

The Osteopathic Physician

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The Osteopathic Physician

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No. 6

Spinal Adjustment—A Discussion

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

VII—Traction

In Article V we said that in last analysis Osteopathic Spinal Treatment is a *stretching process* of a very *specific* nature. *Adjustment* can only be accomplished by some sort of stretching applied to all or part of the tissues which hold the spine bones together in that shape we know as the human spine.

Osteopathy concerns itself particularly with adjusting lesions of the spine either, (first) the so-called *bony* lesions of *chronic* disorders, or (second) the *soft tissue* lesions of *acute* conditions. These two fields of adjustment present specific areas for attention.

However, the Osteopathic Physician often finds that *stretching the spine as a whole* is a valuable measure. *First*, it prepares the field for specific work. Spinal adjustments are often more easily made while the spine is being stretched by traction. Traction will in itself adjust some lesions—especially recent ones held principally by contractions in the deep layer of short longitudinal muscles. *Second*, it promotes general circulation of arterial blood into the spinal canal (by vacuum formation) and produces free circulation of venous blood and lymph out of the spinal canal by relaxation of tissues and by compression following the vacuum. Slow, rhythmic, traction and relaxation is the method of choice. It is a respiration—blood breathing—inspiration and expiration to the spinal cord and its nerve centers.

In connection with this subject of the circulation of the spinal cord, a statement by Doctor Abrams in Spondylotherapy is interesting. It is also interesting in connection with article VI on "Tone."

Doctor Abrams mentions anemia (I take it, he means local anemia) as being a cause of degeneration in the cell-bodies of the cord centers. He mentions *venous congestion* as interfering with nutrition of the cord centers. He attributes these conditions to lost motion in the spinal joints, giving emphasis to lost motion from weak muscles. He says:

"According to some authorities, areas of *vertebral tenderness* are associated with *congestion* of the spinal vaso-motor centers. The pathologist, however, is unable to confirm this clinical observation. On the contrary, *anemia* does cause changes in the cell-bodies of the cord with degeneration. It is an undeniable fact that any interference with the *motions* of the spine resulting from weakness of the spinal musculature is associated with *venous stasis* which must necessarily interfere with the *nutrition* of the cord."

We agree with this, and in addition to weak spinal muscles as a cause of lost motion and venous congestion, we would add *rigidity* of both muscles and ligaments.

Stretching the spine as a whole by "traction," "extension," "suspension" or "pandiculation" is used very effectively by the Osteopathic Physician since he has the Osteopathic concept to guide him and since he has made a special

study of the anatomy, physiology and pathology of the spine.

There are some real dangers in stretching the spine and these should always be kept in mind. Traction irritates some lesions and sometimes causes pain which is a sign that it should be discontinued. Before traction is applied the spine must be examined in every joint and the character of the lesions present carefully noted, weak places kept in mind and watched during the treatment.



Dr. J. M. Ogle of Moncton, N. B., Canada who has equipped his office for ERA diagnosis.

As explained in Article III—*Locked-Extension*—when the spine is curved forward the spinous processes approximate and the upper facet moves downward upon the lower facet and is there locked. For this reason, extension should never be applied with the vertebra in that position. It should either be applied with the spine flexed or approximately straight. Flexed is the method of choice since in that position the tissues in and around the spinal foramin and the ligaments of and around the vertebral facets are first to receive the benefit of the extension.

Again in stretching the spine by extension care must be used in selecting and adjusting the apparatus. The cervical region is much weaker than the rest of the spine and if subjected to the same amount of force as the dor-

sal and lumbar regions, would be seriously injured before enough force had been applied to have much if any affect on these stronger regions.

In stretching the spine by traction it is the deep longitudinal muscles, the ligaments, the joint capsules and the tissues of the foramin that must be kept in mind as the structures needing attention. There is, however, some evidence that the intervertebral discs are subjected to pressure changes to a greater degree than we usually believe, and it may be that stretching materially benefits them. This subject will be touched upon further along in another article.

This treatment—"traction"—was used in a crude way, many years ago. We find it written about by a Russian, Motchoukowski, in 1883—39 years ago. He believed that the improvement noticed in his cases was due to "an increased activity of the circulation induced by suspension." It was used by him in the treatment of locomotor ataxia.

Motchoukowski observed an increase in arterial tension with increased rapidity of pulse and respiration during suspension.

Blood-pressure instruments were not invented until several years later so we do not know how he deduced his observations.

The methods used by these men must have been crude for they report that the extension as they gave it by suspension was very painful and that it was followed in a large number of cases by death itself.

G. Frank Lydston, writing more than 30 years ago said, "It was generally believed that the improvement in the symptoms was secured because the extension improved the circulation and nutrition of the spinal cord." Some observers wrote that this improved circulation and nutrition was brought about by a stretching of the spinal cord proper itself.

Waitzfelder wrote, "It is hardly reasonable to suppose that the cord itself is stretched, for it floats so freely in the spinal canal that the counter-extension of the weight of the body is not sufficient to produce that result without the greatest pain. It is more than likely that the traction exerted on the spinal nerves in some way brings about a change in the circulation and the nutrition of the cord, and the amelioration of the symptoms is due to a lessening of the vascular supply and its membranes. Experiments have shown that on the cadaver at least the vertebral canal is sufficiently elongated to exert slight traction upon the spinal cord by the nerve roots, but why this should be beneficial is not quite clear."

Althaus thought that the improvement was due to a breaking up of adhesions in the meninges and neuroglia.

"I do not believe," said Lydston, "that it is possible by stretching of the spinal column to exert sufficient traction upon the loosely attached spinal cord either to stretch it, or secondarily to stretch the spinal nerves."

"It certainly appears to me absolutely impossible to exert a traction force upon the cord through the medium of the spinal nerves. Indeed, the structure of the spinal canal and its

"Where There Is No Vision the People Perish"

contents is such apparently as would defeat any attempt at direct traction upon the cord or its nerves. The spinal cord does not completely fill the spinal canal, its investing membranes being invested by areolar tissue and a rich plexus of veins and capillaries which separate the cord from the bony walls of its canal. As compared with the length of the spinal canal the spinal cord is relatively very short, extending only from the foramen magnum to the lower border of the first lumbar vertebra.

"It is unquestionably true, as proven by experiments upon the cadaver, and as I have observed in experiments upon the living subject, that the spinal column can be extended. Now, if this extension produces improvement in the general circulation and in the nutrition of the spinal cord, and if, moreover (as I believe), it is not practicable to exert sufficient traction to stretch the spinal cord or its nerves within the limits of safety, there seems to be some other explanation of the action of extension. I believe that extension does produce both local and general improvement in nutrition, but I do not believe that this result is attained through traction upon the cord or the spinal nerves.

"The spinal column is composed of a number of firm, bony segments united together by elastic and inelastic structures. The elastic bonds of union between the vertebrae (chiefly the ligamenta subflava) are the media through which extension of the spine is possible within certain limits. The inelastic structures, although perhaps extensible within certain limits, are the principle agents in limiting the range of elasticity of the ligamenta subflava. In a general way it may be said that the vertebrae constitute the rigid segments of the spine, while the intervertebral tissues and ligaments constitute the extensible and more or less elastic segments of the spine. These segments constitute the walls of a canal which in its entirety is quite capacious.

"Admitting that it is perfectly practicable to lengthen the spinal column, it is a self-evident fact that the cavity in which the spinal cord and its investments rest, is increased in its capacity to a degree proportionate to the lengthening of the spinal column. The increase of capacity would be represented by a cylinder of a length corresponding to the increase in the length of the spinal cord when fully extended, with a mean diameter corresponding to that of the spinal canal. This will be admitted by all who believe that lengthening of the spine by extension is practicable. That fact having been admitted, its corollary is at once obvious. *There is formed a vacuum of greater or less capacity within the spinal canal, the result of which is an aspirating or suction force along its entire length.* The simplest of physical principles explains the rest. There is an active determination of blood to the part, with a consequent stimulation of the functions of the cord, and an improvement in its nutrition which lasts for some time after the tension upon the spinal column has been removed. An incidental element in the improvement of nutrition is a *lessening of resistance to the venous flow.*

"The improvement in the general circulation incidental to extension, if properly performed, is very evident even to a casual observer. The extremities, which in locomotor ataxia are cold and show evidences of faulty circulation, grow warm and redden during the continuance of suspension. This improvement in circulation will be observed to remain for a greater or less length of time after suspension is stopped. The pulse will be found, during extension of the spine, at least by the method which I am about to indorse, to grow more frequent and fuller; respiration is also increased."

"The traction upon the spine (as used by the earlier workers) is exerted in an indirect manner. It is produced solely by longitudinal traction, no attempt being made to take advantage of certain mechanical principles which can be

applied to the spine. The method certainly entails hard work upon the patient, the first principle of treatment of locomotor ataxia, viz.: rest, being disregarded. The disproportionate strain upon the cervical portion of the spinal column is considerable. There seems to be a tendency to attempt stretching and straightening of the spinal column by traction upon this relatively short and fragile region of the spine. Not only is this region of the spine rather delicate, but traction upon it involves tension upon certain very important nervous, vascular and muscular structures of the neck.

"In addition to the increased capacity of the spinal canal, incidental to extension of the spinal column, there is an increase of capacity due to a thinning of the various intervertebral structures. The straightening out, the stretching and unfolding of the various ligaments of the spinal column enhances the aspirating effect upon the spinal column as a whole as well as upon the spinal canal.

"That stretching of the cord is not the essence of the beneficial results as is, I think, conclusively shown by the circulatory effect of extension. Stretching of a nerve does not heighten its functions, per contra, it inhibits them temporarily. The results of stretching the sciatic show this.

"In considering the mechanics of the treatment of locomotor ataxia by extension of the spine, it is necessary to consider the fact that, according to my theory, it is not necessary to bring to bear upon the spinal column extreme and painful tension, it being only necessary to bring about such a degree of lengthening of the spinal column as will secure the aspirating effect which I have described. Another point which should be taken into consideration (and this is especially pertinent in extreme cases of locomotor ataxia), is the position which the patient involuntarily assumes. There is a tendency not only to flexion of the spine but of the limbs. Thus the spine is curved backward, so that the patient has a decidedly round-shouldered appearance."

Stillman says, "The spinal canal is posterior to the main portion, i.e., the bodies and the intervertebral cartilages of the vertebral column, and this is an anatomical feature to be emphasized, because on account of this arrangement it is plain that a given amount of traction exerted on the *column in an anterior curved position* (this anterior curving or flexion being the most extensive of any of its movements and freely permitted in the cervical and lumbar regions), must result in *greater elongation of the cord itself situated behind the vertebral bodies*, than an equal amount of traction exerted with the spinal column in any other position."

