

The Osteopathic Physician

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We Begin Building at Waukegan Immediately!
 Help Us Close Our Bond Issue by Christmas!

The Osteopathic Physician

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Volume XXXVIII

CHICAGO, NOVEMBER, 1920

Number 5

THE BUSINESS SIDE OF PRACTICE

Dr. H. P. Frost, Worcester, Mass.

I advanced my fees 25% about a year ago. No protest from my desirable patients. Eliminated a few of the undesirables. We must guard against the charge of profiteering, should keep our fees slightly above the M.D. schedule, vary them according to the nature of work performed and the psychology of the transaction, maintaining as low a scale as possible in order that the middle class will not consider us attendants of the luxury class. After 6 p. m. our fees should automatically increase 25% for overtime work, if a definite appointment is made for evening treatments.

Dr. C. J. Gaddis, Oakland, Calif.

Cards in two of my treatment rooms read as follows:

Physical examination \$5.00
 Single treatment 5.00
 Regular office treatment \$3.00 to 4.00
 House treatment \$5.00 and up
 Sundays and holidays 5.00

We put these up the first of the year. Like most D. O.'s, we were never so busy before and there have been very few questions about prices. Most of the D. O.'s in this section charge similar rates.

Dr. Walter C Chappell, Mason City, Iowa

Mason City has a population of 20,000 with four osteopaths, three men and a woman. It is a very wealthy community with a very prosperous agricultural district. Rates had been the same from the beginning, viz: Office treatments, \$2.00; children under twelve, \$1.00; house calls, \$3.00; but have now been increased thus: Examination including blood pressure and urinalysis, \$5.00; osteopathic treatment at office, \$3.00; osteopathic treatment at office, children, \$2.00; house visits, days, \$3.50; house visits, nights 8 p. m. to 8 a. m., \$4.00; country visits, days, \$1.00 per mile plus \$3.00 for call; country visits, night, \$1.25 per mile plus \$4.00 for call; normal cases of labor in city, \$35.00; advice by telephone, \$1.00; simple urin' analysis, \$1.00.

Dr. Elmer W. Carter, Haverhill, Mass.

I raised my fees April 1st, 1920, viz.: Office, \$3.00; residence, \$4.00; after 6 p. m. \$5.00; former fees, \$2.00, \$3.00 and \$4.00 respectively. I posted a notice in reception room, dressing rooms and treatment rooms as to raise in fees, 10 days before raise. Have lost no practice that I know of—in fact have been busier if anything. Other D. O.'s have not raised fees as yet but I have been after them to do so.

Dr. Curtis H. Muncie, Brooklyn, N. Y.

I wish to say in reply to your recent letter of inquiry that your subject of "Raising Osteopathic Fees" is timely and if we as a profession do not place the proper value on our services the public will not. I believe that each and every osteopath should make his services valuable, then demand to be justly paid for them when same are rendered.

He would gain prestige and confidence by first making a most thorough examination after taking history, an examination worthy of the science; then charge a fee worthy of the examination.

Three years ago I was charging \$5.00 examination fee, \$3.50 per treatment, \$25.00 and \$30.00 operation under gas.

Since January, 1920, examination fee, \$25.00; osteopathic treatment at office, \$5.00; osteopathic treatment at residence, \$10.00; finger surgery eye, ear, nose and throat, \$10.00; finger surgery, operation under gas, \$100.00 to \$500.00 according to case.

I raised my fee for the sole purpose of conserving my health, for I had broken down under the 40 to 50 patients per day schedule. I hoped through a raise in price to scare away a few, do less work and still receive the same income.

The plan worked well except that my practice has become larger and of a better type of patient; so at present I again am facing the

same old problem. I am gradually increasing operation fees and have refused all new outside cases for even at \$20.00 per visit, more than this is lost at the office through one hour's absence.

My office nurse merely told patients that after a certain date my fee would be raised to all patients, and it was. I never talk finances to patients—that is what my nurse is trained to do, and it keeps me out of trouble.

Other osteopaths in Brooklyn charge less except one. My work is a specialty practice of the eye, ear, nose and throat, therefore the prices would naturally be altered by this fact.

I do not know how much the medics have raised, but if I hear that they or the chiro approach my fee, I shall take another flier upward.

Why? Because Osteopathy is worth per visit ten times more than any other pathy on the map. We can deliver the goods and when we do we should demand our fee for value received, as based upon the economic and currency conditions of the country at present, and not upon the price of beans when Noah anchored the ark.

Keep pumping pep, O. P.—you're always in the lead.

P. S. Enclosed is a receipt form which the secretary hands to all patients after their examination. It is a polite way of saying "Fees payable at time of treatment." This little form plus a good secretary has put all my business on a strictly cash basis. Absolutely no accounts!

Dr. J. G. Smith, Blair, Nebraska

I have raised my fees to \$3.00 per treatment and am aware that it is a losing game even then until conditions change.

To DR. CURTIS H. MUNCIE, Dr.
 476 CLINTON AVENUE
 BROOKLYN, N. Y.

M

1920

To Professional Services Rendered

Received Payment

Fees Are Payable at Time of Treatment. No Accounts Opened.

EXAMINATION FEE TWENTY-FIVE DOLLARS. TREATMENT AT OFFICE FIVE DOLLARS. AT RESIDENCE TEN DOLLARS UP. TREATMENT OF EYES, EARS, NOSE AND THROAT BY THE FINGER SURGERY AND SPECIAL TREATMENT TEN DOLLARS. PATIENTS SHOULD SEND 12 HOURS NOTICE IF UNABLE TO KEEP APPOINTMENT, OTHERWISE SAME WILL BE CHARGED.

TELEPHONE PROSPECT 9117

Bunting Building Corporation Bonds Are
 Delivered Just as Soon as You Pay for Them.

THE OSTEOPATHIC PHYSICIAN

Dr. C. V. Fulham, Frankfort, Indiana

"We have went and done it." You forced us to it, dear activating, so if the "chiro" get all our "biz" it will be your fault! Dr. McNicoll and I had a meeting October 19th and made out a price schedule that materially raises our rates. I'll send you the rate card when we have them printed. This is to start November 1. Frankly, I feel that we may be losers by this advance. Chiropractic is strong here, and only by the doing of my extensive acute work have I been able to hold osteopathy to the business proportions that it deserves. I shall report to you later on the success of our venture.

Dr. John W. Riley, Norwich, N. Y.

I charge \$2.00 in office and \$2.50 in home, and believe any D. O. who is busy treating at \$2.00 per will be able to make and save something. I know it is all very well to talk about \$5 or more a treatment, but don't believe the middle class would take it. I came here 19 years ago \$600 worse off than nothing and today have \$10,000 in good securities; a good car and enjoy two weeks to two months vacation each year. Also give \$25 per year to a niece; \$35 to church; also a member of the Chamber of Commerce; belong to two clubs and Masonic Lodge. I was surprised when I read your letter that many of the old timers were having a hard time making a living at old prices for treatments. Ten chiros have come and gone from Norwich. Their charges were 6 treatments for \$5.00.

Dr. L. C. McCoy, Norfolk, Va.

(1) I have raised fees twice since 1915.
(2) First raise took effect November 1, 1919; second, November 1, 1920.
(3) Rate cards show prior to November, 1919, we had flat \$2.00 at office and \$3.00 and up at residence. Now the fee card reads:
Consultation \$3.00 Examination \$5.00
Office Treatments: Each
Regular office treatments.....\$3.00
Transient office treatments..... 3.50
Treatment requiring dressings..... 3.50
Special throat and nose work..... 6.00
Specific spinal adjustments 6.00
Operative work dislocations,
fractures 5.00 to 50.00
Residence Visits: Each
Downtown Section—Ghent, Atlantic City,
Park Place\$4.00
Larchmont, Brambleton, Winona, Lafayette
ette Residence Park, Berkley, Colonial
Place, Lambert's Point, Edgewater.... 4.50
(Over)

Back of the card reads:
An additional charge will be made for Residence visits later than 9 p. m. or earlier than 7 a. m.
Special rates extended by courtesy and upon application to clergymen, school teachers and working girls.
Terms: Our terms are cash as treatment is received. Weekly or monthly credit will be extended to those who furnish satisfactory references.
Appointments must be arranged for in advance.
Promptness is urged in meeting appointments.
Due notice must be given in order to cancel an appointment.
When an appointment is broken without due notice being given, the next regular appointment will not be reserved, and subsequent appointments must be arranged for.
The right is reserved to make charges for appointments that are broken without due notice being given.
For laboratory examination of Urine, Blood, X-Ray, etc., an extra charge will be made.
(4) The raises have been made very smoothly—practically no "kicks."

(5) Know of only one lost patient who didn't see the notices and didn't know of raise till he got his bill which made him sore.

(6) Raise was announced by large revised rate cards posted in conspicuous places in office and by small rate cards mailed to those that were not under active treatment.

(7) One other D. O. cooperates and has same schedule. We are unable to work amicably with the other.

(8) We are not governed by medical rates but understand they have also raised though still below us.

Dr. J. Marshall Phillips, Hollywood Calif.

Rates must be raised now or never! There is another angle relative to the question of charges made by osteopathic physicians for services at this time. There should be some uniformity of action among osteopathic physicians in regard to such matters as prices. They talk cooperation in affairs pertaining to the profession, education, publicity, legislation, but every physician wants to retain his individuality of action when it comes to setting rates. Every doctor wants to dictate what he is going to charge his patient. Yet cooperation there should be, and it should include the proposition of establishing prices as well as other things. There should be an understanding among osteopathic treatment as to a minimum rate for osteopathic treatment of say \$3.00, \$4.00, and \$5.00 for office, residence and night calls respectively, in towns of 10,000 to 100,000 population. In towns under 10,000 the osteopath could charge a rate commensurate with the economic conditions prevailing. In cities over 100,000 let the physician make a charge in proportion as his time is in demand, but never under the minimum rate.

That will give somewhat of a rule to go by. Why should osteopathic physicians find difficulty in maintaining their practices if they follow the trend of affairs in the United States during and since the World War? The cost of all commodities have risen in price, everything we eat, wear, gives us work and pleasure, warms and shelters us. Those who have not raised their rates have not done so because of conscience or thought of profiteering. That's bosh! Everybody has raised on us, we must do so to preserve our practice and in duty to ourselves and family.

Physicians who have been long in practice at one place could more easily raise their rates than others not so happily situated, and if they have not so done, if they have not kept pace with the upward trend of prices, they have no one but themselves to blame.

The rank and file of the profession should be more class conscious. The question of prices is a delicate one; it touches our pocket-books. Yet the price of pins and thread have gone up; the band wagon has gone on, and we are left behind! Not very often you find an organization of men and women who show such little incentive to make a little more money! At the present time those who are still charging \$2.00 are actually getting 84 cents of purchasing power in the face of present-day prices. The Medics have raised their prices and are getting away with it.

We are justified to increase our prices, not only from the standpoint of present economic conditions, but from the standpoint of results. Not only are we justified but we are bound to do it in order to uphold the honor of our profession; for by keeping it underpriced, we keep it undervalued, and that cheapens it, and that is what many people think of it already.

Even if we do increase our rates to \$3.00, that will not bring us up to the financial status of four or five years ago. It will give us only about 60 per cent of our former purchasing power. What we should have done was to gradually raise with the cost of other

things. Our prices should be nearly \$5.00 instead of \$3.00.

How often have we felt in the old days a despicable feeling in our heart for the poor fish who either could not command or else felt his lack of ability to charge more than \$1.00 or \$1.25 a treatment. Four years have now elapsed since prices began to soar, and in all that time, in our efforts to give a fair deal, we negligently permitted our values to run to so low a figure that if we do get \$3.00, it will be equal to but \$1.26 of the "fishes."

Now that the markets are becoming satisfied and prices have reached their peak and are beginning the down grade, this is the time to make that raise. This is the psychological moment. It must be done. We have been operating for four years at a loss. We must do something to prevent further loss. If we let slip this opportunity it may not present itself again. Let us have an understanding and all raise together. If the dollar ever recovers anything like its full value, it will give us a chance to reimburse ourselves for past losses. It will make the profession more honored and the osteopath more respected.

McManis Table Had to Come to It, Too

Enclosed herewith you will find our latest price list across the face of which is printed "the price of McManis Tables will be advanced October 10th; this price list good until that date." We feel it our duty to notify you of this fact.

It may seem a little peculiar to receive such a notice at this time when we see so many rumors of reductions in our daily papers. Only a few of these reductions are being made, as far as we can ascertain, and those who are making them are doing so on articles that require little labor to produce or are laying themselves open to be classed as profiteers. Of one thing we can all be certain, the price paid skilled labor has not been reduced, but is being advanced.

We are proud of the fact that the McManis Table Co. has never profiteered. We have made the lowest per cent of advance in our prices of anything of a mechanical nature on the market since war times began. But the main expense in the manufacturing of our tables is for labor. In fact about 80 per cent of the cost is paid to labor. The price of labor instead of decreasing is increasing. Our manufacturer just last week had to increase the pay of the men in his factory or lose their services. Another item which enters into the expense of marketing our goods very materially is traveling expenses and you know that the same has been increased very materially only recently.

If you are considering the purchasing of a table in the near future, we trust that you will act quickly that you may be able to procure same at the present price.

Yours very truly,
—McManis Table Company, Kirksville, Mo.

Why Not Say Who Is the Guilty One!

Some one writes an article saying a "Certain school is not teaching osteopathy," and some one takes a shot at an Efficiency Course, but doesn't say who each culprit is. I don't know which school he has in mind, nor whose efficiency course; so I send a student to that school and sign up for a term with the "Efficiency" man. We are cheated out of our money (if the accuser is fair in his criticisms) because we are not given what we thought we would get and would have gone elsewhere for, had we known the conditions. If the charges are true, give both the public and the profession protection. If not, give the other fellow a chance to answer.

—W. C. Dawes, D.O., Bozeman, Mont.

Help Us Put It Over by Christmas!
You Can Do It by Buying Your Bond Today!

Bunting Building Corporation 7 Per Cent Real Estate First Mortgage Gold Bonds Are a Good Investment for You *Because*

1. This security is not a "stock," does not fluctuate in value and carries no speculative risk whatever.
2. It pays 7 per cent—an unusually high return for any safe bond.
3. It is secured by first mortgage on ample improved real estate which makes it standard as a security. It is absolutely safe and sound as an investment.
4. Your bond if cancelled before maturity will pay you back \$102 plus 7 per cent interest on every \$100 invested. This could not be prevented, even though our publishing corporation went into bankruptcy, because the property security is back of the bond to redeem it.
5. We agree to pay the normal 2% Federal Income Tax on the interest of these bonds.
6. Your interest payments are provided by The Bunting Publications, Inc., out of ordinary operating expense in the form of rentals, paid under a ten-year lease on the new building. These rentals are paid whether publishing profits are large or small. This Corporation's annual profits, however, form an additional unscheduled margin of security behind these bonds.
7. Payment of interest on these bonds is not conditioned upon the fortunes of the osteopathic profession nor of our osteopathic publications. Were "Osteopathic Health" and "The Osteopathic Physician" to suspend publication it would not effect your security in the least. As a plain matter of fact the corporation would make more money if it devoted itself exclusively to its main business of publishing trade magazines. Dr. Bunting owns a controlling stock interest in The Bunting Publications, Inc., and it is due solely to his personal interest in osteopathy and loyalty to its advancement—not to any corporation profits involved—that this publishing house gives so much of its time and energies to osteopathic propaganda.
8. The security of these bonds is not conditioned upon the life or death of Dr. Bunting or of his service to this corporation. The business issuing these bonds is a corporation, wholly independent of any individuals associated with it.
9. The profession would much strengthen the ties it already has on this publishing corporation were it to subscribe this total bond issue of \$50,000. To extend such co-operation would add to the permanency of its field publicity service. Since this corporation has furnished 90 per cent or more of the total field magazine publicity that has advertised the profession through 20 years, you practitioners, we believe, can well afford to cultivate us and extend all possible co-operation. Naturally the permanency of this educational publicity service will depend in large measure upon the way it is appreciated.

The Bunting Publications, Inc.

Aaron M. Sick, *Treasurer*

9 South Clinton Street, Chicago

[See a representative bunch of our bond buyers on pages 25 and 26.]

**Help Put a Roof Over the Presses
That Grind Out Osteopathic Success.**

LETTERS from The OP FAMILY

Post Graduate Work a Reincarnation

The month of August—during which I did post-graduate work with Dr. Reed at Denver—was very profitable to me. It has been said that a man can do a year's work in eleven months but not in twelve, and I now quite agree with that opinion. Denver with its many attractions makes an admirable spot to lose (or invest) that twelfth month. I feel quite happy to again be hard at work. The joy coming chiefly from a contented mind.

For some time back I have worried with the obsession that has attacked me sporadically. I fear others have the same virus, namely, the question of specializing. It is a closed one now as far as I am concerned; my choice being specializing in General Practice. Dr. L. R. Rench who has been with me since June, when he passed the Ohio Board, will remain.

We are for Osteopathy in all of its phases and ramifications—twenty-four hours a day. "Results" is our motto. Forgetting our past faults, we are "off" with 18-carat-Osteopathy for another year. Also as we want all the practice we can legitimately secure and handle so we again will use "Osteopathic Health" in good quantities regularly. Send to our mailing list of 500 names, on a schedule one week apart, brochures Nos. 47, 36, 38 and 48 and then mail monthly to same list current issues as soon as they are ready each month.

—Percy Evan Roscoe, D.O., Cleveland, O.

Osteopaths Don't Take Rest Enough

Please find enclosed the mailing list I was to send you. Am rather late with it, however, did not return from my vacation as soon as I expected to. Am feeling fine and ready for business. I will have more names to send later or may perhaps change some of these. I had the most wonderful rest. I certainly needed it. Dr. Raymond says this corner has the loop skinned for noise. He had my practice while I was away. Was sorry to hear of Dr. Lucas' death. We osteopaths in practice don't take rest enough. We drive ourselves to the limit. Wonder when you will move to your new abode? Have not been back long enough to hear. Did not care to return. Had a grand time motoring through Minnesota and South Dakota. Wish you could have seen the wonderful corn and oat fields. Twenty and more stacks of wheat ready to thrash. Fruit so plentiful. Fine country, that is! Then come back here to the steady grind until next August. However, I would not trade for any other school of practice. I hope this finds yourself and Mr. Arnold happy and prosperous in your new quarters or the old one is the wish of "Yours truly"—Kathryne Van Velzer, D.O., Hinsdale, Ill., September 28, 1920.

What He Learned In His Travels

Sending you herewith check for \$50.00 as part payment on two \$100 Gold Bonds of the Bunting Building Corporation. Let me assure you of my sincere desire that your wish may be fully gratified in this building project of yours. I know that your heart is in it and I am with you to the extent of my ability. Judging from your letter to the profession it is apparent that this enterprise should have received far quicker assistance from the profession than it has thus far.

If the entire profession, one and all, would only realize the wonderful service that you are performing—at a sacrifice to yourself—for osteopathy in general and for every osteo-

pathic practitioner in particular, a thousand osteopaths would gladly come through with a hundred plunks apiece without delay. I have personally been in the offices of about one hundred successful practitioners located all the way from the Atlantic to the Pacific Coast and I will say that after all you have done for the profession in general—as I have seen and learned from individuals on my travels—it is a blankety-blank shame that more osteopaths do not come through quickly with good sized subscriptions. I would like, myself, to electrify about ten of them I know to life and action. —Robert J. Miller, D.O., Reading, Pa.

A Brand Snatched from the Burning

Some time recently going into an office reception room I picked up "Chiropractic Kleptomaniac" to see what was wrong with chiropractics. I had been treated by a chiro—with great benefit by the man's fingers but his tongue was too insulting, and tho he gave me charity treatments for which I give all honor and thanks, his tongue cut, so I could not later return for needed treatments. He ordered me "to change my way of thinking." His fingers were O. K.—his head was off; since then he has been under arrest. I need treatments even now, but as this pamphlet lay about waiting my reading it, Thomas Skeyhill, the once blind man hero, happened along and lectured last week and I heard him.

He gave the lie to any other method claiming credit for his restored sight. All honor and praise was his for the doctor he calls by name—the osteopath.

I have had friends helped by osteopathy, even to goitre.

I am glad to learn the truth. I am planning to take osteopathic treatments now, for I believe a jar I received has much to do with my failing eyesight. Your pamphlet has made me see and Skeyhill's tribute has clinched the idea. They work well together. Yours for truth and honesty—Emma M. Abbell, D.O.

(No address given—Editor.)

"Sold" on Dr. Tilden's Theories

Dear Doctor Bunting: Under another cover I am sending you the October copy of "Philosophy of Health," formerly "A Stuffed Club," also two pamphlets which I do wish you would read in connection with this letter. I presume you will be surprised to hear from me from this place, but necessity, they say, knows no law and it was up to me to come here to preserve my health. Now you may know something about Dr. J. H. Tilden and you may not; however I want you to know; that is why this letter is written.

I was brought in touch with Dr. Tilden's theory of Autotoxemia about seven years ago through a patient who knew of him and had met him and thought his teaching very wonderful, and I bought a copy of this first "Food" book, read it, and tried the diet long enough to know it was practical. I have prescribed it ever since when I could get a patient to listen, and must say I had some very splendid results. However, all this time it remained only an emergency measure in my mind, instead of a way in which to live, as a little later I got hold of Porter's "Milk Diet" and had such good results with it that the cobwebs were very slow in leaving my brain so I could enjoy clear vision.

I had to have my bitter lesson and it came the last of January, 1919, in the way of a weakness from my hips down. I had to give

up my Y. M. C. A. gym. work and thought for a time I would have to close my office; but along in the first week of March all of a sudden the word "autointoxication" or "autotoxemia" came to my mind and the next day I called on a man for whom I had prescribed the Tilden diet three years before and asked him if he still lived by it. He just laughed at me and said, "Man, don't you know it is the only way to live?" I confessed I had only just come to that conclusion, but I started the next day and in the course of six weeks was myself again.

