

The Osteopathic Physician

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The Osteopathic Physician

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Number 6

Reaffirming Some Osteopathic Principles as Shown by the Halladay Dissections

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

That last AOA convention was an orgy of technic, the stuff served had lots of "kick" in it and if any one in full attendance failed to get his jag, don't blame the committee on programme. It was difficult to keep sober in one's judgment as to the different methods given both in diagnosis and technic, they differed so; no two operators corrected the same lesion in the same way.

One of the very pronounced factors which contributes to inaccuracy in diagnosis is the extremely wide application many osteopathic diagnosticians assign to a vertebral lesion—in a pathological sense. Most lesions are caused by trauma; they cause disease by over-balancing normal resistance at some given point which, in almost every instance, will be that spinal segment of the cord to which the violence was directly carried. Therefore, the pathological effect of a vertebral lesion in the majority of cases is *direct* and limited to the lesion enbloc in which the primary lesion is found.

Study of verbal and written case records show that any cervical, any dorsal, any lumbar vertebra found lesioned is assigned the same symptomatology. Such case records in 80% of the cases given may be assumed to be at least partially incorrect. The error is being made in this way: Given any vertebral lesion, now, whatever the patient says is the matter with him, given as his symptom complex, we immediately conclude that the lesion found is the cause and so report in our case records. The patient makes the diagnosis and we fit the lesion to his statements.

Do not accept the diagnosis of the patient until you have carefully followed precise and accurate methods to prove that he is right. A lesion which has no direct nerve connection with the spinal cord segment which controls the functions of the organs to which symptoms have been assigned had better be ignored until those spinal areas have been carefully examined for lesions which do have direct nerve connections with the organs from which symptoms most logically emanate. Just recall that the first effect of violence sufficient to produce a subluxation of—say, for example, the 10th dorsal—will be concentrated at this point only after the lesion has persisted for some time, usually, sufficiently long to overcome the compensations of circulation and adaptabilities of the anatomical structures involved. Will this lesion cause or be found in Bright's disease, locomotor ataxia, senile heart or duodenal ulcer?

The first effects of lesions are localized; persisting they may become general. The first effects of lesions is functional disease; continuing, without adjustment, the effect is organic disease.

A slight pressure on nerves may cause only an inhibition of its function; long continued, it may cause paralysis.

Know the Function, Nerve Connections of each Spinal Cord Segment and the Relation of each Cord Segment of the Vertebra.

In so far as I am able to judge diagnostic errors are very often based upon faulty methods of palpation and failure to make an accurate count of the vertebrae which are lesioned. A method used by many at the convention was to run two fingers down the spine, bringing the spinous processes in "high red relief" and without other confirmation, to declare, "The nth

observations of the structures participating in the lesion simply can not be certain of his technic in adjusting. Palpating for lesioned vertebrae is a highly developed art and only those who will measure carefully, observe closely and make counts accurately are capable of making a positive diagnosis.

What is the (osteopathic) cause of disease? Is this cause definitely known?

If you haven't a clear understanding of the osteopathic cause, can you treat intelligently?

When you removed contracted muscles and corrected osseous lesions, why did health supervene?

Halladay dissections can be used to reaffirm osteopathic principles.

A.—1. A lesion of a vertebra is usually a subluxation.

2. It is accompanied by contracted spinal muscles and ligaments.

3. Also by irritated articular surfaces and facets in abnormal apposition.

4. Abnormal mobility of the articulations of the vertebrae.

Causing:

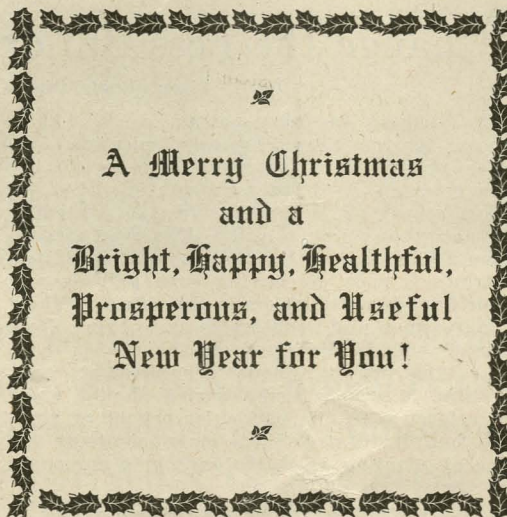
B.—*PRESSURE* on the structures in and passing through the intervertebral foramina. Pressure being the action of some force against an obstacle or opposing force. This pressure is not the direct impingement of the bony parts of the vertebrae upon the artery, vein and nerve, but because of the disturbed relationship of the articular processes the contents of the intervertebral foramina are subjected to a transferred pressure which could be likened to a sponge held in the hand and squeezed, or to the approaching jaws of a vise on the one side of the spinal column and the distending jaws of the vise on the other. On the one side it is a compression of the contents of the foramina and on the other it is a tension, an extension. It is a transmitted pressure but the force of the transmission is in straight lines, direct and in accordance with the simple mechanical principles of the approaching parts of the vertebrae.

(The intervertebral foramina become larger or smaller, change their form; the measure of of cubical content of each foramen is either increased or decreased, dependent upon the mobility of the vertebral articulations in groups, or upon the spinal column as a whole. Such changes must of necessity affect the structures in and passing through the foramina.)

The most important of these effects would be on nerve tissues on account of the major part which nerve energy plays in the conduct and control of all functions. The effect of the pressures above referred to are eventually carried to their respective cord segments. Hence:

C.—*PERVERTED FUNCTIONS* in those organs having direct nerve connections to the spinal cord segments in the field of the lesion enbloc. There are other causes of disease—an etiology common to all schools of practice, but the above restates an etiology unique to osteopathy, readily confirmed by the Halladay dissections.

(We as a school are positive that adjustment of lesioned vertebrae—because it re-establishes



vertebra anteriorly rotated and down," and "this displacement is the cause of whatever the patient said was the matter with him."

It is impossible to detect a lesion in this way. We all know that it requires great care and delicacy of touch to locate lesions.

Another method: In diagnosing lesioned innominates, by aligning the heels of the shoes and then, without other methods, declaring the "right innominate is posterior, because the heel of the shoe is lower," and the "leg is longer on that side." When attention was called to the manifest inaccuracy of this conclusion, the lecturer would say, "that's near enough."

Another method: In diagnosing a lateral atlas by thrusting the index fingers deeply into the tissues below the angles of the inferior maxilla to the transverse processes of the atlas, measuring off the supposed lateral "displacement" on the index fingers as stopped by the thumbs and with one-half inch difference say, "This Atlas is to the right." "Is it as much as one-half inch?" was asked. The operator would reply: "Yes."

The osteopath who does not, will not, take the time to make careful measurements and

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normal conditions at the intervertebral foramina, removes the pressure—is the proper treatment for perverted functions or organic imbalances in the organs. True our evidence is almost wholly clinical; we get such controls, i. e., inhibitions and stimulations of nerve-force in the presence of abnormal functioning of the organs. Purely physiological inhibitions or stimulations can not be obtained because we can not by our treatment exceed the normal. This last statement is open to discussion and proof so I put it in the form of a question. "Can we by osteopathic adjustment obtain purely physiological inhibitions or stimulations?"

If so, how?

The dissections of Doctor Halladay prove rather conclusively both theoretically and practically that it is impossible for a single vertebra to be lesioned or subluxated.

Although the A. T. Still Research Institute, making deductions from their x-ray plates, speak of a single vertebra as lesioned, study of the electrolyses of these skiagraphs do not show just ONE vertebra lesioned. Mechanically and in so far as our treatment is concerned, a vertebral lesion is a lesion enbloc, affecting at least the one immediately above and below the primary lesion. Adjustment of the primary lesion should adjust the lesion enbloc.

Notes based on the Halladay dissections

The 3rd cervical spinous process is very difficult to palpate as its spinous process is UNDER that of the 2nd cervical.

The transverse processes of the cervical are very short, hard to palpate and lie in front of the articular processes.

The dorsal transverse processes are located considerably above the spines.

Turning the head to the right side causes a slight curvature in the upper dorsals with convexity to left. Vice versa is also true. (Palpate the cervicals, also the upper dorsals with the head straight.)

The 7th cervical is not always the vertebra prominens; the 6th may be.

In counting the cervicals recall that the first spinous process is that of the 2nd cervical. Next is probably the 4th, which may be anterior with the 5th and hard to locate unless you bend the head forward.

The atlas can often be palpated best with the head thrown far back or far forward.

It is very difficult to palpate vertebrae one at the time, but if you divide the cervicals into two groups, the dorsals into four groups, the lumbar into two groups you can not only palpate more surely but it's the ONLY way that one can count them correctly.

A simple way to find a "lost vertebra", one difficult to find in your count or difficult to palpate, is to flex or extend the spine in all directions. You will thus be able to locate it, probably badly luxated and dragging at least two vertebrae with it. As this condition is found most frequently in the cervicals, we find that one can more successfully palpate the cervicals by flexing the head far forward, holding it up at the forehead with your one hand and palpating with the other.

An easy way to retain the location of a lesioned or other vertebra, to avoid constant recounting, is to place a piece of adhesive on the spinous process and mark its number in pencil. You will find this device will save you much annoyance and greatly contributes to the specificity of your adjustments.

The usual lesions in the lumbar is a "rotation".

The lumbar are very anterior in the norm. Do not mistake for a lordosis. Lumbar lesions are easily adjusted by simple rotation.

The amount of pressure upon the little finger when placed in one of the lumbar intervertebral foramina while flexing the spinal column will hardly be realized until actually tried; e. g. by placing the little finger in the 3rd left intervertebral foramen and flexing spine about

eight inches to the left at the head, the pressure was sufficient to deeply indent the finger, to squeeze the blood out of it at the points of pressure, and this pressure was great enough to be felt as an actual discomfort, a pinching. In view of which is it not most difficult to conceive that under the influence of a lesion the structures in and passing through such foraminae are not subjected to pressure, and that such pressure is not the real cause underlying the pathology of the osteopathic concept of disease?

I reiterate that it is.

(Note: If a patient tilts spine to right or left of median line, postural defect is had that may be the cause of many fatigue neuroses.)

It is difficult accurately to locate lumbar with the patient prone, as this exaggerates a normally marked anterior curve.

Until you have carefully studied the case, do not attempt to adjust at once a lesion showing sharp posterior angles, especially if there is pain on pressure.

You may diagnose normal or abnormal mobility or ankylosis of vertebrae by carefully noting the movements of the spinous processes, but you cannot finally diagnose a subluxation in this way.

So-called spinal landmarks vary so that it is much more accurate and safer to make the count for each case. The 7th is not always the vertebra prominens. The inferior angle of the scapula is not always opposite the spinous process of the 7th dorsal.

The crest of the ilium varies in its relation to the lower lumbar. Because the spinous processes of the lower dorsals feel like those

of the lumbar vertebrae, it is wiser to trace back the 12th rib to its articulation with the 12th dorsal, mark it and then count down for the lumbar and up for the dorsals.

Inequalities in the thickness of the intervertebral discs noted produce a slight tilting of the vertebrae.

Misshapen vertebra are common.

After a study of these dissections it is most difficult to assume that an osteopathic lesion—that is, one in which we find subluxations of vertebrae—could be caused by any force short of violence—that is, trauma. (At this time and without looking it up I do not recall that any research work has been done which did not assume the lesion as traumatic. "All animals were first traumatically lesioned" and "the effects of such lesions studied.") The effect of trauma on spinal cord segments is the contribution which osteopathy has made to etiology.

The second cause of disease, namely, submission of the tissues to their environment, is an etiology common to all schools.

I submit this conclusion:

The more tenaciously we cling to the theory that the primary cause of disease is due to lesioned vertebrae and their pressure-effects on nerve, artery and vein carried to spinal cord segments, perverting the nerve control of the organs, thus causing disease, the more vigorously we carry forward the philosophy of osteopathy.

With the Halladay dissection we can easily affirm this conclusion.

Change the Fess Bill or It Will Kill Osteopathy

By Dr. C. B. Atzen, Legislative Chairman for the Profession, Omaha

Osteopaths, we must amend H. R. 12,652, known as the Fess Physical Education Bill. Each practitioner *must* write a letter to the Congressman and Senator from his district, asking that this bill be amended as stated in the accompanying resolution. The practitioners should also enlist the help of patrons and patron's friends, by having such patrons and their friends write letters to this effect, to their Congressmen and Senators so as to bring these amendments before Congress.

Instructions About Your Protest

These letters to Congressmen should make no reference to our particular school or practice, but should urge these amendments on *the plea of avoiding State Medicine or a monopoly by one system of healing.*

Here's Good Argument to Revamp

No one system should be given exclusive control of health matters in the United States, as this Law contemplates.

The unfavorable conditions of health found to exist, by Draft Examining Boards, is conclusive proof that our State, County, and Municipal Health Boards, the personnel or which consists of medical examiners, are inadequate in safeguarding individual health; but in spite of this fact, this Bill aims to perpetuate the very conditions it strives to correct, by legally placing all health matters under the same system of medical control found by experiment to be defective.

The future will no doubt evolve efficient systems of healing other than the medical, or chemical system. That system places the chief emphasis in treatment on the Natural Law governing chemical changes in the body and ignores to a very large extent the Natural Law governing physical integrity of body structure, and the Natural Law governing Psychological processes.

Both the natural laws of body physics and of psychology are now being studied and successfully applied therapeutically and under like

educational provisions, to the chemical system, should be given a voice and place in safeguarding the health of the nation.

All those who have adequately studied the human body, know that not one, but three natural laws, namely, "chemistry, psychology and physics", regulate and control the body health and well-being.

No one man or group of men are capable of studying the human organism from these three distinct viewpoints, taking fully into consideration, the three natural laws controlling and safeguarding body health. Therefore, no one system should be given exclusive control over health matters in the United States, for such a step will defeat the very thing this legislation is supposed to correct.

Health regulation should therefore protect all three of the above mentioned systems of healing.

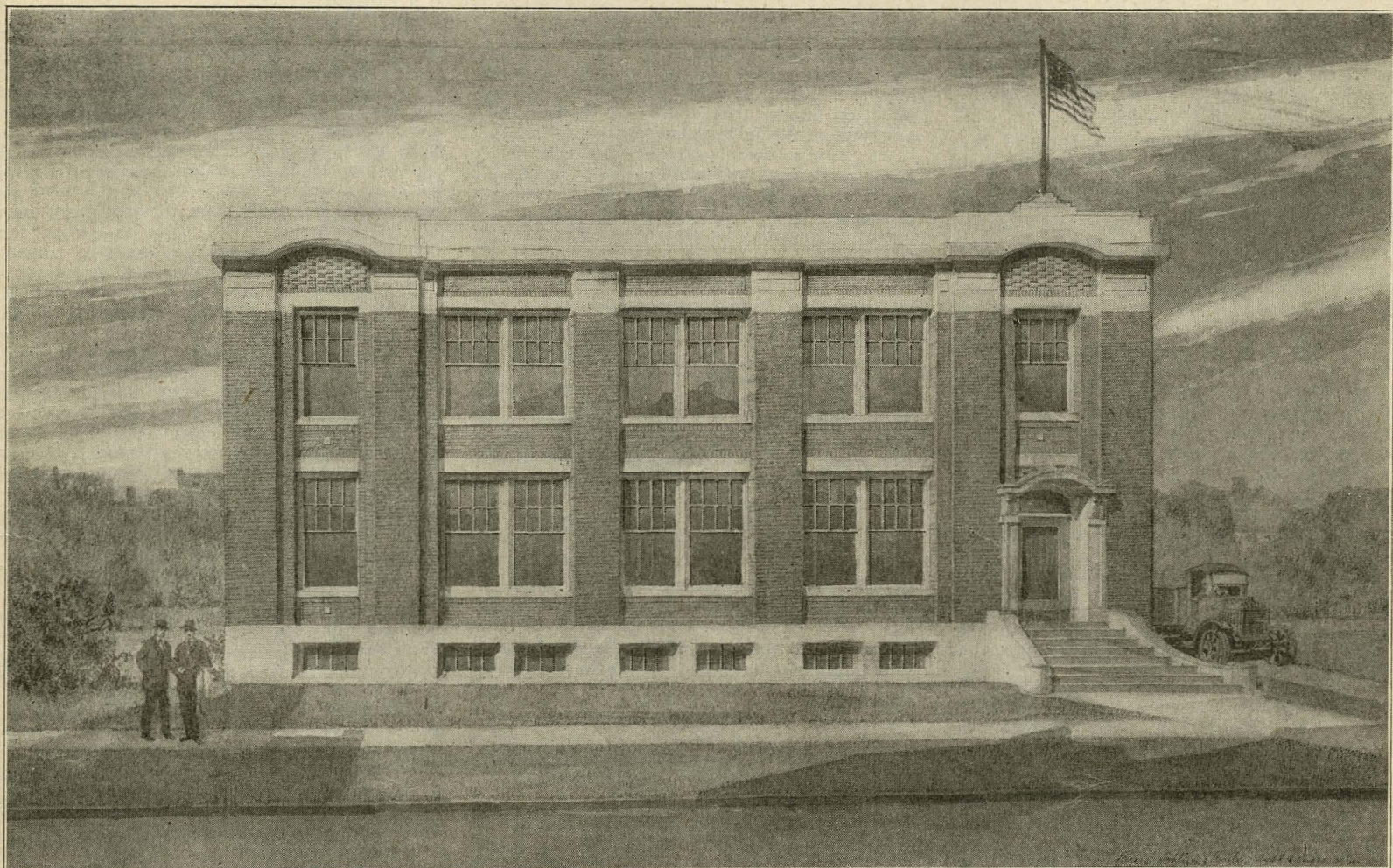
Each one of the above named natural laws is a proper fundamental principle for a separate and distinct system of healing, and each of these distinct systems studies the body organism from a different angle and applies its medical agencies from a different viewpoint and with varying emphasis upon the other viewpoints.

The chemical or drug system is the only one that is considered in this contemplated legislation, but, it alone, is quite unable to properly supervise health matters, for experience has demonstrated, that under the supervision of the drug system, which is in complete control of all health matters in the United States, the undesirable conditions mentioned in the Bill appeared.

How unwise then, to attempt to perpetuate *this proven failure* by passage of this Bill in its present form! Surely if freedom for growth and development is desirable and encouraged by the government in agriculture, aviation, navigation, transportation, etc., a like encouragement in freedom of thought and opportunity

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Foundations already built to the first floor level of the Bunting Publications' Building which will house both executive offices and printing plant—Building operations commenced six months earlier than at first scheduled—Work rapidly progressing—Ready for occupancy by June 1st, 1921. Hurrah, Boys and Girls, Hip! Hip!! Hurrah!!!

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Friends, we need your help now to put it over on schedule time and need it as rapidly as you can give it. If you have bought bonds and not paid for them, please do so as soon as possible. If you can't send all, send part. If you have not yet bought a bond please do so.

Put part of your savings in a Bunting Building Bond paying 7 per cent per annum and present it to your Family Strong Box as a Christmas gift! It's as good as life insurance and will help to insure happiness around the fireside at other Christmases. It is a Christmas gift *right* that won't wear out!

Wishing every member of the profession a happy Xmas season,

Faithfully yours,

The Bunting Publications, Incorporated

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

THE OSTEOPATHIC PHYSICIAN

for growth and development should be given in all possible directions in the healing art, and such legislation as will tend to crush out all possible new developments in health matters avoided.

State Officers will furnish the names of Senators and Congressmen of each state to the contents of this communication. This information may also be readily obtained at any newspaper office in any place.

Pass These Resolutions and Forward to Congressmen and Senators

These resolutions should be passed by every osteopathic society in the United States and as many other bodies as possible. It should be signed also by individual petitioners. These data should be sent along with letters of protest to Senators and Congressmen.

Come out of your tents, O, Israel! Get busy!

WHEREAS, H. R. 12,652, known as the Fess Bill, is now pending before Congress, and

WHEREAS, said Bill is so framed as to permit a monopoly of direction and expenditure by and to one school of healing, namely the drug or medical healers, and

WHEREAS, all duly licensed practitioners should have an equal opportunity before the public when public funds are disbursed, and the public should have perfect freedom in selection,

THEREFORE, BE IT RESOLVED, that in order to correct the imperfections of said Bill and avoid trending toward a state protected monopoly of the healing art, we recommend that the Bill be amended in the following particulars:

1st. So that sole administration shall rest in the Bureau of Education.

2nd. That the word "physical" be substituted for "medical" wherever occurring.

3rd. That the parent or guardian be allowed absolute freedom in the selection of a practitioner, of this preferred school of healing, without suggestion, recommendation, or duress and that heavy penalty be imposed for any violation on the part of anyone charged with any part of the administration of the law.

4th. That notices required under this Act to be given Parents or Guardians shall be printed or written and shall contain a clear statement of the privilege of selection on the part of such parent or guardian as provided in recommendation No. 3.

TWO CHANGES NEEDED IN AOA'S PROPOSED UNIVERSAL LAW

The profession has received the proposed new universal law as outlined by Dr. C. B. Atzen, chairman of the Legislative Bureau of the AOA. As a copy was mailed to every AOA member and can be obtained privately on request of Dr. Atzen, Omaha National Bank Building, Omaha, by those entitled to have it, we need not reprint it here.

We like the proposed bill very much. We consider the work on it as excellent. With slight changes it will meet our ideas thoroughly. Dr. Atzen merits congratulations.

The changes we advise are the same two that have been advised recently in print by Drs. Walter E. Elfrink and Morris Lychenheim in thoughtful statements. Mr. Perry Patterson,

for several years AOA attorney and still attorney for the Illinois Osteopathic Association, also supports this same contention.

We believe it is neither the function of a legislature nor of the members of our profession to fix the curriculum of education in our colleges, to set rigidly the hours that have got to be given to each subject, and to put into static form the course of osteopathic study for the future. True the profession, its societies and national association have great influence with our colleges and by normal suasion, so to speak, practically determine the sort of courses given in a general way. This ought to be so. The schools naturally want to satisfy and cater to the profession. But it is the work and responsibility of our college faculties and officers to teach and they must be supposed to know what best to teach and left free to do it. Anything else is perversion of structure and function and reversal of historic precedent. The OP has argued this ad lib. in past years.