Lydston says, "As I have observed under the manipulations of Dr. Stillman, the spinous processes will be found to separate quite appreciably. The point to which I take exception in Dr. Stillman's description is the assertion that this method results in greater elongation of the cord. This I do not believe, for, as I have already claimed, I think it is the *aspirating effect* which is secured upon the spinal canal and not an elongation of the cord that produces the beneficial results. I am inclined to accept the assertion that traction upon the curved board with the patient in the prone position secures the greatest possible increase in the capacity of the spinal canal. A bending of the spine anteriorly will force the anterior edges of the vertebral bodies together to such a degree as to neutralize perhaps to a certain extent the apparent elongation of the spinal column as a whole, as evidenced by the separation of the spinous processes, but such a tipping together of the vertebral bodies will necessarily result in a relatively *wide separation of that portion of the vertebrae inclosing the spinal canal*. While this separation therefore is not a perfectly reliable criterion of the degree of extension of the spine, it increases the capacity of the canal.

"Stillman has recommended not only gymnastic treatment while the patient is subjected to traction upon his curved board, but also the application of electricity and massage.

"Obviously these methods of treatment are most efficacious at the time when the patient's vitality has been heightened under the influence of proper traction; or, according to my views, under aspiration of the spinal canal by elongation of the spinal column.

"In conclusion, I will present, and at the same time indorse the resume given by Dr. Stillman in a recent paper. In addition to constitutional treatment in locomotor ataxia there should be employed

"1. Both the erect and recumbent curved traction frames as being superior both in principle and practice to the so-called Sayre suspension apparatus, employed by Motchoukowski and Charcot.

"2. Traction while the spine is curved anteriorly to produce the greatest possible degree of elongation of the cord and spinal nerves(?) consistent with a requisite amount of rest, comfort, and freedom from danger.

"3. Traction while the spine is curved posteriorly to increase the vital power.

"4. Appropriate gymnastic exercises during the curved traction to restore impaired muscular function and to improve general nutrition."

Curtis Publishing Company Closes Columns to Osteopathic Advertising

New Plans to Tell the Truth to the Public Must Be Adopted

H. M. Walker, D.O., Fort Worth, Texas

On April 1st the Society for the Advancement of Osteopathy was notified by the Curtis Publishing Company that the Saturday Evening Post preferred not to accept any more Osteopathic advertising.

For thirty days we have tried to reach an understanding with the Curtis organization, but have been unable to secure a reconsideration of this decision.

It is impossible for us to inform the membership of the reasons which prompted the Post to take this action. We do not know ourselves and have been unable to learn the details from the publishers. The only explanation which they have offered is the statement that "certain reactions" have made their decision necessary and final.

As a result of a referendum vote from the membership of the Society for the Advancement of Osteopathy regarding the matter of continuing or discontinuing our national advertising campaign, 400 have voted that we go ahead in the next best available media, and 40 have voted to the contrary. With this healthy majority in favor of going ahead we have placed copy with the *Cosmopolitan Magazine* and *Red Book*. These ads should appear in these magazines early in July. We expect to notify the entire osteopathic profession in advance of the appearance of these ads.

I have been more than pleased with the manner in which our supporters have met this Curtis incident. The reaction on the part of our subscribers has been just what we hoped

Dr. J. V. McManis Class in ERA Enthusiastic for Dr. Abrams

The May issue of *The OP* at hand and we see that Dr. Abrams will appear on the program at the AOA convention. We, the undersigned, heartily approve of the plan and in view of the fact that we are now taking the work, feel it a great privilege that all the members of the AOA will have a chance to hear Dr. Abrams explain his methods of diagnosis and treatment.

Signed

Dr. H. J. Marshall	Des Moines, Iowa
Dr. E. H. Cosner	Dayton, Ohio
Dr. Marie H. Harkins	London, Canada
Dr. L. E. Staff	Jacksonville, Illinois
Dr. Wade M. Lockman	Weatherford, Texas
Dr. Clara Barker	Eureka, Illinois
Dr. J. W. Eisiminger	Oklahoma City, Okla.
Dr. J. L. Coles	Pawnee, Oklahoma
Dr. Addison O'Neill	Daytona, Florida
Dr. Oscar R. Zaher	Willmar, Minnesota
Dr. D. E. Laib	Evansville, Indiana
Dr. J. C. Edwards	Pawhuska, Oklahoma
Dr. Arlotte Sawyer	Daytona, Florida
Dr. H. E. Woodward	Kenmore, Ohio
Dr. Anna Stoltenberg	Kansas City, Missouri
Dr. H. W. Armstrong	El Paso, Texas
Dr. J. D. Baum	East Liverpool, Ohio
Dr. I. O. Huneryager	Paris, Missouri
Dr. C. B. Gaard	Ft. Dodge, Iowa
Dr. R. O. Buck	Wauscon, Ohio
Dr. R. M. Thomas	Ft. Scott, Kansas
Dr. C. B. Kingery	Leavington, Missouri
Dr. L. E. Bush	Jacksonville, Florida
Dr. Z. Z. Wilkins	Kansas City, Missouri
Dr. H. H. Gerardy	Dallas, Texas
Dr. Dot. Dillon	Rock Rapids, Iowa
Dr. Kathryn Roberts	Bedford, Iowa
Dr. E. W. Patterson	Louisville, Kentucky
Dr. W. C. Gordon	Sioux City, Iowa

Dr. J. M. Ogle Tells of His New Quarter and ERA in Canada

Last Autumn I had the opportunity of securing unlimited space in the new Knights of Pythias Building where they have built three large rooms to suit my requirements, a floor area of 1024 sq. feet at present.

The reception-room is furnished in solid Oak, dark finish—the "Old Doctor's" bust, mounted between two windows, makes a very neat setting, with the velour curtains draped behind him. A private corridor leading to the three dressing-rooms; velour curtains hanging at this entrance.

The operating-room, 12x16 ft. is furnished in light quarter-oak and bird's-eye maple—leading from this room is the chemical and X-ray Laboratory, ample in size and equipment for diagnosing the usual conditions wherein this work is needed.

In one corner of the operating-room I have the Abrams' Diagnostic Set, where I am able to, and have been doing, some excellent diagnostic work. I have been checking up the Abrams' diagnosis with the chemical and X-ray laboratories, so far they have tallied.

The 1st of June I took another large room across the corridor from mine, and equipping it for strictly Oscilloclastic work. I am a thorough believer in the efficiency of Abrams' methods, having studied the most of his writings of the last ten years.

My good friend Dr. McManis, told me of the diagnostic work in Cleveland last summer, I immediately subscribed for more of his literature and have been studying very carefully ever since.

I spent March and April with Dr. Cave in Boston, finishing my work in diagnosis, at the same time getting in touch with other methods of examination and treatment while there and in New York.

I made arrangements while in Boston, to have my difficult plates sent there for corrobora-

AT LAST! IT'S HERE!

Do You Know?

1. Only new matter is printed every month now in "Osteopathic Health." No articles, once printed, are ever used again in its pages, no matter how good. (Such classic Brochures as are indispensable may be obtained, if at all, only as "Bunting Laity Brochures"). Every issue of "OH" now is made up entirely of clean, new editorial matter.
2. This layman's journal will contain in course of the year a lot of sprightly news and topical talks about notable osteopathic affairs such as always interest both patients and public.
(For example in the June issue will be found (1) the Britannica Encyclopedia's New Definition of Osteopathy; the story of Mme. Galli-Curci's two great benefit concerts for osteopathic charities; and the Viscount Deerhurst's story of Osteopathy in Great Britain.)
3. From time to time it will contain characteristic Bunting editorials on matters of vital osteopathic concern. Also—
4. A wealth of articles especially written for its pages by the best group of thinkers and writers in the profession—every article written on order, every article paid for, and every article having passed muster as fully up to the critical journalistic standards of HSB.

5. Many discussions of single diseases. Do you hear it?—many discussions of diseases.
6. Many stories of cures.
7. Shorter articles and more of them—a wider variety of subjects.
8. Nothing within the covers of "OH" but Osteopathy, osteopathic interests, Osteopathy triumphant! No side issues—no fads—just Osteopathy—which is enough to keep one brilliantly edited magazine full of interest.

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

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

But Do You?

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

BUNTING PUBLICITY SERVICE

for

OSTEOPATHS

Waukegan, Illinois

it would be. A vast majority of them have expressed the view point that this situation calls for an aggressive program on our part and that now is the time to increase our advertising activity rather than to retrench.

We are preparing to go to the entire profession with a campaign to raise \$125,000.00 for national advertising in 1923. I hope to have a substantial showing on this to present at the Los Angeles Convention.

The returns from our referendum vote are not complete, as we are now receiving on an average of thirty to forty letters a day. I am only giving the returns as they have come in to date.

Some of the tangible results that we have observed from eighteen months efforts in this field are: in the first place, a real large constructive movement has been launched and set in motion. We have attracted the attention of advertising men the country over, and as a result we are getting a large amount of editorial mention from that source.

I believe we can conservatively estimate that at least one-third of the entire profession is doing either individual or co-operative newspaper advertising. A large percentage of these are using the copy we have been running in the AOA Journal for this purpose. I believe that this national campaign very materially stimulated the use of additional direct-by-mail osteopathic literature.

We have supplied our colleges with approximately 125 names of prospective students. To over 1200 inquiries from magazine advertising we have mailed a copy of "Facts About Osteopathy" together with the names of local Osteopaths, etc.

If you look at this proposition from the angle of direct returns in business for the Osteopaths supporting this campaign, the results may not be so flattering. As you probably know, the primary motive in this campaign has been to create in the mind of the public an additional confidence in Osteopathy, rather than a direct attempt to pull patients. If we were to direct our efforts primarily to increasing the revenue of each Osteopath who is supporting this movement, we would shape our campaign in a decidedly different channel.

The May issue of National Advertising has this to say regarding our campaign: "With all deference to the medical profession, the theory which its traditions uphold, that ethical physicians will not advertise and others should not be allowed to, is apt to get little sympathy from the minds of advertising men. This much is certain, the dignified advertising which is being run by the Bureau of Osteopathic Education is going to start the medical profession to thinking as well as the general public."

Our unfortunate experience with the Post will not be repeated with any other magazine for the simple reason that we will not place advertising in any magazine from now on without a statement from them in writing that they will complete our schedule. Owing to the autocratic position that the Curtis Publishing Company occupies in the magazine field, they will not make a non cancellable contract for black and white run on inside space of their magazines. With many of our difficulties apparently out of the way and with what seemed like very smooth sailing ahead of us at least for the time being, it came to us like a bolt out of the clear sky. However, we have surmounted many other difficulties in the course of this campaign, and we do not propose to allow an unfair decision of this sort to block our efforts.

Are You Doing Your Duty?

Some of us are sending students each year to the osteopathic schools. If each Osteopathic Physician did likewise there would be no cause for worry. I know of a few who are slow in doing this for our future.—*Lewis M. Bishop, D.O., Worcester, Mass.*

Finger Surgery vs. Finger Technic

Dr. James D. Edwards, St. Louis, Mo.

tion, thus giving my clientele the advantage of a Boston diagnosis without the time and expense of making the trip. Dr. J. B. Ellis, an Osteopath, 100 Boylston St., has given me most efficient service as Consultant in the X-ray work.