However, I had suffered from bursitis in my right shoulder for 13 years and in spite of oceans of the best treatment from good D. O.'s it stayed by me, and the first week of last August I had my first acute attack of it; couldn't move the arm an inch any way, let alone the fierce pain. That settled the matter for me, and I reserved a room here at Denver and came here to take the Tilden treatment September 4th. Suffice to say I am very much better than for many years past, and from experience and observation I know that here is something D. O.'s need very badly.

The writer of the articles I send you is a very able man and he is going to accomplish what he is after in breaking down drug doctor opposition and when he does it will come with a rush just like the patients are coming here, one sending ten or more from one locality. Here is what it means to osteopaths. Our reputations and very largely our practice comes from the drug failures. When a drug doctor or D. O. takes up this work understandingly there are no failures if a cure is possible. I would like to see some of our higher-ups come here to Denver and go thru what I have in the last four weeks. I know in advance just what they would say, for all agree. Why, Doctor, even hopeless paralytics get back the use of their legs and arms here. I know, for one such was in my part of the place with me. And, asthma! you ought to see the Denver asthmatics come to the clinics which are held twice a week and recover just by following instructions, no treatments of any kind! I expect to go to Adrian, Michigan, after leaving here. I hope this may awaken an interest in you for I want osteopathy to have this first. I forgot to say there are 8 or 9 asthmatics here from all over the country. All on the gain and nearly every complaint flesh is heir to is represented here, from syphilis to paralysis, tabs, etc.—Leon B. Hawes, D.O., Denver, Colorado.

Detroit Osteopathic Association Elects Officers

The Detroit Osteopathic Association elected the following officers at a meeting held in the assembly room of the Detroit Osteopathic Hospital, Saturday evening, October 16.

The meeting was preceded by a supper which was served to the attending members by the hospital dining service.

The officers elected were: President, Dr. C. B. Stevens; vice-president, Dr. Howard Gilchrist; secretary, Dr. Alice M. Deane; statistician, Dr. George B. Clarke; treasurer, Dr. E. D. King; trustees, 3-year term, Dr. J. C. Trimby; 2-year term, Dr. Paul C. Goodlove; 1-year term, Dr. Sarah Middleditch.

The Detroit Association includes the district covering the eight counties of southeastern Michigan, which are: Wayne, Oakland, Macomb, St. Clair, Washtenaw, Monroe, Lenoire and Livingston.

Bunting Building Bonds are not a speculative stock offering but first-mortgage-upon-real-estate gold bonds that surely pay you 7 per cent.

Your Money Will Bring 7 Per Cent With Safety
In a Bunting Bond Besides Boosting Osteopathy.

WHY?

"Why don't you sell your bonds in the Chicago bond market where your business is well known locally?"

That is a natural question. It has come to us from several of the profession. The answer carries three reasons:

1st. Reputable bond houses do not bother with smaller flotations than \$100,000. The cost in advertising, overhead and salesmen's commissions to sell a security allows them no profit unless they handle at least \$100,000 of such issue. Therefore, our bond issue, being only \$50,000, had to be marketed by some special arrangement.

2nd. The smaller, less reputable bond brokers who underwrite the smaller flotations charge a higher commission. We neither cared to spend more than the minimum selling cost to market our bonds, nor did we wish our finances to be in the hands of any house not of A-1 credit.

3rd. Early in our councils, therefore, we decided to sell these bonds ourselves. We believed that our friends and customers of the profession would absorb them readily. Much less than the usual amount of advertising and soliciting required to sell the general public would avail to win us osteopathic co-operation, we figured, because of the intimate knowledge they have of us individually and of our business, and because too of the ties that exist between us. We figured that by doing this selling work ourselves we could save a considerable part of the usual selling expense. Of course we *still* think so—for if only 500 of the osteopaths we have put on their feet by our promotion service in the past twenty years (as they freely admitted we did at the time) would take only one bond of \$100 each, the issue would be oversubscribed in a week.

After we had put out our security an acute crisis overtook the bond market never before known in history. Post war conditions which had brought about gigantic expansions and consolidations of essential industries and transportation suddenly required thousands of millions of new capital. In various industries such as packing, oil, machinery, mail-order merchandising, transportation, etc., need suddenly arose for fabulous sums to carry out projected developments. In the hour of this crisis the Federal Reserve Bank announced its decision to curtail credits sharply, thus requiring various nationally famous concerns like Armour, Swift and Morris, Montgomery Ward Co., and some big railroads as well to rush into the bond market with flotations aggregating thousands of millions. To get quickly this necessary money unheard of attractiveness was featured in securities. Such corporations offered to pay 6½ to 7 per cent interest and in some instances higher, whereas a little while before 6 per cent had been the top limit.

Attractive features such as we had devised for the Bunting Building Corporation Bonds like paying 7 per cent, agreeing to pay the normal income tax of 2 per cent, and making redemption at 102—highly attractive and quite unusual features for such a stable security, and meant by us to make our bonds outstanding in their liberal returns—were equalled by some industrial concerns in their desperation to obtain capital. Nevertheless Bunting Building Corporation Bonds continue to be practically equal to the best as to income return and are considerably above the average.

The bond market, to recapitulate, has been loaded with most unusual offerings in competition with our security—all of which makes investment money much scarcer for all seeking it, and would render it temporarily impossible for any averaged-sized business to get small amounts like \$50,000 through any usual bond marketing channels.

In fact, some of the big concerns failed absolutely to get the public

to absorb their issues. Sinclair Oil notably—a rival of Standard Oil—found that its issue would not move and its underwriters had to withdraw it from the market.

So you should realize it is no cinch for anybody to sell bonds nowadays, no matter how good they are, and it requires advertising, selling effort and patience to put it across. Therefore, do not wonder that our issue of Bunting Building Corporation Bonds was not oversubscribed the first month it was offered—as some of our optimistic friends thought would be the case—but order *your* bond today to make sure the issue is going to be fully subscribed at the finish.

Had we not decided at the very outset to confine the selling of our bonds among our friends and customers of the osteopathic profession, this present abnormal state of the bond market would have made it impractical to look for aid among bond brokers. So, under all the circumstances, we consider it very fortunate that we made this decision early. It is fortunate, too, that we have this special field of osteopathic customers to turn to—on whom we have the call, so to speak, or should have—whose interests, we believe, are not closely articulated with and do not respond to flurries in the bond market, yet whose incomes on the average should make them good savers and investors, who will be appreciative of the merits of our bond offering.

We are banking on the further belief that these friends would rather put their earnings in Bunting Building Corporation Bonds where their dollars will speed up the presses of osteopathic publicity than put them in a railroad or packing security where the only benefit to be returned will be interest on the money. Money invested in our bonds will both produce a high rate of interest for osteopaths and give permanency and power to osteopathy's propaganda.

Why shouldn't we be supported?

Have you bought *your* bond?

We Come to You Osteopaths With Reason

"Why do you come to us osteopaths to buy your bonds?"

For four reasons:

1. Because we believe we have the call on you.

2. Because we believe you have the money.

3. Because we are proud to have such a safe and profitable bond investment to offer you.

4. Because by saving your money in this way (where it will make you a minimum of 7 per cent with absolute safety) you will be oiling up the presses of osteopathic propaganda and giving them power for the future. This is boosting your own science and practice. It is natural to expect you will help that which helps yourself.

We believe, friends, that you are as much interested in this as we are. At least, we feel sure you ought to be. If you are not, pray say so, and help us to an understanding. If our services in behalf of osteopathic publicity and promotion are not as important and valuable to the profession as we take them to be, we would do well to realize it during this 20th year of our rendering such service, so that we might readjust ourselves and for the next decade or two concentrate on

those lines of our business that make us better money. We have made sacrifices as a part of our long and untiring work for osteopathy and its profession. We would like this to be generally understood. It is really due us that it should be recognized. We believe that understanding the situation on its merits will stimulate many an osteopath to buy our bonds who otherwise might not interest himself merely because it is a sound and attractive business investment.

Henry Stanhope Bunting,
President,
The Bunting Publications, Inc.,
and
The Bunting Building Corporation,
9 South Clinton Street,
Chicago.

[See names of our bond buyers on
pages 25 and 26.]

Buy a Bond Today and Help Us Complete
Our Flotation by Christmas!

SHOP TALKS on OSTEOPATHIC AFFAIRS

Syphilis and Cardiac Diseases

1. Syphilis constitutes 12% of all heart valve lesions. 2. Syphilis hits but one valve, always producing dilatation, never a stenosis. 3. The valve affected is always the aortic. 4. Salvarsan and other anti-syphilitic treatment does not produce any brilliant results. 5. The most that anti-syphilitic treatment can do is stop the active infection. The damage already done cannot be repaired.—*T. B. Bondus, A.B., D.O., Chicago, Ill.*

Pyloric Stenosis in Infant Cured

I believe that I have completely cured the only case of pyloric stenosis that you will find in osteopathic records. Child, six months old, when I took charge. They had just brought the child home from the Boston Children's Hospital, where it had been since two months old. Diagnosis as above under the X-ray, the best physicians in Boston. After six months the parents would not submit to an operation, on account of the child's weakness and run-down condition. And the officials of the hospital sent the child home and pronounced the case incurable. The child weighed six pounds when I took charge, but had weighed seven and one-half pounds when born. Today the child weighs fifteen pounds and is thirteen months old. If interested I will publish the progress of the case I will gladly send the case report. The child is still under treatment in order to straighten out the spinal derangement caused from malnutrition.—*M. E. Hawk, D.O., Augusta, Me.*
[Surely we're interested—send it in.—*Editor.*]

Dental Disorders Cause Remote Ills

The association of dental disorders with remote systematic conditions, usually neuralgic, neuritic, or rheumatic in tendency, is a factor which cannot be too carefully considered. The osteopathic condition makes certain joints susceptible. The toxic substance which the added influence of exposure, occupational strain or injury increases is precipitated in the area of least resistance. Pain and tenderness are the characteristic following. Examine tonsils, nose, throat and teeth, using X-ray for the latter. Don't depend on the say so of the dentist. It may be 2 or 3 weeks before improvement is marked after extraction.—*Dudley B. Turner, D.O., Philadelphia, Pa.*

A. O. A. Policy Endorsed

Unquestionably the biggest thing before the osteopathic world today is the policy of the A. O. A. This is backed by every member of the organization. Development of our science and art, education of the public, and consistent legislative enactments is the order of the day.—*C. P. McConnell, D.O., Chicago.*

Fifth Lumbar Mischief

In many cases of lumbago, sciatica, pains in bowels, etc., I find the 5th lumbar vertebra rotated on sacrum to the left. With patient on face, I stand on his left side, and with my left hand pressing down on R transverse processes of lower lumbar vertebrae. I draw up with my right hand on his right greater trochanter. I frequently strap with 2 or 3-inch adhesive diagonally upward and across from each innominate and over that 2 or 3 widths straight across. This holds innominates, lower lumbar and generally supports back. Best wishes for osteopathic work.—*A. C. Groth, D.O., Ottawa, Ontario, Canada.*

Hiccough Cured

Hiccoughs started Feb. 1 about 10:30 a. m., about ten minutes after eating a little candy. Had no indication of disturbance with stomach but evidenced by fever blister on lip. Hiccoughs were practically continuous from onset until Monday evening, Feb. 2. Several M. D.'s had tried to stop hiccoughs without success. Patient came to me Feb. 2 and I treated him at 10:30 a. m., 12.00 M., 3:30 p. m., and 6:30 p. m. Each time I could stop the hiccoughing, the specific treatment being lifting the left clavicle.—*O. T. Buffalow, D.O., Chattanooga, Tenn.*

Another Chiro Discovery

This is the best yet I have heard about the chiros. One of them here in Tacoma tried to get a patient of mine to let him set his innominate, then rub some cement on and said that would seal the joint so that he wouldn't have any more trouble. Anyone with a bad innominate thus can come to Tacoma and get it "cemented."—*Clarence B. Utterback, D.O., Tacoma, Wash.*

Use Your Trademark

In meeting strangers outside of the office you are usually introduced as just plain Dr. Black, and if you let it go at that you are overlooking your greatest opportunity to advertise yourself and your business. Plain Doctors are as common as corns and attract as little attention, but you, Dr. Osteopath, are unusual and peculiar, and you will be remembered if you will stamp your trademark along with your name upon the mind of each new acquaintance. Then when he thinks of osteopathy, he will think of you. "Pleased to meet you I am sure! Yes, I am Dr. Black, the osteopath."—And make him know that you are proud of the fact.

—*J. L. Ingle, D.O., LaGrande, Ore.*

Appendicitic Simulacrum

About a week ago a twelve year old girl was brought in for an examination. A doctor had diagnosed her case appendicitis and advised immediate operation. On examination no tenderness was found beneath McBurney's point, but a tenderness was found over the pelvic bones. The right leg was found to be much the longer. The innominate lesion was reduced and since there has been no soreness.

—*W. I. Shaffer, D.O., North Platte, Nebr.*

Use Bunting's Ammunition

In every town "Chiros" publish advertisements of the cure of the Spanish Prince, the osteopaths should publish an advertisement quoting the letter from Dr. Johnston May of London in the last OP, which states that the treatment given was osteopathic. Send me clippings.

—*R. Kendrick Smith, D.O., Boston, Mass.*

Examine the Lower Outlets

My greatest duty in writing a Shop Talk is this: I must insist upon our examining the lower outlets of every patient, man, woman and child, who comes or is brought to us. Some of my most satisfactory cases are the result of this practice and I have some sad memories due to neglect of this examination. Now I do not treat any trouble, even flat feet, without it. I have had but two patients leave in 7 years because I would not treat them without it.—*H. S. Beckler, D.O., Staunton, Va.*

What It Pays to Buy

The best paying investment is in post graduate courses and osteopathic conventions. Those who think the Chiro have anything on us show their lack of knowledge of what we have in our own profession. They don't associate with any one very much and when they do it is with the pseudos or medics. Why not line up for the "Home Team"! Be a booster! Learn to play your own game well. You will find the purest water at the spring.

—*S. V. Robuck, D.O., Chicago, Ill.*

Infant's Stricture

Just fixed up a ten month's old baby—opening in the prepuce not larger than the head of a pin—when the part was stretched out. Used a little Apotherine, and a small pair of forceps to gently dilate the opening. Five treatments and practically no pain fixed him up. Medical doctor who delivered him told his mother he was all right. If the fingers are used considerably more force may be applied; if forceps are used it must be done very gently and with very little pressure. Better take two or three times more than to tear the skin, which can be done very easily with an instrument.

—*W. C. Dawes, D.O., Bozeman, Mont.*

It Improves With Age

For my "one best thought" will say that upon entering my twenty-third year of continuous osteopathic practice, concomitant with conscientious study of down-to-date medicine and surgery, I can but quote the words of Henry Ward Beecher; "I have never changed my mind, except to think better of that which I began thinking well of." Osteopathy in the past has and will continue to fill a niche in the field of diseases that never can be filled by any other method.—*Louis Elkin Wyckoff, D.O., Los Angeles, Calif.*

Why Save It, Doctor?

One child in a thousand may need to be circumcised, but how many male children escape that ordeal if delivered by an M. D.? I delivered a child in which the opening in the foreskin was not more than a sixteenth of an inch. In two treatments of gentle pressure and retraction, with slight stretching I was able to entirely retract the foreskin, with practically no pain to the child. One case, seventeen years old, opening not more than an eighth of an inch also was cured. Of course this took longer and caused some pain, but the patient preferred the slight pain to circumcision. "Save the foreskin" might make a worth while slogan.

—*W. C. Dawes, D.O., Bozeman, Mont.*

A Happy Conjunction

Don't you know the world is sex crazy. You can pick up the big dailies and see the line of divorces, murders and suicides committed every day by both sexes as follows: Thaw, Wanderer, Jack the Ripper, Bluebeard, Ruth Randall, also Jack Hugger, who is operating in Los Angeles now. Those people are all diseased. So are all criminals and their only chance for relief from such is osteopathy and orificial treatments—which are no experiment, either, since each has been tried and proven successful in all such cases. What makes the maiden's cheek to blush and pale is capillary circulation, which can make those diseased parts healthy and normal by giving freedom to the sympathetic and other nerve forces that control the circulation to those diseased parts. Cite a case of an unruly girl of 7 years; parents said she was setting them crazy; cured by combined osteopathy and orificial work. Tried them separately but would not work, but when used together they work every time.

—*W. J. Mulrony, D.O., Yuma, Ariz.*

Get a Bond Today and Help Us Pay for
Some of Those Shingles.

We Shall Begin Building Our Waukegan Plant At Once!

For several good reasons we have advanced the date of beginning the erection of our new model office and printing plant at Waukegan five months. Instead of waiting until the end of next March—work will start at once! The building will be **finished** by next spring instead of **begun** then.

First, the brisk sale of our bond issue the past month and the progress made up to this time enables us to begin earlier than we had planned.

Second, we find that the Johns-Manville Company commence the erection of 25 acres of factory buildings in the flats below Waukegan at the same time next spring that we had purposed building. This enormous operation will make demand for all the masons, bricklayers and carpenters in the county and bring trainloads of others daily from Chicago, 36 miles away, and it would hinder greatly any ordinary building enterprise that had to compete for labor at the same time. It might stop our work altogether.

Third, labor in Waukegan can be had more abundantly and cheaper in the winter, and the output per man in winter is greater than in summer.

Fourth, we find that while our general office lease at 9 S. Clinton Street runs until December 31, 1921—the time by which we had planned to be fully moved into our new quarters—we can dispose profitably of this unexpired leasehold. Also, the leasehold at our job printing plant across the street will expire May 1, 1921, and by building at once we can remove that department into our new plant and have it operating before the necessity would arise to dicker for a short-term lease extension — which might be hard to negotiate.

Fifth, on general principles when something important is to be done we like to get at it at once and do it with dispatch. As Shakespeare put it, "to business that we like we rise betimes and go to it with delight."

Lumber has declined about 35 per cent in this market, and building trades are pretty stagnant; so we can probably build as cheaply now as next summer—if indeed that Johns-Manville operation in Waukegan next summer would not prevent us building altogether should we delay.

So, for all these reasons, being fully ready for the emergency, the die is cast and **we build now!**

This makes all the more pressure upon us for hearing from you with your bond subscription **at once**. Now is the time—this month—for every friend who intends to help at all to get in line. Help us put this roof over the presses that grind out the missionary literature for the science you practice. You will always be proud that your savings assisted this meritorious enterprise, and glad that your capital found such safe and profitable investment.

Help us complete the sale of our bond issue by Christmas and all the rest will be easy for us!

Remember the new "goal day" is Christmas—**not** March 31, 1921.

Will you let your money work two ways for you—make a high return with safety and at the same time help Bunting tell osteopathy to the world? Borrow the money if you have to, but at any cost get in on this enterprise with us. It deserves your support.

Help Us Put It Over by Christmas!

[See a representative bunch of our bond buyers on pages 25 and 26.]

How Much of This Load Will You Share With Us?
\$1,000? or \$500? or \$100? Be Just to Your Boosters!

THE OSTEOPATHIC PHYSICIAN

DOCTORS

We know you are ever searching for something better and more up-to-the-minute for the benefit of your patients and yourself. You will find just what you are looking for written by thirteen of the best men in your profession in McConnell & Teal's 1920 Osteopathic Practice.

Cloth, \$7.50 Prepaid

Full Moroccoette, \$8.00 Prepaid

Dr. H. V. Halladay's Applied Anatomy of the Spine, full of laboratory proven facts (all Osteopathic). Have you this book? \$3.50.

The most value in osteopathic sex hygiene is Dr. H. E. Henry's.

Original, Prepaid \$1.75

The Janisch Tables and Feather-weight Folding Table lead. Ask for circulars now!

J. F. Janisch Supply House
Kirksville, Missouri



Are You Protected

by

Central's Accident and Health Policy?

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

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

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

CENTRAL BUSINESS MEN'S ASSOCIATION

Westminster Building, Chicago, Ill.

H. G. ROYER, President

C. O. PAULEY, Secretary and Treasurer

Faith Built on Works

My best thought is that every state school for the deaf and dumb should be offered a free clinic by D. O.'s. At least 50 per cent of these children should be helped to a fair degree of hearing, the rest improved mentally and physically.—*Mary S. Crowell, D.O., Farmington, Me.*

Pasted to the above message was this newspaper clipping, from a Farmington newspaper: "About the middle of May, last, Harold Viles, proprietor of the Tim Pond Camps, brought his six-year-old son, Julian, to Dr. Mary S. Crowell for examination and treatment. At that time the lad was practically deaf and dumb, in fact had been so pronounced by Dr. Lothrop, an ear specialist of Boston. Dr. Crowell operated upon the boy, removing adhesions about the eustachian tubes in the throat and dilating the opening, with immediate improvement. Since then the lad has been receiving osteopathic adjustive treatment from Dr. Crowell with the result that the boy hears and speaks so well that there is hope that he may be able to enter school this Fall."

Urine Residual

In male patients past the age of forty who have periodic crises indicating auto-toxemia, with short febrile attacks, look carefully for too great urine residual. Sacro-iliac and lumbosacral corrections offer the only permanent results to the subject.

—*C. V. Fulham, D.O., Frankfort, Ind.*

Signs of Progress

A larger percentage of the profession doing a general practice. You can not build a school of therapeutics on a specialty. The specialist is doing good work and does a great deal of advertising for osteopathy. But—it remains for the general practitioner to lay the ground work and convince the general public that osteopathy is a complete system of therapy.—*Elmer W. Carter, D.O., Haverhill, Mass.*

The Submerged Tenth

Perhaps the following may stimulate a little better work among us: I would like to call attention to the fact that the chiroso sometimes get results after good osteopaths fail. This summer I referred two patients to osteopaths in neighboring states. Both came back with the same story. The osteopaths were no good and they went to chiroso who benefitted them a great deal. It's about time some of these back numbers wake up and do something besides massaging their patients. I like to feel proud of my fellow practitioners and generally can; but it is a bitter disappointment to have such experiences as these.—*W. W. Fessenden, D.O., Beverly, Mass.*

Impossible!