Also times change. Needs change. What is necessary or expedient today may be the reverse tomorrow. After hundreds of years of history Harvard and Yale cut down their academic courses to three years recently! Mind that! Who knows but that all medical colleges may one day—even soon—conclude they have over-stressed academic preparation for practice at the expense of experience at the bed-side and cut down the standard medical course to three years? Who knows that osteopathy might not have to do this one day or lose its schools?

Osteopathy, conceivably, might wake up one day and find itself in a helofafix from a rigid and unserviceable, legally prescribed and practically unalterable course of study that did not fit its needs and could not be adapted to our requirements. Such an institution might become the very weapon with which the enemy would slay us!

We join in the advice to make that educational requirement feature of the law as general and flexible as possible. Men like Mr. Patterson would know how to do this.

Secondly, we think there ought to be added to Dr. Atzen's excellent general definition of osteopathy a clause "as taught in reputable osteopathic colleges." This would give osteopathy both dynamic opportunity and flexibility to grow and adapt itself to varying conditions and expanding knowledge.

Better tie the definition and interpretation of osteopathy up to our schools, we think, as the living "definition" of our science and practice, and leave our schools at the same time in possession of academic freedom which is their very life's blood.

With such changes incorporated in such a way as to satisfy wholly Mr. Patterson's acute legal mind, we will favor the proposed new universal law being framed by the AOA without reservation.

Tacoma Opens New Hospital

The Pierce County (Washington) Osteopathic Association, as a direct result of the propaganda of the A. O. A Press Director, has secured a \$20,000 site in Tacoma, including a large house of twelve rooms and a garage, and has announced the immediate opening of an osteopathic hospital. There is plenty of ground to build a \$75,000 addition or new building. The location is on one of the best corners of the city. On January 1st will occur the formal opening.

The present building is one of the fine residences of the city. It is beautifully finished, the woodwork and panelling being particularly attractive. There are beamed ceilings and many built-in features. One of the most attractive things in the house is an enormous fireplace which was installed at a cost of \$3,500.



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

Publicity Department Osteopathic Associated Press (A New System)

NAME: The name shall be the "Osteopathic Association Press."

PURPOSE: To provide a systematic and efficient method for handling all National, State and Local organization press publicity.

MEMBERSHIP: The membership shall consist of the 28,800 newspapers of the United States through the 6,000 members of the osteopathic profession. Each newspaper to have one Osteopathic representative.

OFFICERS: The Officers shall be the Publicity Chairmen of the A. O. A., of each state and of each local society.

SYSTEM: All departments of the A. O. A. shall furnish to the Chairman of Publicity of the A. O. A. such material as they may have for newspaper publicity. He will in turn forward it at once to the newspapers or direct to the individual Osteopath for a given paper. State Publicity Chairman and Local Society Publicity Chairmen will in like manner handle the departmental work of their respective organizations and supervise the execution of all work of National character in their jurisdiction through the individual representatives. A clipping bureau will check the work of each paper and Osteopath.

ADVANTAGES: 1. Some one responsible for each paper's part in publicity.

2. The psychology of each editor being responsible to at least one Osteopath.

3. One Osteopath to convey a given message from the A. O. A. Journal's pages to a given paper.

4. One osteopath to take the Local Publicity Chairman's story of a certain event to one or more newspapers.

5. A "unit system" of tremendous power in state or other legislative work.

6. Prevents the confusion and wrong psychology of a dozen or more taking the same "article" to a single paper—a convincing argument to the paper of the lack of system and organization.

7. An enormous saving of energy and money.

RELATIONS TO PRESENT SYSTEM: The Director will continue planning work for this powerful machine but working through it.

FINALLY: Fill out blank handed you here with and forward at once to the Chairman of Publicity, T. J. Ruddy, 301-310 Black Bldg., Los Angeles, California. Additional papers may be assigned to you later. Two should not assign themselves to the same paper.

THIS SYSTEM IS WORKING IN THE WEST—LET US MAKE IT WORK THROUGHOUT THE WORLD. When the "business world" has anything to sell it "gets acquainted" with the "advertising manager" of a newspaper and submits the "copy" to him; pays him his price and returns home to await the harvest of the powers of the "advertising columns."

THERE IS ONE WAY ONLY TO SECURE EVERY—DAY—VITAL—PUBLICITY BEFORE THE LARGEST NUMBER OF PEOPLE, and that is the NEWSPAPER.

Newspapers are a medium for the conveying of information about past, present and future events from one group of individuals to another, through the "ad" or "news" columns.

The Osteopathic profession can be "sold" to the public best through the "news" columns.

Every society and every organization in the profession must have a publicity chairman. The program committee turns the "scale features" over to the Publicity Committee (advertising manager), who, after properly "doping it," takes the "news copy" to the press, and the profession reaps the reward of the most power-

ful influence known to the world today—the "news" columns of the newspapers.

If your local or state society has not a Publicity Chairman, have one appointed at once and inform me directly.

YOU WILL RECEIVE A LIST OF ALL THE NEWSPAPERS IN YOUR STATE AS SOON AS I RECEIVE WORD THAT YOU ARE IN CHARGE OF THE PUBLICITY IN YOUR STATE OR LOCAL ORGANIZATION.

Immediately see that every newspaper has an Osteopath appointed to have charge of the press publicity through a given paper.

Fill out the blank accompanying this. Give the name of the Osteopath assigned to a certain paper or papers, if there are more than one in his territory. Do not assign more than one paper to one Osteopath in the larger cities if possible to prevent. Send this blank or one exactly 4 in. by 6 in. (no other will do), at once, to T. J. Ruddy, Chairman, 301-310 Black Bldg., Los Angeles, California.

With this machine in motion every meeting, event or understanding will be heralded before the public in a systematic and efficient manner and Osteopathy will grow—not tumble through "big bills" and confusion.

Yours to sell Osteopathy to the profession and to the public.—T. J. Ruddy, Pub. Chr., A.O., W.O.A., C.O.A., L.A.S., O. & O.L.

VOLUNTEERS WANTED FOR THE AOA'S NATIONAL NEWSPAPER PUBLICITY SERVICE

We take immense delight in seeing the splendid practical newspaper news service that is now being organized throughout the country by Dr. Thomas Jefferson Ruddy, Publicity Chairman of the American Osteopathic Association. This work is timely and of the utmost importance. The good it will do our science and profession can not be estimated. The *OP* endorses it in toto.

No matter what other forms of publicity and educative service you are using and supporting, you should use and support this newspaper osteopathic news service *also*. Nothing else will take its place. Nor does it take the place of any other branch of our publicity and educative work.

Both our general and special agencies for boosting osteopathy—if they are right in conception and execution—work together, pull together, reinforce each other. We must not neglect any one of them. We cannot go over the top and achieve our professional objective by relying on any one arm of educative and publicity service. Infantry, artillery, cavalry, air-craft, marines, navy, transport, etc.—all are equally necessary to win at war. Each performs a peculiar and necessary function. No one arm of service does the work of any other.

Likewise our profession needs to use each and all of its practical opportunities and proven instrumentalities for publicity and promotion which do not conflict, and all to their utmost efficiency at that, to win out in face of the tremendous odds lined up against us.

Now if you are a consistent campaigner with field literature—good! *Keep it going*. But that does not excuse you from service in this Osteopathic Army of Newspaper Reporters who will march under Brigadier General Ruddy until osteopathy's banner has been carried into almost every newspaper of the country and waved lustily! You ought to support all such good work being done by and for the profession.

This particular form of publicity has much to recommend it. Pragmatically, it *works*. It

costs nothing but a little effort. The Western Osteopathic Association has applied it successfully for two years. Dr. R. K. Smith applied it partially and in spots all over the country several years ago under AOA auspices with good success. It has been used also at AOA conventions for ten years with success.

The *OP* repeatedly, through the past 20 years, has pointed out the need and opportunity of achieving this kind of advertising for osteopathy. In the files, even of our earliest volumes, will be found repeated recommendations given in some detail to do exactly this thing. Credit is due the Western Osteopathic Association that it actually did the thing on a basis of complete organization such as others had only dreamed of. They gave the profession most brilliant, systematic and invaluable advertising results. Credit where credit is due. You've got to hand it to Dr. Whitehouse and those Westerners! They function.

Now this same tried, perfected and proven plan is going to be used successfully *all over North America* by this same able Western leadership working under AOA auspices and backing. We say "bully"! Grand! It's a good thing, folks, so *push it along!*

Congratulations to you, Brigadier-General Ruddy. As soon as we see evidences of your achieving the nation-wide victory we expect of you The *OP* promises to make you a full-blown General.

Osteopath Puts Out Good Physiological Film

Dr. Earl J. Drinkall of Rogers Park, Chicago, and many osteopaths attended the doctor's premiere "mover" at the Regent Theater, 6746 Sheridan Road, Dec. 9th, of his 4-reel film "The World's Greatest Factory—Man." The scenario was written by Dr. Drinkall and the film is produced by the National Health Film Service.

This picture is something entirely new in the motion picture world. The marvelous workings of the numerous departments of the body in action are compared to the workings of the U. S. Steel Corporation's giant plant at Gary, Indiana.

Osteopaths, get behind this osteopathic production, push it, and it may be the means of a whole follow-up of osteopathic films to be put out giving the public immense educational understanding about our science and practice and what osteopathy accomplishes. Ask your local mover house to order this film.

Here is a good new activity in educative work that Dr. Drinkall is starting and he may prove to be the man we have waited for who is to create and organize this activity for the profession.

Opie Reed Nominated to Make Osteopathic Scenario

Dear Harry: In the current *OP*, Dr. Brooks of Kingman, Kans., says that some well known author ought to write a book and scenario featuring an osteopath as the real thing and no joke. Let me suggest Opie Reed, your friend and mine of the old Chicago Press Club days. He is the best fitted for the job of any man in America and he knows what osteopathy can and does do—making the cripple walk, the blind see and the deaf hear. Tell him to write my order for the book now.—Cordially yours, David H. Reeder, Ph. D., La Porte, Ind.

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THE OSTEOPATHIC PHYSICIAN

Auto Victim Lately Restored to Speech by Drs Hanson at Fargo

[From the Fargo News-Courier, Oct. 30.]

Norma Morrow, little victim of an automobile accident, who altho apparently recovered from the shock of the accident, suffered from the rare affliction known as "aphasia" which is loss of the power of speech, tho the organs of speech were themselves uninjured.

In addition, it has just been discovered by Drs. Hanson & Hanson, osteopaths, who found the lesion at the base of the brain that caused the aphasia, that Norma was also a victim of loss of personal consciousness which persisted after treatments had removed the aphasia. While apparently wide awake she had no memory of former events and did not recognize her intimate friends.

It was not until a few days ago that full consciousness returned. When it did, Norma had no remembrance of any event since the accident, not even of the recovery of her power of speech nor of the osteopathic treatments she received. Thus there will always be a "blank spot" in Norma's life, of which she will have no remembrance or knowledge. Had the condition persisted and not been overcome, records of such cases show that insanity almost inevitably results.

Norma is such a pretty little child that it would have been inexpressibly pitiful had she found no means to relieve the lesion at the base of the brain which threatened her life and reason. She is now nearly well and normal in health, much to the delight of her parents, Mr. and Mrs. R. F. Morrow, and of her playmates.

"This case was really a remarkable one and caused considerable excitement among the people in Fargo," writes Dr. Sten Hanson, "as the little girl and her parents are so well known. It was published in the papers several times here and also in the Minneapolis Press. It was a good boost for osteopathy. I may add the article was written voluntarily by one of our editors who is a patient of ours and a sincere friend of osteopathy. He wanted to see our science get full credit for this, as he said, wonderful cure".

Congratulations, Drs. Hanson.

Medics Boycott Osteopaths in Wilson, Kansas, Hospital

By Dr. H. S. Wiles, Neodesha, Kansas

The medical men of Wilson County, Kansas, are boycotting osteopathy and the local D. O. M. D., is with them. We have a nice little County Hospital and I had been giving anesthetics for the other men occasionally, until one D. O., M. D. was having me give most of his anesthetics. Then the rest of the medics got up on their ears and elected said D. O., M. D. president of their Wilson Medical Society. Resolutions were carried at the following meeting which went something like this, as near as I can remember from having them read to me. This D. O., M. D. promised to give them to me; then said if I wanted them to publish, he could not let me have them.

If a medical man of Wilson County goes in consultation with an osteopath or chiropractor he is considered unethical and thrown out of said society. If a medical man does surgery for an osteopath and permits said osteopath to give the anesthetic or assist or treat a case while in the hospital, he will be thrown out of the society. If a surgeon joining Wilson County Medical Society did surgery for an osteopath and permitted him to do anything with the case while in the hospital, the members of the

medical society would not refer him any more surgery.

A few days ago one of our town surgeons who had been doing most of my major surgery work wrote me a letter and wanted to know how I had arranged for my surgery, saying he could not get any satisfaction out of the Wilson County Medical Society. On Monday, the day before election, I phoned him to ask if he would do an operation for me. He said he would and set his fee; said he was coming over the next day and would call and see if my patient was ready. Well, finally, I landed said case, phoned the surgeon but could not find him, so left word with his office girl that we would do the work at 10 A. M. next day. He came over but 15 minutes before the time to put the patient on the table. He phoned to the Hospital and said he had been talking to the medical men and could not do the work—that, after having my patient prepared all night! Having to postpone the case was *too much* and I will say the air was blue in my vicinity at that time. Anyhow, I got another man from Independence (and by the way, a good surgeon) and the case is doing nicely at this time.

Bon Voyage, Skeyhill!

Tom Skeyhill, Anuzec poet, writer and lecturer, sailed for Russia November 6th, after spending his last and very busiest day in America at Cleveland. The day before leaving for New York he delivered a forty minute address in the auditoriums of five of Cleveland's largest high schools and a one hour address in the Women's College, Western Reserve University, to approximately 6,000 students. Never before in these schools had a speaker been accorded more attentive or appreciative audiences; never before in these schools has a speaker received more enthusiastic applause. Osteopathy, mentioned three times in each address as a climax to a message, was given a most thoughtful and respectful presentation. Just the manna to feed a thinking public. Little do we as a profession appreciate the tremendous amount of good for osteopathy that Signaller Skeyhill has done throughout America. Until the critics and doubters of Mr. Skeyhill's veracity and osteopathic sincerity shall have done an equal amount of high class osteopathic publicity, let them silently admire and openly encore a truly *great young man* and valiant friend of osteopathy. Success on your mission, and come back soon, genial Thomas!

Woke Up Oklahoma

Skeyhill has been with us and gone. As an orator he is a wonder and it is hard for us to fully appreciate the influence which a man of this type has by reciting the story of his cure by osteopathy. He lectured to five audiences in this county, winding up with a mass meeting at night attended by 1,400 people which is about one-half the adult population of this city. No community can make a mistake in procuring him if they make suitable preparations to get a crowd.—H. C. Wallace, D.O., *Blackwell, Oklahoma.*

What He Did in One Ohio Town

Tom Skeyhill was in Warren, Ohio, Thursday, October 7, delivering three masterly addresses, one before High school, one at union luncheon of Rotary & Kiwanis clubs, ending the day with a big public meeting in the evening at Armory. He made a great hit at all three of these meetings. His lecture before the High School was on "Slangage and Language". He used slangage to perfection from the start to finish, and he kept the boys and girls in an uproar with mirth and laughter, with his slangy ex-

pressions, drifting eventually into the language of poets produced by the world war, and making it very clear that Osteopathy restored his sight.

His second lecture before Rotary & Kiwanis clubs, was entitled "The Trojan." There were about three hundred men present and all through his address he held their undivided attention. His word picture of the "Trojan Way" was wonderful, again he called attention to the fact that his eyesight was restored by osteopathy. When he finished his lecture every man stood up and encored, showing their appreciation for his elegant address.

His evening address was "Rebuilding the World." Judge Wilkins of the Common Pleas Court had charge of the evening meeting and very appropriately introduced him to a large audience, the Armory being filled to its capacity, many were turned away, who wanted to hear him, for lack of room. He held his audience's attention at this meeting same as others, and gave Osteopathy a great boost. Tom Skeyhill will always be welcomed back to Warren. Many have expressed their desire to hear him again, and should he return there will not be a building large enough to hold the people. He was very loyal to osteopathy, and the profession is indeed fortunate in having this brilliant young Australian Poet champion their cause.

The Osteopaths of this city had an informal luncheon at six o'clock with him as their guest, there being present Dr. J. M. Printy, Dr. D. E. Laib, Dr. Geo. M. Glassco, Dr. L. E. Sowers, Dr. Wm. Mills, Dr. L. D. Perry, and Dr. J. F. Reid.

We feel that he has given osteopathy publicity in this community in a dignified and ethical way, and that the science has gained in prestige by his having been here.—J. F. Reid, D. O., *Warren, Ohio.*

Credit Due Drs. Drinkall and Robuck

You stated that I was Chairman of the Committee on Skeyhill's lecture at Medinah Temple. I do not deserve the honor. Dr. Earl Drinkall was chairman and Dr. Robuck was vice chairman. I only helped, but Dr. Drinkall and Dr. Robuck deserve a vote of thanks for the wonderful work they did. They gave up hours and spent money out of their own pockets to make it a success. It was a wonderful event and a great thing for Chicago osteopaths to have Skeyhill here.—James M. Fraser, D.O., *Evanston, Ill.*

Says He's Curing Pernicious Anemias

We do not claim to have a cure-all for pernicious anemia as we have not had very many cases, but so far we have cured every case that we could get. We had an old lady 69 years of age who came to us July 4th. We made a blood count July 21st. She had 980,000 reds. We made blood counts at different times, the last one October 27th. She had 4,632,000 reds. Haemoglobin was 20% July 21st and 90% Oct. 27th. Mr. H. E. Davis, 321 S. Barnad St., Spokane, was the first case we had that was real bad. We cured him two years ago and he is now in business in this city. The medical specialist of this city advised Mr. Davis that there was no cure for him and advised that he have his spleen removed but he thought he would try osteopathy first, and went to Dr. Walter Guthridge who advised him to try our method which proved to be his healing. If you would like to have an article on how we do this, how we treat them, I will write one for you.—J. L. Mullenbrook, D. O., *Spokane, Washington.*

[Dr. Mullenbrook has agreed to write about his new work in anemia for the next OP. Watch for it.—Editor.]

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

Larger Success Possible to All of Us

By Geo. W. Reid, D. O., Worcester, Mass.

Our success is largely determined by our power to visualize. If we picture small things—a mediocre goal, the chances are ninety-nine out of one hundred, we will lead a mediocre existence. One of the greatest difficulties with the average osteopath as well as the osteopathic profession today as a whole is the smallness of the vision entertained. Only a small percentage seem to have anything like a clear conception of their possibilities as well as the possibilities of osteopathy as a profession.

Brethren, we need to get the vision.

We need to realize more clearly and definitely what is within our power. When we do, we will go ahead by leaps and bounds.

Never were truer words uttered than the following quotation from Holy Writ:—"Where there is no vision, the people perish, but he that keepeth the law, happy is he." Our destiny lies in our own hands. It is for us to say whether we are to perish or whether we are to go forward to ever greater accomplishment. Our science is a science based on natural law. We say Nature cures, if given a chance. By means of adjustment we relieve the handicaps, the impediments to the normal functioning of the human machine and our own sense of right, our own knowledge of natural phenomena prompts us to have faith in the utility of this measure. We know that disease comes in response to certain definite causes, we know that with causes removed, effects must vanish. We know that disease is incompatible with a body that is properly adjusted, nourished and cared for as it should be, so our gospel of health, then, is one that we can preach with unbounded enthusiasm. Enthusiasm is contagious, and if we are sufficiently enthusiastic about our work we elicit the cooperation and enthusiasm of our patients to a greater degree, and hence our influence for good is far more potent than if we assume a luke-warm, indifferent attitude, as is often the case.

What we need is adequate vision. We need to study Applied Psychology. We need a better understanding of the power of mind in conjunction with our principle of adjustment in conquering disease and winning the world for osteopathy. Our vision too often is immature, childish. We need the vision of the conqueror, the poet, the person who is able to see things as they ought to be and look forward with perfect confidence to the realization of his vision. The difference between mature and immature vision is very beautifully portrayed in the quotation below. A poet and little boy are represented as looking at an apple tree in mid-winter. The poet visualizes the tree as it will appear a few months later, so he expresses himself as follows:

"What do you see in yonder tree?
Although its limbs are bare,
I have the precious gift to see
A wee nest swaying there.
I see the fragrant blossoms,
Which shall scent the breeze in May,
I see the ripe fruit rare and rich
That shall be there some day."

The little boy being without such vision experienced entirely different emotions as he gazed upon the tree as will be seen by the way he expressed himself as follows:

"I don't see any nest up there;
The limbs look bare and brown,
There ain't no blossoms anywhere
That I see floatin' round.
There ain't no fruit,
That's rare and rich,
So far as I can see,
But every branch looks like a switch
For pa to wallop me."

The right vision contemplates progress,

growth, greater and greater achievement with each succeeding year. It contemplates blessings, beauties, comforts and joys rather than gloom, failure, and punishment. When inspired by the right vision we can see life, we can scent fragrant blossoms, we can see luscious tempting fruit.

Not only can we see these things but we can realize them. We can make them an actual reality in our lives. The law by which this comes about is the law of sowing and reaping, which applies in the psychological sphere as well as in the agricultural sphere. I can speak from experience here, as I have been able to profit to an amazing degree by getting a better vision of my responsibilities as an osteopathic physician and I know of many other osteopaths who have done likewise. Get the vision and results in conformity therewith are sure to follow.

The Self-Satisfied D.O. Who Dwells on Too Humble a Basis

By Dr. Wm. E. Waldo, Seattle, Washington

The idea is just this: Dozens of D.O.'s aren't busy—at least, not as busy as they might be. Not as busy as they want to be, if you please. My attitude is simply this, as explained at our last K. C. O. A. meeting, we should pass to higher levels. One present said he was doing all he wanted to do and that he has done fairly well; but I maintained that if he educated his patients properly he would not have to drive a Ford; he would not have to stint his family; he would not have to treat for two-fifty, and he could belong to all the best clubs in the city and be a regular "feller". So this advice to get vision applies to the self-satisfied as well as to the other fellow.

