p>
<p>Dr. J. C. Howell, Osteopathy, Orificial and Finger Surgery, 3 N. Orange Ave., Orlando, Florida.</p>
<p>Dr. Preston R. Hubbell Osteopathic Physician 504 Fine Arts Bldg., Detroit, Mich.</p>

Dr. George T. Still has opened offices at 616 Commonwealth building, Allentown, Pennsylvania.

Dr. W. T. Dowd recently returned from France and has opened an office in the Arcade building, Rome, New York.

Dr. Charles S. Greene of New York City just recently returned after a six weeks vacation in Canada at his camp in northern Ontario.

Dr. W. A. Allen who formerly practiced at St. Maries, Idaho, has changed his location to Moscow, Idaho, where he has offices in the Miller building.

Dr. J. R. Bancroft, of Lincoln, Nebraska, will be associated with Dr. Will Classen of Hebron, Nebraska. Dr. Bancroft is a recent graduate of the Kirksville college.

Dr. T. J. Ruddy, of Los Angeles, wrote us recently that he had just returned home from a three months' stay at Mayo's. He said he had a wonderful trip.

Dr. O. A. Vold of 14 W. Washington St., Chicago, says that he has just returned from a delightful vacation spent in Florida. He was gone about three weeks.

Dr. Margaret Pocock has returned with her four "kiddies" to 177 High Park avenue, Toronto, Canada, after having spent the summer at the Cedarmere Hotel, Coburg, Ontario.

Dr. Franklin Fiske of New York City just recently returned to his office after a six weeks tour of the Rocky Mountain Parks. Mrs. Fiske and her daughter accompanied him on this trip.

Dr. Kathryn Van Velzer, of Hinsdale, Illinois, just recently returned from a month's vacation spent in Sioux Falls, South Dakota, and Luverne, Minnesota. She states she had a grand rest and a wonderful time.

Dr. Lamar K. Tuttle, of New York City, states that after eleven months of house confinement, nine months of this time being spent in bed, he is up and out again and in the office with a fair degree of regularity.

Dr. H. G. Turley, of Arcadia, Florida, recently won quite a distinction in his locality. He was responsible for a bathing beach being established at Arcadia and for this reason the beach was named Turley Beach.

Dr. Frederick E. Keefer is now located permanently at South Orange, New Jersey, with offices at 18 South Orange avenue. He reports that he has a nice location and that the prospects for good practice are very fine.

Dr. J. G. McMath has removed from Dayton, Washington, to Gardena, California where he has opened offices with his son, Dr. W. T. McMath. They are practicing together under the name of Drs. McMath and McMath.

For twelve years Dr. C. C. Reid, Denver, Colorado, has done Eye, Ear, Nose and Throat work, but still doing more or less general practice. In future his practice is restricted to Eye, Ear, and Throat according to announcements.

Dr. F. P. Millard of Toronto, Canada, states that he has closed his art studio forever and that no more drawings will be produced by him. He is going to devote his entire time to his very heavy practice and some literary work.

Dr. Joseph Pocock, June 1918 graduate of the American School of Osteopathy, after having spent one year in France with the American Expeditionary Forces has established his office for practice of osteopathy at 1329 King street, West Toronto, Canada.

Dr. Arthur T. Seymour, of Stockton, California, is in Los Angeles for a period of special study. He has interned in the eye, ear, nose and throat clinic of the College of Osteopathic Physicians and Surgeons and will be there until about the first of February.

Dr. Don C. McCowan who was formerly located at 225 Burr Oak avenue, Blue Island, Illinois, is now located at 1209 W. Garfield Blvd., Chicago, Illinois. Dr. McCowan is also doing some special work at the Stock Yards where he is acting as osteopath for some company.