Would it not meet a hearty reception by our profession should you print that aspirin article of the April *OP* in pamphlet form? I have never been called on by patients for the loan of a magazine for any former article as I have for this one. It should be shortened a bit by leaving out some of its most technical parts. If you think it practical allow me to suggest that it be printed so it can be enclosed in an envelope with bills, etc., or be made part of a copy of *OH*. In either case book me for 300 copies.—*E. W. Patterson, D. O., Louisville, Ky.*

She Had Patience!

A lady 69 years of age who has had 400 "chiropractic adjustments" and who came to me as her fiftieth physician for asthma and hay fever said that she felt better during August than any month or any time for years. Treatment: anterior extremities of ribs, clavicles, manubrium and both innominates and sacrum.—*W. C. Warner, D.O., Ft. Wayne, Ind.*

Uncle Sam Pays an Osteopathic Bill

Just a line which may be of interest to the profession. Probably many others have had similar experience. Having rendered osteopathic service to an ex-service man, the bill was presented to the government for payment. After some long delay and correspondence, the bill has been paid in full. My itemized statement stated "for osteopathic treatments."

—*F. P. Walker, D.O., M.D., St. Joseph, Mo.*

Sluggish Adrenals

One cause of the sensation of dizziness experienced upon sudden change of the position of the body, like raising up suddenly when lying down, or gazing up at an aeroplane, is insufficient secretion of the adrenal glands. The adrenal secretion gives tone to the muscular coats of the arteries, and if the secretion is insufficient the muscular coats of the arteries are deficient in tone and do not respond quickly enough to accommodate the increased flow of blood, either to or from the brain, caused by the sudden change of the position of the body. Osteopathy corrects the cause of the trouble and forestalls other troubles which will follow in the wake of the dizziness if allowed to continue. Go to the osteopath, thou of the sluggish adrenals, and he will do the rest.—*J. H. Dickson, D.O., Canon City, Colo.*

That American Legion Attack

I wish some red-blooded osteopath who also has been through the medical grind would write a letter or publication in the American Legion Weekly in reply to the letter written by a medical doctor and published in the issue of September 3rd. This paper goes into the homes of nearly all ex-service men, and the reading of this article will do much damage to osteopathy by belittling its colleges.

—*Dr. George Chalfont, Pella, Iowa.*

What's the Answer?

(From Am. Legion Weekly, Sept. 3, 1920)

To the Editor: In the issue of July 13, you print a communication headed "An Osteopath's Plea." An editorial in the Journal of the American Medical Association of April 17, 1920, is a good and sound reason for the difference made between doctors of medicine and osteopaths. It is as follows:

During the last three years a few Boards have examined osteopaths and licensed them as physicians. The objection to this is not that these candidates were osteopaths, but that their educational qualifications were seriously inferior to those which physicians are required to possess. Osteopathic colleges have been repeatedly inspected, and when measured by the same standards as are applied to medical schools, no one of them could rank higher than the lowest Class C medical college. Nevertheless, fourteen osteopaths were licensed as physicians in Colorado by examination, thirteen in California, two in Washington, and one each in New Hampshire and Texas.—*J. M. S.—Sam L. Grossman, D.O., Williamsport, Pa.*

Seattle D. O. Women Busy

We are in receipt of a clipping from the Seattle "Post Intelligencer" Society and Club department, announcing the organization of the Osteopathic women there. The meetings of the Osteopathic Women's Club of Seattle will be held monthly, and the aim of the club will be to promote the welfare of women and children, and to co-operate with other women's organizations. The officers are:

President, Dr. Roberta Wimer-Ford, Hoge Building, Seattle.

Vice-President, Dr. Elizabeth Hull Lane, 4714 Avalon Place.

Secretary, Dr. Margaret L. Moore, Seattle.

Treasurer, Dr. Henrietta Crofton, Leary Building.

You Can't Get a Better Investment
Because It Pays 7 Per Cent and Boosts Practice for You!

“OSTEOPATHIC HEALTH” the Monthly Magazine Service, for Educating Your Present and Past Patients and All Good Prospects

If osteopathy is important enough to work at twelve months a year, it is important enough to support a magazine that will explain osteopathy exclusively twelve months each year. You get exactly that benefit in “Osteopathic Health” and nowhere else.

Of course! **Imprint your professional card on your edition**—no extra charge for imprinting under time service contracts. This insures that your practice gets nine-tenths of the benefit of your outlay. Thus used, “Osteopathic Health” pays back your investment richly.

Be sure to **let us mail out “Osteopathic Health” to the list of names you furnish**. Why should you bother with it? We can do it cheaper than you can do it yourself. Also better. Revise your mailing list often as you like. Mailing to your list of patients, former patients and prospects is one prime feature of our Advertising Service that you should not deprive yourself of! Learn to understand and use our business as a complete Advertising and Promotion Service.

In simple language “Osteopathic Health” gives 12 Installments of Advertising which make a convincing case for osteopathy in course of the year. To break the continuity of this monthly suasion is to sacrifice much of the benefit of cumulative appeal.

By all means utilize to its fullest value this publicity and promotion service. **Have it work for you on annual contract—12 months a year**. You also get it at a lower price that way. You get more but pay less for it! And you are sure to get your share printed up for you regularly, notwithstanding the paper famine, whereas irregular buyers often must go without a brilliant number owing to short stocks.

“Osteopathic Health” has the merit of being flexible in the hands of the user. Its circulation is **selective—you can put it into the hands of exactly the persons you wish to reach**. You can cultivate your own local field with it as richly as you desire. You can supplement it between editions by mailing out our new “Harvest Leaflets” (advertised on page 28) if you want to. You can give a particular list of names a weekly follow-up if you desire. Likewise you can cut any name off at will. This is scientific advertising. “We have only begun to fight for osteopathy!”

THE BUNTING PUBLICATIONS, INC.

Henry Stanhope Bunting, *President*

9 South Clinton Street, Chicago

➡ See what D.O's say about “Saving Their Hours,” on Pages 29 and 30. ➡

Bunting Building Corporation Bonds Are
Delivered Just as Soon as You Pay for Them.

Detroit Osteopathic Hospital Notes

By Albert E. Buss, Business Manager

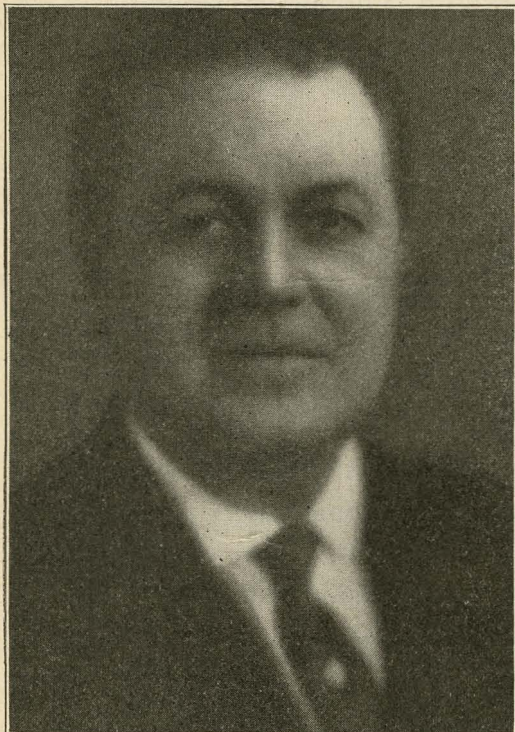
During the first nine months of operation 474 patients were admitted, many coming from Canada and outside states.

As an evidence of the cooperation of the local osteopaths, a number have volunteered their services for the Clinic, which is conducted all day Tuesdays and Fridays. A large room, with six treating tables, has been provided for this purpose. The Clinic Committee is headed by Dr. Herbert Bernard.

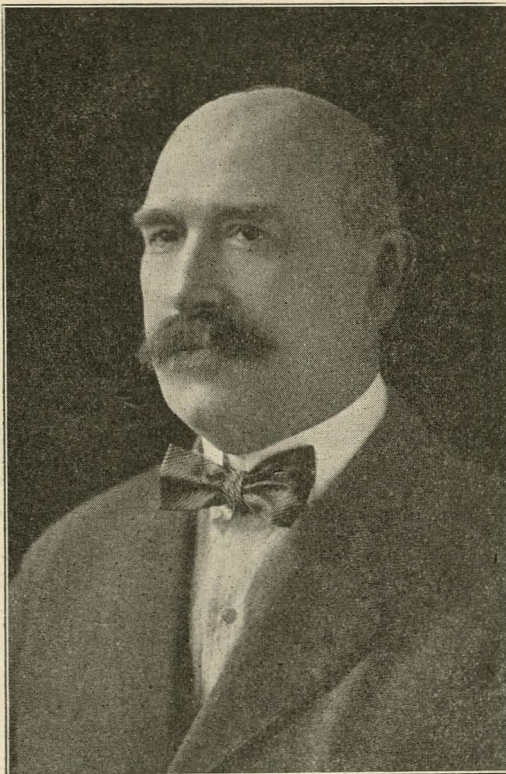
Mayo Hospital for special work; he also spent a week in Chicago, studying different X-ray technique. This is in line with our policy to have the best for our patients.

Dr. Rebecca B. Mayers, our superintendent, attended the Convention of the American Hospital Association, held recently in Montreal, Canada. Our hospital will benefit by the im-

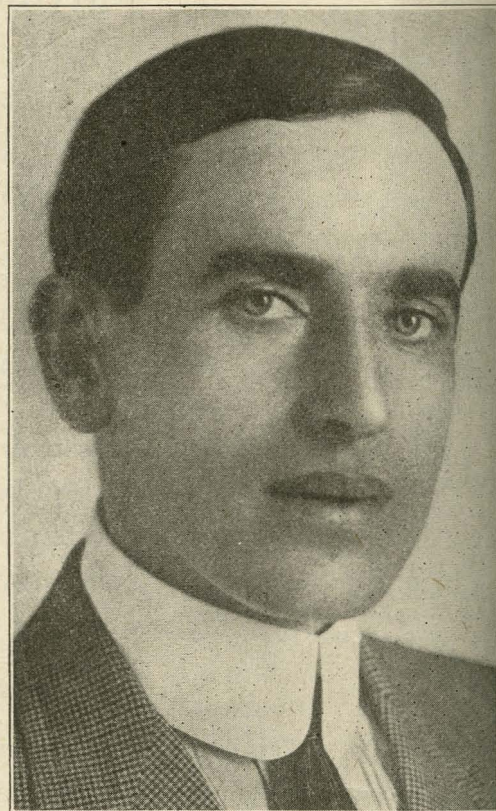
(Continued on Page 31)



Dr. Herbert E. Bernard, President, Detroit Osteopathic Hospital



Mr. Philip H. Gray, Whose Munificence Gave the Detroit Osteopathic Hospital to the Profession.



Dr. Charles A. Bennett, Treasurer, Detroit Osteopathic Hospital



Dr. Alice M. Deane, Secretary, Detroit Osteopathic Hospital



Dr. Rebecca B. Mayers, Vice-President and Superintendent Detroit Osteopathic Hospital

A very thorough system for keeping hospital records has been installed, with a cross reference index. Special emphasis is placed upon the securing of a complete history of all cases admitted either to the hospital or clinic.

We recently sent Dr. E. R. Sluyter, our house physician and roentgenologist, to the



Mr. Albert E. Buss, Business Manager, Detroit Osteopathic Hospital

Help Us Put It Over by Christmas!
You Can Do It by Buying Your Bond Today!

Student Trained to Meet and Solve Disease Problems of a Private Practice in His Clinical Work at The College of Osteopathic Physicians and Surgeons

In the Students Clinical Work at The College of Osteopathic Physicians and Surgeons, Los Angeles, there has been inaugurated a form of procedure which is analogous to that followed by the best hospitals of the country in which the patient is handled along the lines current in so-called "group" practice. Every patient coming into the clinics—excepting emergency surgical or minor surgical cases—is submitted to osteopathic spinal examination, even though he comes for some ailment which apparently will be handled by some special form of treatment. This often happens in the Ear, Nose and Throat Department, where many patients arrive who specifically require tonsillectomy. In The College of Osteopathic Physicians and Surgeons' staff of group examiners an osteopathic examiner is ranked as a "specialist" in the same way as a dermatologist or a neurologist would be ranked as a specialist. In short it is recognized that in strictly osteopathic matters there are those who are general practitioners and those who are lesion specialists, just as, in general practice, a man who may attend to minor ear, nose and throat conditions himself, still recognizes that on occasion he must seek the advice of one whose attention and study is confined to ear, nose and throat conditions.

The Clinics of The College of Osteopathic Physicians and Surgeons are thus organized and conducted along the most advanced lines on record. As a result all cases passing through the clinics receive uniformly strict and careful general osteopathic work and also, if necessary, extra attention from men on the staff classed as "osteopathic specialists".

In this organization of its clinics, The College of Osteopathic Physicians and Surgeons is keeping clearly in mind three distinct aims: (1) To actually instruct the student in the methods of thorough-going diagnosis and the actual application of therapeutic procedure. (2) Getting results for the patient. (3) Familiarizing the student with the actual methods of the conduct of a practice in keeping with the best that the osteopathic profession has to offer in the way of giving and securing co-operation with other members of the profession.

As much as possible, in the special departments, each student is trained to handle his patients as though he were conducting a private office, and is thereby familiarized with the methods of actually dealing with his future patients.

Write for catalog and any further information desired.

The College of Osteopathic Physicians and Surgeons
Los Angeles 300 San Fernando Building California

The Osteopathic Efficiency Course

Given by

The DENVER POLYCLINIC and POST-GRADUATE COLLEGE

You cannot be the greatest *Success* of which you are capable unless you study *Efficiency* and apply it to your every day work. Twenty-two years of study and experience are at your service in this course to help you solve your difficult problems. Efficiency is taught from all angles: mental, personal and business. We give you a health program. All the main studies in practice are reviewed, osteopathic technique, dietetics, physical diagnosis, eye, ear, nose and throat, general surgery, refraction, applied psychology and so forth. The business side of practice is reviewed, office management, charges, collections, books, publicity and so forth.

The Osteopathic Efficiency Course is given twice a year in the months of February and August. Lasts four weeks.

For further information address communications to—

C. C. Reid, President, or
B. D. Cleavinger, Secretary

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Get a Sample Set

of

"Harvest Leaflets"

We will mail a complete set of our 23 new "Harvest Leaflets" to you for 30 cents. This includes 6 folders of 1-page size; 6 of 4-page size; 7 of 6-page size; and 4 of 8-page size—23 osteopathic messages in all. Get this set, see what wonderful attention-getters, osteopathic educators and practice-getters they are, and then let us supply you with a "Harvest Campaign."

The Bunting Publications

(Incorporated)

9 South Clinton St., - - Chicago

Osteopathy Scores in Asia Minor

By Mary Lena Wilson

Osteopathy has been making strides in certain portions of the Near East. Dr. Louise Mason, a practitioner from Boston, the first to carry the science to Asia Minor, has but recently returned from Trebizond, Turkey, where she established her clinic under the Near East Relief, and reports that the whole population in the district in which she worked are wildly enthusiastic about the treatment, which is not to be wondered at when Dr. Mason tells the story of her wholesale cure of the district of Trebizond where an epidemic of malaria was afflicting the entire population.

"Perhaps my success was in some measure due to the fact that the Eastern people have great faith in such forms of cure as massages, pommelings, etc. One of their oldest remedies for backache and general weakness or exhaustion is to lay the patient out on the floor and walk up and down his back.

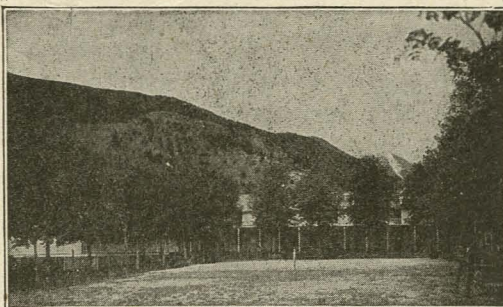
"Whatever the cause, they flocked to my clinic in such numbers that I was really unable

to look after them all. When I first set up my establishment in Ordu, a good sized town on the Black Sea near Trebizond, the district all around was infested with malaria. Thousands were afflicted with the disease in its most virulent form. To each patient who came to the Near East Relief headquarters for aid, I offered the choice of quinine or osteopathy, feeling that I wished in no way to force my profession down their throats.

"Almost invariably the choice was made in favor of osteopathy. The large brown bottles of quinine which glowered at them from the shelves, were too formidable and, to misquote our friend Shakespeare, they chose rather to "bear those ills they had, to fly to others that they knew not of." Only a few—and those had probably suffered so severely at the hands of the Turks and Kurds, that they were afraid to

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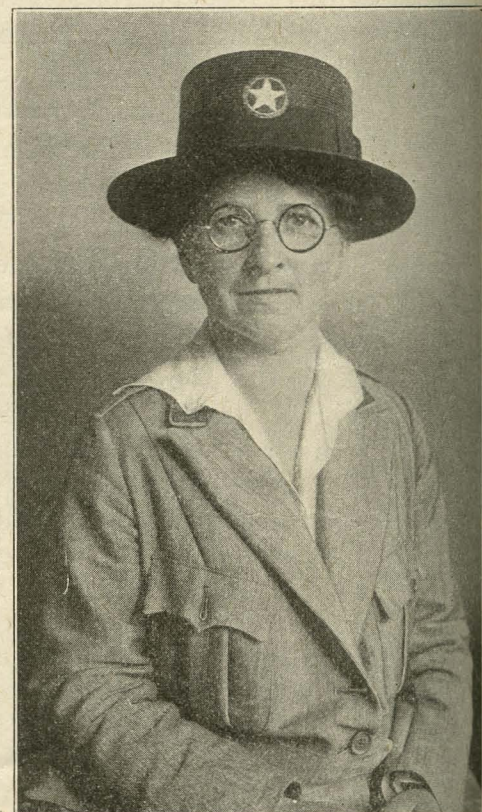
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Dr. Louise Mason of Boston
Who Introduced Osteopathy into Asia Minor.

trust themselves to even so harmless a looking person as myself—declined to try a treatment.

"After I had been practicing but a few days, my clinic was crowded to the street with women, men and children who had either enjoyed and felt some benefits from the treatments already received, or other victims who had heard of the marvelous magic cure of the 'lady from America' and had come to seek a cure for themselves. My time was completely filled from morning till night caring for these pitiful victims of disease."

Dr. Mason's success was complete. In hundreds of cases during her few months' stay, she effected a complete cure, and in almost every case which was treated she says she brought about a decided improvement in the condition.

"It was really a triumph for our profession," said Dr. Mason. "I found the Greek physicians, who are very skillful and very sympathetic toward western methods of treatment, eager to take up this practice. What it has accom-

What Troubles Mc Manis

Kirksville, Missouri, November 5th, 1920.

Dr. H. S. Bunting,
9 So. Clinton St.,
Chicago, Illinois.

Dear Mr. Bunting:—

Bing! I am plum full of "pep" today. Have had an experience that has done me a world of good. Had a few little matters to look after down at the ASO the other day and while I was down there thought I would drop in and hear Dr. Halladay lecture. It happened that he was to talk about applied anatomy of the spine. He had one of those spines of his and the talk he made took me back to the old days, when we older men were so interested in osteopathic principles and technique.

In the old days, when Dr. M. E. Clark used to teach applied anatomy, I can remember how very hungry we were for his lectures and how we would absorb every word of what he had to say. In those days that was where we got the greater part of our osteopathy. To my way of thinking Dr. Halladay has many advantages that Dr. Clark did not have in those pioneer days. By means of his flexible spine he can explain and demonstrate many things that used to be obscure and in doubt.

I made it a point to drop down to the school the next day, too, and was fortunate enough to hear both Dr. Teall and Dr. Platt lecture. It would do your heart good to hear them. If they are not handing out some honest-to-goodness osteopathy, I don't recognize it when I hear or see it.

When I got back home I was troubled with a thought that has been bothering me ever since and that is, why don't more of the field members come here and visit the school and listen to some of these lectures? We hear frequently of this one and that one coming here "for special work". They want some special work in this line or that line, but very few, if any, seem to come to get special work in manipulative osteopathy! Isn't it strange that so very few in the field ever seem to think that they might improve themselves in their manipulative technique?

A great many of us out in the field get into a rut. We are inclined to believe that we know about all there is to know about diagnosing lesions or reducing them. We feel that about all we can do to improve ourselves is to study some special line of work, other than actual manipulative methods. What is it that identifies us as osteopaths? Is it the specialties? Hardly, because we had them before we had osteopathy. It must be the part of our work that has to do with manual treatment; *our ability to diagnose and remove lesions, spinal lesions.*

The last time I was down to visit the school I dropped in to see Dr. Hubert, editor of the *Journal of Osteopathy*. I happened to remark to him about the necessity of publicity for osteopathy, and he has invited me to look over some work he is doing. I was surprised at the evident originality in his work. His plan is to get all the data possible regarding students when they matriculate, so that when something happens, at the school or elsewhere, in which they take a part, he is able to get mention of the fact in their home papers or their former High School or College papers. If they are interested in athletics or sports he often gets mentions regarding them in some sporting magazine. In the same way his data includes information as to church and club affiliations, military records and other things by means of which connection may be made with many kinds of papers. All this seems to me to be wonderful publicity and the kind that the most conservative will not object to.

I also discovered that he has been able to reach many newspapers and magazines with wide circulation, and if one could see the pile of clippings, etc., that he has on exhibit, they would realize that Dr. Hulbert is wide awake and on the job. It seems to me that such men as this and also yourself, who have had a wide experience in practical publicity, should be asked to discuss these matters before our National meetings when we have up the question of publicity. Last year, I thought it was unfortunate that you and Mr. Arnold were not requested to give your views on this matter, at Chicago.

You may rest assured that just as soon as opportunity permits, I am going to visit the school again, as there are many other big lights in the faculty down there that I want to hear. Last year, I had the pleasure of visiting Dr. Lane's laboratory and little did I realize the importance of his work, and the bearing it has on our profession until I saw and heard him in action.