If I can only get the profession aroused so that they are more ambitious to be more successful, osteopathy will have advanced that much, and this I shall try to do. I am just an ordinary osteopath. There are some better right in this city, but if the people don't know it, whose fault is it? What I've done, any one can do that will keep his eyes open and progress. I have achieved my success in practicing by using "Osteopathic Health" persistently and giving the best that was in me to my practice. I have tried to do good work and tried to advertise continuously that osteopathy does good work, and I have pushed both activities all the time that I have been in the field. It has proven as bread on the waters to me. I have been rewarded in many ways. Every cent I ever put into advertising osteopathy has come back to me personally and more, and there was some of it to spare which doubtless helped the other fellow, too.

I would like to see every other osteopath in the land who is giving his best to his patients without also giving his patients literature, get the vision to add persistent educative campaigning to his personal efforts. I am sure if every such osteopath used plenty of good literature it would mean more for himself and more for osteopathy. That's what I am telling them out this way. It applies to all over the country.

GET THE VISION OF FINANCIAL INDEPENDENCE

The OP would like to stimulate bigger ambition among our practitioners than merely breaking even with living expenses each year at the cost of working themselves to death in practice. That is a sort of martyrdom the world

really does not appreciate. It does not build prestige or authority for our profession. It does not help to perpetuate our therapeutic science. It is more vicious than virtuous in fact, and is the penalty of sheer weakness and lack-ambition. Its victims lack sand—that's all—and they only delude themselves when they ascribe their lack of thrift-instinct and failure to achieve a competency for old age and dependents, not to add a fair start in life for their children, to any generous impulses or good will toward humanity.

Better call it want of imagination to see what success is possible in life for those who are really deserving. Better call it lack of vision. Better call it sloth and cowardice. Of course this does not apply to osteopaths who may render such poor professional service that they are not worth more than they now get and require to eke out a stationary existence.

We speak only to those who render excellent service, who deserve more than they get, who are not wasteful and who want to save money and make themselves independent but don't get fees sufficient to do it. To these we say, raise your fees, cut down the number of cases you accept responsibility for treating daily, preserve your health and allow yourself time to think, study, and grow. Being driven to death with work every minute one is awake is only a form of intemperance, comparable in a physiological sense to the drink habit or excessive indulgence of any kind. Some osteopaths treat themselves much worse than they would treat the old family horse. And when, as a result of being a sheer glutton for work, through ten, twenty or thirty years, they quit the game, broken in health, without enough money to live on in peace, plenty and pleasure such as should be possible in middle or old age, it is a lamentable spectacle and a shame. It is uneconomic. It is inhumane. It is stupid.

Get the vision and grow a little every year in your property and bank account—begin while you are young, or if you failed to begin then, begin now—and you will have good prospects of seeing your material wealth stand as the rising index of your professional prestige and ability, your mental growth, your domestic and social happiness and your satisfaction with life generally.

D.O. Cures Inguinal Hernia and Varicose Veins Without Operation

Now to answer your questions: "As a first consideration in the matter, we want to ask whether your special treatment of Rupture and Varicose Veins may be considered as osteopathic?" I would say no. Among hernias I only treat inguinal hernia. The cure is made by blocking or closing the inguinal ring or opening. Varicose veins are cured by an injection into the varicose vein which solidifies and then is cured by that vein becoming inactive and in due time the fluid injected disappears by absorption. I have never had any bad results in the treatment of either. Have cured every case treated so far. Have never had an abscess or tumor form from the injection into the varicose veins. I now am treating one of the worst cases of varicose veins that I have ever seen and have called in some other physicians to look this case over and they admit it is the worst case they have ever seen. The varicose veins in Scarper's Triangle are as large or larger than by thumb and I have a pretty good size thumb. Now I believe from this that you will agree with me that I could hardly call either osteopathy? However, I profess to be a true and faithful osteopathic physician. I wish to say that this treatment for varicose veins was discovered by accident in treating for other diseased conditions.—John H. Wilson, D. O., Oph. D., 1909 Virginia Park, Detroit, Mich.

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Letter from Mr. Arnold:

Dear Mr. Waldo: Answering your inquiry of November 17th regarding bill for November issue, "Osteopathic Health", the price is correct as per our new schedule. (See blue sheet herewith). This is the new rate as announced in *The Osteopathic Physician* recently.

In addition to price revision data given in that *OP* article, we might quote two concrete instances of how extraordinarily publishing costs have increased. Our Accounting Department has just compiled figures showing that our bill for manilla envelopes on one issue of "Osteopathic Health" two years ago was \$92.00; today the same quantity of envelopes, but somewhat poorer quality, cost us \$335. Four years ago one part of the work on an issue of "Osteopathic Health"—the press run—was \$450; today that same part of the work costs \$1,475. These are actual figures taken right off our records.

Of course, we are not the only ones affected by these conditions—all publishers are in the same condition. One publisher for "the chiros" sent out an announcement the other day quoting a price of \$5.00 per hundred for a little chiro booklet entitled "A Push in the Back" (the title partly stolen from "Osteopathic Health", at that). The booklet is a stock booklet that can be carried standing in type or plate, and reprinted economically at any time. It is 4½ by 6½ inches, 12 pages and cover. Of course, it is much more expensive to supply a periodic magazine service, edited and printed freshly as a new job every month (as is "Osteopathic Health") than supply stock pamphlets like this that can be reprinted from plates occasionally, in quantities to suit exact demand. There are few risks about the latter plan, and it involves a much lower cost than a single month's issue of a regular periodical, whose cost is repeated 12 times in the year. —Ralph Arnold, Business Manager.

Letter from Dr. Waldo:

Dear Mr. Arnold: As to bill for 400 "Osteopathic Health" at new price of course it's all right. I hand you herewith check in settlement. My secretary had not observed the notice in regard to advance in price and I have been very busy, as you may imagine. I have raised my fees from \$2.00 to \$5.00 in four years in the process of "keeping up with Lizzie". —Dr. W. E. Waldo, Seattle, Wash.

Letter from Mr. Arnold:

Dear Dr. Waldo: Many thanks for your check of \$37.75 and good words of encouragement. I did not suppose there was any doubt about your attitude but I extend congratulations to your secretary who has her eyes open to protect your interest whenever she thinks there is any mistake! Also I congratulate you on having raised your fees from \$2.00 to \$5.00 within the past four years. Such action is wise and necessary. We are bound to be permanently on a very much higher level of living costs in the next ten years than in the ten years previous to the war, and this notwithstanding present reductions in many commodity prices from the high-water mark. There is reason to believe that some of the present recessions in commodity prices are already too radical and are below replacement costs for such goods; hence there will be some re-adjustments upward. Nobody must imagine that market breaks are to hold to their low level to the end of time. As soon as a smash price low level is reached the tendency is to start upwards again. Nothing will be sold permanently below its replacement cost—not even osteopathy!—so we may look for some things that are now very low to be sold soon again at higher prices. Your course as to fees shows that you understand all this and have forefended yourself against the permanent depreciation of all money. We congratulate you. —Ralph Arnold, Business Manager.

Reconstructions of Policy and Habit in Handling Practice

A Private Exchange of Views on Enlarged Vision in Practice Building That Will Interest Everybody

Letter from Dr. Keyes:

September 25th, 1920.

Mr. Ralph Arnold,
9 S. Clinton St.,
Chicago, Ill.

Dear Sir: Your personal letter was much appreciated and I am calling you back on your suggestion "Bring yourself to attempting some reconstruction." I do not know just how you intend that, as it has a wide field of application. I think personal reconstruction is always in order and with that in view, I am going to spend sometime on a course in Applied Psychology and Associated Principles this coming winter.

Another phrase of reconstruction which would apply to employing an assistant and revising office methods is also possible, no doubt, for most any one. From what knowledge I can gain, however, I can have little faith in ultimate success of using assistants. I do think one can save time by having ample office room and competent office assistants in the way of secretary, etc. If you can take time or trouble to intimate what you have in mind by "reconstruction" I would appreciate it.

Yours very sincerely,

L. S. Keyes, D. O.

What We Mean by Reconstruction

Letter from Mr. Arnold:


October 19th, 1920.

Dr. Leslie Scranton Keyes,
Metropolitan Bank Bldg.,
Minneapolis, Minn.

Dear Dr. Keyes: I can surmise that you have about given up hope of my taking any notice of your letter of September 25th.

Well, I have had it on my desk for attention and have not forgotten it at all, but when your letter arrived I was planning a small vacation and was trying to get my office work in shape before going away, so I refrained from tackling the job of writing you. Since my return I have been very busy attending to things that required attention which had accumulated in my absence. In view of the situation as explained, I trust you will pardon me for not having written sooner.

I received the impression from your previous letter that you had developed your practice to a place where it was fairly satisfactory and that you felt that you had gone about as far as you could along the lines you were following, and that everything being so satisfactory, you were in a state of more or less mental



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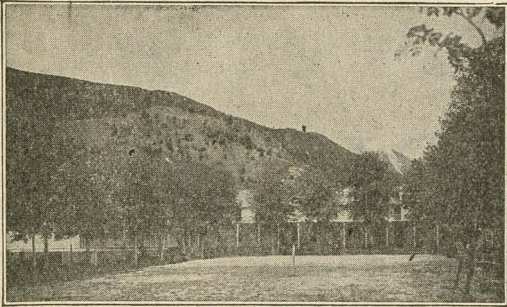
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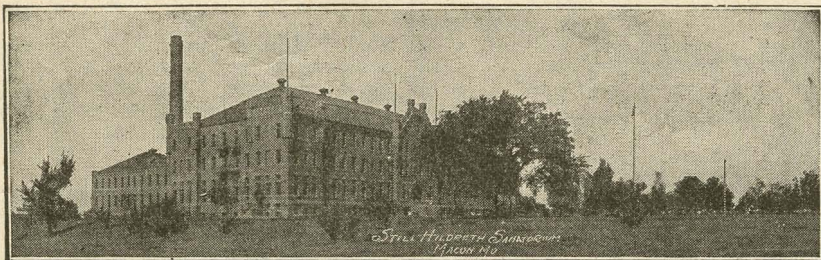
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inertia. You found it difficult even to contemplate the effort necessary to institute any radical changes in your method of conducting practice, or even minor changes in your established routine which would be necessitated, if you inaugurated an aggressive campaign for practice extension.

Hence, I indicated that something might be done, provided you could "bring yourself to attempting some reconstruction". I see by your letter that you get the implication of the phrase quite clearly. I have no doubt but what you will get a great deal of mental stimulation out of the course in applied psychology and associated principles which you expect to take this winter.

The Opportunity to Employ Assistants
in Practice

Yes, one outcome of a decision to do some "reconstruction" might be the employing of an assistant and the changing of your office methods accordingly; but that is not the only thing that can be done. However, while on the subject let us discuss a little more fully the subject of using assistants in practice. I see you share the common belief that it is not practical to conduct a practice satisfactorily by the aid of assistants. I can agree with you that, as a rule, the attempt to use assistants works failure. Nevertheless, in the course of my observation, several instances have come to my attention where practices are run very successfully with assistants. The subjects has always been a hobby with me because I believe that if osteopaths who have been in active practice fifteen years or more are to make the best use of the fruit of experience which comes after fifteen years of active practice, a way must be found whereby they can use more of brain energy and give less of physical energy.

A man who has been in practice for fifteen or twenty years ought to be able to capitalize to some extent his knowledge and experience, but he cannot do so adequately as long as he is held down to the physical routine of applying osteopathic treatment personally to each and every patient who comes to his office or whom he visits. The practice of osteopathy is a combination of physical and mental exertion and I have found that fifteen or twenty years of active practice wears very heavily on the average practitioner. Yet we know that, supposing a man started practice when he was twenty-five or thirty years of age, he is mentally, at least, or should be, in his prime after fifteen or twenty years in practice.

I believe that the failures to conduct practice successfully with assistants are due to the fact that really "assistants" are, in most cases, not employed at all but rather *junior partners* are

taken into an office. I believe you will agree with my belief in this respect when you analyze just what is done in an office usually when a so-called "assistant" is put in. A young man is brought into an office and almost right away he begins to receive and treat indiscriminately almost any patient who may arrive at the office. The system adopted usually seems to be that the assistant takes care of any patients who come in while his employer is busy with another patient. Some times special reservations are made about certain special cases. Of course, under this system the "assistant" soon builds up a personal acquaintance of his own in the clientele. He really, in fact, builds a practice within a practice, and sooner or later some of the clientele begin to express a preference for the treatments given by the "assistant" and will ask for him when they come to the office, and they may even refuse to take treatment from the man who owns the office, if the assistant happens to be busy.

Usually after six months or a year or possibly two or three years of such procedure, the "assistant" resigns his position, establishes an office for himself and takes away from the office of his employer a good part of the clientele that was established originally by the owner of the office and all of it built up on the capital and original reputation of the man who paid the office rent and other expenses. All this, of course, is entirely wrong and naturally such experiences prejudice one against any attempt to use "assistants" in practice.

To employ "assistants" in a practice properly requires a thorough re-construction of the system of handling practice and a thorough business understanding and agreement with the men who are employed as assistants.

The Dr. Cyrus C. Klumph Plan

To my mind, Dr. Cyrus C. Klumph, of Chicago, has the right plan of handling assistants. He has followed it out for many years past and has made a success of it. The outline of his plan has been published in "The Osteopathic Physician" but you may not remember it. In brief, he employs his assistants on a definite monthly salary; he has definite working hours for them; they work as his assistants only and under his direction only; all patients who come to the office, whether they are new patients or old patients, see Dr. Klumph personally before being assigned to a treatment room. He examines and diagnoses all cases; he assigns the patient to such assistant as he sees fit on each and every visit. Under the working agreement, assistants are not permitted to talk to patients about their cases or to make any observations relative to the treatment or the progress of the case. Dr. Klumph visits the patients in the treatment rooms, instructs the assistants as to what to do, and thus retains entire personal supervision of all cases although he does not do himself the physical work of treatment.

If you feel interested in studying further into this plan, I would be glad to give further details or request Dr. Klumph to tell again the story of how he manages his practice. He has a heavy clientele, sometimes keeps three or four assistants busy. He conducts heavy regular monthly campaigning with "Osteopathic Health" and, all in all, I believe he has one of the biggest income-producing practices in Chicago, and he has it on a basis where he need not fear that it will be taken from him because of physical inability as he grows older, nor has he any fear that any heavy percentage, at least, of his practice can ever be taken away from him by any of the men he employs as assistants.

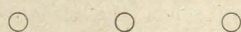
The Opportunity to Restrict Practice, Select Cases and Increase Income

However, when I wrote you I did not have in mind particularly that you should reorganize your practice on the basis of employing assistants. There are other avenues for reconstruction: You can reorganize your own attitude to

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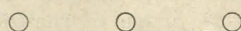
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for the Scientific Development of Osteopathy



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ward your practice; make up your mind to put yourself on a higher plane of prestige and fees, both. It takes some courage and some work to do it but it is worth while. It means that you should start out to increase largely the demand for your personal services. This can be done, of course, by aggressive campaigning among your present and past patients and among certain selected lists.

The object of such campaigning is so to develop the demand for your service that you actually and positively cannot take care of the number of patients who come to your office for treatment. You desire to actually produce a condition wherein you would have several—perhaps ten or fifteen persons waiting in your office all through the day. That means building prestige.

When you have established such a condition, it means that you have arrived at a position of entire independence as to what cases you will take and what fees you will charge. Having arrived at such a position, you would naturally restrict the number of cases you accept for treatment and select the class of cases you wish to treat. You would naturally begin to designate fees in accordance with conditions. Pretty soon you would not have any regular or fixed fees at all. You would charge for the adjustment of certain typical bony lesions on the basis of orthopedic surgery. You would charge less for more trifling attentions. There is nothing impossible about this line of "reconstruction" and it is a development which can be carried forward with the idea of always maintaining your office as a "one-man" office.

Increasing Output Through Efficiency Study

If you object to the idea of putting yourself in the class or position of a first-rate orthopedic surgeon, you can plan on increasing your amount of practice and your income by adding to the efficiency of the way in which you handle your patients. This could be done along the lines you suggested in part—namely, by having more ample office room and by having three or four treatment rooms arranged so that you can pass from one to the other conveniently and having a woman nurse as an assistant to prepare the patients and have them ready in the treatment room and actually on the table so that you can pass from one room to another and study the chart of the nurse and quickly perform such treatment or operations as are necessary, then go on to the next case.

An Expert Secretary Indispensable

Such a plan would call also for an efficient secretary to take care of patients after they pass from the dressing rooms; to make new appointments; to look after the patients on the waiting list; to see to it that they arrive at the office in accordance with appointments, to name and take fees; look after collections, accounts and paying bills, supervising your advertising campaign, and all that sort of thing. An efficient, well-trained secretary such as could hold the job of private secretary to a big corporation official will be profitable as an investment to such an osteopath, no matter what she costs. This last plan of practice development throws a lot of physical labor onto the practitioner but if he is strong physically and keeps himself in good condition, he can handle such "rapid-fire" practice successfully for a number of years.

I have only touched upon some of the methods of reconstruction in practice. I really and truly believe that our osteopaths in the bigger cities do not at all appreciate their opportunities. You already have the prestige to enable you to do successfully any of the things I have suggested.

I shall be glad to hear from you again further on this interesting subject.

Very truly yours,

"OSTEOPATHIC HEALTH",

Ralph Arnold,
Business Manager.

Says Tell It Through "The OP"

Letter from Dr. Keyes:

November 1st, 1920.

Mr. Ralph Arnold,
9 S. Clinton St.,
Chicago, Ill.

Dear Sir: Many thanks for your generous information embodied in your letter of October 19th, regarding "Practice". Such a discussion seems to me worthy of a place in some edition of *The OP* as I know this subject, along with some features of the problem of handling patients, is a live subject for the younger practitioner in particular.

Thanking you again for your great pains and detailed explanation, I am,

Yours very truly,

Leslie S. Keyes.

WHERE THEY GET IT OFF THEIR CHESTS

Takes a Fall Out of Dr. Grubb's Article on Hyperopia

I have read the article in *The OP* written by William L. Grubb, D. O., Oph. D. his subject being, "The Lesion of Hyperopia". If this article on Hypermetropia had been written by an optician pure and simple I would not be surprised at some of the statements. I am surprised that it is from the mind and pen of an osteopath. This article reads more like a patent medicine advertisement than anything I have read for a long time. He is a graduate "Oph. D." no doubt, or he would not use the abbreviations denoting the Degree conferred upon him. I will wager The *OP* dollars to doughnuts that I can name the college he graduated from in ophthalmology and I never had heard of Dr. Grubb before reading said article, "The Lesion of Hyperopia."

I would like to ask Dr. Grubb if, "The Lesion of Hyperopia had been fully corrected would the case of piles, appendicitis, amenorrhea, dys-

menorrhea, menorrhagia, etc., have been cured also?

If he was going to discuss Hypermetropia, why not discuss it in all its varieties? Such as Absolute H, Axial H, Curvative H, Facultative H, Index H, Latent H, Manifest H, Relative H, Total H, and that would give some a better insight to the subject; he could then give us his personal opinion and experience with these different varieties and state which has given him the most trouble to correct?

Personally, I don't believe a case of Hypermetropia uncorrected ever caused a case of piles, appendicitis or for that matter any trouble from the anterior superior spine of the ilium to the rectum.

I would like Dr. Grubb to tell us why it is necessary for Hypermetropic subjects to have to change their glasses or lenses every few years? Does the Hypermetropia grow worse?

I feel sure I am safe in saying Dr. Grubb uses the fogging system and that he is one of those individuals who FOGS ALL PATIENTS

TO THE EXTREME LIMIT so they are actually very uncomfortable. I suppose his next article will be on Myopia for that is in every respect the direct antithesis to Hypermetropia or long sight.

OP, give us some more of this kind of reading! It gives us a little insight into what the other fellow is doing.

If Dr. Grubb, should ever get on the "Wagon"

and ride with those *who are curing refractive errors without glasses, wouldn't he be some star?*

Yours for BETTER EYESIGHT,

John H. Wilson, D. O., Oph. D.

Detroit, Mich., 1920.

[Dr. Wilson has agreed to write further for The OP telling something of his methods of curing refractive errors osteopathically without glasses.—Editor]

One "Up Against It" Discusses Rates, Success, Etc

Being a Very Personal Letter, His Name is Withheld

From a U. S. Resort Town, September 22, 1920

Dear Bunting: Your kind and reasonable favor has been received. You say you want to ask a blunt and personal question. So more bluntly and personally will I answer it because of the urgent request. I am sorry, ashamed and sad to say I cannot afford to buy any kind of a bond drawing 7 per cent, or, in fact any old per cent. The past few years have forced me to carry some paper at 8 to 10 per cent which I cannot seem to pay off, and so I cannot afford to extend my credit (were it possible) to buy bonds bearing 7 per cent. Your request, though, is reasonable; your investment safe and worthy; and so small that one feels very much embarrassed to say one cannot afford to share it; hence you may not hear from others who are in my same fix. I believe your appeal is good enough, but when one is being gouged into financially every minute, many appeals must be turned down, no matter how worthy. No, Doctor, I personally could not afford to put \$100 into an investment of any kind, and yet I feel that, to an osteopath, your bond proposition is liable to be of more than ordinary interest. I have appreciated the many very worthy publications you have put out from time to time and at reasonable prices, and in earlier days used to use some of them.

As a personal favor let me be honest. I am a damn poor doctor and even less successful as a business man. Reasoning as a great apostle I may say that I was raised as an Allopathic Pharisee, a Homeopathic Sadducee, later an Electric Scribe, finally a star appeared in Missouri and I hiked there to be shown, although I was remonstrated with that no good could come out of Nazareth, much less Kirksville, Missouri! I was converted. They touched my bum hip and relieved the pain; my rank constipation existing from my childhood was cured and has stayed cured; they did a good job on my bunged-up nervous system (except that end enclosed in my cranial cavity) but they are indeed excusable for that for, where nothing is, nothing remains. Selah. I saw them do more for those made of more worthy and better materials. I have all my life tried to keep from denying the truth: so I forsook to considerable extent the law and the prophets and followed the simple and humble truths of osteopathy—and sometimes it has looked like I will be crucified before the sad end.

I have tried to investigate the principles of everything used by any one in the treatment of disease, and as it were *and as it was*, I really have been at the feet of many of the Gamaliels of our country; but it absolutely is not in me to be smart. I am practicing (or trying to) that old-time osteopathy in an inferior manner.