I have a graduate nurse in attendance.

Dr. Abrams has promised me my Oscilloclast very early and I have a large list of patients awaiting the opportunity of receiving this treatment.—*J. M. Ogle, D.O., Moncton, N. B. Can.*

Dr. Van de Sand Takes ERA at Bradford, Pa.

Dr. W. B. Van de Sand of Hop Bottom, Pa., recently spent six weeks with Dr. King at Bradford, Pa., studying the Electronic Reactions of Abrams method of diagnosis. Also, he has since then attended the Allied Medical Associations of America Meeting at Atlantic City where Dr. King and others demonstrated this method of diagnosis. The Doctors whom he met at these places and meetings were one and all open-minded, of an inquiring turn of mind, ranged on the side of progress. He is of the opinion that the diagnostic system evolved by Dr. Abrams will prove to be a boon to suffering humanity; that we should be progressive, add to our superstructure with moderation, and continue to be constructively conservative. "Investigate all things and hold fast to that which has real merit."

Dr. Ogle Makes a Few Suggestions Re ERA

The article by Dr. Mansfield is very good, when you consider the size of the human form, but we should all measure up to a good-sized yardstick before expressing reflections about things we know nothing of. I would like to offer a possible suggestion as to the mistake in Dr. Beckler's experience with Carcinoma. I sent a specimen of blood from a T B case of two years standing which showed 17/25 of an Ohm, this blood was taken in a *bright yellow light*. Later blood taken with the *patient facing west in subdued day-light shows 23 Ohms*. This may explain the apparent mistaken diagnosis of Dr. Beckler. In my case I did not follow Abrams' instructions, therefore the discrepancy in the number of Ohms.—*J. M. Ogle, D.O., Moncton, N. B., Canada.*

ERA in Philadelphia

Dr. Francis A. Cave has by request established a class of nine in Philadelphia for the study of the Electronic Reactions of Abrams. The work is certainly highly interesting and scientific. It works gentlemen, it works! It will be a pleasure to me to add ERA diagnostic apparatus to my equipment.—*Nathaniel W. Boyd, D.O., Germantown, Phila., Pa.*

Setting a Hip Without a Cast

I just examined a very interesting case. A boy seven years old, was two years ago sent to me for treatment by one of our best surgeons, who said the boy had a twisted pelvis and that I was to fix him up. I found the left leg one and a half inches longer than the right, some tenderness but I could not find the twist. A poor X-ray did not show any thing except scoliosis caused by contracted lumbar muscles. My diagnosis was anterior dislocation, and treated accordingly. A complete cure was the result. This is the point: I did not use a cast, nor any appliance nor put the patient to bed. The leg stayed in socket and has been all right for these two years. We do not need the cast as often as we think.—*C. J. Chrestenson, D.O., Keokuk, Iowa.*

If you cannot win, make the one ahead break the record.

In the April issue of this journal my esteemed colleague, Dr. T. J. Ruddy, challenged the priority of the technic, and criticized its terminology. He said, "I see no reason why the term finger surgery should not have died when it was first mentioned by Parker in his 'Epitome of Medicine,' covering the sixteen centuries' mistakes." I challenge Dr. Ruddy to produce an extract mentioning the term "finger surgery" from Parkers' "Epitome of Medicine," or from any other authority, antedating my communications to the journals of Osteopathy. I have had a careful search made of the medical literature by an expert, but without finding any previous reference to the term, and I therefore believe that I am correct in my claim that the priority belongs to Osteopathy. "Finger technic" means nothing, and, as Dr. Howell so ably put it, "it could mean setting a toe or playing a piano." The newspapers of the world proclaimed the term "finger surgery" because it was a "caption with a meaning." The literary world wanted something new and Osteopathy was an old story, which it refused to accept, we therefore coined the term "finger surgery," and it spread immediately to the four corners of the earth, carrying the message of Osteopathy in every paragraph of the hundreds of featured stories. How much publicity would "finger technic" have obtained for Osteopathy? Very little, if any, I am sure.

I agree with Dr. Ruddy that "finger technic" is a nonsurgical procedure. It is nothing more than a superficial massage of the tissues; just a little "tripod" manipulation—one, two, three—of the mucosa etc., and nothing more. It is not blood-letting—therefore the word "surgery" would be a misnomer—and "finger technic" is very appropriate for that kind of treatment. Dr. Ruddy is quite welcome to it, and I sincerely hope that he will cure many thousands more of hay-fever patients with the "Bowling-Ruddy finger technic," which is not finger surgery, I am constrained to say.

"Finger surgery" in the treatment of the ear, nose, and throat is blood-letting, and I challenge Dr. Ruddy, or anyone else, to do a Rosenmuller fossa or intranasal curettage properly with the digital technic without blood-letting. I am practicing finger surgery, and not finger technic. My system of treatment is entirely different, and I find that the more radical I become the better are my results. Simple mastoidectomy effects many cures, and it sufficed for awhile, but radical mastoidectomy is now the correct treatment. The "Bowling-Ruddy finger technic" (Denver convention, 1905) sufficed for awhile, but "finger surgery"—blood-letting—given to the osteopathic profession in the fall of 1911, is now the proper treatment in the management of catarrhal deafness and hay-fever.

Dr. Ruddy says that the adhesions in the fossa of Rosenmuller are, in 95 percent of the

cases, congenital bands, and should be fostered. Did you ever hear of such nonsense? Who ever heard of a congenital band for any useful purpose? Furthermore, is it possible to break an adhesion without blood-letting? Be careful what you say, Dr. Ruddy; you are becoming desperate. This question of priority is worrying you too much—you are not thinking right.

Dr. Deason says we now have nine originators of finger technic and finger surgery, but he, who used his influence at the eleventh hour to get me before the Kirksville convention in 1913, has dropped his protegee because he could not stand the pressure of Ruddy and a few other "would-be iconoclasts." Deason, at that time, had heard nothing about finger surgery, but his remarkable ability for research recognized the opportunity and he fathered my paper. He now stands for "Ruddy's finger technic," or, as the writer would term it, finger placebo.

One of Deason's "nine originators," Dr. L. M. Bush, advertises that he was the first Osteopath to dilate the eustachian tube digitally and originator of adenoid and nasal adjustment technic. Dr. Bush was graduated at the A.S.O. in 1912, but I am told he did nothing in these procedures while at school, and I am unable to find any communication to the journals, antedating my articles, in which he advocated digital dilatation of the eustachian tube or nasal adjustment. With due respect to Dr. Bush, I am unable to understand why a doctor will "hog" a valuable technic and not report it in the journals. If you have something good, give it to the profession. I sincerely hope I shall never be found guilty of such selfishness.

Finger surgery was discovered in the fall of 1911, given to the St. Louis Osteopathic Society in the spring of 1912, and to the American Osteopathic Association at the Kirksville convention in 1913. I challenge Dr. Ruddy, or anyone else, to produce an article, antedating my communications to the osteopathic journals, in which dilatation of the pharyngeal orifice of the eustachian tube with the index finger (lateral and cross technic), intranasal curettage with the little finger, intraorbital technic (digitally), and soft palate treatment as advocated by me are mentioned.

The question resolves itself into what is meant by "priority" in the case of a great discovery. In Owen's Homologies of the skeleton we read the following definition of priority: "He becomes the true discoverer who establishes the truth, and the sign of the truth is the general acceptance. Whoever, therefore, resumes the investigation of neglected or repudiated doctrine, elicits its true demonstration, and discovers and explains the nature of the errors which have led to its tacit or declared rejection, may certainly and confidently await the acknowledgements of his right in its discovery."

Finger Technic versus Finger Surgery

J. Deason, M.S., D.O., Chicago, Ill.

Perverved physiologic or pathologic conditions of the body for which Dr. Still did not have a physical method of treatment, are not easy to find. Dr. Still wrote so little in comparison to what he did, and described so little of the technic that he developed, that we are at a loss to know just how much was really accomplished by him in special methods of treatment. It is safe to say, however, that he practiced and taught much, if not all, with possibly some unessential modifications, of the finger technic which has been "originated" within the past ten years.

Certain it is, that no finger technic radically different from that practiced by "the old

timers" has appeared. This statement, if reversed, is also true, however, because while the technic is not radically different, it is different "radically." The tendency of some of our self-styled "originators" seems to be altogether towards the radical, the spectacular, the extreme, with little thought of conservatism.

Some years ago, when I began research work along this special treatment of diseases of the ear, nose, throat and eye, I had hope of becoming an "originator" of some method of special technic, but after investigating, I found that all the body orifices had been pretty thoroughly inspected "fingeratively;" so I abandoned such a hope. I know of nine different Osteopaths

who claim, or their friends claim for them, the originality of finger treatment of the Eustachian tube. How any one of recent years who has really made an attempt to learn what has been done in the past in the way of finger treatment to the ear, nose, throat and eye, can call himself an originator, I cannot understand.

CONSERVATISM VERSUS RADICALISM

Osteopathy and conservatism are to me almost synonymous. The only possible difference between finger technic as it has always been applied and the so-called "finger surgery" methods, is in radicalism, for certainly nothing new other than this has been originated. Dr. Still taught the use of conservative methods, that body function as well as structure be conserved, and he was always opposed to radicalism in all forms.

As to whether we use the terms "finger technic," "finger method" or "finger surgery" is not, as I see it, so much a matter of the choice of words as it is a choice of application of technic. I prefer the conservative method of treatment because:

1. There is nothing to be gained by the radical method which cannot be accomplished by the conservative method.

2. The conservative method of finger technic will, I believe, accomplish much better and certainly more permanent results.

3. There are no after complications such as scar-tissue formation from ruptured Eustachian tubes, split noses, torn soft palate, fractured septa, sinuitis, eye complications, fractured hyoid, ruptured ear-drum, etc., which have been reported following the radical method.

At various times I have tried the radical methods which have been so spectacularly demonstrated at conventions, but I have always gone back to the conservative plan adopted many years ago, and which may be found described in Bulletin No. 3 of the A. T. Still Research Institute, and in my last book, *Diseases of the Head and Neck*.

These radical and extreme methods of technic are, I believe, not only detrimental to the patient, but are detrimental to the profession as a whole and particularly to those of us who are endeavoring to practice conservative methods, because the bad results will surely reflect upon all of those who are specializing in diseases of the head and neck.

EUSTACHIAN TUBE TECHNIC

Restoration of function through restoration of structure should be the aim in treatment of the Eustachian tube.

Histologically the tube consists of ciliated epithelium, a lymphoid layer, and a glandular layer, which mechanism aids in the elimination of small foreign bodies, protection against bacterial invasion and the maintenance of a moist surface through secretion. The main body of the tube (pharyngeal portion) consists of fibrocartilaginous plates and islands, and muscle tissue with its fascia. There is some erectile tissue in the pharyngeal portion as there is in all of the mucous surfaces of the intranasal cavities and naso-pharynx.