We were sorry to learn of the death of Mrs. Christine Elizabeth Nye, wife of Dr. Carlos Nye, of Buenos Aires. Dr. Nye states that he arrived in New York August 17th and buried his wife at Chaucery, Ohio, on the 22nd. She died of Meningitis, following an operation on the sphenoidal sinus. Dr. Nye states that he is going back to Argentine soon.

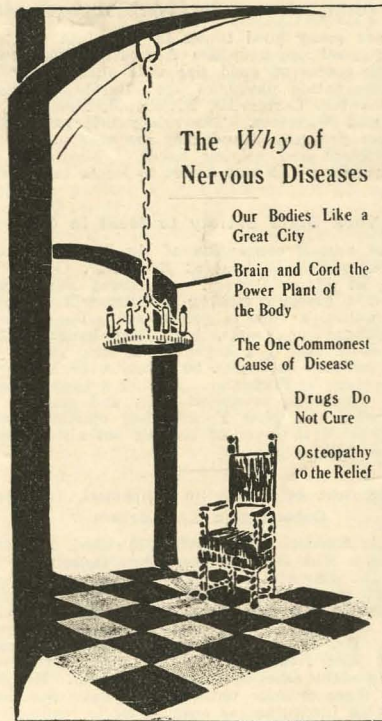
Dr. Charles Grapek, formerly of Chicago, is now practicing in Massachusetts, being associated with Dr. H. J. Olmstead in Suite 715 Colonial building, Boston, and having a suburban office at 30 Beals street, Brookline, Massachusetts. Since leaving Chicago, Dr. Grapek put in special study at the Massachusetts University School of Medicine and now has an M. D. degree.

Dr. J. E. Olson of Bushnell, Illinois, is planning on taking a rest for a year in an endeavor to regain his health which has become broken on account of extremely heavy work. He is planning on traveling a great deal of the time and expects to take a trip through the east. Dr. Olson has secured the services of Dr. A. R. Ekbohm, a graduate of the Chicago College of Osteopathy, who will have charge of his office during his absence.

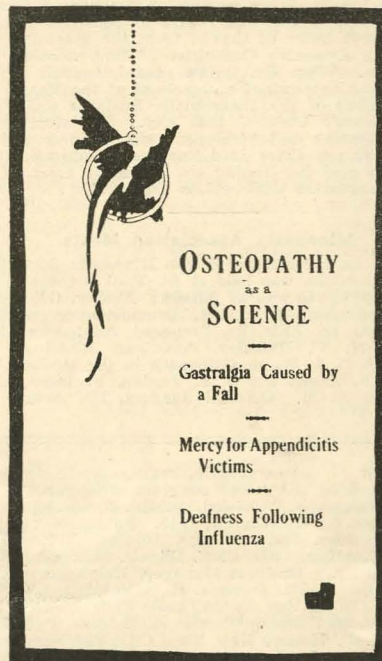
Dr. Albert J. Molyneux and Dr. Cora Belle Molyneux of Jersey City, New Jersey, have returned from a seven weeks motor tour of the New England states and Canada. They toured enroute the Mohawk trail, Berkshires, White, Green, Adirondack and Catskill mountains, visiting Lake Champlain, Lake George, Lake Placid, Saranac Lake, and the Belgrade Lakes in Maine. They report excellent fishing and an interesting time spent in Montreal and Quebec.

Dr. Hubert Pocock, of Toronto, Canada, has returned to practice after a fishing trip vacation taking in deluxe form, so to speak. Dr. Pocock was the guest of the president of the Algoma Central Railway and enjoyed all the privileges and comforts of the president's private car which was shunted to place his convenience to the finest bass fishing sections along the route which, by the way, are among the best on the North American continent. The party caught 150 bass in three days, in the Little Current River, north of Sudbury, Ontario.