What you really ought to do is to take a few days off some time and run down here and make the rounds like I am doing and see again for yourself. You should do this not only for your own good, but for the profession. They would wake up and realize the good that it would do them to come back here, even for a short time and get in touch with these men that are handing out old time osteopathy in a modern way. Let's encourage the field doctors to come back here for the purpose of getting work along osteopathic lines as well as in the specialties.

As ever, fraternally,

J. V. McMANIS, D.O.,

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plished for the refugee Armenians and Greeks in the section in which I worked is wonderful. With the limited supply of medicine and equipment which our organization had, this treatment without drugs was a God-send for it could accomplish the desired result more than the usual treatment. I believe too, at a minimum expenditure of money.

"The people, when I left Ordu, were a different lot of people than those I met on my arrival. They had more energy, more ambition and a finer morale. All this I attribute, not to my personal achievement, but to the science which I practice. Osteopathy has more than vindicated itself in the Near East."

How the Leopard Changes His Spots

I am enclosing a new "definition of chiropractic" that a patient sent me. Seems that I have had the wrong idea of chiroquackties. I always thought they were plain Fake Osteopaths but it seems that they treat by divine afflatus or other wind power or, like the late kaiser, claim to be in league with God. They seem now to be passing over into theological or biologic "consciousness". This little card is worth passing long.—*Edward N. Hansen, D.O., Pittsburgh, Pa.* This Chirogasm follows: "We chiropractors work with the subtle substance of the soul. We release the prisoned impulse, the tiny rivulet of force, that emanates from the mind and flows over the nerves to the cells and stirs them into life. We deal with the magic power that transforms common food into living, loving, thinking clay; that robes the earth with beauty, and hues and scents the flowers with the glory of the air. In the dim, dark, distant long ago, when the sun first bowed to the morning star, this power spoke and there was life; it quickened the slime of the sea and the dust of the earth and drove the cell to union with its fellows in countless living forms. Through aeons of time

it finned the fish and winged the bird and fanged the beast. Endlessly it worked, evolving its forms until it produced the crowning glory of them all. With tireless energy it blows the bubble of each individual life and then silently, relentlessly dissolves the form, and absorbs the spirit into itself again. And yet you ask 'Can chiropractic cure appendicitis or the flu?' Have you more faith in a knife or a spoonful of medicine than in the power that animates the living world?—*W. J. Quigley, D.C.*

Query: Does this fudge make any osteopath want to take the "course"?

Use the Subconscious Mind

In order to be a successful osteopathic physician you must be able to reach the subconscious mind of your patient. In order to do that, the doctor must first be able to influence his own subconscious mind with good healthful thoughts. Do not let unhealthy impressions find room in your own mind. That is adjustment just as well as setting a bony lesion. I have found that by adjusting the mind of the patient along a more healthful channel, I could get better results, by telling the patient that thoughts affect the internal secretions and nervous vibrations for good or evil. On questioning patients you will find that many people dwell on disease too much, impressing their subconscious mind with fear, worry and grief. Instead of helping nature they retard nature by abnormal vibrations.

—*Albert C. H. Esser, D.O., Chicago, Ill.*

WE'LL TELL THE WORLD

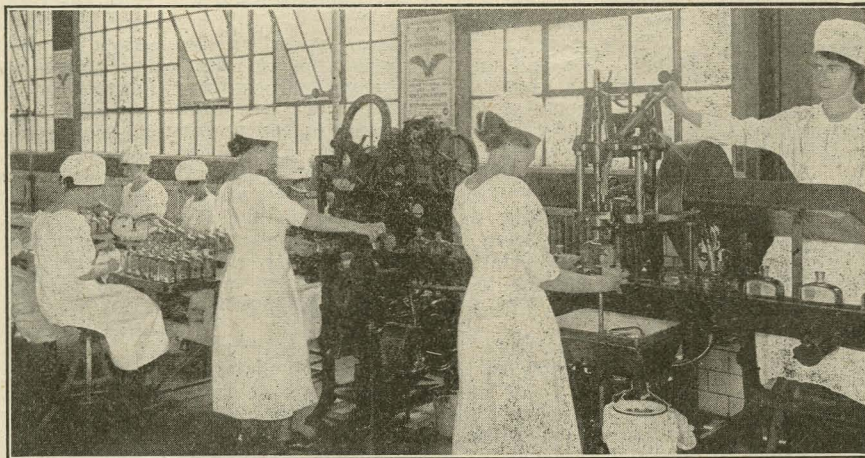
May we not reach your subconscious mind this month with our plea to order a Bunting Building Corp. 7% first mortgage real estate gold bond and thus help us tell the world about osteopathy?

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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 XXXVIII November, 1920 No. 5

THE PROBLEM OF FEED

No question can be of greater interest to everybody in the profession than that of fees. Are the fees I charge as a physician adequate? Am I being paid what I am worth? Could I get more if I asked for it? If I have not been able to make and save money for a competency in old age is it because I am weak as a doctor or weak as a business man? Can I change my policy and fees and accumulate capital? These and similar questions grow out of this study of the fees charged by osteopaths for professional services.

Within the past six months we have been in a position to get much inside light on the fundamental economic status of osteopaths as a profession. We asked our profession to buy our 7 per cent gold bonds and many who wanted to do so but couldn't write to explain why. The correspondence resulting led to frank discussions and many confidences. We found there was widespread inability on the part of many osteopaths whom we had believed to be financially prosperous and well along in the investor class to buy even a single \$100 gold bond, however strong their wishes were to do it; and many good friends were sports enough to write this candid fact, acknowledging that the admission was made in reluctance and humiliation, but they would rather we knew they were up against it (the H. C. L.) than have us think they had easy money but were not willing to help us.

This situation—so often recurring in our correspondence within six months—set us thinking. It did not seem right for the man and woman who stood well in our profession and had been out of school long enough to have every opportunity to get well established. We wondered what the reasons were. Correspondence disclosed at least two good and sufficient reasons.

1. We found that almost without exception those in this class had not raised fees since 1915 and all of them operated on a basis of \$25 for 13 treatments or less. Most of these got only 50 cents more for home calls but some got \$1.00 more. All admitted it is costing them twice as much to live in recent years and where it had been impossible to get and treat twice as many patients the standard of living had to be reduced and personal and family sacrifices went to make up the deficit.

2. We found on investigating further that these persons almost as a class were not users of field literature at this time or else used it so sparingly (in foolish effort to "save" money!) that it amounted practically to not using it at all.

We would like to make a third investigation but lack the means of doing it. It would

be gratifying to ascertain whether these osteopaths as a class satisfactorily fill their function in the treatment room. We suspect that some of them may not. Yet we know personally that a good many of them do and really deserve success in big measure.

The result of this research into the profession's economic status was that we decided to use this data if possible for the individual benefit of every doctor in the profession. So we opened a "Symposium on Fees" for the whole profession and in last month's issue we presented the first fruits of it.

There were 113 practitioners quoted in that issue. We add another fine batch of letters this month and the symposium will continue in our December issue. In this way we offer our pages for exchanging ideas in the profession and you doctors can inform and advise each other to your heart's content. We had our say in the September issue when we started the ball rolling by asking "How Can You Charge Less than \$3.00 Per Treatment and Live?" We print more replies this month. You are invited to send your answer, too, if you care to. We would be glad to hear from you.

To our surprise we found 101 of the 113 doctors quoted last issue had raised their fees since 1915, most of them substantially, many of them doubled, some even more than doubled, and some had raised two or three times since the dollar began tobogganing. Only 12 of this number have not raised fees in that period but some had good fees in force already. Others wish they could raise but say they don't dare.

Again we were surprised at this showing of unanimity in fee raising. We were not prepared to believe that such an overwhelming preponderance of our profession had been courageous and lucky enough to raise fees. We don't believe it yet! Some explanation had to be found for it. Again our research machinery got busy. For a long time we were puzzled. We could hit on but two reasons for such a big showing in the "Prosperity Clinic" which, we repeat, seems rather too flattering to the business status of the profession as a whole, basing a comparison with the big bunch of blue letters we have already alluded to. These reasons are both practical ones.

1. In course of investigation we recalled that our poll letter, sent as a feel-out, asking if there had been any raise of fees, had gone to 600 names taken from the subscription book of *The Osteopathic Physician*. "OP" fans and readers admittedly are a live, progressive, prosperous bunch—else our work of news and advice on making business success of practice through these twenty years would have been in vain! Nobody can challenge the fact—*The OP* is read by the "live wires" of the profession. The *OP* has been advising fee raising all along. We think it likely then, that this sample slice of about 10 per cent of the profession that we happened to use for testing out this interesting Fee Problem cut in on the very livest, best and most prosperous stratum of the profession!

We state this frankly so you, as well as we, can watch the discussion unwrap itself. What we all want to get at is the real situation. But should it prove true that almost all osteopaths have met the depreciation of Friend Dollar by a stiff raise in fees we shall feel that the whole profession is to be congratulated; it will mean a better economic status for the profession today than we believe exists.

2. We discovered in the next place that quite a bunch of our friends who have not raised their fees were slow to answer our inquiry for publication. Perhaps they feel reluctant about admitting the pinch. Be that as it may, their confidences to us shall not be revealed; but we hope that the good advice to be found in this Fee Symposium from others who dared will give such persons courage to raise their fees and thus insure survival in this time of stress and reconstruction.

We believe that we can do the profession no greater service at this time than help it find itself in this fee business. We started out to do this out of sheer good will and the desire to help the other fellow in every way possible, even though it had no immediate bearing on our own business. But we are anxious now to see every man and woman in the profession come up to a modern and just fee basis who has not already done so because we have come to realize that those who won't and can't buy bonds, use field literature and use *The OP* as an indispensable thing in their lives are the very ones who get poor fees and are on a low economic status as the direct penalty of it. So we feel their pinch as well as they.

"The laborer is worthy his hire." As Dr. Albert C. H. Esser of Chicago says: "An anatomical adjustment by an osteopath is worth more than \$2.00 at any place and any time." Or as we put it to you two months ago, "How can you charge less than \$3.00 per treatment and live?"

Study this department for what it reveals and report briefly your own experience as to fee raising since 1915 for our next issue.

ARE YOU PROSPERING?

The osteopath who is well established in practice or who has been in his field a sufficient number of years to be entitled to be well established is not succeeding if he is just paying expenses. If you live from hand to mouth, you are using up your capital of vitality and the poor house will stare at your coming age. Every established osteopath should put 25 per cent of his income aside each year in stable investments for old age. If you can't do this there is something wrong with your system. Is it shiftlessness? Is it extravagance? Is it insufficient fees? Find the answer. If your charges are not high enough for your services, raise them to a living wage for yourself. You can't do justice to your patients if you are not doing justice to yourself. Every successful osteopath should be a systematic saver and investor and no osteopath is a success in the true sense of the word who is not accumulating a competency against the day when he won't be able to practice. Think it over.

HOW TO PRODUCE A COMPETENCY IN TWENTY YEARS

A Recommendation to the Men and Women of
the Profession Who Are Not Yet
Accumulating

\$1,000 per annum laid aside each year for 10 years, saved and invested in sound bonds, with interest re-invested, and such capital and interest as have accumulated in the 10 years then allowed to compound for another 10 years, would at the end of the 20-year period amount to approximately \$30,000. In other words, \$10,000 saved and invested in the course of 10 years will increase to \$30,000 in another 10 years.

The secret of producing a competency from saving is to commence making savings and the sound investment thereof *early in life*. It is a "Begin Now" proposition. If today you are 30 years of age and have a fairly lucrative practice, you can reasonably assure yourself of a \$30,000 competency by the time you are 50, if you start at once on a definite prudent plan of making and investing savings and stick to it. If your practice is running \$5,000 per annum, you can well save \$1,000 a year if you really make up your mind to do it. But money won't save itself! You will have to be the one to do it.

Mind you, the figures we give contemplate your saving \$1,000 a year for 10 years *only*. If you continued to save and invest—in the same way for the second ten years, you would,

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of course, have a much larger capital at the expiration of the 20-year period.

The first big point is that the advantageous time to save and invest is *now*—while you are comparatively young. The second big point is to let the money saved and invested, together with interest thereon, *stay invested* in a safe place bringing such remuneration as comes with safety. You can't speculate with such money. It must be kept prudently invested.

The money thus saved and safely invested goes on accumulating as the years roll on.

The great mistake of many is that they "put off" the starting of such systematic saving under the delusion that they "will be better able to do it later on." Not only is it not true that saving comes easier "later on," but savings made later in life do not have the necessary time in which to multiply.

Start now your personal savings plan for a competency in later life by buying some Bunting Building Corporation Real Estate Gold Bonds. They yield you 7% per annum with absolute safety as to principal. To collect your profit you simply deposit your semi-annual interest coupons at your local bank.

Thus, besides helping on yourself in life by adopting such a plan of investment, you will also be rewarding *with material co-operation* the man and publishing house that for twenty years have been on the firing line for osteopathic advancement, fighting to build up wider recognition for the science and make more appreciative demand and reward for your professional services. You will be commuting some of the good will and gratitude that you naturally feel for this support into the only kind of factor that adequately expresses such appreciation, namely, the coin of the realm.

But *you will still own your money* that you invest in Bunting Building Bonds!

You only give osteopathy's pioneer publishing house the *use* of it and you get well repaid in money for such a loan. You not only will realize the rate of gain on your investment outlined in our opening paragraph, thus laying the foundation for private fortune (if you really have not yet entered upon such a needed program), but you also will be helping yourself professionally, and also helping the science and profession materially by assisting The Bunting Publications, Inc., to build and occupy their proposed new model publishing plant at Waukegan, Illinois, in which their service of the profession can not but be magnified and bettered in a very substantial manner. You will therefore be serving three good purposes all at once:

(1) You will save money and see it grow; (2) you will help improve the service that you now enjoy for osteopathic publicity and promotion; and (3) you will help the profession-at-large to obtain permanency and establishment through giving greater establishment and permanency to its publishing interests.

Incidentally, you also will be meting some reward to Dr. Bunting for the faithful services he has rendered the profession as editor, publisher and propagandist, lo! these twenty long years.

Do you call all this worth while?

Do you know any other way in which you can *make money so work overtime for you* and buy results, both financial and professional, for your own express benefit?

Is not buying Bunting Building Bonds a better and more remunerative investment than merely placing your savings in some impersonal, wholly commercial investment where your reward can never be anything but dollars and where you get no other benefit from your money's work whatsoever?

It is a rare chance indeed thus to be able to loan your money at 7 per cent with safety, and then see that money set at work to promote further direct and substantial benefits

My Septennial

John Barr, D. O.

VII

Up in Michigan there is a slow-going sort of chap whom I didn't used to think very much of in the old times. But since I've been up there recently, I think I may have to change my mind.

He hasn't set that particular neck of the woods on fire by a wide margin but he is plugging along right where he started out and he says he is going to stay a while longer as he hasn't starved out yet. He admits he almost did so two or three times and he hopes those times are all in the past.

He says he didn't cure as many of his flu cases as did those who reported them in the journals and it worried him quite a bit at the time. He says he owes Bunting for the last two months' O. H. but he has a well-to-do farmer giving him a try-out on what Bunting had to say about sciatica and he figures his publicity bill will be brought up to date if only he can live up to his press agent.

He tells me he's going to add ten names a month to his list as long as he lives or until everybody in the country hears from him regularly and he's going to sit up nights and figure out ways and means of meeting his prospective patients halfway.

Somehow, I believe he'll cover the county and I believe he'll meet most of the prospects at least two-thirds of the way.

You see, its been a pretty slow seven years with him. Got the idea Osteopathy would do its own talking and didn't believe until lately that publicity was of much use to any one but the publisher. Why he tells me that for a long time he had his reception room table covered with samples of O. H. and patients used to read them right along. Then the

paper shortage came on and the O. H. went off.

At any rate, the old sample copies wore out from much perusal and some of his paying patients took to missing them very much. So, not because he thought much of it but to keep peace in his little professional family, he ordered a few copies to come monthly. As I said, he hasn't the last two months' subscription paid for but he admits doing the best August business in his history and he's planning hopefully for the future.

Seven years is a long time to wait for your ship to come in but he thinks he sees it off-shore now and I can see it too. There are some high-speed operators who are going to break down just about the time this chap is getting started. While they are spending what they have made, he will be saving a bit more than he is making and where it will end up, I don't know. Probably a happy little family in a cozy little town with a good big husky practice.

Be that as it may, this little journey started out for northern Michigan and not Nine South Clinton Street, Chicago. And its the story of a slow stick-in-the-mud chap who's getting his feet upon the solid ground at last and not of Bunting, who seems to have pushed him out of the mud.

And if the villain of this story seems to have crowded the hero somewhat for space, why all I can say is that to me Nine South Clinton Street is but the name of a place in Chicago while Bunting means O. H., and O. H. means a little many-covered booklet which I have met, North, South, East and West—wherever I have gone upon my Septennial journey.

for you! That is equivalent to a wheel-within-a-wheel in mechanics—compounding power, or profit-added-to-profit in business—which is to say, compounding interest.

Buy your bond today. You may pay for it on the installment plan if you choose. Take a \$500 or \$1,000 bond if you are at all prosperous. The osteopath with even the most modest practice can well afford and will well profit to help on this project by taking at least the minimum bond which is for \$100.

"JOHN BARR D.O." IS DR. J. A. VAN BRAKLE

We have been itching for some months to tell our readers that credit for that excellent bunch of philosophic reminiscences about osteopathic life which we have been running on our editorial page the past year is due to Dr. John A. Van Brakle of Portland, Oregon. Of course you have read his interesting and profitable "Septennial" series. Well, John's the boy—and it is lucky for us, too, that we got his consent to disclose his identity this month or you might be thinking we were sandwiching in an advertisement for our business under this charming literary feature. We are proud to announce that this series will be continued by Dr. Van Brakle through 1921. Watch for it every month.

We would like to hear from other writers and authors who might wish to contribute original features to the *OP* for the year ahead. The *OP* puts a premium on brains and originality. If you have a good idea send it in to us. We want new blood.

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SOCIETY PAPERS and ORIGINAL COMMUNICATIONS

Gastric Ulcer

By Harold Glascock, D. O., M. D., Raleigh, N. C.

When one of our great American surgeons was asked how he accounted for so many cases of gall bladder disease in his clinic he replied "We diagnose them."

A few years ago I thought gastric ulcer was indigenous to the city of Chicago, but since I have been looking more for diagnosis, and less for two dollar treatments, I have found that gastric ulcers exist very frequently, I would say that gastric ulcer occurs as frequently as appendicitis.

Etiology: Among the chief etiological factors in gastric ulcer are the alveolar, tonsillar, and nasal infections. These act as exciting causes. These infections beside pyorrhoea, are abscesses at the roots and sides of the teeth, which constantly drain up by the sides of the teeth into the mouth. The affected tooth may not even be sore to percussion or to chew upon. Diseased tonsils constantly harbor micro-organisms, and while a great many of them are absorbed into the system, a great number find their way to the stomach. The nose, which is so frequently overlooked by the internist as being important from a clinical standpoint, is one of the chief sources of infection of the stomach. Nearly all individuals some time in the course of their lives have received a blow upon the nose that has altered its shape and function. The mucous membranes of the nose become congested, the turbinate bones become distorted, and the membranes come in contact, and the contacted surfaces become infected and ulcerate. Some times all the membrane is destroyed and the bare bones may be felt by the examining finger. These ulcers remain discharging their pus for months and years, and it is drawn backward into the pharynx and swallowed. These micro-organisms which are of a mixed variety, bred, born and reared on living tissue easily take advantage of the weakened mucous membranes of the stomach, produced by spinal lesions, or abrasions and endarteritis, and gastric ulcers are the result. When we have the little punched out ulcer of the mucous membrane of the mouth, we may at the same time look for the very same variety of ulcer in the stomach. It is rare that we find these ulcers of the mouth, when the mouth and nose are clean and the teeth well cared for. It is true that we swallow a great many micro-organisms in the food we eat, and that the stomach and duodenum are capable of taking care of a moderate degree of infection, but the micro-organisms of the food are not trained like the micro-organisms of the nose and mouth to at once take hold of living tissue. These micro-organisms from the nose and mouth take hold of the areas of low vitality of the stomach's mucous membrane, and the digestive elements digest the further devitalized mucous membrane and then a punched out ulcer exists, especially the round peptic ulcer. The very shape of this ulcer suggests an infectious origin, and a rather virulent micro-organism, because of the great amount of infiltration around the punched out opening, which represents nature's defense, the same as in a boil. The gastric juices digest out the used up cells in the center of the ulcer where the leukocytes have put up the fight, (which would represent the pus in a boil) and we then have the round punched out gastric ulcer. The great origin of stomach infections is in the mouth and nose, and the patient constantly swallowing these micro-organisms for months

and years works a very grave hardship upon a stomach that is laboring under a limited nerve supply from spinal lesions.

Diagnosis: In the greater per cent of cases there is a constant symptom complex which is so characteristic that it is diagnostic. In other cases the symptoms will not be so pronounced, and the X-ray, and blood tests will be of great importance. In most cases there will be pain of a boring, gnawing character in the epigastric region, and as a rule the patient will take one finger and put it right on the very point of pain each time they are asked to locate the pain. They do not say the pain is in the stomach, but they give it a very distinct and definite location. The pain continues as a rule until the patient eats something. The eating gives relief for a while, and then the pain starts again in the same place. Vomiting does not occur in all cases, but if the vomiting of blood should occur along with other symptoms of ulcer it renders the diagnosis of ulcer quite certain. There may be blood in the stools. A decided amount of old black blood in the stool is quite diagnostic. Hyperacidity is almost constant in the withdrawn stomach contents. Einhorn's string test, and the X-ray are quite positive, and are fair guides to operative measures, yet a good clinical picture is about as safe and accurate.

Dangers: Perforation and peritonitis. Pyloric stenosis, and fatal hemorrhage.