The opening and closing of the pharyngeal portion is not valve-like, as has been stated in certain texts, but due to the muscular arrangement (tensor palati and levator palati) a tortion movement is produced which may readily be observed by means of the naso-pharyngoscope. This movement tends to aid the tube in eliminating mucus, pus, or other foreign substance, but it also creates (possibly reflexly) a contraction of the tensor tympani which in turn physiologically adjusts not only the middle ear structures but also the inner ear mechanism to a more acute response to sound vibration. (See *Diseases of the Head and Neck*, pages 63-72).

To restore and maintain the function of hearing, it is not essential in catarrhal or any other form of deafness to merely produce a large tubal opening. It is not at all uncommon to

find cases of catarrhal deafness with freely open tubes and yet the hearing cannot be improved because we cannot restore to normal function those more minute physiologic mechanisms which are so important.

The purpose in treatment should be, therefore, to restore as far as possible, those normal movements of the tubes by removing any gross obstructions such as adenoids, and then by definite purposeful technic, manipulate the tubal structure to its normal condition. Gentle tubal dilation is often indicated, but the more important technic is to so manipulate (not massage) the tube to restore its normal tortion movement and thus restore normal function.

It seems reasonable to assume and it has certainly been proven clinically, that such technic is most likely to produce the most permanent results.

The radical method of forcibly dilating the tube which frequently results in undue trauma and even splitting the pharyngeal portion of the tube, accomplishes the following undesirable results: It destroys, to some extent at least, the ciliated epithelium thus rendering the tube less self protective. It injures the secreting glandular layer and the lymphoid layer, thus further crippling the functions of the tube. It causes the development of scar-tissue which in the course of time, prevents rather than restores the normal movement of the tube, which movements are essential in producing (reflexly or directly) the physiologic adjustment of the middle and inner ear structures to variations of pitch.

There is no question but that a radical dilation of the Eustachian tubes will often increase the hearing in deaf people. Even in third stage catarrhal deafness a large percentage can be made to hear better.

This is caused by the direct stimulation of the entire ear mechanism just as normal movements of the tube produce increased hearing. This increase in hearing is often of sufficient

duration to enable the specialist to collect his fee, but seldom much longer. It is better to accept no charge accounts for such work, because as soon as the scar-tissue is well developed, the patient will hear less well than before.

The purpose, therefore, in Eustachian tube technic is not to reconstruct the anatomic parts, but to restore to normal function. To accomplish this, it is well to carefully examine the tubes and naso-pharynx, to determine the abnormal function by means of the naso-pharyngoscope, and to direct the manipulative technic to restore these normal functions.

Finger technic or treatment is no different from other corrective treatment in principle. It must be done carefully, purposefully and definitely to restore certain normal structural relations and functions.

Confidence a Plant of Slow Growth

When you make a mistake, don't admit it to the patient. If you treat a patient too hard and he feels worse after it, tell him that is just the reaction you wanted to get—"You'll feel a lot better in a day or two." There was a very celebrated surgeon who performed a serious operation on a young girl. She did not improve a whole lot after the operation but refused to have another examination. Taken suddenly very ill, the mother called the doctor and said her daughter had expelled a sponge from the wound. Instead of admitting his mistake and saying he was sorry he had sewed the sponge inside her, he merely said, "I hadn't expected it to come away for another two weeks." A short time after that he was called to the same home to operate on the mother. Do you think he would have retained the confidence of that household, had he admitted making such a grave mistake? Can you imagine an osteopath getting away with anything like that? —*Wm. E. Waldo, D.O., Seattle, Wash.*

Direct-to-the-Home Publicity Wins Better Results Than Any Other Form of Advertising

That is what you obtain by using "Osteopathic Health"—direct-by-mail contact with the better class of homes in your community. Direct-to-the-Home Publicity hits the bull's-eye with a thousand times more sureness and appeal than general publicity. It's in the nature of things that it should be so, and no one denies this fact who understands the nature of advertising and the laws by which its forces work.

Bring your problem to us for solution whether it be the want of more patients, the need of higher fees, better collections of the money due you, the help of an osteopathic assistant or need of a competent trained office girl. Whatever your office need may be, it is inextricably tied up to the need of vigorous and systematic direct-to-the-home campaigning with "Osteopathic Health," "Harvest Leaflets," and "Laity Brochures" which afford sure and easy victory for you.

It costs nothing to get an advertising survey of your field, based on expert knowledge of conditions and the ways to win what you want in exchange for your own efforts. We'll help you make more money if you give us a piece of the increase. That's fair enough— isn't it?

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"Where There Is No Vision the People Perish"

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Here is an opportunity that has never been offered before and will never be offered again. Four weeks of intensified post-graduate study. Especially adapted to the Osteopath in the field.

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An Efficiency check on the whole business side of practice, publicity, collections, personal equation with a review over many of the more vital branches, such as eye, ear, nose and throat, orificial surgery, etc.

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DR. ROBERT H. NICHOLS who has trained for seventeen years with Dr. Richard H. Cabot in the Boston Hospitals will give his unique course on general diagnosis. Dr. Nichols is recognized by many among the medical and osteopathic physicians as an authority on diagnosis. There will be clinical and didactic work.

3. Low Table Technique

DR. EARLE S. WILLARD, known by the whole profession as the "low table technique man," will give his wonderful course, showing you how to treat seventy-five patients a day without breaking down.

4. X-Radiance

This course will be given by Dr. John E. Ramsey. Dr. Ramsey will teach the technique of taking X-Ray pictures, handling of the machine, with a philosophy of the X-Ray.

The number of students that we can accommodate is limited. Those who would have a place reserved in the Course should give us notice right away. The Course begins Monday, July 24. Lasts four weeks.

For further information address

DR. C. C. REID

501 Interstate Trust Bldg. Denver, Colo.

Kansas City's Smallpox Scare Investigated

"To promote integrity and create confidence in advertising, selling and all other phases of business and do all lawful things which may help to attain such objects" is the one purpose for which The Advertisers Protective Bureau, Inc. was established and the organization is doing its work wonderfully well. Last December there was, according to press reports, a smallpox epidemic in Kansas City, and declarations to that effect were made by the Jackson County Medical Society, the superintendent of the public schools in co-operation with the Hospital and Health Board issuing a mandate for general vaccination. Kansas City thus lost out in its business and holiday trade and was placed on record as a plague center. Through the efforts of The Advertisers Protective Bureau a full and free investigation was made with the result that it was found that the Medical Society's declaration and the general vaccination which followed hard upon were entirely uncalled for and the loss of business by Kansas City and the bad name it acquired could have been avoided. The Advertisers Protective Bureau published a special bulletin May 20, 1922, in which it gives a full and complete statement of the facts in the case of the Kansas City so-called smallpox epidemic and while it emphasizes "its belief in and insistence upon thorough precautionary measures of all kinds to protect the citizens against the inception and spread of contagious disease, it still believes in a scientific detection and regulation of disease." It further recommended that the Hospital and Health Board of Kansas City should add to its co-operative agencies an advisory committee of carefully selected business executives drawn from various lines of business, for counsel in emergencies such as Kansas City faced last December.

No Room for Sluggards

Work Osteopathy—don't let it rot. Co-operate with all advancement. Don't die in your old rut. Old things are new but apply part knowledge with 20th century intelligence. No room for sluggards. Be up-to-date in your profession as well as your dress.—O. O. Bashline, D.O., Grove City, Pa.

Dr. Muncie's Wonderful Success with Patient Deaf for Twelve Years

Dr. Curtis H. Muncie of Brooklyn, New York, several weeks ago performed an operation on a lawyer patient who was virtually deaf for twelve years and who spent a lot of money visiting many doctors and specialists but all to no avail. A series of abscesses when a child, which were not properly attended to and a broken nose were responsible for his deafness. Dr. Muncie used no knife in the operation, resorting to finger surgery to effect the cure. And cure him he did. The patient now hears 70% as well as the average individual and it is expected that the post operative treatments being administered by Dr. Muncie will eventually bring on full and complete hearing.

WHAT THOSE WHO KNOW SAY

of Dr. E. S. Willard's Post-Graduate Course in LOW TABLE TECHNIC

Jenette H. Bolles, M.S., D.O., Denver, Colorado, who, no one will gainsay, is the most distinguished Osteopath living, being the first college graduate and the first woman to study Osteopathy in the first class ever held, also the first editor of an Osteopathic publication, and at present one of the foremost physicians of Denver, and professor of anatomy, Denver University, say:

"Dr. E. S. Willard has developed a scientific and teachable method of technic which applies the principles of mechanical adjustment as I learned them from Dr. A. T. Still."

Post-Graduate Course in Low Table Technic\$150.00

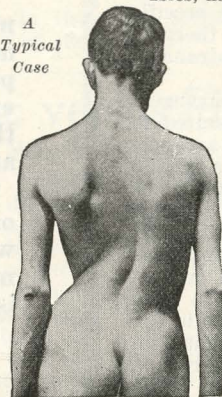
The Willard Osteopathic Clinic

Eminent British Osteopathic Physician Recommends Philo Burt Appliance

Doctors, surgeons and practitioners of prominence all over the world have prescribed the Philo Burt Method of Spinal Correction with marked success in Potts Disease and other forms of spinal diseases, weakness or distortion. In many instances the physicians themselves have pronounced the results very remarkable. We have num-

"During my 17 years of practice in Great Britain, I have found many occasions for recommending your Appliances for spinal correction. I find them not only superior to anything else I have seen for curvature cases, but equally efficacious for cases of subnormal tonicity. They have the advantage of being light and simple in construction, and patients have invariably expressed their appreciation of the comfort and support afforded by them. I have investigated many other appliances, but you may rest assured that you shall continue to receive my orders as heretofore."

A
Typical
Case

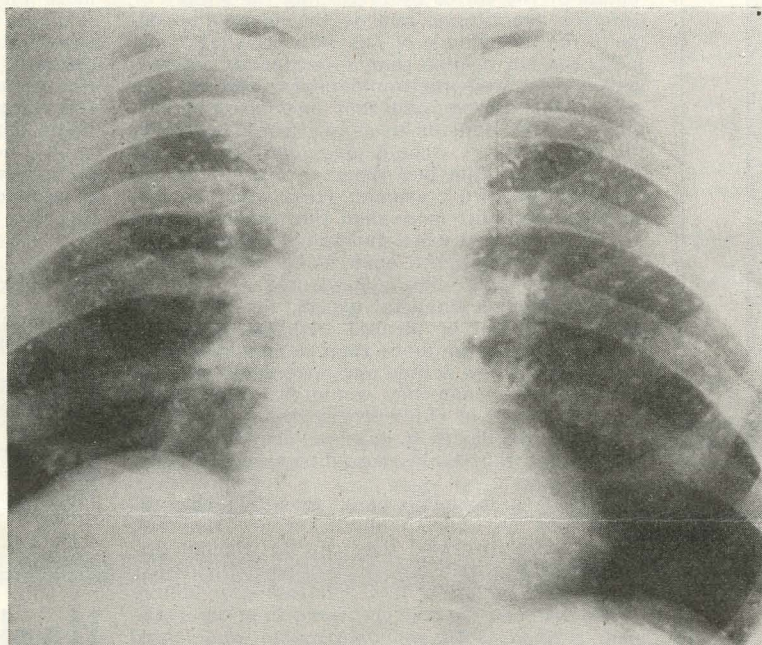


bers of patients who are doctors of note in their community who have experienced in some instances even more remarkable recovery than they had dared hope for.