"Osteopathic Health" for November, 1919



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Dr. and Mrs. J. A. Nowlin and sons, of Farmer City, Illinois, had an auto trip for their vacation during the last two weeks in August. They visited Chicago, Bay City, Michigan, and also visited their farm at Ithaca, Michigan and then crossed into Canada from Detroit and toured thru Canada to Toronto and attended the National Exhibition, and then returning to the U. S. visited Niagara Falls and Buffalo, New York, Erie, Pennsylvania, Cleveland, Canton, Columbus, and Cincinnati, Ohio and into Kentucky and returned via Indianapolis, Indiana and they report a very pleasant trip of 1870 miles and no car trouble with their Franklin touring car.

LOCATIONS and REMOVALS

Dr. Earl J. Carson, at Fayetteville, N. C.
 Drs. Stewart & Stewart at Flat River, Mo.
 Dr. Chas. D. McClain, Sr., at Newton, Iowa.
 Dr. A. S. McCord, from Chicago, Ill., to Wheaton, Ill.
 Dr. Gordon V. Hilborn, from Galt to Preston, Ont., Canada.

Dr. Earl Moats from Missouri Valley, Ia., to Blair, Nebraska.

Dr. J. G. McMath from Dayton, Wash., to Gardena, California.

Dr. G. B. Wheeler, from Ludington, to 52 Bag St., Detroit, Mich.

Dr. Etha M. Jones, from Warren to 147 Jared St., Brookville, Pa.

Dr. J. G. McMath moved from Dayton, Washington, to Gardena, California.

Dr. J. W. Elliott, from Cordele, Ga., to c/o Georgian Terrace Hotel, Atlanta, Ga.

Dr. J. A. Hirshman, from Correctionville, Ia., to 607 E. Illinois St., Kirksville, Mo.

Dr. J. C. C. Hendrick, from Seattle, Wash., to 1st National Bank Building, Bremerton, Wash.

Dr. Ellen H. Brooks, from Madison, N. J. to Suite 5-6, 3108 E. Douglas Ave., Wichita, Kansas.

MARRIED

Dr. Richard L. Capers, of Bellfonte, Pennsylvania, and Miss Emma M. Wood, of Philadelphia, Pa., on the 30th of August.

Dr. Dayton Barrett Holcomb of Chicago and Miss Irma Riffe of Colorado Springs, Colo., on the 22nd of August, at Colorado Springs.

BORN

To Dr. and Mrs. B. J. Snyder of Fulton, Illinois, on August 12th, a son, William Clifton.

To Dr. and Mrs. L. M. Dykes, Baltimore, Maryland, September 15th, a daughter, Ruth Irene.

Son and heir born September 21, 1919, to Dr. and Mrs. Leslie S. Keyes, Minneapolis, Minn.

DIED

Mrs. Christine Law Nye, wife of Dr. Carlos Nye, at Buenos Aires.

Dr. William W. Fifield, of Old Town, Maine, on September 22nd, after a lingering illness. Age 30.

Winifred Joyce Chamberlin, five year old daughter of Dr. and Mrs. I. I. Chamberlin, of Oberlin, Ohio, at the Delaware Springs Sanitarium, Delaware, Ohio, September 9th.

EXCHANGE and MARKET

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

For Sale—Good practice, office equipment. Full information given to interested parties. Reason for selling, ill health.—Address No. 182 c/o The OP, 9 South Clinton St., Chicago.

Wanted—Male assistant of good presence and character, licensed to practice in Wisconsin. Salary and commission or interest in practice. Address No. 179, c/o The OP, 9 So. Clinton St., Chicago, Ills.

Wanted—Opportunity to work as partner, assistant or take charge of practice. Have practiced two years in Michigan. Just received honorable discharge from navy. No. 177, c/o The OP, 9 South Clinton St., Chicago, Ill.

For Sale—Established general practice in Missouri town of 2,700. Man and wife would do well. Should do some surgery and fit glasses. Small six bed hospital arrangement upper floor of rented residence. In August earned \$1150 and collected over \$1000. Good reasons for selling. \$1000 buys it. Will introduce.—Address No. 181, c/o The OP, 9 South Clinton St., Chicago.