I find this hop, skip and jump, crack and pop, straps and machinery, prognostication eloquence, 5-minute, let-er-go-Gallagher, \$3, \$4 or \$5-please, good-bye, call-again-when-I-have-less-time osteopathy, has got me skinned. I am not in the running with it.

I know something of the kind of osteopathy

it took to cure me, and that is the kind I am trying to give; but I do not make it pay at the present h. c. l. I get no more in prices than fifteen years ago, and yet I am compelled to pay two to ten times as much for what I buy. Many of my patients are in the same fix. I may not fulfill the first commandment very well, but I *do* believe that I live fairly well up to the second.

This town is a "tourist" place and the business season is short. One D.O. who seems competent has quit because he can make more in other times, and I hope to do the same. I know many have good locations and I am glad to know are doing well; but an osteopath has a great deal to contend with in many places such as those who have not been up against it do not understand.

One said he was getting very tired of fighting the people to get them to take what they are seriously in need of. I feel much the same, and it has never paid me as well as I had done in other lines. Not long since a lady said, "but think of the good you are doing." The trouble is that sentiment does not pay bills, and the people who vend sentiment do not care to help out on the expenses! I know journals are full of a lot of bunk thrown at the other fellow by those on Easy Street who have no conception whatever of the thing they cuss and discuss so liberally from their biased viewpoint, highly condemning the fellow who is bucking a proposition they know nothing about. This is not a defense for myself and my own failures, but for some good and talented fellows struggling in the fight and some of whom have given up for easier things. Selah.

I feel that I am entitled to say that I have been fairly liberal in my life, but more recently, in order to keep apace with increased expenses, I have been often embarrassed to feel that I had to cut out everything not absolutely necessary. So when any proposition calling for money comes up, the question is, not how worthy is it but can it be avoided? I am happy to note that many are more worthy and more successful than I and will have to bear the profession's burdens accordingly, so far as I am concerned. Some are getting better prices than myself, having been able to make some raises along that line. I spent a little time in newspaper work and feel a kindness to your position in many ways, but so long as I can not swim a lick there is no use of me jumping into deep water. I had not intended to indulge in all this slush and if you will forgive me this time I will never do it again.

"Bless the Lord, o' my soul
And forget not all His benefits."

Takes a Lull for Health's Sake

I find all our other physicians loafing, but our chronic and rural work always kept us busy when there was little acute illness.

I have treated as many in a day as I have

averaged in a week for 6 weeks past, but my nerves were getting frazzled out and Providence was kind in bringing the halt for I could not use judgment and take a vacation, and never have in 20 years except for conventions and P. G. work.

With our land advancing, and bills paid, we can now accept a dull period and get some good from such rest.

If we get work brittle and it doesn't turn up by the time we get anxious for speed ahead, all we need do is mail out a few hundred O-H's. It always brings them in to us. But, as you can see, we are really willing to slacken up speed for a while yet.—Cordially yours., Harry W. Gamble, D. O., Missouri Valley, Iowa.

Beating the Brotherly Love Landlord

Office rents having increased more than two hundred per cent, Drs. Chas. J. Muttart and D. S. B. Pennock of Philadelphia, Pa., have purchased a four-story building in the exclusive Rittenhouse Square section, containing twenty rooms, and representing an investment of about fifty thousand dollars. The first floor will be fitted up for their own offices, and the upper floors will be rented for professional offices and apartments. Dr. Muttart specializes in Gastro-intestinal Diseases, and Dr. Pennock in Surgery.

[Say, fellows, The OP congratulates you upon being able to do this without a bond issue. What sort of fees do you charge? I'll bet you're off the 13 for \$25 basis about as far as Rittenhouse Square is from the river.—HSB.]

Frank Farmer Drives a Milk Route

You are a very much neglected man for I should have dropped you a line before now. The trip across country from Chicago can never be forgotten. Practically no rain. No car trouble. Only three punctures and those all in one day. Beautiful weather. Roads passable all the way. Hotel accommodations good average and we took our time.

I received my medical certificate and am duly a registered practitioner. Am doing clinical work in the school and have office hours with the Los Angeles Clinical Group. Am on probation to see if our wishes are mutual. Dr. Merrill has officiated as head of the Dr. Porter Milk Canitarium and it has been too much, with his other work, so he turned it over to me. I have been very agreeably surprised at the work and results out there. I wrote to Fred Moore and told him I was keeping a dairy now, like his; that we can "fill 'em up again" with milk; that he and I can "shimmy" on milk shake, etc. When I last saw Fred he was so enthusiastic that I kidded him about it. He told me when I got to Los Angeles last spring, to go out to the Dr. Porter place and investigate. Here I am—Medical Director of the Milk Route, before I even investigated it!

The work being done in the Group is entertaining and progressive and I will write later what I really believe to be the results of their work. I'm not ready to report yet.

Have held up my announcements pending the forthcoming telephone directory—will have them out shortly. Any friends coming this way just tell them to say "hello" to us at Suite 801 Ferguson Bldg. Am a bit pushed for time at present but I have quite a lot under my hat and I'll try to transfer to paper for The OP family's information some time soon. Well, I must go now and milk the cow.

I was very much surprised at the passing of Fred Gage and Albert Fisher, Sr. Remember us to all The OP folks.

Fraternally,

Frank C. Farmer, D. O.,
801 Ferguson Building,

With the Los Angeles Clinical Group.

Nov. 27, 1920.

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BOSTON HYGIENIC INSTITUTE, Inc., 12 Huntington Ave., Boston, Mass.

Here's a Great Field for a Good Osteopath

November 12th, 1920.

The Osteopathic Physician: Dr. Jane B. W. Hall needs an assistant very badly. Last February she was called as a witness in a personal injury case, and her superior knowledge of anatomy won a case for me against an M. D. combination that was supposed to be invincible. The court room was crowded at the trial.

A few days after that she was called to a case of supposed paralysis, had been pronounced permanently bed ridden by the attending M. D.'s. The woman was brought to her feet in three weeks by Dr. Hall.

Since then she has been called as a last hope in quite a number of desperate cases and has been so successful that patients are coming to her from four surrounding towns and one big town is urging more time, she now giving them two days a week.

She must have osteopathic help at the earliest possible date. It is an SOS call, for she is approaching the time when she must suspend for a time, and it will be a shame if her practice is obliged to suspend just as it is getting up so much momentum. It means not only the personal loss to her, but it means a loss to osteopathy, not to say this community also, because, when the public gets hungry for osteopathy it does not help the growth of the profession to deny them.

I trust you may be able to find some qualified osteopath who will come to us at once. We have not dared to start a systematic publicity campaign, because her practice was growing as fast as she could take care of it, and we do not think it good policy to invite business only to turn it away when it comes.

If, before your next issue, we do not secure an

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

"NED TUCKER A'LOWS IF HE
TAKES ENYMORE OF DOC'
BROWN'S PILLS HE'LL BE
DANG NERE BALL-BEARIN'



assistant, will you kindly insert the following and send bill to me?

"Assistant wanted—ten fingered osteopath—man or woman, Practice growing rapidly—must have help or turn patients away. Address Jane B. W. Hall, Caribou, Aroostock County, Maine.

I will say that Dr. Hall was Jane B. Wilson, ASO '18, and has already had a wide and successful experience.

Yours very truly,
Joseph E. Hall.

John Gets the Jump on Burglar Santa Claus!

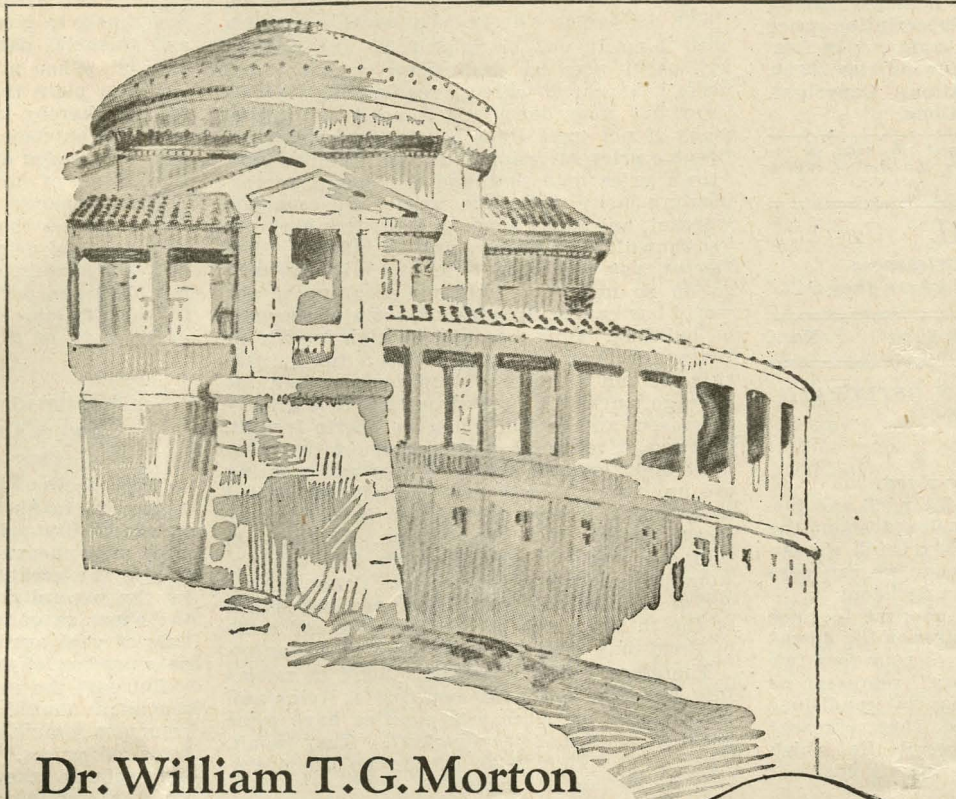
I feel broke all right—but before I blow all my coin for Christmas foolery I think I had better invest in three more of your good safe gold bonds (bearing 7 per cent for John, and a benediction for Bunting) and thus get the money safe out of temptation's way! You will find my check for \$300 enclosed.—John C. Groenewoud, D.O., Chicago. [His previous order likewise was for \$300. Come again, John!]

Peril in the Fess Physical Education Bill

Do you know what the osteopaths are doing over the country to defeat the Fess Physical Education Bill introduced in the House by Congressman Fess, and in the Senate by Senator Capper? It is known as House Bill No. H. R. 12652 and as Senate Bill No. 3950. This bill seems similar to the Owen Bill of a few years past and certainly is a hot bill to kill the osteopaths.—E. M. Moore, D.O., Oph. D., Shelbina, Mo.

Bunting Building Corporation Gold Bonds pay 7 per cent and are in denominations of \$100. Give yourself one for Christmas.

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



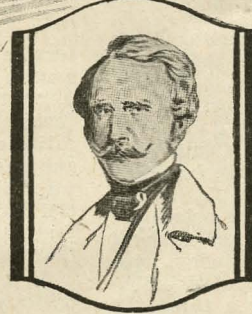
Dr. William T. G. Morton Elected to Hall of Fame

THE Nujol Laboratories of the Standard Oil Co. (New Jersey) recently conducted a referendum vote among all physicians and surgeons in the United States, a list of some 140,000, sending to each a booklet entitled "Medical Nominations for the Hall of Fame 1920" containing a biographical sketch of each of the twelve medical men whose names had been nominated for election to the Hall of Fame.

The returns when received were tabulated and communicated to the authorities in charge of the election to the Hall of Fame.

The entire medical profession will be gratified that the memory of Dr. Morton has been honored by his election to a place among this group of distinguished Americans comprising the Hall of Fame.

We believe that the widespread interest shown by the medical profession in our ballot and in the general election contributed to no small extent in securing long deferred recognition of the achievements of medical science in the United States.



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\$1,000? or \$500? or \$100? Be Just to Your Boosters!

The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month By THE BUNTING PUBLICATIONS, 9 S. Clinton St., Chicago, Illinois. Henry Stanhope Bunting, A. B., M. D., D. O., Editor and Manager; Ralph Arnold Business Manager. Subscription price in the United States \$3.00 per annum. In Canada \$3.25. In other foreign countries \$3.50. Advertising Rates on Application. Copyright, 1920 by The Bunting Publications.

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVIII December, 1920 No. 6

IS IT "TOO LATE" FOR AN OSTEOPATH TO RAISE FEES?

Is it?

No, it is not.

And for all the reasons involved.

To the osteopath who feels the need and justice of raising fees but is perplexed about the present propriety of doing so, we think we can make the issue plain. Knowledge we can pass along to him ought to help to a decision.

The faint-heart's cry "it is no time to raise prices now when other things are coming down" and its echo "if you didn't raise your fees two years ago, you lost your chance", represent no grasp on the economic and financial conditions prevalent throughout the world. They represent only the pacifist attitude toward life which drifts with the current and always holds that it is too late to begin anything.

That prices of many things are coming down is not even a presumptive argument that osteopathic fees should come down or if already down, should stay down. Some prices now down (like cotton) will soon be going up again. What prices are coming down? Commodity prices in the main that have been grossly, thievishly, ridiculously profiteered. Silk shirts, sugar and shoes, for instance. These prices are coming down simply because the replacement cost of such goods to the consumer today, with all just profits for manufacture and distribution included, are only a half or a third the profiteer prices at which such goods have recently been selling. Such prices have simply got to come down because newer goods, produced at present cost prices, will monopolize trade and leave the holders of such profiteer-priced goods—no matter how innocently obtained in the course of trade—holding the bag.

Were osteopathic fees likewise profiteered during the war? Or, after the armistice? Where? When? How much? By whom? No, they were not! Is the replacement cost of osteopathic services today, at the hands of equally able and available osteopaths, only a half or a third what the public is now paying? No. Besides, if this were true the personal equation of the doctor with prestige, who is able to hold his own patients against any competition or inequality of fees, would upset and negate the working of the ordinary economic law of business going where there is price advantage.

Then there is no reason for osteopathic fees coming down, along with the prices of food and clothes; nor of failing to go up to their just economic level at any time, the same as other than profiteered things are still doing at this very time and will always do in future.

It is never too late for a doctor to raise his fees, or for a lawyer or civil engineer to

raise his fees, who has a basis of merit, right and necessity for doing so. It may or may not be expedient because of local conditions—that is a thing each professional servitor must determine for himself. For the pacifist-minded unfortunately it is determined in advance—adversely of course. It takes courage to do most worth-while things in life. The slothful and those who lack ambition will always vote to do nothing—to adhere to the policy of laissez faire.

Let the doctor who is debating this problem with himself not be misled by the present newspaper war on profiteering which would make it appear on cursory reading that "everything has come down." It is not true. Indeed many if not most lines have not recorded noticeable price recessions. Almost no lines have shown price cuts that had not shown corresponding price inflations above all economic warrant, and many goods and services have not yet shown cuts that were grossly inflated. You, Doctor, pay the same rent, and will continue to do so until the building program of the world has caught up with six years of suspended building. Your rent will be high for five or ten years. You still pay \$18.25 a ton for anthracite and \$11.25 for bituminous coal in the Chicago market. Your railroad travel is greatly increased, and is still going up. Ditto freight, expressage, telegraph and telephone rates. Gasoline and kerosene are up. Paper and printing are up. Labor is still up—especially all skilled labor that is unionized. Interest is up. Amusements are up. Hotel fees are up. Tips are up. Laundry work is up. Barber's fees are up. Domestic service wages are up. *Taxes are up for as long as we live!* These are just a few of the things which are at the peak and some of them may even cost you more in instances.

Therefore, fellow osteopaths, don't be misled into assuming that your own cost of living and maintaining an office and practice have come back to normal. They haven't. They won't. They can't. This is as certain as the operation of the law of gravity.

The OP wishes to do the profession a real service in this crisis and give authoritative information and advice which will enable our people to "get right with their market" and adjust themselves on a fee-basis which will prove satisfactory and advantageous to themselves and their families for ten years to come. So, we shall give you some up-to-the-minute financial advice to raise osteopathic fees where that has not already been done radically within the past five years.

First let us say, in some quarters we are criticized—namely by Friend Bancroft, the Sage of Canandaigua—for not making this earnest and thorough crusade for osteopathic price revision upward full two years ago. Well, we used as much judgment in advising you then as we possessed and used in our affairs. Could you expect more of us? We did not have the gumption, it seems, either to raise our own publishing rates radically then, or urge you insistently to raise your professional fees. Our minds were not fully made up then about the inescapable necessity of doing so. Along with most business men we expected sharp recesses after the war. We did not come to a decision until we saw it fully demonstrated that there was no way around it but to accept the world-wide fact of depreciated currency and re-mark fees and prices generally in terms of the new debased currency. "Don't shoot the organism if he's doing his best!" But we have been right on this fee question for at least six months now, because finally we faced it and recognized inescapable conditions. We can prove we are right now, even if a little late, and we are doing so if you follow these arguments carefully. For the reason that we were a little tardy in sounding the warning we are now bearing down all the harder at the finish, recognizing that there are still many osteopaths unconvinced of the necessity of raising profes-

sional fees radically from the old A. D. 1896 basis of \$2.00 per—13 for \$25.00." Many osteopaths still practice on a system of fees fixed twenty-five years ago!

As this is a very great personal and professional problem, this necessity of determining now what will be just, satisfactory and expedient fees for osteopathic practitioners to charge in their various fields and environments through the decade to come, we think it wise and timely to give some authoritative economic and financial data which underlie this whole subject. When a world-wide historic condition makes it plain that a localized problem is controlled thereby and practically predominated as to its outcome, would it not be folly *not to take knowledge of such conditions into reckoning?* Some of our doctors may not find in their home newspapers as good an explanation of the world-changes that have permanently put prices of living and of all property and service up to new high levels, so we shall quote this following lucid and authoritative statement from the Chicago Tribune of November 16th, 1920. Read every word of it.

Vast Inflation of the World's Money Chief Cause of Soaring Prices

[From the Chicago Tribune]

"The decline in the purchasing power of money or, to put it another way, the increase in commodity prices has been and is a world wide phenomenon. The increase that occurred during the great war was variously explained by the necessity of increasing production, by the shortage of labor attendant with the putting of vast armies in the field and, roughly, as a product of the (war boom.)

But with the end of the war began a growing sentiment that there would be a fairly speedy return to something approximating the pre-war basis of prices. That this readjustment did not begin to take place during the year following the armistice, that prices advanced even further and only within the last few months have shown a declining tendency, has been the cause of popular resentment in the degree to which the basic causes were not understood.

Money Standards Based on Gold

It is the purpose of this article to set forth something of the changes which have taken place in the purchasing power of money throughout the world as the result of the war and its aftermath. Assuming that warfare is almost purely destruction, what has happened? The money standards of the principal nations of the world are based on gold. Thus the value of the currency of any nation in relation to the currencies of other nations is founded primarily on the proportion of gold back of that currency.

When the currency of any nation is expanded by additions of paper money, without a proportionate increase in the stock of gold, such expansion is termed "inflation." It is almost axiomatic that the purchasing power of any currency declines about in proportion to its inflation. This has become increasingly true as the nations of the world have become more and more closely associated through international commerce.

Here's What Happened

Now let us see briefly what has happened to the money power of the world, using data compiled by the National City Bank of New York. World national debts in 1913, the last pre-war year, were about \$43,000,000,000. This total increased to \$212,000,000,000 at the time of the armistice. But the increase did not stop there, as the aftermath of the war brought new debts. This total debt during the first year after the war increased to \$256,000,000,000 and now stands at about \$300,000,000,000. Thus,

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

this world debt has increased nearly sevenfold and the great part of it represents a total loss, being expended in the destruction of warfare.

The raising of the enormous sums necessary for prosecution of the war not only called for vast bond issues by all the nations engaged, but, in the final extremity, in currency expansion or inflation. Thus, the world paper currency, which amounted to \$7,500,000,000 in 1913, increased to \$43,000,000,000 at the time of the armistice, to \$55,000,000,000 toward the end of 1919, and to \$82,000,000,000 at the present time, two years after the armistice.

Inflation on Percentage Basis

Now, returning to the premise that most of the national currencies are based on gold, what has happened? The world's stock of gold has remained practically constant. The world's paper currency has increased almost sevenfold. In 1913 the ratio of gold to paper currency was about 66.3 per cent; at the time of the armistice, 17.6 per cent; a year later, 13.5 per cent, and now, about 9.2 per cent. This, to a fair degree, marks the inflation of the world's currency.

The great bulk of the post-war increase in national debts and paper currency occurred, of course, in Europe. Europe's share of the world national debt is 86 per cent and of the world paper currency 88 per cent. Recalling that the United States now possesses about 4 per cent of the world's gold currency stock, estimated at about \$9,000,000,000, we see to what extent Europe has inflated its currencies.

In this European inflation and degree to which it is apportioned among the nations lies the chief explanation of the depreciation of European currencies compared with our own, and increase in commodity prices the world over. English currency has depreciated about 28 per cent. French about 69 per cent, and German about 93 per cent.

This inflation, in terms of their own currencies, has resulted in tremendous commodity price increases in those countries; but to the extent to which Europe has purchased American goods, paying in depreciated currency or buying on credit, it has been competing with purchasers among our own people. Thus, our own commodity prices have been increased to a larger degree through this circumstance than as the result of our own currency inflation, which has been comparatively small.

Now, fellow osteopaths, since it is a fact that the vast inflation of the world's money is the chief cause of high prices, when do you expect prices generally to recede to the old level? When will the world make and save enough wealth to be able to retire its war bonds and script currency? No financier, statesman or patriot as yet has had the hardihood to venture to set the date, but many say boldly it will not be possible to do it at all. At all events it will be a long and painful wait. So, if you are still operating on the "union wage" of "\$2 per—13 for \$25" which the osteopathic profession adopted in the year of our Lord 1896—or if you are anywhere near that basis of fees—The *OP's* advice is to get right with the times and readjust your professional fees to our 1920 A. D. currency or be prepared for economic extinction. "How can you charge less than \$3. per treatment and live?"

THE WHERE, WHEN AND HOW OF RAISING YOUR FEES

In discussing the policy of raising osteopathic fees to a more just and remunerative basis two essentials must be granted.

1. The service of such osteopath must actually be worth more.

2. The recipients of such services must be able to pay more. If these conditions do not hold, our advice does not apply to raising be-

yond the old standard \$2.00 per treatment (where that has not already been done.)