This physician who is president of an important Osteopathic Association in the British Isles, has this to say after many years of practical experience in prescribing and fitting Philo Burt Appliances:

The Philo Burt Spinal Appliance is not an experiment. It is being worn by patients in all parts of the world and of all ages from 15 months to 85 years. If you, doctor, are using or recommending the old-style leather or steel braces you owe it to yourself, and to your patients to investigate. We are glad to send our "Letters in Evidence" Portfolio to any practicing Osteopathic Physician, without charge, and explain to him our plan of co-operation. We will thank you for this opportunity to send descriptive literature. The Philo Burt Appliance is made to the measurements for any case and sent on 30 days' trial. We guarantee perfect fit and satisfaction to you and your patient or refund the money.

PHILO BURT CO., 141-18 Odd Fellows Temple, Jamestown, N. Y.



Malignant metastases following sarcoma of the eye.

The A.S.O. Hospital at Kirksville, Missouri, has gone to a great deal of trouble and expense to equip what they believe is one of the best X-ray outfits in the country.

We will be glad to handle a part or all of your X-ray work.

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

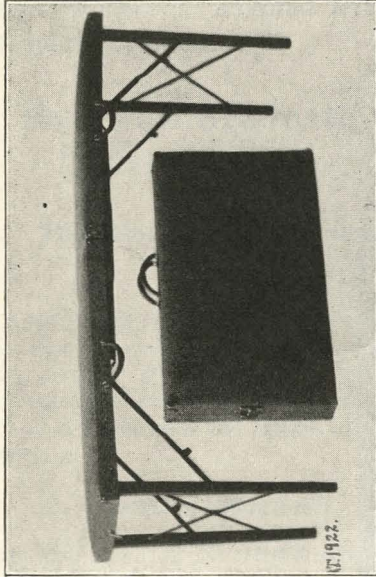
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The only automatic self locking treating folding table in existence. It will surprise you.

Write for circular and prices.

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Millard's Applied Anatomy of the Lymphatics	\$6.00
Deason's Diseases of the Head and Neck.....	\$2.50
McConnell & Teall's Practice	\$7.50 and \$8.00
A. T. Still's Research and Practice	\$6.00
Halladay's Applied Anatomy of the Spine	\$3.50



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Westminster Building, Chicago, Ill.

H. G. ROYER, President

C. O. PAULEY, Secretary and Treasurer

Why Not Give Osteopathic Graduates the Chiro Degree?

J. A. Overton, D.O., Farmington, Mo.

Since we are at last awakening to the fact that the methods heretofore employed will no more kill the chiro than were the medics able to embalm osteopathy by the self-same tactics, I am going to tell you the one way in which we may finally be able to control the chiro. The plan may finally, in large measure kill it off, but at this late date the process will be very slow, if not impossible.

First, regarding Dr. Woodall's plan to chiroize every student of osteopathic colleges at the completion of the first year. Why play into the hands of the chiros by increasing the supply of inferior practitioners, and at the same time deplete the attendance of our own schools?

Do we not realize that a very large percentage of our students would never complete the osteopathic course, and that instead of operating to draw students to us, we would be losing to the chiros? Should any one doubt this statement let him but visualize himself at the close of his own freshman year, when he frequently knew far more than the teachers under whom he sat, and when during his summer vacation, he accomplished such wonders as he has never since been able to duplicate!

True, from a financial aspect, the chiro colleges might not be pleased with the plan, but would they not be more than delighted numerically, and do we delude ourselves for a moment into believing that they would fail to make of it a whirlwind of chiro propaganda?

Unless we desire a painless death for osteopathy, let us withhold those diplomas just three years longer.

Here is a workable plan, providing the colleges will be able to obtain proper charters, which I am informed they can do without difficulty.

At the completion of a full four-year course in our osteopathic colleges, issue to every qualified student both an osteopathic and chiro diploma.

This will graduate men and women who will uphold the dignity of osteopathy as they are doing today, and as no one year chiro can ever be expected to do.

It will be an appreciable factor in enabling us to enroll students in our colleges—students who will remain until they are qualified to cope with diseased conditions in adequate manner—and will also have a tendency to lessen the attendance at chiro schools.

Then, give a six weeks intensive course in chiropractic to every osteopath who desires it, allowing sufficient credit on his osteopathic course to meet the requirements of present chiropractic laws.

Finally, get behind every chiro bill which may be introduced in any state in the union, and push it for a high-school and a four-year requirement, and work in every state now having chiro laws, until those standards are reached.

In that way we can, in a large measure, curtail chiroism, and can gain control, since there is not a chiro school in the country which has so far evinced anything but a monetary interest in its methods of teaching; and I do not think there is a single school which would add a course in osteopathy and teach it with sufficient integrity to get very far with it, even if it should be tried out.

I have nursed this plan along since 1914, studying it from all angles; talking it from time to time with other osteopaths, but never meeting with anything but derision, since most of us thought that chiropractic would soon die a natural death, anyway.

But now that we are becoming convinced that it is a lusty, and a strong-lunged barnacle, let us arrange things for the future which will permit osteopathy to retain the leadership it has

so rightly earned in the lines of drugless healing.

Of course it has no competitor now, insofar as efficiency is considered, but it stands to lose simply through the power of growing numbers, and the fact that the chiro schools will inevitably become more high-grade in character as they are compelled to add to their courses.

Furthermore, we should all get together and adopt a plan to be considered at the next convention, and whatever we do must be done quickly, or our results will be just that much more unsatisfactory.

When the whistle blows for the present Palmer contingent to come up and shake hands with the mill, 2,700 more chiros will go out to practice pseudo-osteopathy, and that is but one of the many mills.

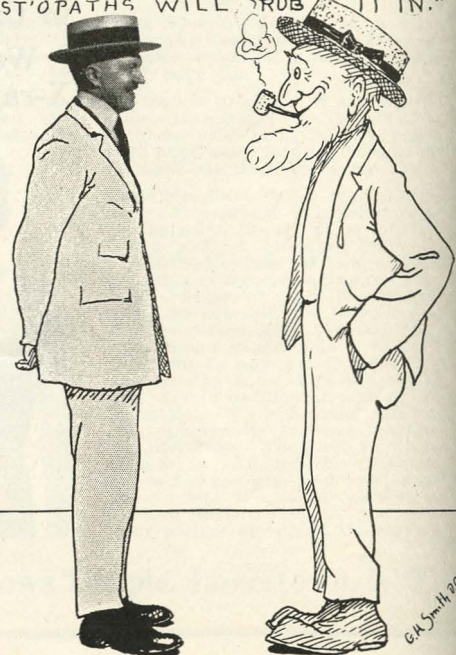
But whatever we do, let us not play into their hands, nor shall we be a party to inflict any more pseudo-doctors on the public, even though it be ready to receive them.

Likes Dr. Willard's Technique

Your articles on "Low Table Technique" will attract wide attention because Dr. Earle Willard has a message for all Osteopathic Physicians. He will save the profession if they will only listen. This technique is quick and to the point, it will save the doctor's back and will add years to his usefulness, and it is ten-fingered Osteopathy. I was the first one to take his course in Chicago and I am very much pleased with the technique and the man—Albert C. H. Esser, D.O., Chicago, Illinois.

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

DOC, TH' REASON THEM FEDERAL AGENTS WONT LET YOU OSTOPATHS 'RITE LICKER PERSCRIPTIONS IS, THERE AFEARED TH' MINUTE THEIR BACKS TURNED TH' OST'OPATHS WILL 'RUB IT IN."



G. K. Smith '20

Dr. Dodson and the Baptist State Hospital at Little Rock, Arkansas

LeRoy Smith, D.O., Little Rock, Ark.

When the Baptists of Arkansas put on their drive for subscriptions to build the Baptist State Hospital in Little Rock, Ark., C. E. Witt, M.D., President of the Hospital Board, personally solicited C. A. Dodson's subscription. Dr. Dodson is a D.O. and at first refused until Dr. Witt assured him that he would never be denied the privilege of practicing in the hospital providing he contributed to the fund to build the hospital.

About a month ago Mr. H. W. Wicker, a patient of Dr. Dodson's, applied for admission to the hospital in order to have Dr. Dodson do a tonsillectomy for him. He was first told that they had no room, but after repeated attempts to secure a room and an offer to pay in advance for the room and continued refusals, Mrs. H. W. Wicker who is the local General Secretary of the Y. W. C. A. was led to inquire why her husband was not admitted to the hospital. She was told it was because his physician was an Osteopath.

Mrs. Wicker asked the Superintendent, Mr. E. E. King, if Mr. Wicker could be admitted if Dr. Witt, the president of the Hospital Board so ordered. He said "Yes." Mrs. Wicker then went to Dr. Witt and asked him if Dr. Dodson could operate in the Hospital. He told her that Dr. Dodson could practice surgery in the hospital as he is a graduate from a Regular Medical School but that he must not give any Osteopathic Treatments in the hospital. Mrs. Wicker then requested Dr. Witt to telephone an order to the Superintendent to admit Mr. Wicker and Dr. Witt telephoned the order in the presence of Mrs. Wicker. Mrs. Wicker then went to the hospital to secure the room for her husband and was told by the Superintendent

since she was in Dr. Witt's office that he had talked to Dr. Witt and that they had decided that Dr. Dodson could not operate in the hospital.

Dr. Dodson immediately made arrangements to operate in St. Vincent's Infirmary where he performed the operation February 25th. On March 2nd, Dr. Dodson received the following letter from the Superintendent of the Hospital:

BAPTIST STATE HOSPITAL
Thirteenth and Wolfe
E. E. King,
Superintendent and Secretary
Little Rock, Arkansas.
March 2, 1922.

Dr. C. A. Dodson,
City.

Dear Friend:

Almost record progress is being made, but the faster we build the quicker the money goes.

Help us. Make your check as large as possible. Every cent you send will actually go into the building.

Send it today and thus keep your faith with us and God as we are trying to keep faith with you. Do it now. Not tomorrow or next week. We need the money sorely.

Yours very truly,

BAPTIST STATE HOSPITAL
E. E. KING,
Superintendent.