Treatment: There are two treatments for gastric ulcer. One is surgical, and consists of excision of the ulcer, or gastroenterostomy. The other is mainly dietetic. The method that I use is one that I worked out about three years ago, except the preliminary treatment

of the nose and mouth which is of more recent date, and has proven quite satisfactory in my hands.

Begin by thoroughly cleansing the mouth and teeth and nose. If there is pyorrhoea it must receive attention. The nose if it contains pus foci should have the Bailey treatment of opening the nares with the finger, and followed up with several packings of 20 per cent argyrol solution on cotton, left in the nose each time for three hours. In fact the infections from the mouth and nose must be completely controlled.

Diet: Say we begin the diet on Monday. Begin at six P. M. Sunday and give calomel grain one-fourth every half hour until two grains are given, and follow Monday morning with one table-spoonful of epsom salts. This is to detoxify the patient at once. Monday, Tuesday, Friday, and Saturday give one table-spoonful of milk every hour. Sunday, Monday, Tuesday, and Wednesday give one-half glass of milk every two hours. Thursday, Friday and Saturday give one glass of milk and a saucer of well cooked rice three times per day. The fourth week give one glass of milk, a saucer of rice or Cream of Wheat, and a very soft coddled egg three times per day. Home made ice cream may also be given once per day the fourth week. Fifth week let the patient gradually return to a regular diet, leaving off for several weeks meats, (except chicken or turkey) sweets, cabbage, beets, raw onions, pickles, and the like. Water may be taken all through the diet as desired.

The stomach should be washed out at least twice per week. Osteopathic treatment should be given once or twice per week according to the spinal lesions. Sodium bicarbonate (common baking soda) may be given for severe pain in one-half teaspoonful doses.

For severe hemorrhage from gastric ulcer, I have used Monsen's solution thirty drops to the quart of water, as a lavage, also ice to the stomach with absolute rest, and no food. This treatment has proven quite effective.

While taking the diet it is preferable to have the patient in bed for the first two weeks at least. Some, when physically very strong, prefer being up and attending to a portion of their duties.

The Lesion of Hyperopia

William L. Grubb, D. O., Oph. D., Pittsburgh Pa.

This title was suggested by the fact that "more than 99 per cent of all people are lacking in development of some part of the body and at least 90 per cent are deficient in the eyes." The eyes attain their development about the age of 12 years. There is, therefore, no known treatment that will overcome this anatomical defect or lesion after the period of normal development has passed. If work is begun on the lesion about the age of five years, there is some hope of relieving the strain of accommodation so that the natural forces of the organism may be directed to building up the structures to their normal form instead of being used to overcome the lesion.

The eyes through the power of accommodation can overcome the lesion of hyperopia (far-sightedness) within certain limits, but in so doing there is nerve strain. It is the effort to overcome this lesion which makes nerve strain through the eyes "the PRIMARY cause of at least 85 per cent of all human ills." With this primary cause, the lesion of hyperopia, are associated many contributing causes, as the various spinal and bony lesions, congenital conditions, infection (physiological and mental), "mal-nutrition, physical shock, mental shock, physiological strain, mental strain, habits, occupation," etc.

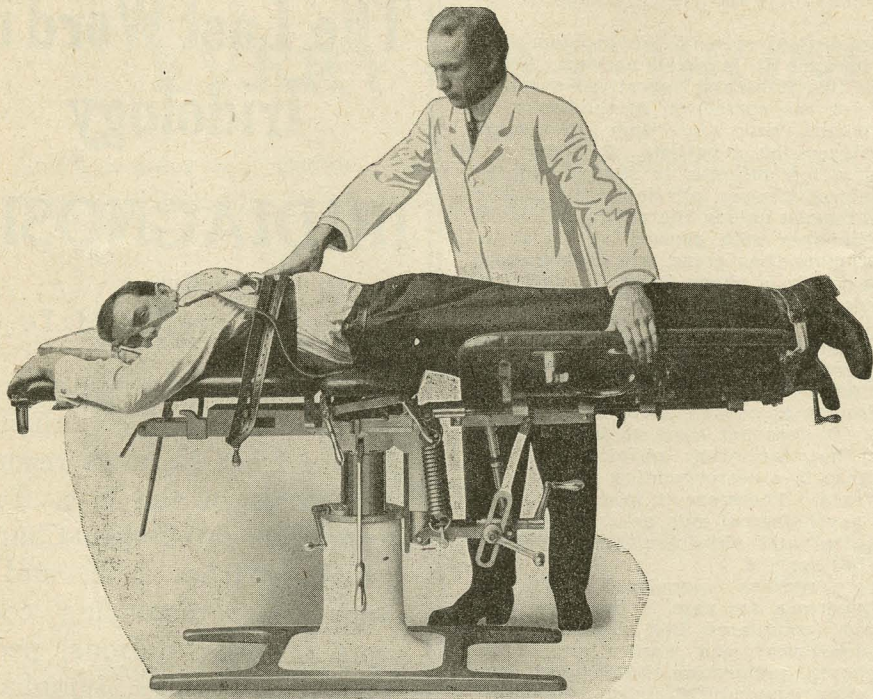
The body is supplied by 43 pairs of nerves, FOUR and ONE-THIRD pairs, or 10 per cent, supply the eyes, thus giving them ONE-TENTH of all the capacity to make trouble

or conduce to comfort. The nerve force necessary to operate the functions of the eyes is supplied through the cerebellum which also furnishes the other organs of the body with their nerve force. These get the extra voltage as well as the eyes but as they do not need it, it causes disturbance in these organs, hence they become the objects of a great deal of mal-treatment. This is an important point for you to bear in mind. For no treatment can be permanently effective unless the cause is removed.

The adjustment of the lesion of hyperopia involves three factors: the mechanics which has to do with the forms of lenses, the physiology and the mentality.

In the matter of lenses to be used, Nature has given us a pattern to go by in the crystalline lens which is the biconvex form. The biconvex is the natural form, therefore superior to the meniscus or so-called toric form. The deep meniscus or so-called toric lens which is being exploited today, violates fundamental optical principles. The use of this form of lens and the wrong use of the concave form is the cause of a great deal of artificial hyperopia. The false claims made for the superiority of the deep meniscus or so-called toric lens can be demonstrated by drawing, by the arithmetical method and by actual test with lenses. For the latter take a 5 diopter lens from your trial case (the biconvex and biconcave forms of lenses are used

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G. V. Webster, D. O.
Carthage, N. Y.

Osteopathic Health

for
October

Every-Day Osteopathy

Brief Facts About Some of the
Common Ills It Cures

- Kidney Disease Not Associated With Backache.
- Sleep for the Sleepless.
- Chronic Suppuration of the Ears.
- Bronchitis Cured by Adjusting a Vertebra.
- Chronic Headache Curable.
- Eye-Strain May be Due to Faulty Body Mechanism.
- Gallstones.
- Asthma.
- Neuritis.
- Acute Congestion of the Liver.
- Constipation.
- Stomach Trouble.
- Facial Paralysis
- Anemia—What Is Best for It?
- Dyspepsia from Two Viewpoints
- Cause and Cure of Catarrh
- Insanity and Mental Troubles.
- Osteopathy After Confinement.

You need this magazine as an aid in your every-day practice. It means more money for you, because through it you cause more people to rely on osteopathy and desire your services. The demand for osteopathic treatment grows in proportion to the extent the people know about it and its benefits.

universally as trial or test lenses—a suggestive point) and a deep curved meniscus lens and see which forms the clearer image or picture.

The physiological side of the problem is a vital one because it involves nervous, blood, lymphatic, digestive and egestive systems. Refraction for the correction of the lesion of hyperopia means vastly more than just putting a pair of glasses on a patient. It takes anywhere from a few minutes to several months to fit a pair of glasses physiologically. The general impression among the people in regard to fitting the eyes with glasses is that it involves little more than going into a shoe store and having a pair of shoes fitted. In fact one eminent judge took this view of it. Opinions of this character are about on par with those who claim that they can be made professional eye doctors over night or "while you wait" by legal enactments.

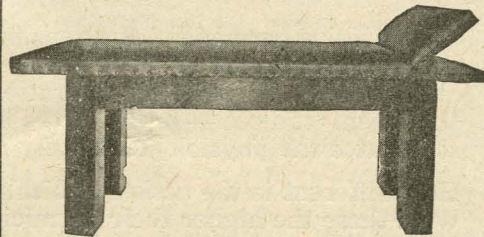
The mentality is equally involved with the physiology. It does not seem to be generally recognized that for every physiological disturbance there is a corresponding mental one, and vice versa. Therefore it is necessary to weigh the psychological side as accurately as the mechanical and physiological, if the patient gets full service.

Common symptoms associated with the lesion of hyperopia are pain in the eyes, pain in the head, granulated lids, inflamed lids, painful vision, weak and watery eyes, glaucoma, trachoma, indigestion, biliousness, constipation, piles, appendicitis, sick headaches, heart troubles, amenorrhea, dysmenorrhea, menorrhagia, etc.

It is a fact that many who are now wearing glasses suffer from some of the above symptoms because the lesion was not fully corrected in the first place, hence the claim made by many eye specialists that you should have your eyes examined about every two years. Conservatively speaking, only about 50 per cent of the lesion of hyperopia is corrected by the methods in general use today.

Few know the capacity of defective eyes to disturb the equilibrium of the nervous system. Good vision is absolutely no proof that the eyes are good. Many who can see perfectly are sufferers from nervous ills of one kind or another and never think that the lesion of hyperopia is the cause of it all.

The eyes are too delicate, too complex, too important in their functions, too intimate in their relationship to the other organs of the body and the results of eye strain too far reaching for these organs to be entrusted to anyone to examine and care for except a true Ophthalmologist who has had the most thorough training in anatomy, physiology and physical optics.



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Dr. M. writes: "Where can I procure DIONOL in Philadelphia? Have just cured a case of Varicose Ulcer with same."

Chronic Leg Ulcer

Dr. C. writes: "I have completely cured a chronic ulcer of the leg in six weeks with DIONOL. Several other doctors failed in this case. Never saw a nicer result."

Carbuncle

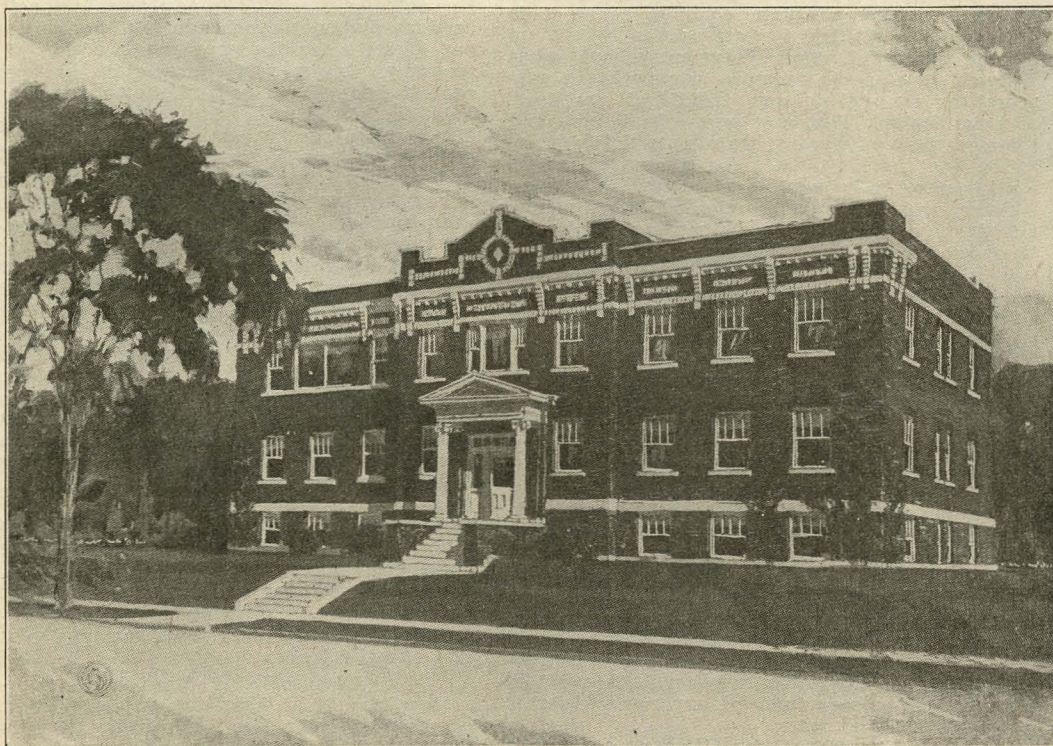
Dr. W. writes: "That case of Carbuncle I ordered DIONOL for cured it in great shape, and I received the fees and many bouquets. Thanks to DIONOL."

Infected Wound

Dr. C. writes: "A shrapnel wound in the foot of a Canadian soldier had failed to heal under any other treatment. Naturally I had little hopes of helping him. So gave him some DIONOL temporarily, with instructions. Sometime after he came in and showed me that DIONOL had healed the wound completely. No use saying I was surprised."

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Our institution is entirely out of debt and paid for from the receipts of our practice. It is one of the best equipped small hospitals in the state. We maintain a fine home adjoining for nurses. We are prepared to handle successfully all classes of surgical cases and invite the co-operation of osteopaths.

An able staff supports Dr. Laughlin in the following departments: 1. Osteopathic. 2. Orthopedic. 3. General Surgical. 4. Obstetrics. 5. Gynecology. 6. Nose and Throat. 7. Proctology and Urology. 8. X-Ray and Laboratory Diagnosis.

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

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

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BUILDING SUCCESS *in* PRACTICE

A Look In On "The Prosperity Clinic"

An Interesting Exchange of Ideas on the Big Job of Promoting Osteopathy

By Ralph Arnold

Letter from Dr. Jorris.

I am a member of our state committee on public education for this year and I hope we can get every D. O. in the state to do something in the way of educating the public. In order to meet every one's viewpoint on advertising or promotion work we will probably divide our work into three or four plans: Such as (1) giving an osteopathic book to each patient as he takes his first treatment (the books suggested are "Lane," "Webster," and "Woodall") followed by a regular monthly magazine mailing list as large as possible of "Osteopathic Health," "Herald of Osteopathy," or William's booklets. This plan is a "patient getter," the best there is, but some won't use it, too much "blow your own horn" and "patent medicine," they say.

For these we have other plans, for instance: (2) Putting a copy of each book on osteopathy "of public interest" in the library; subscribing for "The Osteopathic Magazine" to be sent to leading citizens and to every reading room in the community; A. O. A. literature and pamphlets and Bunting's "Harvest Leaflets" to patients.

Plan (3) lectures before clubs, high schools, physiology classes, athletic clubs, Y. M. C. A.'s and Y. W. C. A.'s. Conducting free clinics. Promoting osteopathic institutions by buying bonds and selling them to patients and friends.

Another plan (4) using newspaper advertising space. Conducting "prize essay contests," and so forth.

Now why am I bothering you about this? Here's why? Give us some suggestions if you have time to do.—A. U. Jorris, D.O., La Crosse, Wisconsin.

Letter from Mr. Arnold.

Dear Dr. Jorris: You ask us for suggestions but you have outlined different plans so comprehensively that there is little further to be said as to definite methods. So what we shall say can only be in the way of comment or elaboration on what you have already suggested.

Plan No. 1 which you suggest is by far the most practical and efficient plan for osteopathic physicians to use. It will produce more lasting influence and more direct results than any of the other plans suggested, or all of them combined, although they, each of them, have some value, and part of them could be used coordinately with and supplementary to plan No. 1.

The only thing I would say further about plan No. 1 is this: In connection with it, for those who are ambitious to circularize their communities to the fullest extent possible and reach everybody with osteopathic literature and yet wishing to make the expense as economical as possible, I would recommend periodical "missionary" mailings of our new miniature "Harvest Leaflets" of four, six and eight pages, which we are producing and sell at \$10.00 to \$20.00 a thousand. These "miniature pamphlets" are not intended to and do not take the place of "Osteopathic Health" but supplement it. They are designed to be first-attention-getters, interest-arousers, and should be used on large general lists of persons who are not known to be interested in osteopathy. Such a list of names can be taken from the local telephone or other directory. As soon as any of the persons thus circularized mani-

fest any interest, their names and addresses should be put on one's "preferred mailing" list to receive "Osteopathic Health" regularly each month. These supplementary "shock-troop" mailings of the smaller pamphlets can be made at such intervals as seem needed and as most easily accord with the "pocketbook" of the practitioner using them. These extra mailings can go out every week for a good intensive campaign of 3 or 4 months, or once a month, or once every other month, or once every three months.

As instant results are desired they should of course go out weekly for three weeks, to be followed by "Osteopathic Health," and then be resumed for three more weeks until the next monthly magazine appears, and so on, in this order.

How foolish for any osteopath to object to such a working *successful* plan as your No. 1 on the ground that it is "blowing your own horn"; "patent medicine stuff," etc. It is the osteopaths who adopt such a silly attitude as this who are "beating a slow retreat for osteopathy," who give ground to the chiro, and who are keeping osteopathy from going to the front in the way that it should. In this day and generation the general public will not take the trouble to dig things out for itself. If there is anything worth while developed the public expects to hear all about it by means of printed information, either in the papers or sent to them direct by somebody; and we know that *if osteopaths do not do this work for themselves, nobody else will!* Oh, yes—the chiros will do it for them, that is, in their stead, but not for osteopathy's benefit.

As a matter of plain common sense it is really very foolish for osteopaths to set up their own individual judgment about what should be done to promote osteopathy in general or even their own individual practices, in particular. They are professional men and hence their viewpoint, training and life vocation does not fit them to be competent judges of constructive business plans and of advertising and propagandic methods and media. That may sound like rather a broad and severe rebuke but I think you will agree it is absolutely true. After all, it is nothing more or less than the attitude which the professional man in this professional capacity assumes toward the sick person. The doctor says that the sick person has neither the knowledge nor the training to take care of himself properly when he is sick; therefore the doctor says the sick person should put himself under the care of a competent physician and *follow his instructions*. That is exactly what we say osteopaths should do in this matter of promoting osteopathy and seeking to develop individual osteopathic practice and community prestige.

Advertising is fully recognized as a great science and art. To know even the rudiments of it requires long study, much experience at it, and wide general education; and to apply in a practical manner the principles of advertising to osteopathy requires both a lot of study and a vast fund of experience in this special field of work.

Then again advertising, like all the other sciences and arts, has developed to the place where it has many specialties. All kinds of advertising are not adaptable for all kinds of purposes. By no means. There are men today

devoting their entire time and energy to the study and application of certain special restricted forms of advertising. How foolish therefore for osteopathic physicians to set up their own individual policies and prejudices against this or that system of advertising or single advertising message as applied for the promotion of osteopathy, based solely upon the reaction it makes on them! Is it not only a sane but sensible attitude to seek the advice of experts in such a problem and be guided accordingly? Of course it is.

We men here of The Bunting Publications, Incorporated, have the right to speak with authority as experts in this matter of osteopathic advertising and publicity. It is our profession. Dr. Bunting has been studying, creating, applying and testing out osteopathic popular publicity for twenty-two years. The writer, under his tutelage, has been studying and applying methods of osteopathic popular publicity for twelve years. But that is not all. Dr. Bunting and myself and our co-workers of the staff have not only studied osteopathic advertising and practice promotion, but we have studied the whole subject and range of advertising, as applied to all fields of activity and industry, and have made some name in several branches of that sort of research. We have studied journalism and publishing in their every relation to advertising and propaganda. THE NOVELTY NEWS, which is the biggest periodical issued by our concern, is particularly devoted to all kinds of "specialty advertising" and by "specialty advertising" we mean advertising that is accomplished by methods and media other than "space" in newspapers and magazines. It is the creation solely of Dr. Bunting's brain and is accepted as the most unique and original as well as one of the greatest of papers in and one of the wonders of the business publishing field. This ability and expertness has been harnessed to osteopathy's advertising problem for 22 years and with that thoroughness with which he does everything Dr. Bunting both studied osteopathy and regular 4-year medicine to get his equipment for solving your advertising problem.

The medium created by Dr. Bunting for osteopathic popular publicity twenty years ago and given the unique name, "Osteopathic Health," has been and is now more extensively used, many times over, than all other mediums put together for the popular exposition of osteopathy. Its monthly circulation has represented about 85 per cent of the total magazine publicity of the profession for all these years. The methods and plans we have worked out embodying its use, together with the methods and plans we have worked out for the use of our new "Harvest Leaflets" as supplementary literature, are more extensively used throughout the profession than all other plans for popularizing osteopathy and building up practices lumped together, several times over.

Our system of service has demonstrated its merit by actual test and we can prove its efficiency and success in thousands of concrete individual instances, through 20 years. Therefore, we are well within facts when we say we speak as experts in this work; and it seems strange indeed that osteopaths who understand the value of expert knowledge so well in their own line of work should stand in the way of their own professional and financial betterment by refusing the advice and assistance of those undeniably qualified to serve them with success.

You are at liberty to put these facts up to your own associates in state committee if you feel it will bring about any harmony of new and effective action.

Discussion of Plan No. 2

Your plan No. 2 has some value but is weak compared to plan No. 1. In order that I may not be misunderstood, let me say that it is weak in the first place because merely the putting of a book or two on osteopathy into a public library is a very feeble effort at arousing "public interest"; advertising is then

Get a Bond Today and Help Us Pay for
Some of Those Shingles.

needed to send people to that book to read it. Secondly, sending "The Osteopathic Magazine" to a list of leading citizens is nothing like as strong campaigning for osteopathy as it might be for the reason that this journal deals with several other subjects not essential to or in fact any part of osteopathic science and practice. They represent other collateral interests. For efficiency and results it is a fundamental requirement that osteopathic popular publicity should be as specific and undisguised as possible and stick to its text. A person reading to find out what osteopathic diagnosis and treatment for disease are and what they may be expected to do is not hungry for light on diet, baths, better babies, sanitation, etc., which—interesting as these subjects may be to some persons—throw little or no light on the peculiar and distinctively new theory and practice of osteopathy. What does not illuminate the subject of fundamental osteopathy to an inquirer just getting his idea about this science can only serve to obscure the subject, and will delay the apprehension of those elementary osteopathic conceptions we are seeking to put over. It is fundamental psychology as well as elementary advertising that it is vastly harder and slower to explain two or five new things all at once and all together than it is one. Osteopathy, Heaven knows, is complex and obscure enough for the average mind, even when reduced to its A. B. C.'s (as we have done in "Osteopathic Health" for twenty years), without confusing it with any other science or system, art or department of knowledge, however meritorious these side issues may be in their own right. Isn't this plain common sense? Of course!