Now we all know there are widest possible variations in the value of services which different doctors render. Beyond a doubt some osteopaths are not worth one dollar a treatment. We have all seen osteopaths whose diagnosis, if accepted, would be a liability in any emergency—the ones who could not tell when a patient actually has come down with appendicitis or pneumonia, for instance—and whose treatments would be the same for such patients as for the general run of chronics that come to their offices for treatment. The poor osteopath may be overpaid, even at one dollar per treatment.

Remember while we are advising the live wires, the capable, deserving practitioners of our profession, who have not got off the old basis of 1915 fees (usually \$2 per, regardless of personage or conditions) to adopt higher and more discriminating and professional rates of charges, we are not urging poor osteopaths to raise their fees. We want that understood. We keep ever in mind the economic worth of treatment. We insist that as a general thing osteopathic adjustments of the successful sort—treatments that are up to standard, when anything is really the matter—are pitifully unremunerated, and we are trying to give this vision to the profession so as to bring about a rectification of a fundamental wrong.

As to the second essential to be kept in consideration, namely that the recipient of the service ought to be able to pay more, naming this as a condition is only asking the doctor to use good common sense and to respect humane justice. Why should teachers, clergymen, clerks, stenographers, day laborers, policemen, mail carriers and domestics be asked as a general thing to pay the same fee for the same service as a capitalist, a wealthy manufacturer, a merchant prince or a rich farmer? Only when the laborer is a profiteer—as various union laborers have been in the recent economic chaos, quite the same as various sorts of business folk—should he be made to pay on the same basis as a capitalist.

As a rule the osteopath, we think, should charge according to the means of the patient as well as in accordance with the nature and importance of the service rendered.

Various little attentions, then, could still be rendered for as little as \$1.00 to various people and still the real fee be \$3. or \$4., with diagnosis \$5. to \$25., thus avoiding that injustice and hardship to the poor and needy which all true men and women in our ranks will make sure to avoid, and avoiding at the same time victimizing themselves—too often, as we know them to be, alas! poor, worked-to-death, unpaid, under-recreated and under-pleasured osteopaths.

A false, inequitable, indefensible traditional way of "having one charge and treating all persons alike", making a poor working girl either pay the whole fee or be treated as a pure charity case like any pauper, would better be supplanted by a more scientific policy or system of charges which would permit the doctor to charge according to the case—that is, for the service rendered and in accordance with the ability to pay. That plan will prevent the rich and well-to-do evading just payment to the doctor while avoiding any gouging of the poor and needy. And best of all, it will enable the osteopath to double, treble or quadruple his income in the course of time. Is that not worth while?

ONLY PROFITEER PRICES ARE REDUCING

One of our friends in the profession wrote us his opinion that publishing prices ought to be coming down instead of going up in order to keep pace with the downward trend in living commodities. He ventured the opinion that we

were "two years too late" to set out now to right ourselves with economic necessity.

We admit we are a trifle late in making unavoidable advances in publishing charges since two separate waves of sharp advances have been made in costs to us in the course of thirty months. We pondered and deliberated for two years, trying to beat the game of rising costs in the interests of our customers, at a time when most every business house was piling on price advances to its trade pell mell. We sacrificed some just profits in doing this, and only revised our prices when the market conditions in our industry had become stabilized on a basis of actual economic conditions such as we recognized were fixed for the present and would not alter materially within a couple of years. We do not apologize for this. We expect credit, confidence, support for it.

Our customers surely will not quarrel with us that we dealt so generously with them in this respect and delayed the inevitable at *our own cost* until we found there was no other way out of it, and that advanced costs of publishing simply had to be met or operations suspended. We did not believe that osteopaths would give up the fight to advance osteopathy in preference to paying the modern cost of advertising propaganda. The profession has already shown us that we were right.

Our critic, however, has some superficial justification for his view—especially if he failed, as we suppose he did, to read our editorial on this subject in September entitled "A Frank Statement of Our Relations to the Profession." There is a gratifying price trend downward in many things—those commodities notably that have been selling on a rank profiteer basis all along, and which ought to have been reduced by process of federal prosecution a long time ago. It looks easy, friends, for business to mark down goods that were selling for twice and three times their actual *cost of replacement under present conditions*. This applies to sugar, other foods, clothing, shoes and various other lines. If the profiteers do not mark down such commodities, competition will soon attend to that for them. Newer goods, produced at present cheaper costs, would drive out the old.

But conditions that hold in the food and clothing line are not duplicated in the printing field; and to suppose that printed products are now going to be cheaper also because of this price tendency downward among commodities is to reckon in blindness and error. We only wish it were possible for that to be true.

There has not been one cent's reduction on anything that goes into the price of printing and advertising.

Replacement costs for paper seem to be reasonably close to present prices.

War cost prices not only hold in this printing field but have been more than doubled in some instances since the armistice. Everything is still at the peak, and one new advance of 10 per cent in printing labor cost has taken place since the general commodity market started downward. Furthermore the prices of main commodities in publishing, namely paper and skilled labor, are fixed under nation-wide and trade-wide agreements which run through 1921 and in some instances well into 1922. So there is no likelihood of much relief short of two years if at all.

This exaggerated present cost of doing the world's printing is not primarily the result of profiteering, if indeed profiteering enters into the situation materially at all. It is the result of economic conditions in the main which the world can not readily alter. Paper costs 500 per cent over what it used to cost several years back. Paper is the main commodity used in publishing. We use it by the ton. The chief reason for this advance is the disappearance of our forests from which wood pulp is made. Trees cannot be replaced like iron, coal, food and clothing stocks. We have now to travel much further into the wilderness to obtain

wood pulp. That means it costs more to manufacture and transport, not to speak of tariffs. The world can't get enough paper to meet the present demand at *any price*. Europe is bidding for our paper and will pay much more exorbitant prices than we pay here for it. Europe took about 10,000,000 pounds of American paper last year.

You see, the paper famine represents an *economic* condition, then, based on natural shortage of raw material, plus increased difficulty and cost of production, further complicated by greatly increased consumption. Conditions like these can be righted only gradually, if at all, and may even grow worse for a time. Such profiteering as may come into the cost of paper in common with all other commodities is camouflaged behind these actual inescapable economic conditions. We therefore must pay the world's present costs of manufacturing and marketing paper or quit using it.

The second great cost factor in printing is skilled labor. The various branches of the printing trade have had less man power than business has had use for. There was no reservoir of surplus labor to draw from and new skilled workmen could not be quickly trained. Besides these trades are highly unionized. They have made a nation-wide fight to advance wages, along with railroad and various other employes, and they put it over. The agreements in force are in the nature of trade contracts between master printers' organizations and national trade unions. These run for definite terms. No matter how much living costs may come down, nobody expects these agreements to be modified until contracts expire. As we have just said, instead of printing labor costs coming down along with sugar and shoes, they even went up recently in our own experience another 10 per cent.

So, costs of publishing are fixed definitely for 1921 and probably will not recede much in 1922.

A survey of the other materials entering into publishing shows that *no other* prices have come down, either. Rentals, wages, electric light and power, telephone service, mail, expressage and cartage, office and shop supplies and machinery, engravings, envelopes, bank interest, insurance, taxation—all are at the peak. We see no prospect of any of these things being reduced in price.

So, there is no justification for saying that the cost of our service ought now to come down, hand in hand with price recessions among greedy profiteers. Not having been numbered among the profiteers, we printers, publishers and publicity men for the profession have no profiteer prices to restore to normal.

On the contrary we admit that the other rebuke is quite just, that we actually have been two years tardy in raising our prices to the profession to conform to present-day, worldwide increased costs of production in the publishing field.

But, friends, because of this deliberateness of ours in coming to the new price basis we refuse to agree to the idea that we have forfeited our right and opportunity to readjust ourselves to the changed publishing conditions just because we raise our rates now while the wicked profiteers are in course of coming down. It is never too late to readjust one's self to true economic conditions—unless perchance one who has failed to do so too long perishes as the penalty of deliberation. Besides, it is a matter of congratulation for all of us that food and clothing are getting cheaper. It is therefore all the easier for you now to pay the real costs for osteopathic propaganda.

The only thing to consider is whether osteopathy is worth our joint efforts to promote. We'll say it is and we know your answer before you utter it.

NO ENMITY TOWARD THE GENERAL
MAGAZINE ADVERTISING PLAN

Two out of our 4,000 readers have written us in criticism of our analysis of the Woodall plan for buying advertising space in magazines to advertise osteopathy. Said analysis appeared in September *OP*. Each writer thought we ought to do nothing to discourage *any* effort which sought the advancement of osteopathy by any worthy means. We subscribe fully to this sentiment and have always made it our guiding principle of action.

We call attention to the fact that our discussion of said plan stated itself to be a technical advertising analysis of that proposal, offered as the opinion of one man. It endeavored to put before the profession the various factors and considerations involved from the technical advertising and editorial points of view, as well as the points of view of practicality and expediency, in order that the profession might form its own judgment of the matter. We feel that our responsibility to the profession has been discharged with that expression of opinion.

We entertain no enmity toward the general magazine advertising plan and if any members of the profession wish to experiment with it we certainly shall not throw any least obstacle in their path to make the test as thorough and decisive as possible. If the test were made, the more thoroughly done, the better.

We look with entire equanimity upon those who wish to spend their own money for national magazine space; and if such an experiment were to prove even a fractional part as helpful to osteopathy-at-large and as satisfactory to themselves as they hope for, we would be not less glad than they. There is and can be no room for pettiness, ill-will or jealousy in this great privilege and *necessary work* of promoting osteopathy.

Two doctors of the same school may disagree on their diagnosis but that does not deprive the patient of the desire and effort of both of them equally to help such invalid get well. If the commercial plan were to be tried out to any extent, little or big, against our judgment and advice, because a sufficient number had faith in it and wanted to see it tested out, we would be just like the doctor whose colleagues did not accept his diagnosis—we would be as interested as they in testing out the problem and seeing who really was right, or how far either was right — or wrong! And meanwhile, no service that the said doctor might possibly be called upon to render could be refused. In other words, were the general magazine advertising plan to be tested we would not only *not* do the least thing to injure it but we would gladly do anything possible for us to do to help it succeed and to minimize the possible harm that might be done were bad judgment to be used in the sort of copy run.

For instance, if the copy run in the advertising pages of one or more national journals appeared on its face to be bought frankly just to propagate osteopathy it would injure osteopathy's standing in the news and editorial departments of newspapers and journals generally, and thereby neutralize much of the good work of the AOA's newspaper news service bureau now successfully functioning. But if space were so used as to educate the public indirectly about osteopathy through soliciting the support of the people for the AOA's new model universal law (or in some other equally shrewd manner) such kick-back and retroactive damage to other arms of the profession's publicity service would be avoided.

You see, there are many technical angles to this problem which just anybody does not understand—angles which even a commercial advertising agency, hired to advertise osteopathy in the usual commercial way of automobiles, soap and shoes, would not understand.

So, if the scheme is to be tried at all and we can be of any advisory help, command us without price.

"CONCERNING OSTEOPATHY", REVISED
EDITION, IS FINE LITERATURE

Dr. George Versalius Webster of Carthage, New York (one of the original "Acidosis" sharks in the profession) for some time has been over-due a word of cordial praise from us on the excellent character of his little book of 240 pages entitled "Concerning Osteopathy" which recently came from press in revised edition. The work is splendid for educating the laity and is a credit to the profession in every way. It is well written, well illustrated and beautifully printed.

This little volume contains about 25 chapters, most of them short, on different live topics of interest to osteopathic patients and friends, contributed by different writers. These are largely well chosen excerpts from our professional publications. They are all good collateral educative reading for patients.

Dr. Webster himself supplies an excellent 20-page story on the application of osteopathic principles to the diseases of the various systems and organs. There are eight halftone illustrations of the Old Doctor and various osteopathic colleges and sanitarium.

You're doing good work to help the profession advertise itself, George V.—all success to your efforts! You deserve to have your good stuff used extensively. And it will help the osteopath who uses it, too, beyond a doubt. —HSB.

"PUTTING IT OVER THE PROFESSION"

A certain osteopath whom we give credit for joking rather than being in earnest has accused us of "putting it over the profession" in our raise of service rates and in the explanations we made about the economic basis for continuous high costs of publishing. We prefer to think Friend "Bill" was facetious rather than mean. Yet many an idea lurking in the back part of a fellow's mind comes out in jest which would not utter itself soberly. So in case "Bill" meant exactly what he said we will take occasion to say a few things further in the nature of business confidences.

Here's how, and to just what extent, we have "put it over" our customers.

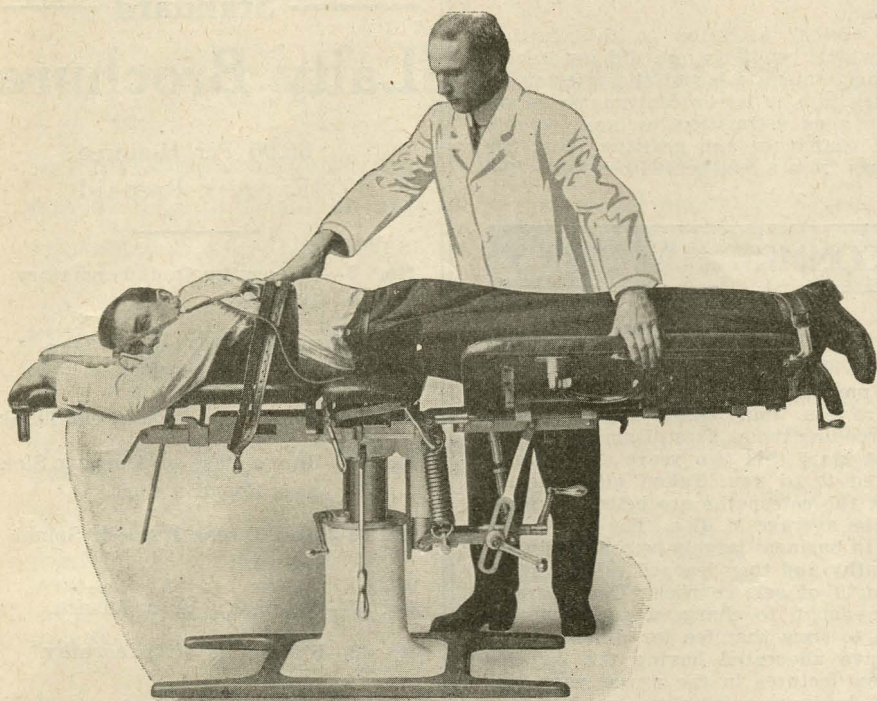
When paper began to go up and get scarce we shrewdly invested in a large stock sufficient for a two years supply. We bought this for cash. Interest on the investment was worth 6 per cent. We paid warehouse storage charges and full insurance on it. Paper doubled, trebled and quadrupled in price. We could have sold out this raw paper stock at a profit of \$10,000 without turning over our hands. Instead, we gave our customers the advantage of using it up at the old price. We continued to serve them at old rates until after such paper stock was exhausted. We then had to go into the market and pay 20 and 22 cents for paper such as we had last bought at 4 cents.

During these two years of work and operation we did not make a total of \$10,000 out of serving the profession.

We well knew we could sell our paper stock at a speculator's profit, raise our rates to the profession to cover whatever new costs were made necessary by market conditions, and go on our way making whatever operating profit the times would permit, in addition to a just speculator's profit.

We deliberately chose not to do so. We took care of our patrons and protected them against the steadily rising paper market as long as we could. We sacrificed a \$10,000 immediate gain to do so. We knew that our customers would appreciate this sort of treatment and support us in any future price adjustments we found necessary to make as the result of changes of

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is a selective germicide. It seems to discriminate between the bad and the good—the agencies of abnormality and disease, and the forces of nature and health. Through its liberation of a large volume of pure oxygen, Dioxogen oxidizes—burns up—harmful and pathogenic bacteria and stimulates the physiologic activity of the tissues.

How different is the action of bichloride carbolic and similar bactericides. With these the higher their germicidal potency, the greater the harm they do to the tissues. Dioxogen, however, exerts even greater antiseptic power, but instead of harming the tissues, gives impetus to the processes of healing and repair.

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economic conditions in our trade. They are now doing so royally.

That, friends, is how we are "putting it over" the profession.

We call "Bill's" attention to this further disclosure which, modestly, we did not reveal in our former statement about the price situation, and ask him to let us continue to retain him in our good estimation by now voicing the sort of confidence and gratitude that the world expects from a well-served customer like him.

FIELD COMMENT on LIVE TOPICS

C. M. Bancroft, D.O.,
Canandaigua, N. Y.

You ask me what I think about the letters in *The OP* re fees. Many things occur to me as a result of reading them. First, I am very sorry you did not start this two years ago when I first agitated it to you. Taken altogether, I believe that the osteopaths are better business men than the average M. D.'s. The first osteopaths were in business largely before they went into osteopathy and they learned salesmanship and the worth of service then. Consequently they knew enough to charge a good fee, but not enough to vary that fee for different services. I have advocated having the colleges put on a few lectures in the senior year outlining some business principles; but I do not think they will ever do it. Did you ever realize that a fresh graduate will usually enter a town and charge the same osteopathic fee as the man who has been practicing ten or twenty years? Is he worth it? The experience of the older man should make him worth a larger fee than the new graduate, or else the new graduate is charging too much. And that sums up the fee business pretty largely. If the osteopaths are satisfied with the old fees under existing conditions, then they were over charging the people five and ten years ago. A dollar is certainly not worth what it was and the failure to increase fees is a confession of over charging in days gone by.

Theodore Paul, D.O., Tarkio, Missouri

I received your "*Osteopathic Physician*" a day or two ago and I notice your symposium on rate raising. It appears to me that if rates haven't been raised before this time that it is not the time to raise them now. For fourteen years my rates here have been \$2.00 in the office and \$2.00 at the residence. For a good many years I allowed the thirteen treatments for \$25.00 to obtain but in late years I discontinued this. A little over a year ago I added fifty cents to outside calls, which should have been added long ago.

The reason I have not raised my rates here was because so many D.O.'s in surrounding towns were getting so much less. I have been anxious for a long time that the Profession take up the subject of rates and attempt to dissuade the "cheap" D.O. from continuing the low rates. I am in hopes that because things have been so high, all of us will continue a more uniform and fixed price.

Of course we must realize that city practitioners must get more than country doctors to balance their increased expenses. There is now a tendency for declines in all foodstuffs and many other things, so I do not feel—unless the cause is a local one—that we should attempt a raise at this time. My sympathy is more with the man who has raised than with the man who has not for he cannot meet high prices if his prices do not correspond. People, I think everywhere, are and have been very reasonable with us in our efforts for a "square deal". I thank you for your wonderful efforts shown in the publication of *The OP*.

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- No. 18—A. T. Still as a Medical Thinker.
- No. 34—How a Case of Sleeping Sickness Found a Cure.
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- No. 48—Philosophy of Osteopathy.

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- 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.

The Bunting Publications, Inc.
9 South Clinton Street
Chicago

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

"Flu" Pneumonia and DIONOL

So remarkable are Dionol results that the demand when these diseases are epidemic simply swamps us. This year we hope to be able to meet all requirements promptly. Here are some regular Dionol Case Reports (not occasional ones). If you want similar results use DIONOL.

Dr. A. H. R. reports: Your shipment of Dionol came in the nick of time. It brought down the temperature of that pneumonia case from 104 to *normal* in less than 24 hours. We have had a lot of pneumonia here this winter, and nearly every case in the hands of old-time doctors and old-time treatment, has gone to the undertaker.

Dr. G. F. L. reports: During the last few months we have had over 200 cases of pneumonia and "flu" in which we used Dionol without the loss of a single life. Under this treatment pneumonia rarely goes to crisis, but terminates by lysis, without after complications.

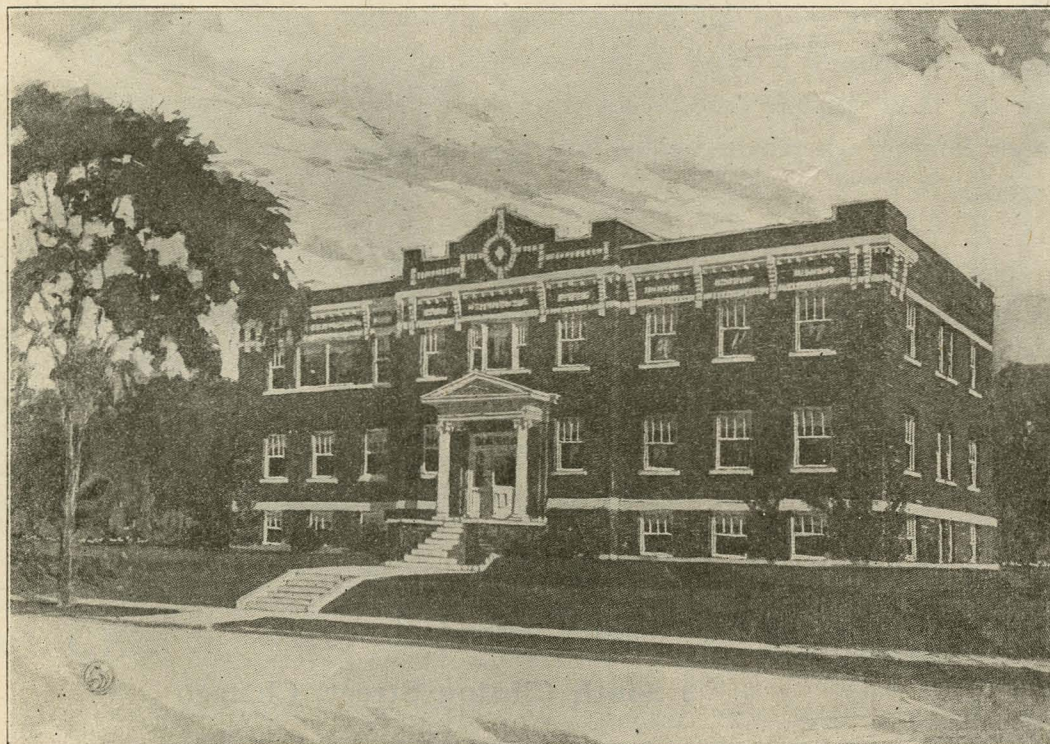
Dr. R. L. S. reports: I have successfully handled 170 cases of "flu" up to date and more coming daily, not one developing pneumonia. All cases received Dionol applications only. In all but one case, the cough loosened up in a few hours time, and was kept so easily thereafter. Six cases of pneumonia when first seen were also treated as above and cleared up quickly.