Dr. Dodson's reply follows:

C. A. Dodson, M.D.
Osteopathic Physician
Little Rock, Ark., March 2, 1922.

Mr. E. E. King,
Superintendent of State Baptist Hospital.
Thirteenth and Wolfe St.,
Little Rock, Ark.

Dear Sir:—

Dr. C. E. Witt, President of your Hospital Board personally solicited my subscription to your hospital. It was made with the express understanding that I would never be prohibited

from practicing in the Baptist State Hospital of Little Rock. Last week after Dr. Witt telephoned an order to the hospital to admit my patient you telephoned me a refusal.

Now I give you a refusal to pay my subscription and I have engaged one of the best law firms in the state to defend me to the court of highest resort.

I had expected to pay my subscription with the fee that I would have received for the operation which you refused to allow me to do in your hospital.

It does not seem very reasonable to me for you to expect me to furnish financial support to your institution when you discredit me before the public as a physician, and my only source of income is from my profession.

Very truly yours

C. A. Dodson.

A copy of Dr. Dodson's letter was shown to the Editor of the Arkansas Medical Journal, who is also the Secretary of the State Medical Society. The editor told Dr. Dodson that he is right.

Although Dr. Dodson has been defending Osteopathy for the past seventeen years, he is still in the fight. If there were more like him, undoubtedly the profession would make greater advancement.

Boy Once Blind, Deaf and Paralyzed Now Claims Most Perfect Spine in America

Dr. M. L. Hartwell, St. Joseph, Mo.

The prize offered by the National League for the Prevention of Spinal Curvature will have one sturdy contestant in the person of Lehman Neil of St. Joseph, Mo. It matters little to Lehman whether he gets the \$500. prize offered by the League for the most perfect back found in any child in America. He has a prize worth

WE ARE TEACHING THE ELECTRONIC REACTIONS OF ABRAMS

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Our laboratories have been especially equipped for the proper teaching of this most amazing and accurate method of diagnosis and treatment which is co-extensive with the field of Osteopathy.

Physicians taking the course are thoroughly drilled in the philosophy and technique of electronic diagnosis and treatment and have the opportunity of studying cases of patients being successfully treated for carcinoma, sarcoma, tuberculosis, strep. infections and other hitherto incurable conditions.

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"Where There Is No Vision the People Perish"

vastly more to him, for he has the perfect use now of his body which was once totally paralyzed. He can hear, see and talk as well as any of his playmates, whereas three and a half years ago these faculties were all useless and the possibility of his ever regaining them seemed almost hopeless.

WAS A NORMAL BABY

Little Lehman was born in Pierce City, Mo., in October, 1914. First three years of his life uneventful. He grew as a normal child should. His parents had little thought of the harm that might come to him in a way altogether undreamed of by them. From the time the baby was weaned, at twelve months, he ate from the family table. The family diet consisted principally of meat, much of it pork. This was unsuited to the child's digestion, as was the fried foods and pastry which was served regularly on the family table. His parents gave little thought to their own diet, and no more to the feeding of their boy. Lehman stood the "grown up diet" seemingly pretty well until a little past three years of age.

The picture shown was taken at three years and certainly no baby boy looks healthier at three. But health was more apparent than real, for at this time the powers of the boy's physical system were taxed to their utmost to digest even a part of the food he was eating and to assimilate the nourishing qualities therefrom which were required for his rapidly developing body. His kidneys and bowels (the natural sewerage and garbage system of his body) were inadequate to carry off the heavy waste materials and residue of undigested food that his system found it impossible to cope with. There was a constantly increasing residue—a storage of waste material in his little body. The waste formed toxins which were poisonous to the delicate nervous system of the child. The poisoning depleted his vitality, the strength of his nerves and his digestion and other func-

tions gradually grew weaker because of waning nerve strength.

Toxins continued to accumulate until one day a muscular spasm developed in little Lehman's body as a result. The poison had so saturated his entire physical system that the body functions ceased completely for a time and gave way to most pronounced cramping and spasm.

A doctor was hastily summoned, but he could give but little relief. The spasms continued, and another doctor was called, but he, like the first availed but little for the child's relief.



Little Lehman Neil at Age of Three

Still another prominent medical physician was summoned by the parents in a frantic effort to save their baby boy whom they saw constantly growing weaker and gradually, one by one, losing the use of his faculties. It was soon found that the third physician understood the case no better than the first two, who had suggested that the spasms might be the result of need for circumcision, or possibly it might be the beginning of Epilepsy—of which the best physicians know but little, other than that those afflicted with it rarely if ever are cured.

If you are intrigued by the various reports on ERA and

Dr. Albert Abrams' New Diagnosis and Therapy

And wish to be further informed we shall be pleased to enter your order for the following publications:

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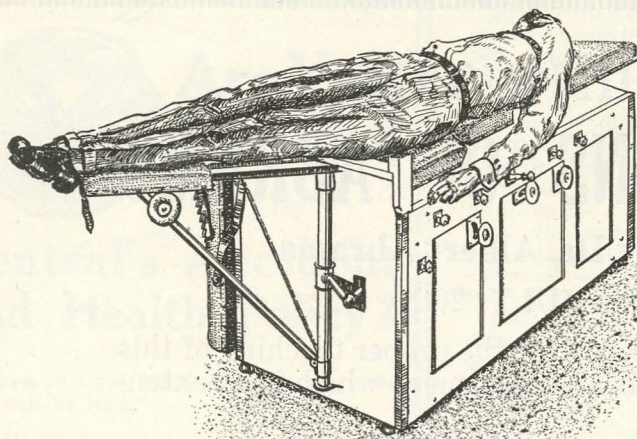
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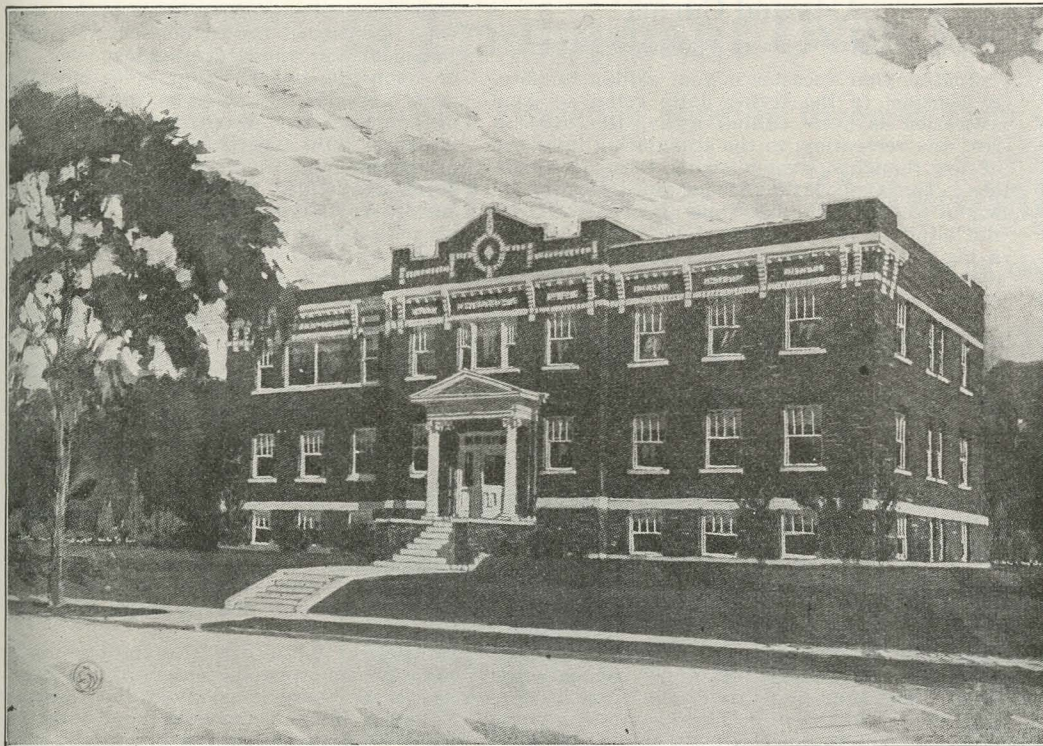
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Kirkville, Missouri



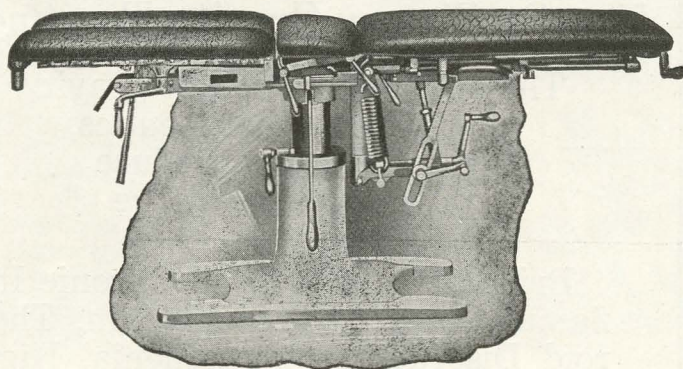
The Laughlin Hospital, Kirkville, Mo.—Dedicated to Andrew Taylor Still

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Osteopathy
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Our hospital has enjoyed a very prosperous, satisfactory second year, with about 40 percent increase of patronage over the previous year. Dr. Hardy has proven to be very capable in the Ear, Nose, Throat and Eye Department. His work is high class and conservative. No effort is made to do things in a spectacular way. Dr. Earl Laughlin and Dr. Bigsby have both proved very valuable in their departments also.

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



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One hundred and twenty-five upper classmen of the American School of Osteopathy have taken our course in "McManis Table Technique" during the past two months. They like our tables! Why? Because the technique is easier and joint motion normalized quicker.

Then again, in our active practice, we find that patients greatly prefer the "McManis Way."

And last, we have over 2,000 satisfied users of McManis Tables in the Field!

WHY? (You answer).

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Kirkville, Missouri, U. S. A.

At this time, when hope had almost disappeared in the hearts of the parents, a friend suggested that Osteopathy be tried. The boy was now completely paralyzed and had lost his sight, hearing and ability to speak. He was even more helpless than a new-born infant as the result of the two hundred and thirty spasms which had so distorted his neck and back that the nerve currents were almost completely arrested in the spinal cord. This was on July 4, 1918. Lehman was taken to the nearest Osteopath who chanced to be Dr. Hastings at Monett, Mo. The Doctor undertook the almost impossible task of readjusting the physical frame work, and especially the distorted spine of the helpless child. By the end of one week of daily treatment his work was rewarded by the ceasing of the spasms, and the child was able to stand with some assistance.

After this the treatment was less frequent but the improvement continued and the child was soon able to run and play again, notwithstanding his nervous system was extremely sensitive and weak. About this time in the fall of 1918, the Neil family moved to St. Joseph and placed the child under the care of Dr. M. L. Hartwell, who continued treating him Osteopathically. Improvement continued steadily as the child's spine was moulded into correct contour, and the restrictions relieved which had prevented the functioning of the nervous system in the child.