Discussion of Plan No. 3

As to plan No. 3, theoretically it sounds al-

luring but as a practical, workable proposition it is usually unattainable, except rarely and in spots. This in part is because of the expense of the popular lecture plan, the difficulty of getting united professional support for it and in part because it is difficult to find men qualified to talk about osteopathy and gifted as popular platform lecturers. The golden spoken word falling upon the ear and not backed up and reiterated by the printed word which repeatedly appeals to the eye soon loses its force in forgetfulness. The buying of bonds of osteopathic institutions and the selling of them to patients and friends "sounds splendid" but it is not advertising, it is just salesmanship, mere business, and can scarcely ever find fulfillment. It will hardly emerge from the "prospectus" stage as an organizational program. When done it will always be by individual initiative and it is to be encouraged, but is not publicity and will not function as such but in fact requires and would consume vast quantities of advertising power to make it march! There are comparatively few osteopaths with the necessary capital to invest in bonds, or having the salesmanship ability to sell them after they have made the investment. This idea is chimerical as a publicity plan and makes the fundamental error of trying to accomplish one hard task by essaying two jobs, and of the two we'll tell the world selling good gold bonds is a far harder task than selling osteopathy!

The popular lecture platform should be used as much as possible for promoting osteopathy. Likewise every osteopath ought to be willing to make some effort to dispose of the standard bonds of osteopathic institutions among his friends and patients. But to depend wholly on such methods for the promotion of osteopathy would be futile and ridiculous.

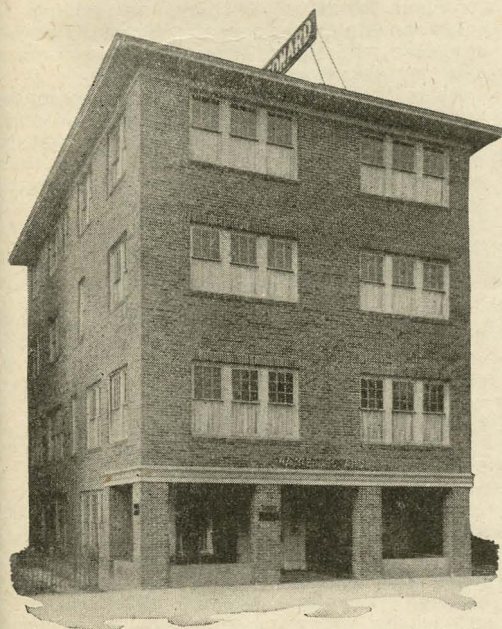
Special Information for Osteopaths

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

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

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

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



Wayne-Leonard Osteopathic Sanitarium

ATLANTIC CITY, NEW JERSEY

The only seashore OSTEOPATHIC sanitarium in the world.

The SANITARIUM operated on the HOTEL plan, where the well may come for rest and recreation and the invalid may have the best osteopathic treatment, proper diet and nursing.

*Special Treating Rooms for
Patients Not Living in
the Sanitarium*

Address

Dr. L. H. English
130 South Maryland Ave.



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

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

Will be located in

MIAMI, FLORIDA, DEC. 15th, 1920 to APRIL 15th, 1921

Will pay particular attention to referred cases

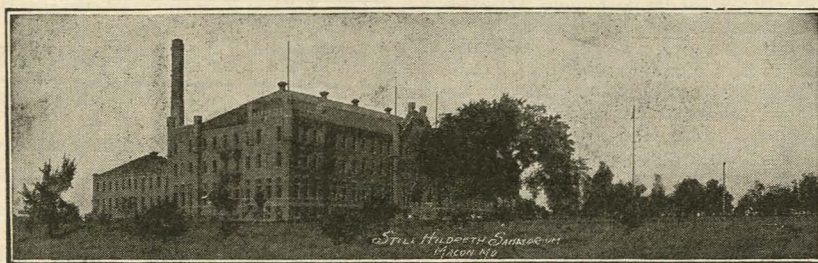
Mt. Clemens practice will be conducted by Dr. M. C. Smith



NO ADVANCED PRICES

Weissfeld Brand Washable Coats for Dentists, Doctors, Druggists, Osteopaths, Jewelers, etc., made to order or ready made. Seventy-five different materials to choose from. Write for styles, materials and prices, free upon request. Parcel Post prepaid to all parts of the world. Smoking Jackets, Dressing Gowns, Bath-Robes, and Hospital Uniforms a specialty. **WEISSFELD BROS.**, Mfrs. of Clothing & Uniforms of every description. 345 W. Broadway., New York, N. Y.

How Much of This Load Will You Share With Us?
\$1,000? or \$500? or \$100? Be Just to Your Boosters!



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

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

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

Write for Information

Discussion of the 4th Plan

As to the fourth plan, the carrying of paid advertising space in newspapers is a plan, which, for some reason or other, seems to appeal to the imagination of some osteopaths; but for reasons we have frequently analyzed and have only recently presented in detail, it is usually non-practical and, even when carried through with reasonable space for a worthwhile period with good "copy" frequently changed, it does not always yield results that can be called profitable compared with the cost of the program. To run a page space in a newspaper means that there must be a definite fund subscribed cooperatively to pay for it and this is the first inevitable stumbling block because some or many of the "subscribers" usually fall down in making payment, and the "initial gun" usually fails because of a financial tie-up. In the second place, newspaper display to be effective, should be at least of fairly large size and should be repeated for a long time, and such space runs into money and the expense is usually more than a group of osteopaths in any community feel they can afford to stand for six months or a year.

Newspaper publicity cannot be expected to be effective unless it is run consistently for many months and then again even if the osteopaths of a community "stand the gaff" for six months or a year, that is only a beginning. Space publicity or any kind of publicity is something that should be carried on all the time if the thing advertised is expected to keep on marching in public interest and favor. Any plan to prove efficient must be something that can be carried on month in and month out, year in and year out. Again, to use newspaper space effectively, special "copy" must be written frequently. It must be well written; it must be written with a knowledge of the principles of osteopathy and a knowledge of the facts of osteopathic and medical history, not to add a broad fundamental knowledge and literary culture. It must be written with a judicious blend of literary, advertising and salesmanship art. There are not many persons available with the ability to write such acceptable newspaper advertising copy.

As to the conducting of prize essay contests and the publishing of the essays or a certain number of them in the newspapers, that is a wholly different proposition and is all to the good when done properly. It is something that can be carried on occasionally with a fair amount of success, but in the nature of things it can be done only "once in a while."

Resume

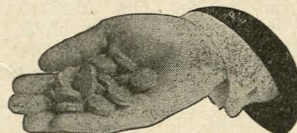
I said at the outset that what I could say would be mostly in the way of comment and elaboration on that which you yourself had outlined. I feel that I may not have offered you any new and startling plans—I do not know of any new and startling plan to suggest—except the novelty of our "Harvest Leaflets" for a good deluge of locality publicity in its initial stages at the lowest possible cost.

What the osteopaths of Wisconsin need to do to promote osteopathy in general and increase the value of their own practices in particular is to carry on a systematic, steady, extensive popular campaign of education for osteopathy and they should do it in accordance with plans which can be co-ordinated but are flexible and can be adjusted and accommodated to the needs, requirements and financial ability of each individual. In this most of them need expert guidance. They need to do their campaigning in accordance with tried and proven plans which will produce the greatest and most lasting influence as well as yield the largest and best immediate returns.

We are prepared to furnish such definite plans and the media with which to apply those plans, and likewise give such concrete service to each individual osteopath in your state as

DOCTOR—HERE IS A HELPING HAND!

WHY NOT USE Bran-O-Lax?



Gilbert's BRAN-O-LAX is used extensively by Osteopathic physicians and hospitals in treating patients for constipation, indigestion and internal disorders, BRAN-O-LAX combines the merits of all other wheat bran preparations. It is in the only logical form—that of a condensed tablet, sanitary and convenient. They will keep indefinitely.

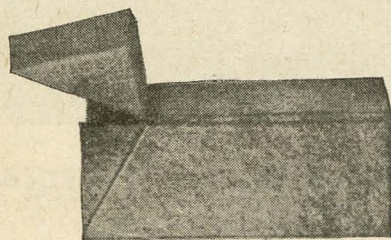
BRAN-O-LAX is a light food diet for the sick and convalescing, as well as a gentle laxative. BRAN-O-LAX contains one heaping tablespoon of plain nutritious wheat bran. In eating four or five tablets, you will have taken into the stomach more wheat bran than if you had eaten one half loaf Graham or Whole wheat bread. 1 Box 25c Post Paid U. S. or Canada.

5 Boxes \$1.00 Post Paid. Prices in quantities on request.

GILBERT BRAN-O-LAX COMPANY

Lynchburg, Va.

The Kimono Problem Solved
— BY M. C. KIMONO BOXES and CABINET —



The M. C. Kimono Box is for keeping your patient's kimono clean and out of the dust; sanitary and convenient; a separate box for each patient. Each box has a brass card holder to insert patient's name. Boxes are made of extra heavy Chip Board covered with water proof brown paper. Size of box is 13x5x5 inches. Prices:

1 Doz. Lots - \$ 7.00 2 Doz. Lots - \$13.50
5 Doz. Lots - 30.00 100 Lots - - 46.00

The M. C. Kimono Cabinet, including base, is 21 inches high, 19 inches wide, 13½ inches deep. It holds 12 kimono boxes. Cabinets are carried in stock in mahogany finish only. Prices on other finishes furnished upon request.

Price of M. C. Kimono Cabinet, mahogany finish.

With base and one dozen kimono boxes\$24.00

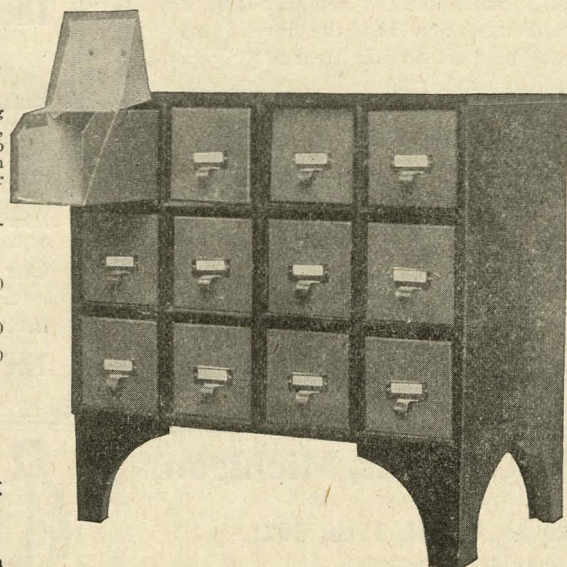
Cabinet and one dozen kimono boxes, without base. 20.50

Cabinet without base or boxes... 14.00

All prices f.o.b. Michigan City, Indiana

Michigan City Paper Box Company

Michigan City, - - Indiana



**You Can't Get a Better Investment
Because It Pays 7 Per Cent and Boosts Practice for You!**

he or she requires. It is really better that each individual should take up and apply his own publicity plan and pay his own way; but if you desire to have some plan which could be inaugurated and carried out by some committee for the collective good of all osteopaths in the state of Wisconsin, we should be very glad to co-operate with you on that basis.

—Ralph Arnold, Business Manager.

Letter from Mr. Arnold

I do not know whether the comments made in my letter met with your approval or whether I offered any suggestions of help to you in your discussions in committee; but I should like to hear from you again. I am deeply interested to know what the osteopaths of Wisconsin decide in the matter of using educational propaganda. Of course, my thought is that the solution of this professional problem lies in the intensive development of individual practice by each individual, followed up by consistent, persistent, insistent and everlasting educational publicity to the individual's clientele. By following this plan, *coupled with first class, intelligent work in the treatment room*, I feel that osteopaths can do more for themselves and for the advancement of osteopathy

than through any other system or project, no matter how alluring and comprehensive some of the schemes suggested may appear to be in theory and on paper. The practical thing, *the common sense thing, is to do the thing at hand; use the media ready to use; teach the people you can reach; do your own part in your own circle of influence and acquaintance and quit wasting time and conjuring vagaries; and if everyone does likewise, osteopaths will march and its propaganda will be a distinct professional and financial success.*

—Ralph Arnold, Business Manager.

Letter from Dr. Jorris:

Your reply to my request for information or suggestions on osteopathic promotion was received and appreciated. I realize you put a lot of thought into that letter and I thank you. I don't know what we can do here in Wisconsin but it will be largely through each individual osteopath. As an association I think very little can be done because we don't have the funds. If we could only convince the osteopaths that publicity would solve nine-tenths of our problems for us!—A. U. Jorris, D.O., La Crosse, Wis.

Dr. George J. Conley, Kansas City, Mo.:

"Every word you say in your editorial and bond advertisements in September *OP* is true. Certainly, you have a strong case with the profession and one which, on its merits, should win, hands down. The amount you ask to borrow from the profession is small; the security ample; the returns above the average; the good you are doing the profession cannot be estimated! I am with you, heart and soul."

Dr. L. A. Howes, Ord, Nebr.:

"Your publications have made us more money than any other agencies and we are in duty bound to see you through with your building project. All D.O.'s know the truth of the main facts set forth in your editorial on your publishing relations to the osteopathic profession. I believe your bond proposition is absolutely safe as an investment and shall do my best to help your dreams become a reality by becoming an investor in this security."

Dr. L. B. Overfelt, Boulder, Colo.:

"I am very favorably impressed with your bond proposition and I appreciate the efforts you have been putting forth for the advancement of our science and profession. I think that every D.O. should stand behind you in your proposition."

Dr. Raymond Charles, Des Moines, Ia.:

"The profession should be more than glad to subscribe the total bond issue for your new printing industry at Waukegan and at the same time find great pleasure in doing so. You are paying a good rate of interest and offer the best of security, so you are really not asking a favor; yet you would not only be entitled to ask a real favor or two, but have much right to demand it for the services you have previously rendered us. I have not been in practice two years since leaving the army and so far it has been a bread and butter problem with me, but I will be able to contribute my share before the bonds are all placed and I shall gladly do so."

Dr. C. J. Gaddis, Oakland, Calif.:

"I think it is good that you let the profession know just what you have been doing for us through the years, and to the extent that you have profited and sacrificed. For one, I never had the idea that you were making any great profit out of your work for the profession, and often said so. You have done too many fine things in a big way for the osteopathic profession not to have at heart deep appreciation. This bond proposition you have submitted is in a way a test of that appreciation and I hope there will be a response as fitting as you so richly deserve. We all like to see a man take hold of a big game and play it through with spirit, as you have. All success be yours."

Dr. Geo. M. McCole, Great Falls, Mont.:

"I have read your information on the bond issue and believe the investment is a first-class one. I have spent considerable time in the last few years studying the bond and preferred stock market and have gone through the kindergarten of "sure things" into the "high school" of good investments, so that I realize what you have to offer is first-class. I am at present and perhaps will be for a few months tied up in investments. If, however, I can clear up with what I have on hand before your bond issue is all sold, I will take a \$1,000 bond."

Dr. Hugh W. Conklin, Battle Creek, Mich.:

"Your bonds look good to me as an investment and the work of yourself and staff look good to me as osteopathic supporters, so why shouldn't we, the profession, back you up in your practical building project? We shall!"

TO SEE OURSELVES as OTHERS SEE US

How the Profession Supports Our Building Plans

A Representative Bunch of Our Bond Buyers

Dr. A. Pflueger, DeLand, Fla.:

"I heartily agree with all your expositions. Your bonds are a splendid investment for all reasons, not least of which is what you are doing and will continue to do for the osteopathic practitioner, as his publicity agent. It is a sad thing that such a sound and remunerative investment was not over-subscribed by the profession in thirty days. I place my subscription herewith for delivery of bonds after January 1st, 1921."

Dr. W. Curtis Brigham, Los Angeles, Calif.:

"I think your scheme is a fine one and am sure that the investment is safe and sound. What you are doing to promote the interests of the profession by your educational journalism will give back the osteopathic investor much more than his 7 per cent interest on his investment."

Dr. Arthur S. Bean, Brooklyn, N. Y.:

"Even before getting your letter I felt that you were asking nothing unreasonable in claiming my support for your building enterprise, and I surely want to have a part in all such good work for the profession. I really feel that we, as a profession, owe some obligations to you and it is the least we, as osteopaths, can do—to buy your good bonds at this time, especially as it is a safe proposition regardless of the sentiment which we naturally feel towards you for your loyal work in behalf of our prosperity. I enclose my bond subscription herewith and am quite sure I will do more a little later on."

Dr. Franklin Fiske, New York City:

"There is nobody who appreciates more than I do what Bunting has done for osteopathy and I shall figure out what I can do for my bond subscription before your issue is all placed."

Dr. W. W. Howard, Medford, Ore.:

"You have a fine proposition, you deserve the support of the profession, and I wish to help."

Dr. Webster S. Heatwole, Salisbury, Md.:

"Reserve for me Bunting Building Corporation Bonds 7 per cent First Mortgage Real Estate Gold Bonds to the amount of \$300."

Dr. Payson W. Hoyt, Hoopetown, Ill.:

"Put me down for a \$100 bond by October 1st if they are not all sold by that date."

Dr. E. H. Cosner, Dayton, O.:

"When I say put me down for \$300 of your excellent building bonds I am wishing I were able at this time to take \$3,000. You deserve business support by us as a profession—all we can do to co-operate with your fine work for the osteopathic propaganda."

Mrs. Mae V. Hamilton, Kirksville, Mo.:

"I want to show my appreciation in a small way for your vast services to osteopathy, so will take one bond."

Dr. W. J. E. Dillabaugh, New York City:

"I will only be too glad to make a substantial investment in your bonds. I feel that it will help myself, help you and help osteopathy."

Dr. E. R. Booth, Cincinnati, O.:

"I read what you said in *The OP* about your services as publisher to the osteopathic profession and can agree with most—practically all—you say. I showed my appreciation for your work in a small way by sending you a check yesterday for a \$100 bond. You deserve success and I hope that your fondest expectations may be realized."

Dr. Lewis Bowlby, El Paso, Tex.:

"Enter my subscription for one bond. I wish I could buy more of your good security, for the reasons, first, that it is a safe and sound investment, and second, I want to help you achieve your dreams to the fullest extent that I can. So probably I will come through for more later."

Bunting Building Corporation Bonds Are
Delivered Just as Soon as You Pay for Them.

THE OSTEOPATHIC PHYSICIAN

Dr. Morris M. Brill, New York City:
"I want to help your good work and will subscribe for one bond and send my check as soon as notified."

Dr. M. Kingman, West Somerville, Mass.:
"Allow me to congratulate you on your progress. It is a good investment, too. I was in the banking business before I studied osteopathy and pride myself on knowing a security and a real safe investment when I see it. My sincere wishes for your success."

Dr. Lena D. Kuppe, Chicago, Ill.:
"Here's the cash for a \$100 bond. All success to you."

Dr. Leslie S. Keyes, Minneapolis, Minn.:
"I consider your investment certainly gilt-edged and I hurry to send in my subscription before you have a chance to beat me to it by making a personal request that I do so."

Dr. A. E. MacGilliard, Granite City, Ill.:
"I am loaded just at present but will get in on your good bond proposition just as soon as possible."

Dr. Geo. T. Leeds, Yonkers, N. Y.:
"Yes, reserve a single \$100 gold bond for me and I will pay it at the rate of \$25 a month. I certainly wish you success in the new building and publicity enterprise."

Dr. W. L. Lyda, Great Bend, Kans.:
"Had intended taking more than one bond but other obligations have come up unexpectedly. The best support is none too good for you."

Dr. W. S. Mills, Ann Arbor, Mich.:
"I have read your editorials and bond proposition. Want to get in on this deal with you, for I believe in it, believe in you, and believe we of the profession owe you more than we can ever pay in dollars."

Dr. Coyt Moore, Baton Rouge, La.:
"They look good to me as an investment. The very best of success to your project as you all are certainly deserving of it."

Dr. Vernon W. Peck, Pittsburgh, Pa.:
"I want you to succeed and am sorry that at present I cannot take even more than you suggest. I think our profession should stand back of you in this matter to the extent of their ability."

Dr. Eugene Pitts, Bloomington, Ill.:
"You surely present a first-class investment opportunity to us; we investors will help our own pocketbooks by helping yours; and surely we osteopaths of America owe it to the science to help you put it over."

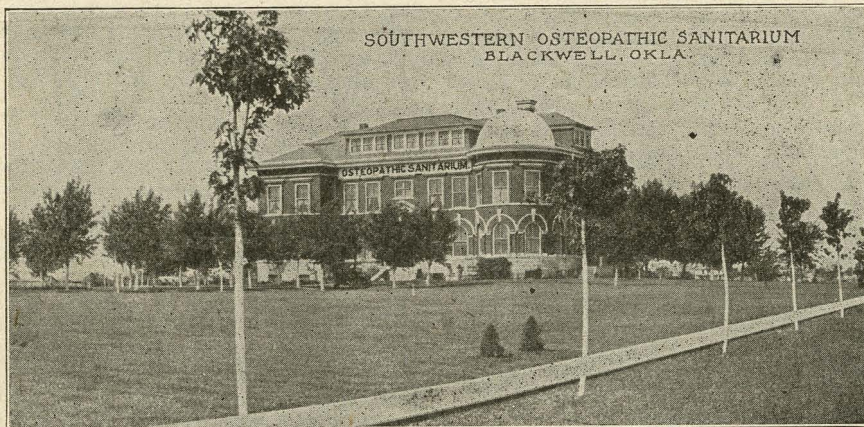
Dr. Anna K. Stryker, New York City:
"It was my intention to send you my bond subscription and check in answer to your first appeal, but in some way it was first overlooked and then got destroyed. Here they are. You have my best wishes for your success; and I have no doubt it will be all you desire."