Dr. O. O. S. reports: During the recent "flu" epidemic I used Dionol in over 100 cases with such gratifying results that I did not lose a case.

If Dionol is new to you, send for samples, literature and further clinical data.

THE DIONOL COMPANY (Dept. 12) Detroit, Michigan

Wonderful Year for the Laughlin Hospital, Kirksville



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

We have just completed the first 12 months of this new institution. Over 900 surgical cases were handled, just as they came, with a mortality of but three in that number. Receipts for the year were over \$105,000 — practically all of it Dr. Geo. M. Laughlin's work.

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.

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

“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

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

Doubters Made Believers
by Reading

"SOMETHING WRONG"

This clear little educational book with illustrations that emphasize the text is helping hundreds of laymen to get the viewpoint that gives them confidence in osteopathy. One Cleveland osteopath has used three hundred copies this past year.

Order them by the hundred. Give one to each patient. Use them for Christmas remembrances if you wish.

"SOMETHING WRONG"

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TERMS—Check or draft to accompany the order or post-dated checks received with the order accepted on all orders amounting to more than Ten Dollars.

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

A Part of Osteopathy

Dr. Charles J. Muttart, Philadelphia, an alumnus of the School of Orificial Surgery writing to a friend regarding our Course said:

"Orificial Surgery as I see it is the application of the Osteopathic Principle to the soft tissues and it is a great pity that Dr. Pratt and Dr. Still could not have combined their early efforts so that all Osteopathic Physicians could have the rounded out knowledge which this Course supplies."

"I recognize you as a man who is out for all the good things in diagnosis and therapeutics and I can assure you that you will never regret the time and money spent on this Course. The lessons are extremely practical and the papers are marked strictly and correctly. The object of the Course is to make you a better physician."

Ask us for opinions of other alumni

School of Orificial Surgery

Inc.
Utica Building Des Moines, Iowa

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

130 So. Maryland Ave., Atlantic City, N. J.

STAFF

Leonard H. English, M.D., D.O., *Chief of Staff and Medical Director*; Eleanore M. Arthur, D.O., 114 S. Illinois Ave., Atlantic City, *Associate Chief of Staff*; Ira W. Drew, D.O., Land Title Bldg., Philadelphia, *Pediatrist*; John H. Bailey, D.O., Empire Bldg., Philadelphia, *Specialist in Finger Surgery, Hay Fever and Asthma*; James C. Snyder, D.O., Pennsylvania Bldg., Philadelphia, *Cardio Vascular Diseases*; D. S. B. Pennock, M.D., D.O., 1813 Pine St., Philadelphia, *Surgeon*; Chas. Muttart, D.O., 1813 Pine St., Philadelphia, *Gastroenterologist*; Otis Galbreath, D.O., Land Title Bldg., Philadelphia, *Laryngologist and Otolgist*; Francis J. Smith, 4523 York Road, Philadelphia, *Anesthetist*.

Our staff is a staff of specialists, so well and favorably known to the entire profession that further introduction is unnecessary.

Our sanitarium is new and has the distinction of being the only Seashore Osteopathic Sanitarium in the world.

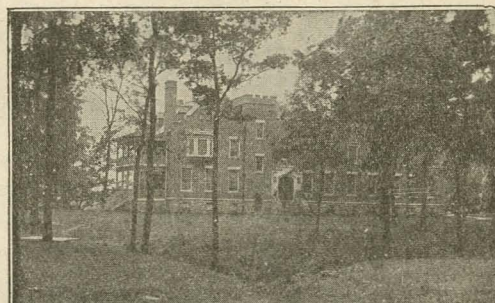
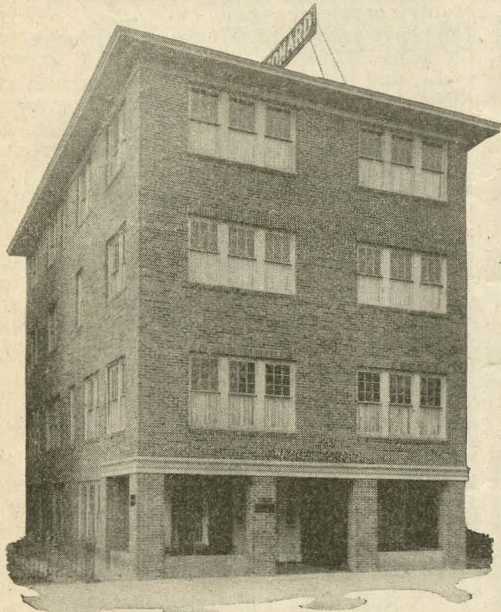
Our purpose is to give the best Osteopathy to our patients and thus give the maximum satisfaction to the profession.

We appreciate having patients not living in the sanitarium referred to us for office treatment.

Address

Dr. L. H. English

130 South Maryland Ave. Atlantic City, N. J.



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



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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., Mnfrs. of Clothing & Uniforms of every description. 345 W. Broadway., New York, N. Y.

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\$1,000? or \$500? or \$100? Be Just to Your Boosters!

THE OSTEOPATHIC PHYSICIAN

J. C. Harter D.O., Leadville, Colo.

Yes, I raised my fee about one year ago from 50 cents to \$3.00 per treatment more, besides charging from \$5.00 to \$25.00 for examinations. In other words, I now get from \$5.00 to \$25.00 for examinations. It was no trouble to obtain the additional fee; no one ever objected; and I do not believe it kept any one away from my office. I simply announced the fact that the raise was necessary in order to meet living demands and keep myself up-to-the-minute of my profession. I do not believe that any of the other doctors have raised their fees but I do not care about that. I believe that people desire high professional service and are willing to pay a good price for it.

Dr. H. S. Wiles, Neodesha, Kansas

I see all the other D.O.'s are saying what their fees are, so here are mine: \$2.00 in office, \$2.50 day calls and \$3.00 for night calls.

Wm. E. Waldo, D.O., Seattle, Washington.

I have raised my fee to \$5.00. I hope to see fewer patients per day but expect to live longer for it.

Carl D. Bruckner, D.O., Philadelphia, Pa.

I note your article referring to minimum charge for treatment and like it very much. I am enclosing a card issued to my patients

early in 1919 and the result was such that I could not possibly have had better. The card reads:

DR. C. D. BRUCKNER
Osteopathic Physician
131 So. Eighteenth Street

The Osteopathic Physician is concerned most with the basic cause of disease, symptoms being considered but signals which direct the attention to the under-lying causes.

In order to secure the maximum result in the practice of osteopathy, the giving of sufficient time to the individual patient is an essential requisite.

The giving to each patient such time as the particular case requires—obviously limits the number of patients the physician can see in the course of the days practice.

There, therefore comes a time, in the practice of every Osteopath (who is not retrograding) when he must choose between the necessity of shortening the time devoted to the individual patient or give each patient such time as the condition may require and make the charge for service commensurate with the time and service rendered in each instance.

The minimum charge for treatment at office will be \$3.00. The charge for special work will, as heretofore, be determined by the character of the work required.

P. S.—I add my wishes for much success in your enlarged field.

B. H. Cabbage, D.O., El Dorado Springs, Mo.

I have just been reading what the D. O.'s have to say in October *OP*, regarding price raising. I note the ones who answer are all from cities of at least 10,000. I would like to hear from the fellows in smaller towns who are dependent on country practice mostly. When I came to Missouri about 18 months ago I found there were but few in this part of the state who were getting more than \$1.50 for office treatment, even in cities of seven to ten thousand, and many are treating for that or less today. I am alone here in a town of two thousand and the country people are poor.

When I opened office I began to charge \$2.00 for office, \$2.50 for day calls, and \$3.00 for night, and from \$2.00 to \$5.00 for examination.

Now I note most of them in reporting say there was no kick. Well, some of them here nearly fall over when I tell them my prices, and the result is that many go to the bath houses and get pseudo or soused. And they seem to like it. But when I once get them, they stick. High prices have reached the peak, why raise prices now? I know I am just as well qualified to do work as the average city man, for I used to be associated with some of those who have reported. But the fellows in smaller places have a different problem to contend with. Lets hear from these.

Dr. Alexander F. McWilliams of Boston, Speeds Up for 1921

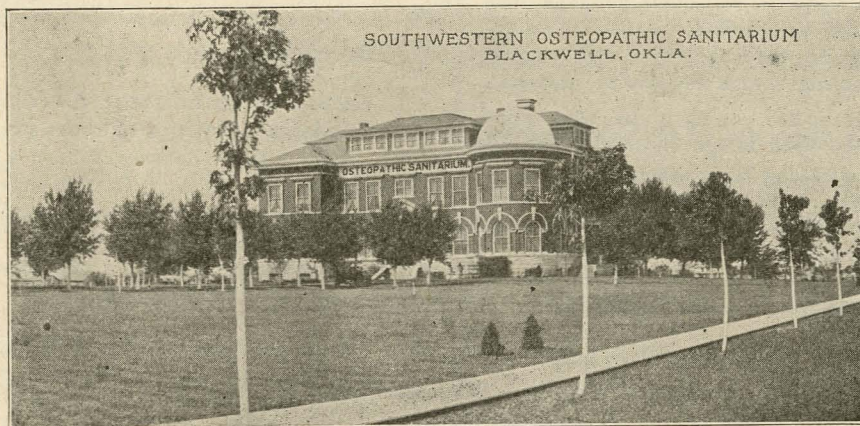
Send me an extra 200 copies of December *OH* and increase my standing order to 350 per month effective with January issue—*Alexander F. McWilliams, D.O., Boston, Mass.*

Bed Side Technique Wanted

We need more beside technique. Technique that will save the doctor. Let us hear what others have to say on this subject.—*Albert C. H. Esser, D.O., Chicago.*

Count that day lost whose low descending sun
Sees no one treated—no propa~~ganda~~ done.

—Arnold.



SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

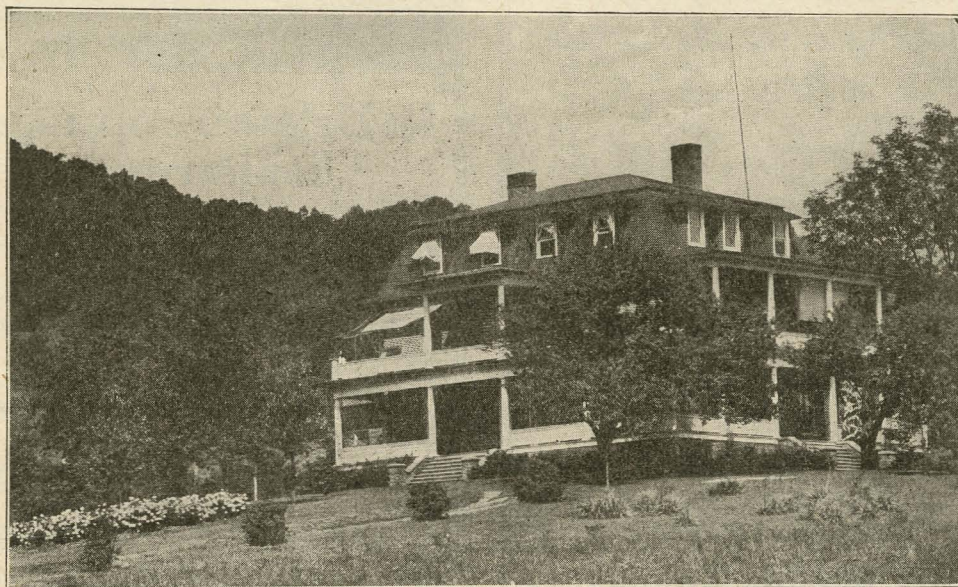
We wish to announce to the profession that our Eye, Ear, Nose and Throat Department is now in charge of Dr. H. M. Ireland, formerly of the faculty of the Des Moines College. Dr. Ireland has just completed post-graduate work in Los Angeles.

Also our X-ray Department is now in charge of Dr. C. G. Tillman who served in the X-ray Department of the U. S. Army.

A PURELY OSTEOPATHIC hospital prepared to care for ALL hospital cases except communicable and mental diseases. Every member of our staff is licensed as an OSTEOPATHIC PHYSICIAN ONLY.

Accredited Training School for Nurses—Pupils Wanted.
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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.

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

Buyers of Bunting Bonds Who Back Up Our Building Program

Can You Beat Such Loyalty? Chapter I

Dr. E. Gertrude Ferguson, Neosho, Mo., was among the early ones to send in a \$100 bond subscription to aid our building project.

Chapter II

Neosho, Mo., Nov. 25, '20.

Dear Doctor Bunting: The editorial in November *OP* has such a lot of good advice in it that I have decided to follow its precepts insofar as I am able at present. I am enclosing herewith draft for \$60.00 which I shall be glad to have you accept as first payment on \$600.00 more Bunting Building Corporation Bonds.

This is \$90.00 short of your regular requirement for first payment, but I will pay as much as I can spare each month and on March 23rd next will complete the payment—borrowing, if necessary, to complete the amount due. In case this is not entirely satisfactory, kindly apply the amount as credit on \$200.00 worth of bonds, and I will finish paying for them in the regular four-payment way on a monthly schedule.

I am ambitious to complete another \$1,000 savings and would be glad to have it all in Bunting Building Corporation Bonds if this arrangement is satisfactory to you. It seems to me that it would be mutually agreeable as the payments would be completed in four months' time at the very latest; sooner if I can pay faster.

Still wishing you the success you so richly merit, I am fraternally,

—E. Gertrude Ferguson, D. O.

Dr. Ferguson's bond purchase to date is therefore \$700, putting her at the top of the list of osteopathic women purchasers.

[Note: Dr. Ferguson's order was of course very acceptable to us on the basis outlined. We are very pleased to have our friends take as many bonds as possible on such installment payment arrangements, and if any one should find it extremely difficult to meet the full payment in four months as intended, we will be pleased to extend his time. So long as they get cleaned up in a reasonable time that will give us the money by the time we need it, we are satisfied.—HSB.]

"Going Up" Chapter I

Nov. 5, 1920.

Reserve for me Bunting Building Corporation 7 per cent First Mortgage Real Estate Gold Bonds to the amount of \$300.—Yours truly,
W. S. Heatwole, D.O., Salisbury, Md.

Chapter II

Nov. 26, 1920.

Find enclosed check for \$200. for two more bonds (The Bunting Building Corporation Bonds).—Yours truly, W. S. Heatwole, D. O., Salisbury, Maryland.

Chapter III

Dec. 4, 1920.

Find enclosed check for \$200. for two more Bunting Building Corporation Gold Bonds. These are for a patient of mine, Miss Sina Handy. Please send the bonds to me and I will hand them over to her.—Yours truly, W. S. Heatwole, D. O., Salisbury, Maryland.

Dr. Buehler Beats the Band

Dear Dr. Bunting: Enclosed you will find check for two hundred dollars for which please send me two more bonds. Also check for twenty-five dollars for Harvest Leaflets as follows on separate list. I've had no luck so far selling bonds to other D. O.'s for you, so I make this additional subscription for myself. Success to you!—Cordially yours, J. B. Buehler, D.O., New York City.

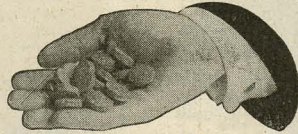
scrape you up \$500, if you'll put me down for so small an amount.

Hoping the Bunting crop will be a bumper, always I remain, most cordially yours—T. J. Ruddy, D.O., Los Angeles, Calif.

So'd On Its Value

Dear Bunting: In my wife's family there is one of these "cold-blooded" bankers. He is very fond of stating that friendship should never obscure one's financial foresight. So, on the showing you have made recently, I am forgetting you are a friend and am asking you to set aside a \$100 bond for me. If perchance this bond should add a little friendly warmth to the family chill-box down at the bank, so much the better!—Sincerely, J. A. Van Brakle, D.O., Portland, Oregon.

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.

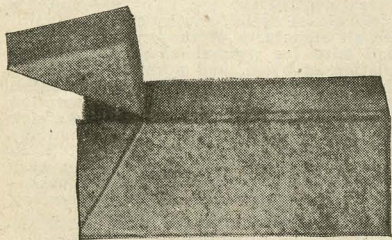
BRAN-O-LAX is a light food diet for the sick and convalescing, as well as a gentle laxative. BRAN-O-LAX contains one heaping tablespoon of plain nutritious wheat bran. In eating four or five tablets, you will have taken into the stomach more wheat bran than if you had eaten one half loaf Graham or Whole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

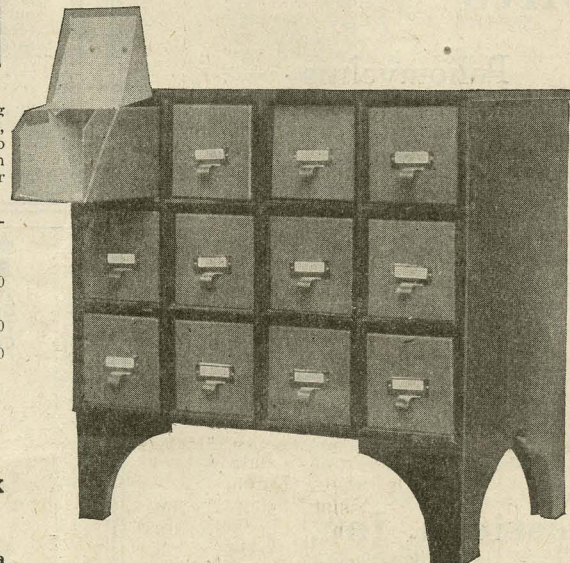
Lynchburg, Va.

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

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

THE OSTEOPATHIC PHYSICIAN

Five Days Earlier

Dear Bunting: My "one best thought" right now is to enclose my check for two hundred dollars for two of your bonds. I am more than pleased to do this much for your very worthy enterprise. *May you live long and prosper!*
—J. C. Groenewoud, D.O., Chicago.

Five Days Later

Dear Bunting: I like the stuff you sold me for my own sake, and so enclose my check for three hundred dollars for three more bonds, making my holdings \$500 in all. I am as glad to do this for your sake as for my own.—Fraternally, J. C. Groenewoud, D.O., Chicago.

At Least \$500

I will take \$500 or more of your Bunting Building Corporation Bonds and send you draft for full amount at once if by return mail you will inform me when you can send the bonds and from what date interest begins.—Dr. Sten Hanson, Fargo, North Dakota.

\$100 Cash

Enclosed is \$100 for one Bunting Building Bond.—J. O. McDowell, D.O., Brunswick, Me.
Please find enclosed check for one hundred dollars for one of your 7 per cent bonds, Bunting Building Corporation.—Very truly, Pearl Barker Schulz, D. O., Cleveland, Ohio.

Good Word from the Governor

I want a hand in building that palace for the Bunting Publications and Bunting Propaganda for Osteopathy—wouldn't feel just decent if I didn't do my bit—so reserve for me a \$100. bond and I'll remit for it this month.—W. M. Smiley, D.O., Albany, N. Y.

A 50-50 Proposition

Enclosed find remittance for \$50. being first installment on a bond purchase. Will remit balance in a short while.—James G. Morrison, D.O., Terre Haute, Ind.

Each Have One

Please find check for \$203, enclosed for application, as follows: OP, \$3.00; a Bunting Building Bond for Daisy S. Tibbals; another one for the writer.—Fraternally, J. W. Tibbals, D.O., Des Moines, Iowa.

Good Old George!

Your recent note stating your bonds were ready for delivery was received. I am sending my check herewith for a \$500. bond. Since I first wrote you about this matter I have raised some \$10,000 for two proteges to aid a business enterprise of theirs, so it will not be convenient to take more than \$500 now. I trust you will have great success in your project.—Fraternally yours, George W. Riley, D. O., New York City.

Good Xmas Gift

Dear Bunting: Since it will help me as well as the "good cause" I feel that I owe myself at least a hundred dollar bond for a Xmas present. Inclosing check.—E. J. Gahan, D.O., Perryville, Mo.

(Continued on page 28)

STANDARD DIET FOR
Infants, Invalids and Convalescents

The Original
Malted Milk



The Original
Malted Milk

DIGESTIBLE
NUTRITIOUS

CONVENIENT
RELIABLE

Has the quality and flavor imitations lack.

Samples prepaid upon request.

HORLICK'S MALTED MILK CO., - - - Racine, Wis.

For New Year Presentation
to Patients

A. T. Still;
Founder of Osteopathy
Lane \$3.00

Poliomyelitis
(Infantile Paralysis)
Millard \$4.00

Standard Brochures

Philosophy of Osteopathy

Osteopathy as a Science

Most Diseases Are of
Spinal Origin

Osteopathy in Inflammatory
Diseases

Price 10 cents each. \$6.00 per hundred.

The Bunting Publications, Inc.
9 South Clinton Street - - - Chicago

The Perfect Sight Restorer

Dr. Cole's



For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision in far sight, near sight, Astigmatism, causes absorption of Cataracts, relieves attacks of vertigo, sick headache, nervousness and other conditions which are due to eye strain. The P. S. R. is made of polished hard rubber, cannot wear out nor liable to get out of order. Guaranteed to give satisfaction if used according to instructions.

Write for descriptive literature.

PRICE \$5.00

PERFECT SIGHT CO.

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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.

A limited number will be furnished gratis with the ULTIMA NO. 4 SINUSTAT as long as the supply lasts.



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Trade-mark Reg.
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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.

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

PUBLISHER'S DEPARTMENT

Beautiful New "Winter Ills" Number for January (Weather Guaranteed to Match)

We have a nice little surprise for you in the January *OH* which is a charmingly written number by Dr. John A. Van Brakle of Portland, Oregon, entitled "Osteopathy for Winter's Ills."

It is fully up to the Van Brakle standard, which is 100 per cent in everything—or nothing.

You know Dr. Van Brakle as one of the accomplished thinkers and writers of the profession. He has written a good deal for *OP* and *System* on professional economics, and also for all our profession's publications. Van writes as clear as crystal. You know what he's saying. A hired girl would understand every word of it. Furthermore, Van always thinks and studies a lot on any subject before he makes utterance. He put ten years of experience into this good issue of *Osteopathic Health* and we're very sure you'll like it.