During the past year Lehman has been as healthy as the average child of six, and has a good chance for the aforementioned prize.

The Neil family reside at 3024 N. 10 Street. They now have two other Osteopathic babies in the family. A boy of three and a girl of six months, both being exceptionally healthy children. Needless to say the Neil family depend on Osteopathy exclusively, not alone in times of sickness, but they have it to keep them well and physically fit for life's duties.

The AVOCATIONS of OSTEOPATHS

The Collector's Joys in Quest of Arts and Curios

By Dr. Riley D. Moore, Washington, D. C.

Just as your vocation is your calling to office, to bedside, to the trying daily grind so your avocation is your calling away, the urge to rest and recreation, to the stimulating influence of new thoughts, strange sights, ideas all a-bubble. The Osteopath without an avocation is bound to grow mentally stale and physically on the blink in his vocation if he really handles a big practice. Get a hobby of some sort; it doesn't matter much what. You can, for instance, collect hairpins. The variety is endless.

I've had many things to "bug" on in the past; postage stamps, criminology, anthropology, etymology. I am now interested in three hobbies; my best girl and Miss Mouse, a small edition of her mother, are two of them. I'll not tell you about them for I do not want you all to be jealous, but the whole of the day on Wednesdays and Sundays belongs to them. If I am busy enough to fill five ten-hour days I can afford to loaf two days, and if I am not I can crowd all my appointments into five days. Besides I cannot handle all of the practice in this big city alone, so why try? The other thirty brother and sister D.O.'s here must live.

I'm too restless to woo with wiggly worm, the wall-eyed pike or cross-eyed bass, like Dr. Baker (Gosh, I 'most forgot my comma after bass). Dr. Bairstow's trees sound interesting. I knew Dr. Deason was no real sportsman when I saw his picture in *The OP*—there he was, aiming at a poor suicide buck, frozen in the ice! Dr. Bumstead's hobby is a fine one. Proper singing promotes digestion, corrects bad posture,

develops the respiratory organs, raises one's spirits. But I can't sing.

But say, for a real avocation there is nothing like the lure of the antique, the quest of the quaint, the restless, endless search for the rare, the unusual, the beautiful, the art and handiwork of civilized and savage men, of other times and other climes. You learn to see with the close scrutiny of the connoisseur; you pit your judgment and knowledge against owner, dealer or competing buyer. Your pulse quickens and every nerve is taut, yet you wear a poker face or you may pay dearly for the much sought treasure. You experience the exciting suspense of the gambler till the prize is yours; then the stimulating thrill of the winner on the ponies as you carry your find away. You tread on air with a song in your heart as you carry away a pair of Kanghsi vases bought for one-fortieth of their value. You chuckle in your sleeve when you buy as an "Indian scraper" a fine old jade circumcision knife, and for the vast sum of fifty cents!

The collector of art objects must keep mentally alert. There's a picture. Who painted it? Copy? Well done? Here's an Indian blanket or an Oriental rug. Antique or modern? Native dyes or aniline? Doctored? A piece of metal work. Whence came it? A Japanese print. Old or reproduction? Do you remember the name of the artist by the peculiar bird tracks he used for a signature? A netsuke, real or fake? Are the worm-holes in that piece of furniture worm-made or man-made? Is that thing elephant or walrus ivory or a celluloid imitation?

No siree! for mental stimulation, broadening the education, training observation and *keeping you broke* there is no avocation equal to the collecting of man's artistic handiwork through which he strives to express his deepest emotions, the innermost yearnings of his soul, or the greatest beauty and utility in some implement useful in his daily occupation.

Case Report

DROPPED STOMACH

Man of 38 with a dropped stomach, mucous gastritis, chronic appendicitis, vomiting at meals, *was cured in four months* by Osteopathy and the Gravitiser.

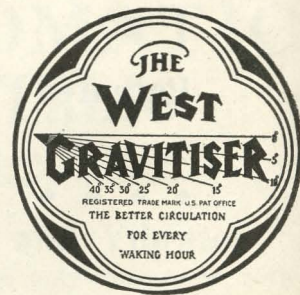
X-Ray showed gastroptosis and an elongated and misplaced appendix, affixed to the fourth lumbar vertebra.

His indigestions were controlled by the sixth day, vomiting reduced to only an occasional recurrence and all abdominal pain relieved by the twelfth day.

The Oscillatory-Gravity Treatment

The only application of gravity now used in therapeutics, which **does not produce** intracranial pressure

Brilliant results in all Chronic Inflammations, Abdominal pain, Thyroid Disorders, Neurasthenia, High and Low Blood Pressures, Cardiac Neuroses and during Gestation and the Menopause.



The Gravitiser is widely known and recommended by leading New York physicians and applies in all cases, irrespective of high or low blood pressure or cerebral plethora, up to the incapacity of the patient.

"Fluid Pressures of the Brain and Cord" is now in the mails. Free to all members of the AOA.

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“Where There Is No Vision the People Perish”

Not by the Clock

Here I would like to suggest that you get some one to write a brochure including in it the fact that we do not treat by the clock. We have two D.O.'s here who treat from 15 to 30 minutes and the laity think that the rest of us are not giving our moneys worth because we are giving a lot shorter treatments. I do not think Van Brakle put enough stress on the time it takes for a treatment and why some cases take more time than others. I can't do it myself but know some of you can give it to the laity better than he does in this January number.—*Elizabeth E. Smith, D.O., Asheville, North Carolina.*

Correct Diagnosis in Acute Diseases

I want to emphasize correct diagnosis in acute diseases. Also, treat every acute disease as though it was serious until you are sure. I had invited my sister and four beautiful children to spend Thanksgiving with me. I was crazy to see her baby twin boys but the last minute a telegram came saying a little girl was

sick and that she could not come. The Dr. was called and the case diagnosed as tonsillitis. The child did not improve but lay in a stupor for days then about two weeks ago an abcess in the middle ear broke and she slowly improved. Christmas night I got a telegram saying that one of the twins was very bad and asking me to come. The little fellow was gone when my father and I got there.

Case diagnosed pneumonia and diphtheria at the last. Antitoxin given Sunday night but too late the M. D. said. Sister had called the Dr. early on account of the child having a rash, yet he did not understand the rash. I took the little girl in hand and a week's treatment put her on her feet. Sister had a sore throat the night Bobbie died but said nothing about it. After the funeral I put her to bed and treated her and kept her warm and the next day she showed a typical case of scarlet fever. I stayed with her till the temperature was down and she was out of danger. I think those doctors know now what the children had but too late to save the child and the parents a lot of grief. The one doctor called in was the health officer.—*Florence J. Barrows, D.O., Lawrence, Kan.*

The Chicago College of Osteopathy

5200-5250 Ellis Avenue, Chicago

The Summer Quarter begins June 19, 1922
The Autumn Quarter begins September 23, 1922

The Winter Quarter begins January 2, 1923
The Spring Quarter begins March 23, 1923

Each quarter is twelve weeks in length.

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

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

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

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

For the right kind of a course in Osteopathy extensive clinical facilities are needed.

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

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

For further information, address:

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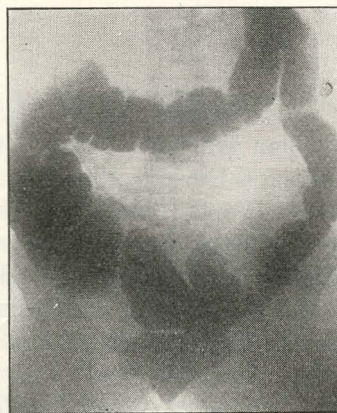
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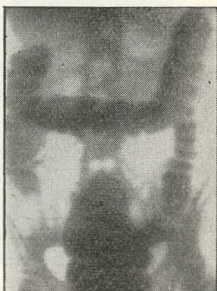
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Dr. Gertrude Clements, Forth Worth, Texas
Dr. Elmer R. Williams, Rock Rapids, Iowa
SECOND ROW—Dr. Arthur Brese, Hilliard, Ohio
Dr. J. V. McManis and Dr. Lulu F. McManis, Instructors
Dr. P. C. VanderVoort, Harveysburg, Ohio

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

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



This is the first class of Osteopaths to take

NEW CLASS STA

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

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

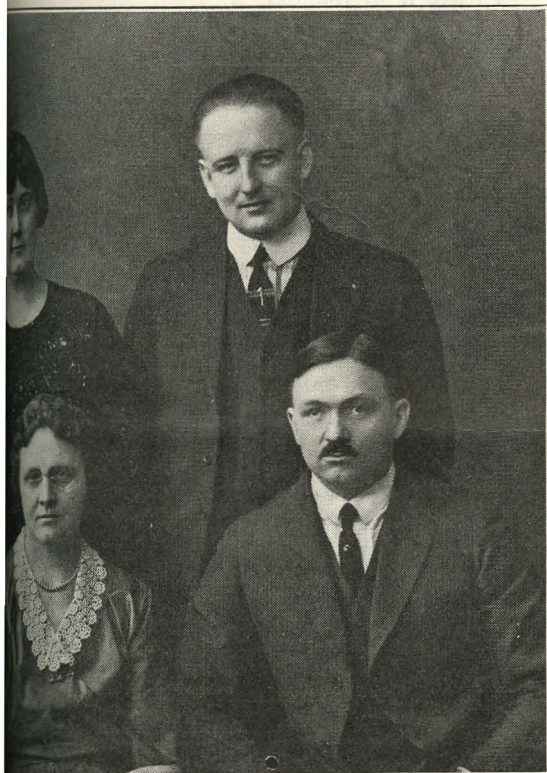
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ADDRESS A

Manis Physico-Clinical Laboratory

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 the Electronic Reactions of Abrams makes the most effective method of
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AUGUST FIRST

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

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

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

TRIES TO

KIRKSVILLE, MISSOURI

The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month by THE BUNTING PUBLICATIONS, INC., Waukegan, Ill. Edited by HSB and the Committee of 500 of the Profession. Subscription Price \$3.00 per annum. Advertising Rates on Application. Copyright, 1922, by The Bunting Publications, Inc.

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XLI June, 1922 No. 6

FINGER SURGERY vs. FINGER TECHNIC

In another section of this paper are two interesting contributions by Dr. J. D. Edwards and Dr. J. Deason, taking opposite sides in the "Finger Surgery vs. Finger Technic" discussion which began several issues ago.

You are invited to take part in this controversy, too. What are your views on the matter? What side do you take? Why?

It is our desire to see this controversy become a good, clean, healthy controversy; let the matter be thrashed out thoroughly by the master minds of the Profession for the good of the Profession and Osteopathy.

It is only required of contributions, that they may receive consideration for publication, that they be *scientifically correct, non egotistic, free of personalities*, in a word—let all who enter the controversy enter as true sportsmen and—let the better side win!