Dr. S. L. Taylor, Des Moines, Ia.:
"Your publishing enterprise is an osteopathic necessity; your bonds are attractive because a safe and profitable investment; and we as a profession must give you all the co-operation you need to make your building project a grand success."

Dr. Mead K. Cottrell, Cleveland, O.:
"I am glad to come across with a \$100 bond if that will help."

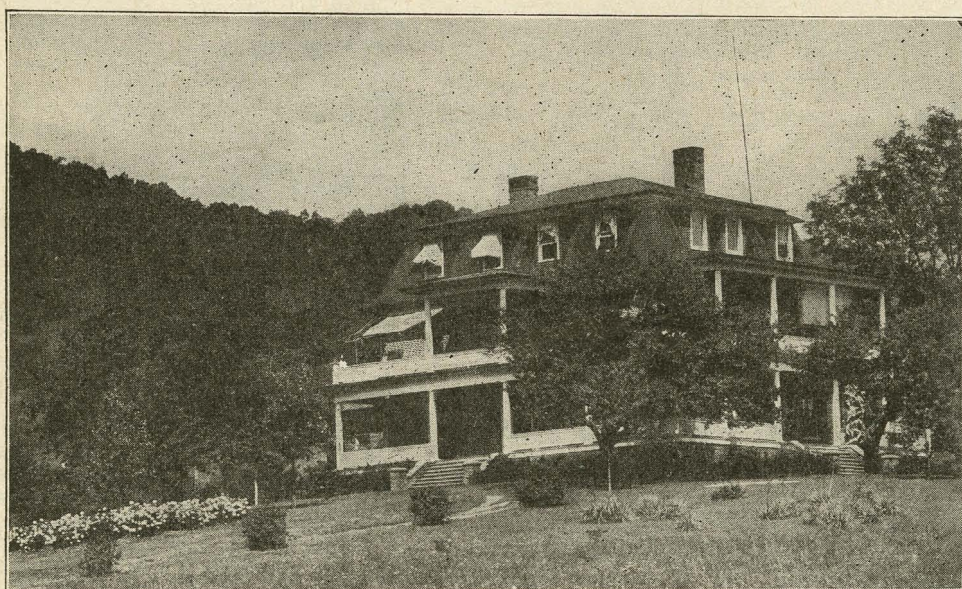
Dr. O. A. Vold, Chicago, Ill.:
"Yes, I want to co-operate. I think every osteopath should buy all of your bonds he or she is able, for *Osteopathic Health* is the greatest argument for the science that can be put out. Within thirty days will know how much of your bonds I can handle."

Dr. Asa Willard, Missoula, Mont.:
"I happen to have some knowledge of the publishing work your company is doing in connection with your journal, THE NOVELTY NEWS. I know of the standing it has in certain business circles, and I regard the bonds you are putting out as a safe and gilt-edged investment."



The hospital stands for only the best in hospital care and treatment. Purely Osteopathic. Chartered on "non Profit" basis.
The future of osteopathy demands that the profession shall have creditable institutions. Are you doing your part to make such institutions possible?
This hospital is classed A-1 by Oklahoma Department of Charities.
Training School for Nurses. Best Course of Study. Registered by State Nursing Board.
Pupils wanted. Expense allowance given.

SOUTHWESTERN OSTEOPATHIC SANITARIUM - - - Blackwell, Oklahoma
Dr. Geo. J. Conley, Chief Surgeon; Dr. H. C. Wallace, Surgery, Orthopedics, Diagnosis; Dr. L. S. Larimore, Eye, Ear, Nose and Throat and X-Ray; Dr. C. D. Ball, Obstetrician; Dr. S. T. Anderson, Staff Physician; Dr. C. G. Tillman, Laboratory and X-Ray Diagnosis; Dr. W. W. Palmer, Staff Physician; Dr. M. M. Estlack, Staff Physician; Dr. L. V. Cradit, Eye, Ear, Nose and Throat; Dr. Mary Quisenberry, Staff Physician; Miss Bessie M. Hutchison, R. N., Superintendent of Nurses.



ASHEVILLE OSTEOPATHIC SANATORIUM

Devoted to the osteopathic care of patients. Rest Cure with Milk Diet, or Scientific Dietary, as indicated in each case. Correspondence invited. Rates on request.
ELIZABETH E. SMITH, D. O. - - - Asheville, North Carolina

May We Record Your Name Here Next Month?

Will you gladden our hearts by speaking up today for any portion of our bond issue from \$1,000 to \$100 and thus help us to put it over by Christmas!

—HSB.

Help Us Put It Over by Christmas!
You Can Do It by Buying Your Bond Today!

Little Stories of the Clinic

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

Mr. Lary, of this city, aged 63, was a railroad mechanic of no mean ability. He could build a locomotive from the ground up. For the last two years he has been subject to involuntary shaking of the hands, probably of the nature of beginning paralysis agitans, but this did not prevent him from pursuing his occupation.

About six months ago, nervousness and weakness caused him to go to the Railroad Hospital in Salida, Colorado, where he was thoroughly examined and given the best of medical care, but failed to improve. At the request of the physician in chief, he went to Denver to see a big nerve specialist, who examined him very carefully, then gave him a cold stare and stated: "I can do nothing for you." He left the office feeling very much distressed and as though his doom had been sealed. He returned to the hospital at Salida and became bed ridden. Then his wife and a friend took him home, bringing him from the depot in an ambulance. He was at his home several weeks before I saw him. Several different local physicians attended him. I am told that nine different physicians pronounced the case as hopeless. July 14th, I was called to attend him. He was as emaciated as a starving Hindoo. He had been unable to retain food for twenty-eight days. In fact, he would vomit up most of the water given him as well as his food. He had the Argyle Robertson eye. Knee reflexes nearly gone. He had terrible gastric crises and great bronchial distress, difficult coughing without expectoration, great huskiness of voice and stabbing pains in his legs. He slept very little. His hands shook very much and he was unable to feed himself or hold a glass of water to his lips. At no time would the closing of his eyes when standing or walking cause him to stagger or fall. All his attendants had expected death most any time. Several times they thought he was dying. A son recently arrived from a distant city. He told me he thought his father was unduly alarmed over his situation and blamed his physicians for some of this alarm. I assured them that I believed there was a fighting chance. The son worked hard to reassure his father. I found rigidity of the vertebrae, especially the lower dorsal, and some tension at the pylorus. I tried to relax the pylorus and gave gentle separation movements of the spine. Several times I gave him the windpipe technic described in the Osteopathic Physician of June, 1919. The windpipe treatment was very distressing to him. At the end of ten days, he told me he could not sleep because of cough-

ing and distress in the throat and I rather insisted on this treatment. We secured a long adherent string of mucus that looked like a tape worm. After this he slept better and was ever afterward relieved of his bronchial and laryngeal distress, and the huskiness of voice disappeared. Almost at once after beginning treatment he was able to retain a little food and water. One morning, nearly two weeks after I began to treat him, his gastric crises seemed more terrible than ever. He had passed a miserable night and he begged for relief. He said his physicians did not believe he had locomotor ataxia, but I regarded

FREE An Instructive Lecture Course

The Spine in its Relation to Disease. A Post Graduate Mail Course in Spinal Reflexes, The Use of the Sinusoidal Current and Spinal Concussion, Complete in Twenty Lectures.



Ultima No. 4
SINUSTAT

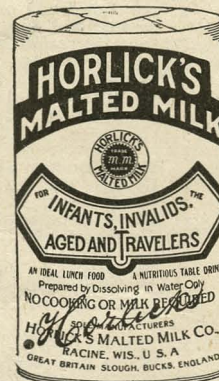
A limited number will be furnished gratis with the ULTIMA NO. 4 SINUSTAT as long as the supply lasts. A complete galvanic and sinusoidal apparatus with motor generator for operation on A. C. or D. C. A wonderful value for the money, still at 1919 price. Mail postal today for full details. Ultima Physio Medical App. Co. 136 W. Lake Street, Chicago, Ill.

The Diet in Typhoid

and other fevers and diseases
prevalent at this season

As the intestinal tract is seriously involved in Typhoid fever, the dietetic problem is one of first consideration. A liquid diet is largely essential, in which connection "Horlick's" has important advantages, being very palatable, bland and affording the greatest nutriment with the least digestive effort.

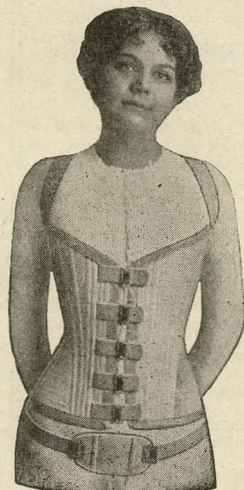
Samples prepaid upon request



Avoid imitations by prescribing "Horlick's the Original"

Horlick's Malted Milk Co., Racine, Wis.

Letters in Evidence from Osteopathic Physicians



Letters which we have received from many osteopathic practitioners of highest repute give conclusive evidence of the corrective efficiency of the Philo Burt Appliance. These voluntary endorsements from well-known physicians are not based on single isolated cases, either, but, in some instances, on the physician's experience in as many as ten or twelve cases of spinal weakness or deformity. Drop us a card or a note asking for this proof. It is of importance to you.

Philo Burt Spinal Appliance

Made to Order after Your Own Measurements

The Philo Burt Appliance is as firm as steel where rigidity is required and as flexible as whalebone where flexibility is desirable. It lifts the weight of the head and shoulder off the spine, and corrects any deflection in the vertebrae; is easily adjusted to meet improved conditions in cases of curvature; can be taken off and put on in a moment's time, for purposes of osteopathic treatment, the bath, massage or relaxation; does not chafe or irritate.

30-Day Guaranteed Trial

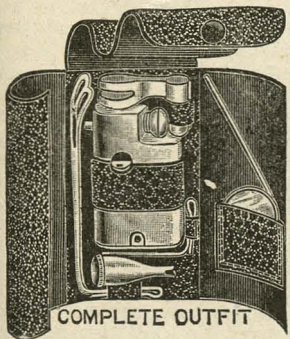
We will make to you a Philo Burt Appliance for any case you are treating, allow its use on a 30-day trial and refund the price if, at the expiration of the trial period, the appliance is not satisfactory in your judgment.

On request we will send detail and illustrated description of the Appliance, and proof of its corrective efficiency. Write today. Special price to physicians.

PHILO BURT MANUFACTURING CO. 141W Odd Fellows' Temple, Jamestown, N. Y.

A Pocket Diagnostic Light
for every purpose

"The DeLyte Surgeon"



Contains an electric headlight; a tongue depressor; a nasal speculum; an ear speculum and eye and skin diagnosis magnifying glass. Standard Battery and lamp. Real leather case. Price prepaid \$7.50

MRS. G. SILVERMAN
1115 Reliance Bldg. CHICAGO, ILL.

Help Put a Roof Over the Presses
That Grind Out Osteopathic Success.

his trouble to be of that nature. At the Chicago convention I had heard Dr. Forbes say that the great thing to do for locomotor ataxia was to secure backward bending of the spine, especially the lower dorsal, so, notwithstanding the emaciation and extreme weakness of my patient, I discarded my gentle treatment and pitched in to thoroughly articulate the spine and strove particularly to bring about pronounced backward bending. From this time began marked improvement. I treated him again in the evening and from then on treated him twice a day for more than a month, and at every treatment I secured pronounced back-

ward bending of the spine. Soon the gastric crises ceased entirely and he began to eat food like a farm hand and to digest it. Everybody marveled at the remarkable way he put on flesh. He soon began to have swelling of the feet and ankles, which after a while extended above the knee. This has not disappeared entirely up to this time. September 13th, he walked two miles without distress. He is free from pain of any kind, sleeps well and can digest readily normal quantities of food. September 15th, he went to Seattle, and October 6th, wrote a letter saying he was continuing to improve.

COMMENTS

No. 1. It is a thrilling experience to find a man on the brink of the grave and be able with one's ten fingers to place him where he is safe and comfortable.

No. 2. I might not have been able to have saved this life, had I not attended the convention and learned what others are doing.

No. 3. When a man is desperately sick and weak, it is extremely difficult to tell how much force to use with the ten fingers that you are relying on to save life. We ought at first feel our way carefully, but if a thing has to be done to save life, we may have to venture trying to do it, even though it does seem harsh.

No. 4. I consider the conduct of the Denver nerve specialist very reprehensible. I do not believe in lying to any patient under any circumstances, but I do believe that almost always "While there is life there is hope," and it is brutal of any physician to take away this hope. Mr. Lary had a very impressionable type of mind. He told me how his son's encouragement and my statement that there was a fighting chance had made him determined to fight for his life. While recovery was made possible by the aid of the ten fingers, yet psychotherapy was of great aid.

Use Our New 'HARVEST LEAFLETS' for Your Fall Campaigning!

NOW READY

We announce publication of a new line of twenty-three introductory and supplementary printed leaflets designed to enable Osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make it easy and economical for you to undertake broadcast distribution, and to engineer systematic rapid-fire follow-ups where the cost of using a magazine would be felt as a deterrent factor. You can economically and speedily cover entire lists of any size by this medium and command instant attention. The harvest will be proportional to the sowing.

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- What Doctor Shall I Employ? Disease Caused by Mechanical Pressures. Price \$9.50 per thousand, with or without your professional card.
- How Osteopathic Patients are Treated. Getting Well All Over at the Same Time. \$1.25 per hundred.
- Building Up Weak Throats. A Chiropractor at Work. (George Creel in Harper's Weekly).

6-Page Harvest Leaflets

- What Is Osteopathy? A Word to Former Patients. Price \$12.50 per thousand, with or without your professional card.
- What Osteopathic Fingers Will Do. Neuritis From a Slipped Rib. (As told in Gubernatorial Veto, Supreme Court Decision and A. M. A. Journal Editorial).
- Where Chiropractors Are Made. (A Reprint from the A. M. A. Journal).
- Chiropractic Kleptomania. \$1.50 per hundred.

8-Page Harvest Leaflets

- An Explanation of Osteopathy. (As Stated by the London Times). Price \$18.00 per thousand, with or without your professional card.
- Why the Spine is the Basis of Health. \$2.00 per hundred.
- What Osteopathy Does for Women. Osteopathic Aid in Pregnancy and Confinement.

1-Page Harvest Leaflets

- Habit in Suffering. Price \$5.00 per thousand, with or without your professional card.
- The Osteopath's Point of View. An Osteopath. \$0.75 per hundred.
- The Nine Modern Wonders. Osteopathy is Not a Remedy. Dr. Atzen's Definition of Osteopathy.

Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs \$1.00 extra.

These folders are sized to go in an ordinary letter envelope.

This complete series of "Harvest Leaflets" is now off the press and ready to ship as fast as orders come in. Prepare your big lists. Get busy. We are ready when you are. Orders filled in sequence as received by us.

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

This medium for broadcast campaigning was planned by us three years ago but setting it going was delayed by the war and its resulting unsettled conditions. October, 1920, is the ripe time for putting your scythe to the bending grain. The public are in want of it. Are you with us, as usual?

Faithfully yours for Osteopathic prevalence,

The BUNTING PUBLICATIONS, Inc.
Henry Stanhope Bunting, President. 9 So. Clinton St., Chicago.

"Maniping" a Horse for Thermic Fever

By James D. Edwards, D.O., St. Louis, Mo.

If the veterinary surgeon would recognize the fact that osteopathic principles can be applied to the horse, or any other animal, he would eliminate 95% of the deaths attributed to "Thermic Fever" (heat exhaustion).

The anatomical structures of the cervical region of the horse bear the same relations as it does in the human being; and proper attention and appropriate manipulations to that area would easily drain the congested vascular system of the head and inhibit the stimuli to the various centers within the medulla oblongata.

A system of manipulations would of course necessitate some heavy work; but considering the rapid recovery, lessened convalescence and avoidance of the dangerous sequels these would amply reimburse the surgeon for his muscular fatigue and showers of perspiration.

If you will pardon my mentioning a personal experience, dated July 4th, 1917, I will try to illustrate a case of a fine highly valued coach horse down with "Thermic Fever." While attending a picnic I witnessed the medical attempts by a prominent veterinary surgeon doing his utmost to raise that valuable brute; and after two hours of close attention, he finally advised its owner that he had done all he could and he expected the animal to expire very shortly. I overheard the conversation and could stand it no longer. My osteopathic combative spirit was awakened and boiling over. I called the doctor aside, introduced myself and asked him if he would appreciate an osteopathic suggestion. He thought a moment, took another look at the horse and said:

"Yes, I will gladly try anything you suggest. I have done my best."

I then suggested that he raise the head, and request one of his assistants to carry the head backwards and forward with traction and place a man on each side of the neck and counteract the movement of the head by pressure upon the cervical region which would relax the tightened tissues of that area. I followed this by a manipulation to relax the tissues beneath the angle of the jaw (manipulations slowly applied). The animal became uneasy, opened its eyes and made several attempts to arise and within 30 minutes he was up, but very weak and necessitated support by four men on each side.

I then suggested that the muscles of the limbs and tissues about the back be manipulated. This was done faithfully and I was

Your Money Will Bring 7 Per Cent With Safety In a Bunting Bond Besides Boosting Osteopathy.

astonished to see the results. I was rewarded by seeing the horse walk about one block to a cooler spot and recover nicely. I approached the doctor and said:

"Doctor what is the prognosis?"

He smiled and replied:

"Considering posture and attitude of that brute, if them niggers don't quit rubbing them limbs, there will be some more work for the osteopath."

The negroes at that moment were dodging the hoofs. He thanked me and invited me to take a drive with him through his territory,

stating that he would introduce me to his practice which included some good towns within which I am told that he is well liked and considered a good veterinary surgeon. He also stated that he would never forget that neck manipulation and would let me know how he found the results in other cases. I advised him that I was very much interested and would appreciate any such information.

Now doctors, if you see a brute in that condition next Fourth of July and the attendants failing to restore it, speak up and apply your osteopathic principles. You will no doubt find it heavier work but you will be rewarded.

HOW TO BUILD PRACTICE by ETHICAL PROMOTION

SAVING THE PRACTITIONER'S HOURS

If the doctor who mails out his own field literature only realized what advantage and profit there are in having it done for him on a regular schedule, he would never think of bothering with it himself again—not, at least, if he is busy.

We would like all who read this statement to get the point of the view of the satisfied practitioner who has tested the plan and would not go back to the old basis under any circumstances. Here is what our practitioners say. They advise you to accept the mailing service. Does it interest you?

I cannot think of one objection to your "mail list" method of sending out "Osteopathic Health." In fact, it is the only way to do it successfully. Even tho one has a secretary (the fact he has one shows he is busy) no time can be found by the average practitioner to mail the magazines regularly and if they are not sent out regularly, their value has depreciated to almost nil.—*W. E. Waldo, D.O., Seattle, Washington.*

I have used "Osteopathic Health" service for several years. At first I tried to mail out the magazines for myself; but with a busy man that does not work. Then I took the "mailing list" plan—having you attend to the details—and found the results entirely satisfactory. Many people—and of the best here—speak of the magazines very favorably. Of late I have had 400 on my list and they all receive their magazines REGULARLY. As a matter of fact I would increase my list to 500 names right now but for the reason that I have to pay 15% exchange on the bills and 15 cents on each pound that the Customs Officers gather out of the mails. When customs charges and "exchange" get back to normal, I shall likely increase my distributions heavily.—*John M. Ogle, D.O., Moncton, New Brunswick.*

I have found your method of mailing "Osteopathic Health" from your office to list of names furnished a tremendous help and there is no question but what it does increase interest in osteopathy.—*H. W. Burnard, D.O., New York City.*

As to an expression of opinion on the "mailing list" method of using "Osteopathic Health" in educating my community, I can say that after eight years of its use, I am still very much pleased with the results. As you know, I keep with you a mailing list—changed from time to time—of former patients who are glad to have the information the magazines contain osteopathically, and who pass them on to friends. I can trace many patients to this source. I also keep a few copies on my reception room table for distribution to new patients

or prospective ones—those who wish to know more of our system and what it will do. I think "Osteopathic Health" is the "regular, consistent, reminder and educator" that does the work and thru the "mailing list" plan the physician himself is relieved of all details. I can heartily recommend these little educators to the new men in the field as well as to those others who desire to put new "pep" into their practice.—*A. B. Caine, D.O., Marion Ind.*

You ask me what I think of your "mail list" plan of sending out OH. Well, I have tried it now for over a year and I realize now what a fool I have been for not making use of the plan sooner. As you know, I have always used OH, but it has always been in a spasmodic way. I tried having them sent out from my office but it was a failure. My advice to any one contemplating using OH is to pay you monthly and let you do all the work. "That's the only plan that pays"—*Irving Whalley, D.O., Philadelphia, Pa.*

"Osteopathic Health" service—"mailing list plan"—has been my method of advertising for the past two years and I have circulated monthly 100 copies or more. My present list has about 200 names. I send a copy of "OH" into the home of every patient I have treated and to the homes of friends and neighbors of good patients. I have experienced wonderful success with this plan of educational publicity. I find that patients look forward to receiving the little magazine each month with great interest. In the May issue of "OH" there was a case report of one of my good patients. When I sent the case report in I purposely used a different initial from the lady's real name. She read it; her neighbors and friends read it; each one either telephoned me or met me on the street, and said: "That little book you publish every month had a good article which correspond to Mrs. 'D's' case; you must have made a mistake in the initial." (It seems that because my name appears on the back cover they think I publish the magazine.) Frequently some one will meet me and say: "Why, I didn't know you osteopaths could treat such and such a disease. That little book told about some particular disease and my neighbor read it and is coming up to see you." And the "neighbors" always come, too! "Osteopathic Health" has been the means of increasing my practice from \$2,500 to \$5,000 per year.—*H. R. Juvenal, Oph.D., D.O., Maryville, Mo.*

For a number of years I used "Osteopathic Health" by mailing them out myself but for a year or more I have been saving myself a lot of trouble and getting better service by having you mail the magazines from Chicago.