In style Dr. Van Brakle's essay on Winter diseases has this charm: It is suggestive of osteopathy, rather than plastering it on with a trowel, but in some unobtrusive and natural way he leads up to osteopathy and says something to convince of its superiority in every one of the 14 points covered.

You will get some idea of the interest in this number by scanning the contents:

- Why More Sickness in Winter?
- How Drafts Cause Colds, or When Fresh Air Goes Wrong.
- Bronchitis, or Saving High Priced Time.
- Pleurisy, or A Catch in the Side.
- Osteopathy, a Bulwark Against Pneumonia.
- Croup.
- Catching Tuberculosis.
- Slips and Falls Make Strains and Sprains.
- Facial Neuralgia.
- Digestive Disturbances of Winter—Stomachs that Upset.
- Asthma: Air Starvation.
- Acute Heart Disease, or How Crippled Hearts May be Avoided.
- Dermatitis.
- Skin Eruptions More Common in Winter.
- Osteopathic Consultation.

Our patrons will not fail to notice that this Winter disease discussion is going to be timely by January for surely all this pleasant, early-fall, rainy weather experienced the first week in December will be used up by that time.

Prepare for the blizzard days by getting your order in and having this January issue at work in your field for you before transportation gets tied up.

* * *

P. S.—We have another Van Brakle gem scheduled for 1921. We should also like to hear from other ambitious authors in our profession who like their own stuff to explain osteopathy as well as or even better than they like Van's. We can take a dozen of them on and will pay well for superior goods.—*Editor*.

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.

Here is the splendid assortment of subjects offered you:

4-Page Harvest Leaflets

- What Doctor Shall I Employ?
Disease Caused by Mechanical Pressures.
- How Osteopathic Patients are Treated.
Getting Well All Over at the Same Time.
- Building Up Weak Throats.
A Chiropractor at Work.
(George Creel in Harper's Weekly).

Price \$10.00 per thousand, with or without your professional card.

\$1.25 per hundred.

6-Page Harvest Leaflets

- What Is Osteopathy?
A Word to Former Patients.
What Osteopathic Fingers Will Do.
Neuritis From a Slipped Rib.
What Is Chiropractic?
(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.

Price \$12.50 per thousand, with or without your professional card.

\$1.50 per hundred.

8-Page Harvest Leaflets

- An Explanation of Osteopathy.
(As Stated by the London Times).
- Why the Spine is the Basis of Health.
- What Osteopathy Does for Women.
- Osteopathic Aid in Pregnancy and Confinement.

Price \$18.00 per thousand, with or without your professional card.

\$2.00 per hundred.

1-Page Harvest Leaflets

- Habit in Suffering.
The Osteopath's Point of View.
An Osteopath.
The Nine Modern Wonders.
Osteopathy is Not a Remedy.
Dr. Atzen's Definition of Osteopathy.

Price \$5.00 per thousand, with or without your professional card.

\$0.75 per hundred.

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. January, 1921, is the right time for putting on an aggressive campaign. 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.

Osteopathic Specialists

Goddard Building 27 E. Monroe St.

Central 3715

Chicago

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

Dr. Nettie M. Hurd

Orificial Gynecology—Diseases of Sigmoid,
Rectum and Anus

REFERRED CASES

CONSULTATION

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

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

THE OSTEOPATHIC PHYSICIAN

To Determine Whether Foot or Horseback

Four law suits have been started in the Circuit Court, Cook County, Illinois, under the auspices of the Illinois Osteopathic Association, against Francis W. Shepardson, E. A. Wright, and F. C. Dodds, the executive officers of the department of Registration and Education of the State of Illinois. The complainants in the suits are Glenn S. Moore, D.O., F. W. Graham, D.O., Bert L. Adams, D.O., T. B. Bondus, D.O. With the exception of Dr. Adams the "crimes" committed by the other three consisted in violating "The Operative Surgery Medicine Act". Dr. Adams administered a saline injection by means of a hyperdermic. The bills were drawn on the theory that the medical practice act is unconstitutional. The hearing is expected this month. The cases will be carried directly to the Supreme Court. There should be a decision therefrom about next June. While of course, there are always grave doubts as to the inclination of the court to declare a statute unconstitutional, nevertheless I feel quite confident in this case. At any rate, this case will go a long way to clear the atmosphere in Illinois relative to the right of the Osteopath to do operative work, use the humanitarian drugs involved in narcotics, antidotes, anesthetics, and antiseptics. This for your information.—Perry S. Patterson, Attorney for the I.O.A.

Even the Rich AMA Had to Come to It.

Gentlemen: The November 20th issue of the Journal announced an increase in price of The Journal of the American Medical Association on all orders beginning January 1st, 1921, from five to six dollars per year.

It is also announced that on all of the special Journals published by the Association, the combination subscription rates will be discontinued from January 1921, and all subscriptions beginning the first of January or thereafter must be at the full subscription rates. Following is a list of the publications and the regular subscription rates:

The JOURNAL of the American Medical Association	\$ 6.00
The Spanish Edition of The Journal A. M. A.	5.00
The American Journal of Diseases of Children	4.00
The Archives of Internal Medicine.....	5.00
The Archives of Neurology and Psychiatry	6.00

The Archives of Dermatology and Syphilology	6.00
The Archives of Surgery.....	6.00
The Quarterly Cumulative Index.....	6.00
The American Medical Directory (7th Edition)	15.00

We would ask that you change all your records accordingly, and whenever sending us any orders in the future, kindly remit the amount of subscription shown above.

If you have any special blanks which you wish us to fill out for your own files, kindly send them to us and we will fill them out and return them to you at once.

Yours very truly,

AMERICAN MEDICAL ASSOCIATION

Per W. P. Raney.

Chicago, Dec. 3, 1920.

Christmas Greetings

Hark! the herald angels sing
 Bunting's Bonds are just the thing
 Peace on earth, good will to men
 Take half a dozen—or ten!

It's Welcome

I am sorry that being loaded up with some bonds and stocks which require large monthly payments through my broker, I am unable to subscribe for your bonds in a way satisfactory to you. However, I could spare about ten dollars a month if you have arranged to accept monthly payments that way. This would pay for one bond in ten months. If you accept such small payments let me know—Fraternally, P. M. Agee, D.O., Independence, Mo.

[Certainly we do. Glad to get all such installment subscriptions. If this fits your case, Doctor, send in your order, too.—HSB.]

Sells Five Bonds to Her Patients!

Dr. Louisa Dieckmann, Buffalo, New York, took a \$100. Bunting Building Bond herself. But she wanted to do even more than that for the "Home of Osteopathic Propaganda." So she put it up to her patients—"a good investment—a good way to help osteopathy." As a result she sold \$500 of additional bonds among them! Isn't that loyalty of a splendid type? These "patients of Dr. Dieckmann and the amounts they took are viz: Miss Salome Reitz, \$200; Mr. L. Eggleston, \$100; Mr. Frank M. Cross, \$200.

This is just the same to us as if Dr. Dieckmann had subscribed the total of \$600. herself—nay *better*, it shows she *worked* to help us, as well as invest her own funds in our security.

This puts Dr. Dieckmann second only to Dr. E. Gertrude Ferguson of Neosho, Mo., in the race for the honor of being the woman osteopath who has made the largest purchase of our bonds to date. Two business women outside our profession have made \$2,000 investments each, and half a dozen men osteopaths \$1,000 each; but these two ladies top the list in our "OP family" and we think it grand of both of them.

Can't you sell a bond or two for us among your "investing" patients who would be glad to make such a safe and good investment and at the same time help put a roof over the presses of osteopathic propaganda? Won't you make the effort? Have a heart and give us a lift.—HSB.

I am sending you \$3.00 for renewal of subscription to The OP. I enjoyed very much reading it while in bed convalescing from my recent illness. I am now at work again, taking care of two or three patients a day but expect to be doing full practice every day before the first of the year.—Dr. J. H. Henderson, Olean, N. Y.

I most certainly do NOT want my subscription to The OP to go into the discard. The OP is filled with good stuff every month and I do not want to miss any of it.—U. G. Littell, D. O., Santa Ana, California.

Here is a check for \$3.00. We want The Osteopathic Physician and we enjoy it very much. We wish you success.—Drs. Trueblood and Trueblood, Traverse City, Michigan.

We congratulate you on your issue of October 1920, "Every-day Osteopathy". Kindly send me fifty more copies.—Charles W. Robertson, D. O., Omaha, Nebraska.

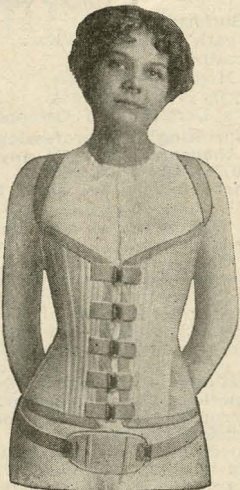


OUR NEW CATALOGUE

showing cuts of many styles of tables, stools, vibrators and the BEST FOLDING TABLE on the market, sent on request. A postal will do.

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 Manufacturer
 Doylestown, Pennsylvania

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 order 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. 141X Odd Fellows' Temple, Jamestown, N. Y.

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

New Office of Dr. Geo. Percy Long,
Miami, Florida

Herewith is shown a floor plan of the new winter quarters at Miami, Florida, of Dr. George Percy Long, of New York City.

It is quite apparent that Dr. Long is well prepared to take care of the winter tourist as well as the all year residents of the fast growing little city by the sea. His offices are unique in that the entire floor space of the new concrete building is occupied by physicians and specialists. A private entrance, with broad easy stairs one flight from street, leads directly into the unusually large and attractive reception room. This room is shared jointly by all the physicians for their respective patients.

Before leaving New York in the early fall Dr. Long was appointed osteopathic physician for the new \$2,000,000 Flamingo Hotel on Miami Beach, which is to be opened to the public New Year's Eve.

This handsome concrete, fireproof, structure faces beautiful Biscayne Bay, with fine views of both ocean and bay. Carl Fisher of Presto-lite fame and owner of the Indianapolis Motor Speedway, is the proprietor of Flamingo and has been largely instrumental in the development of Miami Beach and other properties.

Dr. Long writes that Miami has six or seven (all year) osteopaths practicing in Miami, and in the short winter season, possibly a dozen. Unfortunately like all health and resort towns, the city is over-run with fakers, magnetic healers, chiros, nature-paths, neuro-paths and "quack doctors" of all sorts, selling their "nefarious wares" and preying upon the public generally.

McManis Table Technique

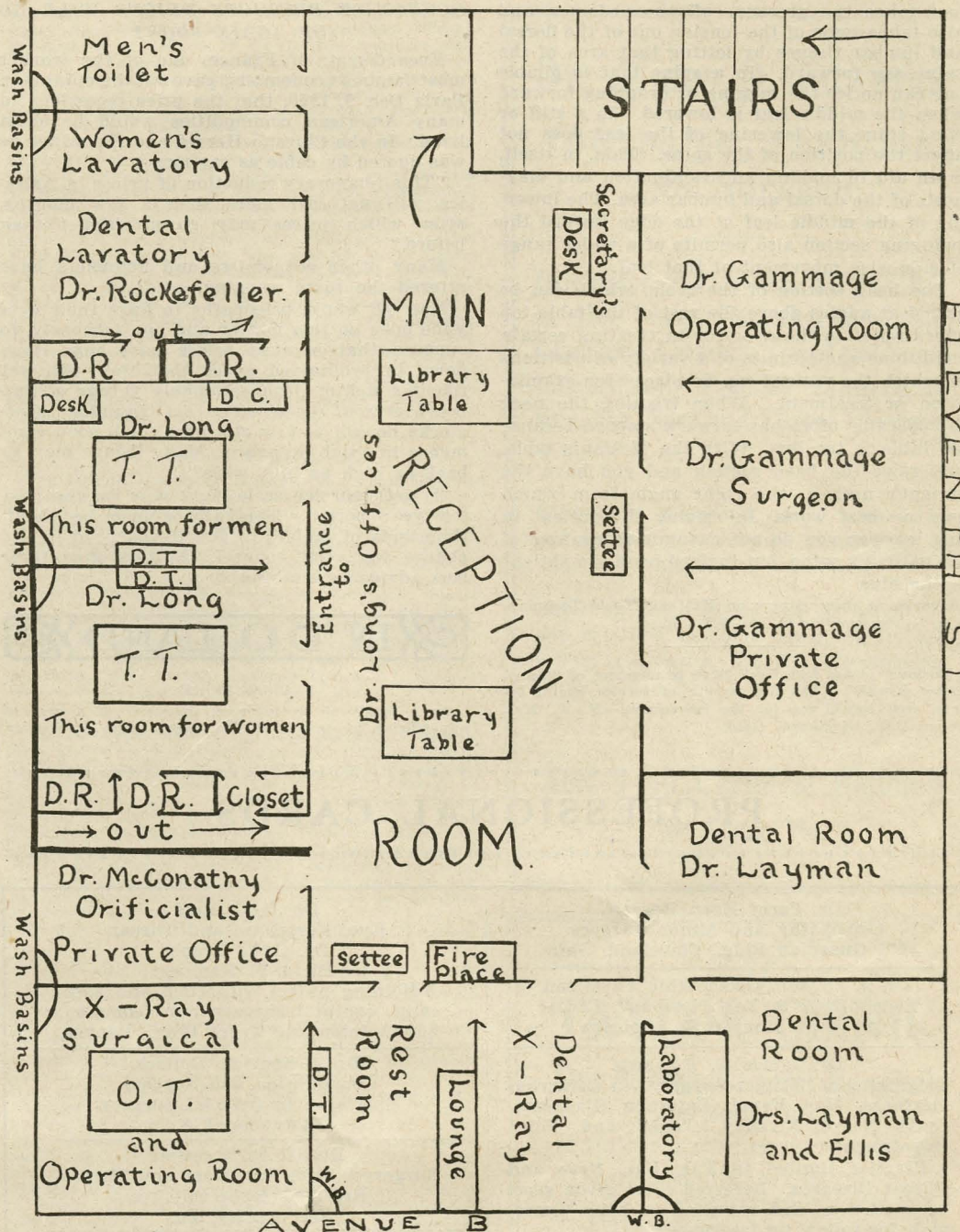
The invention or development of the McManis mechanical treatment table was primarily due to the fact that straight table technique did not "reach the spot" in many cases with which Dr. McManis had to contend. There were things he could not do. He had a mental picture of the lesion and a mental picture of the different movements essential to the correction of that lesion, but could not figure out a technique wherein the desired effect could be accomplished without help of some kind. Or if he performed the technique alone, much discomfort was experienced by the patient.

Traction was the first essential lacking in the straight table. Traction is in evidence in all technique, but longitudinal traction is hard to get without applying some device with which to obtain it. Therefore a crude table was built with a movable swinging section and a traction feature incorporated.

The new Standard McManis Treatment Table gives evidence of the time, money and effort that have been spent since the building of that first crude table, in order to develop a means that would lessen the labor of the osteopath, add to the comfort of the patient and make treatments more effective and far reaching.

In the development of the McManis table the philosophy and principles of osteopathic technique were continually in the foreground and the table constructed accordingly. In other words, a table was not built and then experiments made to find out whether osteopathic technique could be applied on it, but osteopathic technique "was built into the table", and the osteopath who knows his work will have no trouble in getting it out. As Dr. Spencer, of Los Angeles, says, "The McManis table is the only table for the intelligent osteopath".

In the mechanical construction of the table, great care was taken to make each part perfect and to answer thoroughly and completely that particular function expected of it. For instance, the swinging leaf, when released, is held in resilient suspension by means of adjustable springs fastened at right angles under the



The offices shown in diagram above occupy entire second floor of Congress building, Miami, Florida. The floor is arranged especially for physicians. The lay out provides plenty of light and fresh air. Three transoms in each room open out into the large reception room. There are two large windows in each room opening on the street. The suite of offices of Dr. Long occupy the center left hand space from the reception room.

leaf. By adjusting these springs the leaf can be made to support the weight of a light patient, a heavy patient or one of medium weight and at the same time be so evenly balanced that the least effort on the part of the operator can carry the leaf through any movement desired. Had the springs not been made adjustable there would be no provision for the various weights of patients and the operator would then have to carry the full weight of the patient instead of letting the table do it as it does now.

The swinging leaf can also be moved sideways to get side-bending motion, or if desired, can be rotated at the same time to get side-bending rotating movement. While this is being done another lock can be released and the flexion and extension movements of the spine obtained. With this construction we can obtain any one movement of the spine or any combination of movements at the same time. Thus, with the table working smoothly and easily, as it does, the osteopath can apply his whole thought

and attention to the point of lesion instead of being bothered with twenty-five or a hundred pounds of weight on one arm. The patient will naturally relax better and the work will be more accurate, absolutely specific and easily done.

The trough position, possible on the McManis table, is secured by elevating the head section of the table about fifteen degrees and the swinging section as far as possible. Lower the middle section at both edges. With the patient lying on the back and the table in the trough position, we get relaxation of the abdominal tissues. In examining for certain pelvic or abdominal disorders we find this position very good. When treating over the abdomen for constipation the relaxation thus obtained makes the treatment easier and more effective.

The middle drop leaf section of the McManis table is of importance in many instances. When examining the lower dorsal or lumbar spine with patient prone, the lowering of the middle

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

THE OSTEOPATHIC PHYSICIAN

ECONOMIST PREDICTS PRICES WILL GO UP AGAIN SOON!

Yves Guyot, of France, one of the world's most famous economists, gave out the opinion in Paris Dec. 9, 1920, that the price recessions in many American commodities would be short lived. In the Chicago Herald and Examiner he was quoted by cable as saying:

"This temporary reduction of prices in America will not last more than a few months, after which prices may go up higher than before."

Many other economists and financiers have uttered the same warning.

The OP wants osteopaths to have their eyes wide open on this matter and not, fatuously, to suppose that because prices have now come down in profiteered goods that they will not rebound again. Unquestionably things selling below present replacement cost (to unload overstocks bought at any old price) will soon commence to climb up again. Many things may go back as high as they were!

So get your fee scale right now for the next ten year period. This advice may be worth thousands of dollars to you if you heed it. No charge for good counsel. Editors give their best advice for nothing!



Chiro Skill!!

As a result of an incorrect diagnosis of a case of appendicitis by one A. W. Holmberg, chiro at Stettler,

Alberta, Canada, Miss Bergman, of Erkinie is dead and the chiro was tried and found guilty before J. G. Walsh on a charge of manslaughter.

Dr. Harry M. Goehring's Son Dies

Ralph, aged sixteen, son of Dr. Harry M. Goehring, of Pittsburgh, Pa., passed away during the night of December 6, of pneumonia. Dr. Goehring is President of the Pennsylvania State Society and Chairman of the Committee on Industrial Relations of the A.O.A. His many friends in the profession will sympathize in this great bereavement.

Dr. Amsden Addressed Optometricians on Osteopathy

Dr. Chas. E. Amsden of Toronto, delivered an address before the Ontario Optometrical Association October 20th on "The Relation of Osteopathy to the Eyes". The Canadian Optometrist and Optician praised his address highly saying the subject was entirely new to the membership and a great treat to all. "The doctor's explanation and illustration how cranial disturbances and pathological conditions would be quite liable to cause various forms of asthenopia which probably could not be traced to errors of refraction, set them thinking," says that journal.

North Carolina Meeting

The North Carolina Osteopathic Society held its seventeenth annual meeting in Richmond, Virginia, October 22nd. The following officers were elected: President, S. W. Hoffman; Vice-president, Elizabeth E. Smith; Secretary-treas., Frank R. Heine; Alternate Delegates to A.O.A., Elizabeth E. Smith and A. C. Tebeau; Chairman of Dep't., Public Affairs, M. J. Carson; Chairman of Publication, A. H. Zealy; Chairman of Finance and Development, Chauncey Lawrence; Chairman of Education, S. W. Hoffman. The A.O.A. Legislative program was endorsed. The Society arranged to articulate with the Mid-Atlantic Association.—Frank R. Heine, Sec'y.

Pennsylvania Meeting

The Western Pennsylvania Osteopathic Association held its regular meeting at the Hotel Chatham, Pittsburgh, Pa., Saturday, December 4th. The afternoon session was given over to Dr. Ralph Williams, of Rochester, N. Y., who gave a very able lecture on "Bronchial Neuritis, Synovitis and Cursitis" and demonstrated the examination and treatment for same. Banquet was served at 6 o'clock, after which Dr. O. O. Bashline, of Grove City, Pa., read an excellent paper on "Borderline Surgical cases in Osteopathic Work." Dr. Williams followed, giving demonstration adhesive plaster work in sprains, etc. The annual election of officers resulted in the following officers for the ensuing year: President, Arthur Klein, of Pittsburgh, Pa.; Vice-President, S. W. Irvine, Beaver Falls, Pa.; Secretary, H. J. Dorrance, Pittsburgh, Pa.; Treasurer, Edna F. Beale, Pittsburgh, Pa.—R. J. Dunbar, Secretary.

Osteopathy Scores Again!

Dr. Walter G. Shay, osteopath, and last season member of the London baseball team, champions of the Michigan-Ontario League, is now studying at the Massachusetts College of Osteopathy. After graduating from there next February, Dr. Shay will go to Chicago to take up post-graduate work before opening up offices for regular practice.

It is admitted in and about London that the wonderful physical fitness of the London team shown throughout the past season and which resulted in their landing the pennant, was due not only to Dr. Shay's brilliant work on the field but especially to his skill and success in the osteopathic treatments rendered his team-mates. When upon completion of his studies, Dr. Shay goes forth into the larger and wider field of osteopathy as a regular practitioner no doubt the same success, if not greater, will attend his efforts.

Drs. Molyneux Returns from Europe, Osteopathy's Prospects Good

Dr. Albert J. Molyneux and Dr. Cora Belle Molyneux of Jersey City, N. J. have returned on the White Star Liner Olympic from an extended tour of the British Isles, Holland, Belgium, France, Switzerland, and Italy. They visited the battle-fields, especially Chateau Thierry, and report that Europe is making heroic and successful efforts at reconstruction. Already many areas that were almost entirely destroyed by the havoc of war are once more humming with the activities of peaceful pursuits. Enroute the doctors gave special attention to osteopathic progress in Europe, interviewing many prospective students for the study of osteopathy. They state that there is a wonderful field in Europe for the practice of osteopathy and that there will soon be an osteopathic hospital and college established in London by prominent laymen and osteopathic physicians abroad. The doctors report that other than a shortage of sugar and much higher prices all around, traveling conditions are much the same as before the war. Travelers are everywhere welcomed and are surprised at the unexpected comfortable conditions prevailing. A great deal of unemployment resulting in much unrest was found but the readjustment was rapidly taking place and the spirit of discontent lessening. The doctors will immediately resume their practice and will shortly reopen their free osteopathic clinic for deserving cases.

leaf takes the pressure off the abdomen and also takes some of the tension out of the dorsal and lumbar tissues by letting that area of the spine sag forward. In a spine that is pliable one can notice the sagging or dropping forward when the middle leaf is lowered. In a stiff or rigid spine the lowering of the leaf does not affect the position of the spine. This, in itself, is an aid in making an examination and diagnosis of the dorsal and lumbar area. The lowering of the middle leaf at the edge toward the swinging section also permits of a wider range of side-wise movement of that leaf.

The head section of the table, which can be raised at angles above the rest of the table top offers relief to the operator in treating certain conditions and permits of a variety of positions in which the patient can be placed for examination or treatment. When treating the neck the operator often has to work stooped because his table is too low. With the McManis table, just raise the head section and you have the patient's neck at the right angle from which you can best work. In raising the patient in this manner you do not change the contour of the patient's spine, but instead bend the patient at the hips.

[A series of these papers on McManis Table Technique is to be run monthly in The OP.—Editor.]

Enclosed please find check \$6.00 in payment of "Osteopathic Health". The first month of service has, I believe, well repaid me for the investment.—F. W. Mosinger, D.O., Cincinnati, Ohio.

PROFESSIONAL CARDS

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

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

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

Practice limited to Eye, Ear, Nose and
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path for follow up treatments.
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Originator (Bowling) of "Finger Method"
for Hay Fever and Catarrhal Deafness, etc.
Chief of E., E., N. & T. Dept., C. O. P. & S.
302-9 Black Building Los Angeles, Calif.

Dr. Frank J. Stewart
Diseases of the Skin and also
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Practice limited to General and Orthopedic
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Dr. C. L. Draper
Dr. J. E. Ramsey

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pathy and Surgery.
Chief of Eye, Ear, Nose and Throat Dept.
S. O. S. (Tuesdays at)
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601-2-3 New Ridge Bldg., Kansas City, Mo.

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

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

New York City Meeting

The Osteopathic Society of the City of New York held its November meeting November 10th, at the Hotel Plaza, 5th Avenue and 49th Street, Manhattan.

The idea and scope of this meeting was to stimulate and inform members of the Society and friends of Osteopathy as to the progress of the proposed Osteopathic Hospital in the City of New York for the profession. The following interesting program was given:

Business Session. "Osteopathy twenty years ago as compared with Osteopathy today", Dr. A. G. Hildreth. Macon, Mo., President and supt., Still-Hildreth Osteopathic Sanatorium. Report of the Chairman of the O. H. & C. Committee, Dr. Charles E. Fleck, Chairman. Report of Committee on Scope, Dr. G. W. Riley, Chairman. Report of Committee on Ways and Means, Dr. A. B. Clark, Chairman. Report of Committee on Finance, Dr. C. H. Whitcomb, Chairman. Report of Committee on Location, Dr. Charles S. Green, Chairman. Report of Committee on Prospectus, Dr. L. Mason Beeman, Chairman.

Seattle News

The King County Osteopathic Association (Seattle,) met with every member present November 9th, 1920. Dr. Arthur B. Cunningham read a paper "Acute Sub-Aeromi al Bursitis" and presented a patient suffering from this condition. Dr. Henrietta Crofton gave a paper on "Actinic Rays and Osteopathic Treatment". Among other things Dr. Crofton reported most excellent results in the treatment of Pyorrhea and abscessed teeth, by Actinic rays. Dr. Roberta Wimer-Ford gave a racy review of Therapeutic Current events.

The Seattle division of the Osteopathic Woman's National Association have outlined a series of Health talks to be given mothers of young children, during the coming ten months these talks will be given in the Club House.

They have also made a Health Card to be sent to the mother of each new born child—names to be gathered from vital statistics record of the daily papers of Seattle.

They are establishing a Health Centre for girls, their Slogan to be "Keeping well girls well". An interesting, versatile, far reaching program has been established.

Los Angeles Meeting

The regular meeting of the Los Angeles Osteopathic Society was held in the banquet rooms of Christopher's on the evening of Oct. 11th, 1920; Dr. Emery, presiding. On behalf of the Cabinet, the president reported a recommendation that action on the proposed Hospital Endowment Campaign be deferred until some more auspicious time. Several guests were introduced, including Dr. and Mrs. Elder of Bakersfield, and Dr. Ireland of Cheyenne, Wyoming. The Association had the pleasure of listening to a spirited address by Frank G. Tyrrell—celebrated jurist and orator. Dr. Tyrrell spoke on the subject of "Organization and Cooperation". A few of his "pithy paragraphs" are here noted: "This is the reaction of a bigot—the more light you pour into his eye, the more it contracts". "Cultivate solidarity and unity, and a pride in your fellows. As the Dutchman puts it: 'A bird mit von felder flocks mit himself! Be full fledged'. "Why knock your competitor. You'd hate to be kicked to death by a donkey. If he is able to beat you, be proud of him".

New Society Formed

Feeling the need of a district organization, practitioners from Virginia, North Carolina, Maryland and District of Columbia held a two days' session in Richmond, October 22nd and 23rd. Representatives from South Carolina and West Virginia were also present. The Mid-Atlantic Osteopathic Association was formed.

Can Osteopathy Cure Inflammatory Diseases?

Boils, for instance! If so, how? An increased supply of blood to the part affected. That is the answer. Let your patients read the interesting discussion of this subject by Professor Lane. Absorbing, instructive and reveals—by the way—how entirely logical and scientific are the principles of osteopathy and how commonsense and practical its therapy. Send for Brochure No. 8. Single copy 10c; 100 copies \$6.00, express prepaid.

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with Norman C. Glover, of Washington, D. C., president; Harry Semones, Roanoke, Va., vice-president; Frank R. Heine, of Greensboro, N. C., secretary-treasurer; and Fenwick Shugrue, of Washington, as sergeant-at-arms.

It was a most enthusiastic meeting, with not a single discordant note. All papers and discussions were 100 per cent osteopathic. The newspapers were very liberal with space and much publicity was secured.

Eighty were in attendance. Washington was chosen as the next meeting place in October 1921.

Dr. C. Earl Miller, of Bethlehem, Pa., gave his talk on Auto-antitoxin; Dr. J. Ivan Dufur, of Philadelphia, Pa., spoke on Diagnosis; Dr. R. Kendrick Smith, of Boston, outlined the A.O.A. plan for publicity, and explained how local practitioners can participate in it. Dr. H. S. Beckler, of Staunton, Va., and Dr. H. V. Carter discussed Official Irritations and Reflexes; Dr. Riley Moore, of Washington, demonstrated his technique for Wrists and Ankles. Dr. S. H. Bright, of Norfolk, read a paper entitled, Unwise Wisdom Teeth. On Saturday night Dr. R. Kendrick Smith gave a public lecture, How to Live Longer and Better, which was well received by a good sized audience.

The Mid-Atlantic Association had an auspicious start, and should have a long and active career.—Frank R. Heine, Secretary.

Boston Meetings

The Boston Osteopathic Society held its first meeting for the year, Tuesday, Oct. 19th, at the Hotel Westminster, with President Elizabeth F. Kelly presiding. The following program was given:—"Greater Boston's Share in the National Publicity Campaign" by Dr. R. Kendrick Smith, Boston. "Impressions from the A.O.A. Convention," Dr. Ruth Humphries, Waltham, Dr. Anna Tinkham, Waltham, Dr. Fressenden, Beverly. "Stereoscopic Lecture" by Dr. Chas. W. Brunninghaus, Worcester. "Osteopathy as it Should Be" by Dr. C. B. Atzen, Omaha, Nebraska. The following officers were elected:—President Perrin T. Wilson, Cambridge, Vice President Agnes G. Lake, Boston, Secretary-Treasurer Frances Graves, Boston, Curator G. W. Coode, Boston.

The November meeting was held Saturday November 20th, at Faeton Hall, Huntington Ave. President Perrin T. Wilson presided. The following program was given: "Notations on the Maine Convention," Dr. Emma L. Meader, Lynn, Mass. "Evidences of Disturbed Physiology of the Liver," Dr. Allen F. Fehr, Malden, Mass. Eclampsia, Dr. Olive B. Williams, Worcester, Mass. "An Interesting Clinic Case." Dr. Myron B. Barstow, Boston, Mass. Dr. Clayton who had 39 operations spoke at length on osteopathic treatment and said that if he had had one osteopathic treatment, it would not be necessary for him to have 38 of these operation.

Meeting adjourned. Frances Graves, Secretary.

Michigan State Annual Meeting

The 22nd Annual Meeting of the Michigan State Osteopathic Association was held at Detroit Oct. 27-28, 1920. The Convention was opened with the Invocation by Dr. W. L. Rogers, Dean of St. Paul's Cathedral. Following the President's address, Dr. H. W. Conklin gave a very clear and concise statement of the treatment of Diabetes. Dr. P. R. Hubbel then gave some new wrinkles on Cervical Technique. Dr. E. R. Sluyter started the afternoon session with a paper on Radiography giving the latest uses of x-ray in Diagnostic work. Dr. L. Von H. Gerdine told how to give a fairly accurate prognosis in the common forms of Mental Diseases without making a complete Diagnosis. Dr. C. B. Atzen told us of the three great divisions of Medicine and Osteopathy's place therein. He also discussed the Medical bill which was approved of by the association. Mr. Phillip Gray, sponsor of the Detroit Osteopathic Hospital, made a short but eloquent talk on the future of Osteopathy. Dr. Clayton having survived thirty-nine operation showed the Convention his condition, and said Osteopathy would have saved thirty-eight of them. The Banquet was held at 6:30 and Mr. Tom Skeyhill spoke to the members. The Business session was held after the Banquet. Dr. D. E. Day opened the Thursday morning session with an illustrated lecture of x-ray plates which he has taken. Dr. Earl Hoskins followed this with a forceful lecture on Focal Infections also illustrated with x-ray slides. Dr. Josephine L. Pierce of Lima, O., urged the formation of a National Womans Osteopathic Association as a better means of securing recognition. Dr. L. V. Simons gave a report of the Womans State Bureau of Public Health and Dr. E. A. Ward a report of the House of Delegates. Dr. F. E. Dayton of Escanaba urged the formation of clinics for children and gave some valuable "Don'ts". Dr. J. C. Trimby touched the high spots of advances in Surgery. Dr. C. Earl Miller gave his lecture on Auto-antitoxin which has marked him as a leader in advanced thought. Dr. E. W. King conducted an open Forum of every day questions. Mr. A. E. Busse, Manager of the Detroit Osteopathic Hospital spoke of work at Hospital and of the Clinics to be held Friday. Dr. C. H. Morris of Chicago closed with a splendid demonstration of Technique. The following officers were elected: President, C. B. Root, Greenville; Vice-President, E. G. Sluyter, Alma; Statistician, Geo. B. Clarke, Detroit; Trustee, J. C. Simons, Grand Rapids; Delegate, one year, R. A. Glezon, Kalamazoo; Delegate, two years E. A. Ward, Saginaw; Alternates, H. W. Conklin, Battle Creek; F. E. Dayton, Escanaba.—Dr. C. B. Root, Greenville, Mich.

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THE OSTEOPATHIC PHYSICIAN

Indiana Convention

The Indiana State Osteopathic Association held its annual meeting in October when the following officers were elected: Dr. H. L. Landis, Elkhart, President; Dr. L. A. Rausch, So. Bend, Vice President; Dr. W. S. Grow, Indianapolis, Secretary; Dr. Kate Williams, Indianapolis, Treasurer. Trustees and Chairmen of State bureaus to correspond and co-operate with respective bureaus of A.O.A.: Dr. J. C. Gulmeyer, Elkhart, Bureaus of Public Affairs; Dr. T. P. Huffman, LaFayette, Bureau of Public Health; Dr. R. C. McCaughan, Kokomo, Bureau of Publicity; Dr. J. F. Spaunhurst, Indianapolis, Bureau of Legislation; Dr. D. Ella McNicoll, Frankfort, Bureau of Statistics; Dr. J. G. Morrison, Terre Haute, Bureau of Hospitals; Dr. J. C. Stone, Kokomo, Bureau of Clinics.

Program Committee: Dr. J. C. Gulmeyer, Elkhart, Chairman; Dr. K. T. Vyverberg, LaFayette, Dr. O. H. Gripe, Indianapolis.

Legislative Committee: Dr. J. F. Spaunhurst, Indianapolis; Dr. C. V. Fulham, Frankfort; Dr. W. P. Hall, Indianapolis; Dr. J. E. Derck, Ft. Wayne; Dr. J. B. Kinsinger, Rushville.

Three from whom the Governor will appoint one representative on Examining Board. Term of A. B. Caine expiring, Dr. A. B. Caine, Marion; Dr. C. V. Fulham, Frankfort; Dr. J. E. Derck, Fort Wayne.

Delegate to House of A.O.A., Dr. J. B. Kinsinger, Rushville; Altern. Dr. W. S. Grow, Secy., Indianapolis, Indiana.

Program proved a very good one and all numbers were carried out without a single absentee.

Dr. Nettie Hurd of Chicago gave a very interesting, lecture and clinic along the line of Official Surgery and conditions of the lower bowel.

Dr. S. V. Roebuck of Chicago discussed digestive disturbances in his thorough manner which convinces one that he knows what he is talking about.

Dr. Miller was there to tell us about his methods of building up an auto-antitoxin. Upon this subject there has been sufficient comment in my opinion.

Dr. J. E. Derck of Ft. Wayne gave a very good paper on his experiences with the Tilden sanitarium at Denver and very ably discussed methods and results obtained. His observations proved keen and Dr. Derck's paper deserves publication and study by every one in the profession whether doing acute or chronic practice. Dr. Derck is a thorough student. Of course this is no surprise to those who know him.

Dr. Rausch of South Bend discussed Prachial Neuritis. Dr. Fulham gave his methods of bedside treatment in acute cases, especially pneumonia.

Dr. M. E. Clark is always worth the price of admission but regardless of what subject he is assigned he must talk about Obstetrical experiences and that he can do.

Dr. Blakeslee of Indianapolis outlined the work of the Forward movement. Authority was voted the Trustees to finance the work of this movement in Indiana for the coming year, in securing students for Osteopathy in High Schools and Colleges.

The next annual meeting of the State will be in South Bend next fall, the date to be in series with adjoining states in order to facilitate securing of good talent with least inconvenience to all—H. L. Landis, Elkhart.

PERSONAL

Drs. Rosetta Shortridge and Lydia S. Merrifield of Seattle, Washington, are doing postgraduate work at the ASO.

Dr. C. S. Morrison, graduate from the Chicago College of Osteopathy, June 1920, is now practicing at Cambridge, Mass.

Dr. John Deason, of Chicago, returned from his vacation and post-graduate work and resumed his practice November 29th.

Dr. Harry Lambert Collins has announced his return to Chicago and the opening of offices in the Goddard Building. He will practice surgery, gynecology and obstetrics.

Dr. Eugene W. Myers, for nine years missionary in South Africa, will again, with the cooperation of his wife as a trained nurse, take up the practice of Osteopathy.

Dr. J. F. Bumpus, after fifteen years' successful practice at Steubenville, Ohio, is now associated in practice with Dr. G. W. Bumpus at 625 Empire Building, Denver, Colorado.

Dr. Samuel T. Anderson, of Blackwell, Oklahoma, announces change of location to Beatrice, Nebraska, where he formed a partnership with Dr. F. E. MacCracken.

A 9½ pound boy was born to Dr. and Mrs. Ralph E. Brooker, Grinnell, Iowa, November 21st. As Dr. Brooker says, "Some boy for a mother of 140 pounds and a father of 138 pounds. Don't you think?"

Mrs. Phoebe Elizabeth Harlan, wife of Dr. F. J. Harlan, of Flint, Michigan, and for many years active in various musical circles and church benevolent societies in that city, died in Detroit, November 16th.

Dr. Emma Black, since her marriage to Mr. E. James Creder on September 8th, is living on a farm near Oregon and does not expect to continue in active practice if she can find some osteopath who will take over her clientele.

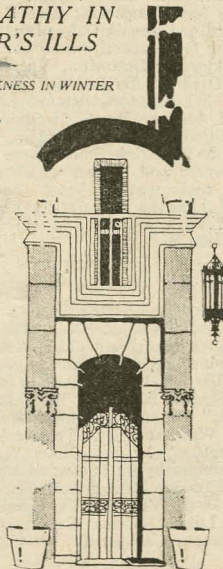
Dr. W. Frank Powers, who formerly practiced in Chicago in association with Dr. Nettie Hurd and Dr.

Osteopathic Health
for
JANUARY

OSTEOPATHY IN
WINTER'S ILLS

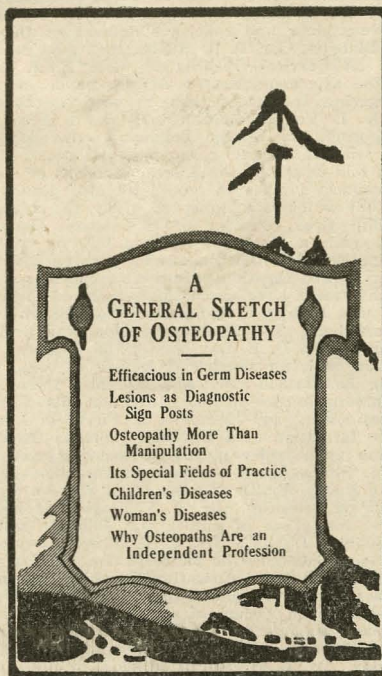
WHY MORE SICKNESS IN WINTER

- Colds
- Bronchitis
- Pleurisy
- Pneumonia
- Croup
- Tuberculosis
- Slips and Falls
- Strains and Sprains
- Asthma
- Neuralgia
- Heart Disease
- Dermatitis



Osteopathy excels in handling Winter's ailments—we all know that—and here is an issue that tells the public about it in a new and charming style. It will command your entire approval all the way through and impress conviction on the mind of the lay reader. It is ready now. Send your order.

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.

Glen S. Moore, is now located at Elgin, Illinois, with offices in the Hubbard Building. Dr. Powers' change was made rather suddenly but he reports that practice at Elgin has opened up auspiciously.

In a recent issue of "The Osteopathic Physician," it was stated that Dr. A. L. Black had removed to 2103 South Ninth Street, Omaha, Nebraska. Dr. Black tells us that that address is his residence address. His offices are at 502-3-4 Paxton Block where he is associated with Dr. Anton Kani. The Paxton Block is located at 16th and Farnum Streets, one of the busiest spots in the business district of Omaha.

LOCATIONS and REMOVALS

Dr. H. A. Gorrell, at Mexico, Missouri.
Dr. Wilfred W. Micks, of Connellsville, Pa., to Havana, Cuba.

Dr. R. A. Bagley, from Suffolk, Virginia, to Richmond, Virginia.

Dr. F. M. Geislin, from Mexico, Missouri, to Brookfield, Missouri.

Dr. S. E. Higgins, from Whitewater, Wisconsin, to Bradgate, Iowa.

Dr. Max Sellers, at Delaware Springs Sanitarium, Delaware, Ohio.

Dr. Nellie M. Fisher, from Cleveland, Ohio, to Watwata, Wisconsin.

Dr. J. J. O'Connor, at 225 Carlton St., Toronto, Ontario, Canada.

Dr. George Alexander at 416 Medical Block, Minneapolis, Minnesota.

MARRIED

Dr. Gerald M. Stevenson and Miss Julia Mabel Tombs, at Kent, Ohio, Oct. 2nd.

Dr. Emma Black and Mr. E. James Creder, both of Oregon, Missouri, September 8th, 1920.

Dr. Asa Gordon Walmsley and Dr. Olive Hazel Moulton, November 9th, at Bethlehem, Pennsylvania.

Dr. Hugh Beaton, of Danville, Ill., and Miss Louise Keller, at Connersville, Indiana, October 8th.

Dr. J. O. Carrio, of North Salem, Missouri, and Miss Grace Smoot, of Kirksville, Missouri, Oct. 23rd.

Dr. Perrin T. Wilson, of Cambridge, Mass., and Miss Hilda Bruen of Brooklyn, New York, on October 12th.

BORN

To Dr. and Mrs. L. E. Staff, Jacksonville, Illinois, a son, October 10th.

To Dr. and Mrs. T. G. Billington, Briston, Oklahoma, a son September 8th.

To Dr. and Mrs. H. L. Crosser, Findley, Ohio, a daughter, September 23rd.

To Dr. and Mrs. J. P. Flynn, Alliance, Ohio, a son, John David, October 11th.

To Dr. and Mrs. R. E. Brooker, Grinnell, Iowa, a 9½ pound boy, November 21st.

To Dr. and Mrs. E. Clair Jones, Lancaster, Penn., a daughter, Margaret, October 15th.

DIED

Dr. F. M. Thomas, at Flagler, Colorado, October 9th.

Dr. Sara Agnes Davidson, at Montreal, Quebec, August 27th.

Dr. Verna C. Murphy, of EauClaire, Wisconsin, wife of Dr. E. C. Murphy, November 8th, of cerebral hemorrhage.

Donald Wade, infant son of Dr. and Mrs. L. L. Wade, of Casper, Wyoming, November 4th, from pyloric stenosis, age 7 months.

Mrs. Nellie M. Perkins, mother of Dr. Helen F. Perkins, at her home, Washington, D. C., on August 9th, 1920.

Dr. T. M. Schofield, of Mendota, Illinois, died suddenly at his home on November 16th, after nineteen years of successful practice. He leaves a widow and brother.

EXCHANGE and MARKET

WANTED—Live-wire partner on commission. Give references in first letter. Dr. M. B. Harris, Amarillo, Tex.

FOR SALE—"Some Differences Between Osteopathy and Chiropractic". Free sample on request. Price \$1.55 per hundred.—Dr. Eugene F. Pellette, Liberal, Kansas.

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