Under my old plan many times I would not get the magazines into the mail for two and

Dr. James D. Edwards Osteopathic Physician and Surgeon

Originator of FINGER SURGERY
in Hay Fever, Catarrhal Deafness,
Glaucoma, Cataract, Tonsil and Voice
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Eye, Ear, Nose, and Throat.
President of A.O.S. of Ophthalmology and
Oto-Laryngology.
Chief of Eye, Ear, Nose, Throat, and X-Ray
Departments, S.W.
Osteopathic Sanitarium.
Blackwell, - - - Oklahoma

sometimes three weeks after they arrived. Even now I have an accumulation of some issues that came a year or so ago that I didn't get mailed out at all. I am using them now in instances where I wish to send a few pieces of literature for some special purpose. They come in handy but am sure they would have done more good had they been mailed out when first received.

Having the magazines mailed monthly from your office saves time and energy and insures prompt service—a most important factor. There is just one thing that would induce me to go back to the old method, and that would be for you to say that you would not do the work. Please do not send such a distressing message.—W. C. Dawes, D.O., Bozeman, Mont., June 2nd, 1920.

PUBLISHER'S DEPARTMENT

A General Sketch of Osteopathy

By Dr. Leon E. Page

Such is the title of the December issue of "Osteopathic Health" and you will find it is a charmingly written number. Dr. Page has given us a very readable and interesting sketch of osteopathy's history, its main general theories and its most successful fields of application as a practice. We can scarcely have too many of these informative general sketches of osteopathy, if they are only well written, as this one is.

Lesions as mile posts in disease is a very interesting high spot in Dr. Page's text.

Why the osteopaths form a separate unassimilated and unassimilable school of practice is another.

Women's diseases, children's diseases, and ear, eye, nose and throat work are explained as natural specialties of osteopathic therapy.

This article contains illuminating references to quite a number of common every-day diseases which osteopathy handles with new information as to mechanical origins and with new power to cure or benefit.

Your patients and public will like this sketch and will understand it fully. So it would be wise to get your order in before the edition is closed out.

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OF GREAT ADVANTAGE TO YOU

Again we bring to your attention the advantages of letting us direct the force and suasion of this helpful patient-getter and public educator behind your practice on the regular monthly service plan. You know enough about advertising, we are sure, to realize that it is keeping everlastingly at it that brings success; and we wish you to follow the plan that insures success to you for that means we will share

your prosperity and you will let us keep everlastingly at it for you.

You may experience success if you do it your own way; you *will* certainly be successful in your publicity and promotion work, however, if you do it our way, and that means using enough propaganda to make it count.

We will take the responsibility of your campaign being successful if you will let us have the responsibility of prescribing what you need and what you ought to have to make success sure.

Read what others say about our splendid mailing service plan on pages 29 and 30 in this issue. You can see by these letters that our service is a great comfort and convenience as well as source of prosperity and profit to those who use it aright. Also, please read our statement on page 9 about the advantageous way of using "Osteopathic Health" on regular contract service. We would welcome correspondence with you about taking on this OH service in a way that will give you back your advertising investment and yield a profit besides. We can make good to every representative practitioner who will campaign liberally enough to earn success.

Cordially yours,
THE BUNTING PUBLICATIONS, INC.,
Henry Stanhope Bunting,
President.
9 So. Clinton St., Chicago, Ill.

Harvest Time!—Are You Garnering?

You Should be "Storing" a Savings-Surplus
from Income and Building More Good
Will for Future Patronage

By Ralph Arnold, Business Manager, Osteopathic Health

Reports indicate that the public is patronizing osteopathic practice very readily and liberally just now. That is fine! It is also an added reason why osteopathic popular campaigning should be very active at this time. "Nothing succeeds like success." In other words, success makes easy new and greater successes. When a thing is moving it is easy to push it along faster. The greater the momentum, the less effort required to make more momentum. It is at dead-center that the machine is hard to start going.

Osteopathy is in good favor now. A little more educational effort *at once* will greatly augment that favorable attitude. Practice patronage is coming easily. Slight effort now by each individual will greatly increase the volume of that patronage.

Six months or a year from now conditions may be different. Economic conditions may change. The high tide of favorable sentiment (occasioned largely by the flu-pneumonia pandemic) may subside to some extent.

A popular educative campaign started now

**How Much of This Load Will You Share With Us?
\$1,000? or \$500? or \$100? Be Just to Your Boosters!**

would be well received and will pull wonderful results for many months. A year from now you might have to fight much harder to secure even a fraction of the interested attention that could be commanded today.

Will you let the great time of opportunity presented to you today pass away unheeded? Or will you get busy and "make hay while the sun shines?"

You can get whatever sort of media you need for campaigning by saying the word to us. You can designate a big campaign or a small one and we will take care of you efficiently. You can select—from a wide variety of literature—something to meet any special need, circumstance or condition. You can profitably adopt our "Monthly Mail List Service" and relieve yourself of all routine details of addressing and mailing your literature.

We offer you choice of various plans of service; choice of a wide variety of literature. We can suit your needs whatever they are, please you and make you more practice and more income. The big thing for you to do is to make the decision; start at once; do *something* and to stick to it steadfastly. Make this decision with yourself; then write us and we will soon get together and settle on the right plans to adopt and the extent of operations suited to your own personal situation and needs.

We are giving out in "Osteopathic Health" just the facts and information about osteopathy that the people are eager for. They read what is said with lively interest and show their appreciation by word and response. This is the net of the steadily increasing volume of testimony that reaches us from the field. Is there any wonder when one considers the character, value and interest of the whole run of recent issues of *OH* such as "A Simple Explanation of the Science of Osteopathy" (July issue, illustrated), "What is Osteopathy Good

For?" (May issue), "Osteopathy for the Ills of Childhood" (August issue) and "The Philosophy of Osteopathy" (September issue, illustrated with five full page plates?) No, not a bit of wonder. It's the natural inescapable result.

Our educational service wins with the public and *wins for you*, because it gives authoritative, scientific information in popularized, simplified style, which makes it both highly interesting and easily understood. It is the combined product of literary and advertising art, explanatory skill, journalistic experience, and broad fundamental knowledge. It wins public approval; it wins more patients and supporters for osteopathy. It is winning for others. Shall you let it win for you?

Indiana State Association Recommends
Fee Raise

At the Indiana Osteopathic Convention at Indianapolis, October 27th and 28th, one of the forward steps taken in line with *OP's* recommendation to boost fees was this resolution: \$3.00 per treatment in cities of 50,000 and upwards; \$2.50 in cities below this population. This pertains only to office treatments, outside calls were left out of consideration.

Would you kindly give a prominent space in your next *OP* as some were much opposed to the boost and the report of the Convention's action may not reach you via official sources. The action taken was advisory only, not compulsory. However that is all any action could be, anyway. No person could absolutely be forced into charging \$3.00 per office treatment.

Again we would like to have a prominent place in your next issue because only about 50 per cent of the Indiana osteopaths were present and the absentees should be jolted hard enough to be jarred into line.—*Wesley C. Warner, D.O., Fort Wayne, Ind.*

Detroit Osteopathic Hospital Notes
(Continued from page 10)

pressions and information gained at that great meeting. We quote her words: "The more I see and hear of other hospitals, the more faith I have in our own institution."

Work is progressing fast on the building of the Nurse's New Home and Training School. It will be a three story (with sub-basement) building, 35 x 101 feet, all fire-proof construction, and contain a number of features entirely new.

Dr. J. W. Sprenger commenced duties as interne a few weeks ago, coming to us from the Laughlin Hospital.

Plans are under way for a follow-up system, by which means we hope to keep informed as to the progress made by patients after their discharge from hospital. Such information will be valuable to the Osteopathic profession.

An interesting feature of our service is the fact that every nurse on our staff is a graduate, most of them being R. N.'s.

Detroit Osteopathic Hospital
Holds Clinic

One of the interesting features of the Twenty-Second Annual Meeting of the Michigan State Osteopathic Association was the clinic conducted by the Detroit Osteopathic Hospital. The program covered a whole day, and comprised Surgical, Orthopedic, Osteopathic and Roentgenology cases. The doctors who participated were Dr. J. C. Trimby, Dr. Paul C. Goodlove, Dr. P. L. Lathrop, Dr. G. F. Lathrop, for surgical cases; Dr. F. J. Beal,

Fees

Dr. Georgia Chalfont, Pella, Ia.;

I raised my office fee 50 cents on January 1st, 1920. My charges for laboratory work, house calls and obstetrical work are the same as the M.D.'s. Only had one patient to complain but have gotten less work from new families who are unconvinced of the value of osteopathy. I did not make a public announcement of my change in fee except by placard in my waiting room. There are no other D.O.'s here.

Dr. R. E. Ward, Crawford, N. Y.:

Fees since 1915 raised from \$2 to \$3. First raise in January, 1918 to \$2.50; second raise in January, 1919, to \$3.00. No difficulty whatever. People realized my expenses were greater. Lost one patient. Announced change by card sent to all patients, old or new. I think other osteopaths are charging same fee. There is no co-operation with M.D.'s in any line.

Fight the Fess Bill

Perhaps not my best thought for the month, but while we are raising our standards and teaching real osteopathy, instead of just massage, let us not forget the Fess Physical Education Bill now in the house committee at Washington, D. C., and its ultimate end.

While the bill is good, yet in its present form it will not only put our school children under medical supervision but will in reality give us state medicine and that means that for the child from six to eighteen years of age, there will be no osteopathy—for it will be legislated off the map for all these cases. Now is the time to get busy and stop this. Write every Senator and Representative about it.

—*J. E. Zechman, D.O., Sterling, Colo.*

who did some fine orthopedic work, and Dr. E. R. Sluyter, Roentgenologist. Quite a number of osteopaths from the state were guests of the hospital for the occasion.

Time is Money

Too few people realize it, but time is money, and to waste it is sinful extravagance. It cannot be said of Dr. Millard of Toronto, Ontario, Canada, that he is not taking the proper means to make people realize the importance of time, at least, his own time. The doctor got up a little business card for office use which his secretary presents to straggling salesmen and, in general, anybody coming to the office who may be thought to need it, anybody lacking proper credentials. The text of card follows:

BUSINESS MATTER

Toronto.....19....

I wish to make an appointment with Dr. Millard to present or discuss a business matter. I agree to pay \$3.00 for ten minutes interview, or \$5.00 for twenty minutes.

Signed.....

The stub of this card is the most important part of it, at least for Dr. Millard's own guidance. It reads:

Received from Mr..... \$.....
For a business interview with Dr. F. P. Millard.

.....
Secretary.

Good idea, doctor! *How do you get away with it?*

Put some Bunting Building Corporation Real Estate First Mortgage Gold Bonds in your Safety Deposit Box and you can sleep tight, knowing your savings are secure and 7% assured.

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

OH Job Lots at Bargain Prices

Occasionally we have some accumulated, assorted copies of *OH* for sale as "job lots" at bargain prices. Some bear a professional card imprint put on thru error. These are otherwise in first class condition. Others are slightly damaged or soiled. Mixed assortments of these copies "as is" and taken just as they run without selection, are priced at \$3.00 per hundred. Reduced price when any large accumulation is taken. Old imprints blotted out and new imprints made without extra charge. If interested in large lots, write for description of what we have.

OSTEOPATHIC HEALTH

9 South Clinton St., Chicago

Get a Bond Today and Help Us Pay for
Some of Those Shingles.

IN D.O. LAND

Osteopath to the Fore in Golf

Dr. Tom Ashlock, president of the Montana Osteopathic Association, with offices at Lewistown, Mont., covered himself with golry in the annual "Golf Illustrated" handicap tournament. The doctor made a net score of 76 for 18 holes against 25 competitors, winning the Montana Golf Trophy—an immense silver cup donated by *Golf Illustrated*, a magazine published in Chicago. Congratulations, doctor!

Dr. R. H. Williams' Gift to Osteopathy

The November copy of *Physical Culture* has a whole page advertisement explaining osteopathy; this page costing \$500.00 is given free for the benefit of the entire osteopathic profession by Dr. R. H. Williams, of Kansas City, who nobly preferred that the entire profession should benefit by it rather than his own individual business. Osteopaths throughout the country recognize and appreciate his generosity.

Not Quite Clear!

During an inquest held in Cincinnati, the following question was put to one of the witnesses by the deputy coroner:

"Where was the deceased struck by the motor car?"
Whereupon the witness, a surgeon, replied:
"At the juncture of the dorsal and cervical vertebrae."
The deputy coroner looked puzzled.
"Will you please point out that on the map?" he asked, indicating one that hung on the wall.
—*Pharmacol-Advance.*

Osteopath to the Defense!

The Newark *Evening News* of October 11th, printed a fitting reply by Dr. Ray F. English, to the Essex County Medical Society's ill-advised criticism of the osteopaths at their annual meeting, October 5th, when the medics proposed to ridicule the public, as well as the osteopaths, who do not use drugs. Dr. English made it very clear, that the statement that two or three months is all that is required to make an osteopath is false; that the osteopathic physician is required by law to have a four-year course of study and to take the same examination that the medical doctors do in every respect (but medicine) before he is permitted to practice; that it is and ever has been the purpose of the osteopathic profession to maintain a high standard of education.

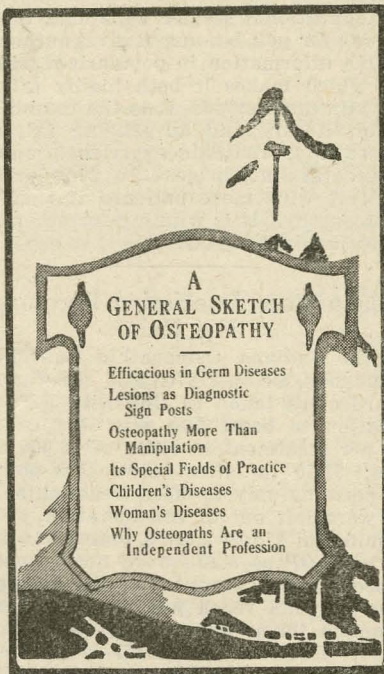
West Virginia Wants Osteopaths

There are locations open for "just lots" of osteopaths here in West Virginia—in fact, there is plenty of room in any town in the state. The secretary of the state association, Dr. G. E. Morris, of Clarksburg, will be glad to furnish information to any one who is interested. Indeed, the whole profession will lend their support. As a rule the people of the state are fairly well educated about osteopathy and while there are only some thirty osteopathic physicians in the state, they are, all of them, doing capacity practice. Any one desiring information regarding reciprocity or other matters under the control of the state board, should address Commissioner of Health, Masonic Temple Building, Charleston, W. Va. Any capable, progressive osteopath of right character will find a hearty welcome with us.—*H. I. Miller, D.O., Morgantown, W. Va.*

LOCATIONS and REMOVALS

- Dr. A. B. Lee, at Redlands, Calif.
- Dr. Harriet Ward, from Kingfisher, to Jones, Okla.
- Dr. George N. Smith, of Mt. Clemens, Mich., to Miami, Fla.
- Dr. Myrtle Snyder, from Seattle, to Grange Building, Cashmere, Wash.
- Dr. Rosetta Shortridge, from Walla Walla, Wash., to Kirksville, Mo.
- Dr. Harry C. Osborn, from Berlin, to 905 St. Paul St., Baltimore, Md.
- Dr. J. W. Deane, from Geneseo, Ill., to 1202 S. "G" St., Tacoma, Wash.
- Dr. W. C. Carter, from Delta, Colo., to 413 E. Capitol Ave., Springfield, Ill.
- Dr. G. E. Maxwell, at 27 E. Monroe St., and 2419 W. 63rd St., Chicago, Ill.
- Dr. Beryle J. McCrary, from Bristol, Tenn., to Dixon Building, Norfolk, Va.
- Dr. L. V. Credit, from Blackwell, Okla., to Fuqua, Building, Amarillo, Tex.
- Dr. Fanny T. Carleton, from St. Johnsbury, to 21 Highland Ave., Barre, Vt.
- Dr. George Dexter Chafee, from Appleton, Wis., to 5240 Harper Ave., Chicago, Ill.
- Dr. Louis E. Browne, from Kirksville, Mo., to Post-office Building, Okmulgee, Okla.
- Dr. Preston R. Hubbell, from Fine Arts Building, to Stevens Building, Detroit, Mich.
- Dr. Paul R. Kohnmeyer, from Weeping Waters, Nebr., to 140 S. 13th St., Lincoln, Nebr.
- Dr. Howard E. Lamb, from La Belle, Mo., to Interstate Trust Building, Denver, Colo.
- Dr. L. V. Strong, Jr., at the Aquila Apartments, 48th and Sansom Sts., Philadelphia, Pa.

**Osteopathic Health
for
December**



This issue presents a sensible discussion of osteopathy in every-day language easily assimilated by the average reader. States very simply the fact that osteopathy is "different" and why. Bound in very pretty cover of seasonable design. Fine for circulation during holiday season.

**Can Your
Circumstances
Be Improved?**

R EAD the reports from Osteopaths telling how they did it. These Prosperity Messages from your brother and sister Osteopaths are published monthly in *The OP*. They show how they make more money and devote less time to practice. Nothing theoretical, just plain facts. What others are doing, you can do! With your subscription for *The OP* send along your idea of osteopathic prosperity.

Say, Watch Out For

Dr. Herman F. Goetz's big feature article on "Reaffirming Some Osteopathic Principles as Shown by the Halliday Dissections." It will be in the December OP. Ful your name on our subscription books and get it!

Herewith \$3.00. Send *The OP* for one year.

Name _____

Address _____

Dr. Annie Johnson, from Oklahoma City, Okla., to 16th and "R" Sts., Washington, D. C.
Dr. Ralph R. Sterrett, from Madison, Ind., to First National Bank Building, Missoula, Mont.
Dr. Louise Agnes Standish, from 1409 W. Monroe St., to Kimball Hall, corner Wabash and Jackson Sts., Chicago, Ill.

PERSONAL

Dr. A. B. Lee is now located at Redlands, Calif, where he has taken over the practice of Dr. Williams.
Dr. Frank Hunter Smith, formerly of Indianapolis, Ind., has opened offices in the First National Bank Building of San Diego, Calif.
Dr. Gladys Anderson, graduate of the Los Angeles Osteopathic College, is now associated in practice with Dr. Ruth La Tourette Eaton, of Oregon City, Oregon.
Dr. Laura J. Miller, who has offices in the O. T. Johnson Building, Oakland, Calif., has decided to take a six months' period of rest on her ranch at Eureka, Calif. Dr. Zelta Sheldon will be in charge of her practice.
Dr. George M. Smith, of Mt. Clemens, Mich., will be located in Miami, Fla., from December 15th, 1920, to April 15th, 1921, where he will pay particular attention to referred cases. In the absence of Dr. George M. Smith, Mt. Clemens' practice will be conducted by Dr. M. C. Smith.

BORN

To Dr. and Mrs. H. L. Oglesby, of Latrobe, Pa., an eight and one-half pound baby daughter, Patricia Munroe, November 4th.

DIED

Dr. John H. Lucas, of Chicago, Ill., September 1st.
Dr. Albert A. Fisher, of Chicago, September 20th. He was one of the pioneer osteopaths of the city.

EXCHANGE and MARKET

WANTED—Woman Osteopath, Sanatorium work. Send picture and give education. Address No. 256, care *The OP*, 9 So. Clinton St., Chicago, Ill.

WANTED—Young man to assist Colorado osteopath on percentage basis. Splendid opportunity. Address No. 255, care *The OP*, 9 So. Clinton St., Chicago, Ill.

FOR SALE—Established practice in Missouri county seat, 2,000 people, only osteopath in county. Eight bed hospital equipment. Man and wife doing minor surgery and optometry would do well. Average \$800 to \$1,000 a month last year. Good reasons for selling. Address No. 248, care *The OP*, 9 S. Clinton St., Chicago, Ill.

FOR SALE—10 Elgin Motor \$90; 10 Co-operative Grocery Society of America \$350; wanted Thompson Malted Food at \$1.10 a share. Address L. J. Mather, 6807 Union Ave., Chicago, Ill.

FOR SALE—Best for woman, or man and wife—good practice and office equipment in best location in one of the best county seat towns of Central Illinois. Established fourteen years. Going for P. G. Address No. 249, care *The OP*, 9 S. Clinton St., Chicago, Ill.

FOR SALE—Eight volumes Reference Handbook, 1915, good condition; Diseases of Women (Crossen) 1914; Principles of Osteopathy (Tasker) 1913; Osteopathic Gynecology (Woodall); State Board Questions (Wood). Address No. 246, care *The OP*, 9 S. Clinton St., Chicago, Ill.

WANTED—Position as assistant to busy osteopath for few months to gain experience and knowledge of up-to-date methods, primary objects. Compensation necessary. Graduate ASO 1918. Licensed in Missouri, Iowa and Nebraska. Age 33, married. Address No. 247, care *The OP*, 9 S. Clinton St., Chicago, Ill.

WANTED—Competent osteopath to take charge of large practice for one year. Must be able to practice in Wisconsin. Very liberal arrangement to right man. Address No. 250, care *The OP*, 9 S. Clinton St., Chicago, Ill.

Good opening for a woman in third largest city in Florida. Best all year around climate. Reason, retiring. Better than \$5,000 cash this year. Will sell for \$300 cash. Furnishings could not be bought for that. Address No. 252, care *The OP*, 9 S. Clinton St., Chicago, Ill.

WANTED — Assistant; married man with Illinois license; general practice; practice already established. Address No. 251, care *The OP*, 9 S. Clinton St., Chicago, Ill.

WANTED—Position as an assistant or will take charge of practice preferably in Minnesota. Address No. 253, care *The OP*, 9 S. Clinton St., Chicago, Ill.

WANTED—Position as assistant, to take charge or buy practice. Address No. 254, care *The OP*, 9 S. Clinton St., Chicago, Ill.

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