Should the Osteopath Want the M.D. Degree?

Emphatically no. A few years ago I wrote an article for the A.O.A. Journal giving ten reasons why an Osteopathic School should teach materia-medica and confer the M.D. degree. After years of experience in the field of practice I take the opposite side of the question. Why? Because it makes him neither fish nor fowl. No matter how good an Osteopath you are, or how much you do for Osteopathy, if you have an M.D. degree you are ostracised from Osteopathic circles. You are looked upon with suspicion by the "simon pure, ten fingered" Osteopaths. They won't have anything to do with you. They will go to a straight M.D. first. On the other hand, the M.D.'s cut you cold. The fact that you practice Osteopathy is an unforgivable offense in their eyes and you are branded a faker and a quack by the M.D.'s, and you get no favors but good hard raps from them. Of course, you might get away with an M.D. degree if you are a Professor in some College, but out in the field or practice you are taboo. To explain the psychology of this condition of affairs is rather difficult. To say it is due to jealousy seems rather narrow. There must be something deeper and broader. There is something sacred about ancient established religions that clings like the moss of antiquity. In like manner a halo of sacredness seems to have grown around the different schools of practice. No matter how desirable it may be to enlarge your field of knowledge in different methods of healing, nor what benefits may fall to suffering humanity by utilizing the different methods, if you want to have any standing or prestige you will have to profess and practice Christian Science straight, Medicine straight, Osteopathy straight, etc. When you go outside of the different Schools and take the

attitude of the public into consideration, you will find they are as biased and prejudiced in favor of, or against, the different schools as the profession. The public always takes sides, often without rhyme or reason, and if they get it into their heads they want Osteopathy, Medicine, Christian Science or what-not, they want it straight. The profession passes it along to them that the different methods won't MIX, and each is fighting to maintain his method as the only correct one. So, until there is a vast change made in teaching therapeutics an Osteopath has no use for an M.D. degree.—Don C. McCowan, R.N., D.O., M.D., D.C., Independence, Kan.

How the Trenton, N. J., Osteopaths Get Newspaper Support

Robert H. Conover, D.O.

If we have a system in Trenton, it is none other than the recognition of the facts which The OP has tried to drive home for years. To begin, we have five D.O.'s with a keen perception of Osteopathy, working together for Osteopathy's advancement. Perhaps our position is unique in that all are graduates of A.O.A., three are natives of Kirksville or its vicinity; and every one is willing to admit that every other one is the best Osteopath in the world. From which you will gather that we have co-operation.

When the Society for the Advancement of Osteopathy began to print their ads in the A.O.A. Journal, we decided to use them in the Sunday edition of our evening paper, and a contract for fifty-two issues was signed. We asked for preferred space and got it by *paying for it*. Since the success of any project demands a head, the job of attending to the details was allotted to me, and let me emphasize that it is better to delegate these duties to one person rather than have confusion from a number pestering the newspaper men.

With our signed contract as my visiting card, I called upon the city editor and briefly outlined the objects of our campaign, emphasizing the fact that our ads would be primarily educational; and that we had forsaken the *obsolete idea that advertising was ethical only as long as it was free*. Then I handed him a typewriter resume of the points which I had made during our conversation, and asked if he could make any use of them. My reception was most cordial. Part of the results you see in the article I sent you a few days ago, and I enclose another item which appeared in an earlier issue. The part in the blue-pencilled brackets is the resume which I handed to the editor. In addition to these articles this paper carried the full write-up sent out by the press bureau concerning the meeting of the Eastern Osteopathic Association held in Atlantic City, April 28-29.

If there is a system in our work it is one that any person or organization may follow. To summarize:

First of all *co-operate, get together and stay together*. Appoint some one member who is willing to work, as the chairman of advertising or publicity if you prefer that term. His duties will be to see that copy reaches the publishers in time, and to collect each member's share of the bills and pay the publishers, and above all pay these bills promptly. Remember that newspaper publishers are human, and when there are favors to be passed around the advertiser with a backing of promptly paid bills will get his

Communications or news matter intended for publication in The OP ought to be, if possible, *type-written and double spaced*, so as to make possible editorial revision between lines without recopying.

—Editor

share. Cultivate the acquaintance of your editor, and remember he is a he-man with the interests of his paper at heart. If you have anything of real news-value hand it to him. If you are in doubt as to the news-value of any article hand it to him anyway, he has a nose for news, and if it's any good, will use it. If he happens to reject some pet article of yours, don't get sore and tell him "where to get off." Reciprocity is the watchword and he will reciprocate with you if you deserve it.

In addition to the editor, don't forget the reporters. If you are so situated that your state society meets in your town occasionally, or if you have a local society, ask your editor to send a reporter. If you have a feed invite him, and treat him like a "regular feller." Don't be afraid he will spill something to your disadvantage in his paper. That's not his business. We have followed that policy and it pays. I have saved clippings and find that during the Fall and Winter of '20 and '21 there appeared in local papers, eighty-seven inches of free publicity. Is a little effort worth while? I leave it to you.

In closing, let me emphasize again—*Co-operate*.

Osteopathy IS Medicine

The Supreme Courts of several states at least have ruled that Osteopathy is Medicine and according to Dorland's Medical Dictionary, "Medicine is the art or science of healing diseases." It is noticeable that both in talking before professional gatherings and in writing in osteopathic magazine members of our profession, quite generally use the words "Medicine" and "Osteopathy" as though the two were in direct opposition. When referring to the two dominant schools of drug therapy *Homeopathy* and *Allopathy* are used. Osteopathy is the third of the three most influential schools of Medicine and the most scientific of the three. So why not keep it in its proper place as a distinct and separate school of Medicine—the art or science of healing diseases—rather than as a rank outsider? By referring to the drug schools as *Regular Medicine, The Old School* or by their individual names of *Homeopathy* or *Allopathy* it can not but help to impress, to some extent, upon the mind of the public that *Osteopathy is Medicine* and only differs from other schools principally in its therapeutic application.—C. S. Parsons, D.O., Hyannis, Mass.

What Do They Think an Osteopath Is in Connecticut?

A man named William J. Arthur of Wallingford, Conn., died of blood poisoning as the result of injury to his hand received in his trade. He had diabetes which probably acted to hasten the end. The Manufacturers Liability Insurance Company in which the decedent was insured set up a contention in court that the diabetic factor really killed the man who otherwise would have gotten well. It claimed that about 95 percent of the death was due to the diabetes and only about 5 per cent to the hand injury. The attorney for the widow argued that death was a fact and could not be "apportioned." The commissioner held the same view and denied motion to correct the finding and award which was for \$5,000 for the widow.

But while allowing all of a certain medical man's bills the commissioner refused to allow those contracted with an osteopath, holding that he was not a physician in the meaning of the law which specifically stated that a doctor's fees might be allowed!

The Superior Court has yet to pass on the main case.

Our Connecticut osteopaths evidently still have some educative work cut out for them before the people and court machinery will understand what an osteopath is.

Speaking of Monkey Glands

Wm. S. Settle, D.O., Peterborough, Ont., Canada

THE MORE one looks over.
 * * *
 AND CONSIDERS this.
 * * *
 PROPOSITION OF the transplantation.
 * * *
 OF MONKEY glands.
 * * *
 OR OTHER glands and sich.
 * * *
 IT UNFOLDS to us.
 * * *
 A MENTAL vision.
 * * *
 OF WONDERFUL vistas.
 * * *
 WHEREIN THERE lies.
 * * *
 A MOST seductive charm.
 * * *
 AND ENGAGING allure.
 * * *
 WHY NOT trade that.
 * * *
 POOR OLD worn out stomach.
 * * *
 FOR THE vigorous young stomach.
 * * *
 OF A yearling ostrich.
 * * *
 AND LIVE forever more.
 * * *
 IN A glutton's paradise.
 * * *
 INDULGING IN any sort.
 * * *
 OF GASTRIC gorge.
 * * *
 WITHOUT A single fear.
 * * *
 OF ANY kick back.
 * * *
 FROM OUR poor old tummy.
 * * *
 OR WE could trade.
 * * *
 OUR LIVER.
 * * *
 FOR A bit of the incipient.
 * * *
 PATE de foi gras.
 * * *
 OF THE goose.
 * * *
 THAT LAYS the golden egg.
 * * *
 AND ACQUIRE thereby.
 * * *
 SOMEWHAT OF that Midas touch.
 * * *
 THAT TRANSMUTES all things.
 * * *
 TOUCHED TO purest gold.
 * * *
 OR A poor Weary Willie.
 * * *
 MIGHT SWAP for the kidney.
 * * *
 OF SOME Bob.
 * * *
 SON OF Battle.
 * * *
 AND FORTHWITH become.
 * * *
 A CREATURE of a very.
 * * *
 DIFFERENT KIDNEY.
 * * *
 AND PERHAPS cease to be.
 * * *
 ANY LONGER a poor homeless.
 * * *
 DESPISED MUTT.
 * * *
 I SAY the idea.

Some Patients I Have Known

IX

"I'm Sure It's a Cancer"

John Barr, D.O.

Miss Sylvia Driggs was forty-three at the time the first doctors were trying to use the X-Ray as a means of diagnosis. Upon hearing that they could even find cancers of the stomach with this marvelous means, she immediately decided that the long years of stomach trouble which she had doctored so persistently with patent medicine must be leading up to the dreaded cancer.

She went to New York City and spent a week letting the doctors look through her. All she got for her pains was a beautiful X-Ray burn or dermatitis, for in those days they had not yet learned the limits of this new diagnostic arm and so they reached too far with it.

Sylvia Driggs never did boast of very good health although she did do a good deal of talking about her poor health and so, every time a new doctor came to town, she let him practice on her to see what he could discover. They all discovered something but never did they land on the one thing she desired.

Years before she had had a love affair that turned out dismally for her and, having had none since, she had gradually decided that she was cut out to be some sort of a martyr. One day she read in the paper some statistics which showed how many more people were dying of cancer from year to year. The thought turned in on her and from that time forth she had a mental tumor.

Unfortunately, she could find no doctor who would discover for her the physical counterpart of that mental growth. She even tried the local Osteopath and was delighted when he found for her a lump on her spine. She had heard that people occasionally had cancers of the spine and she decided that this must be one of those. Sad to relate, her D.O. had to tell her that carcinoma of the spine was

invariably secondary to a similar growth in some other part of the body and so that put her right back where she was before she went to him for she simply could not develop sign or symptom of one any where else.

The years went by and in her neighborhood she became known as the cancer expert. She kept tabs upon every case within twenty miles and read up on all the latest statistics. But as far as she was concerned, it all went for naught. She began to shrivel up and it looked as though she would die of nothing more romantic than denied desires.

About this time something happened to her and she never thought of the dreaded truth. She began to take on abdominal weight. She tried to hide her condition by corrective dressing, and finally, when that would no longer do, she went in desperation to her family physician. He would tell her nothing but advised her to see a prominent surgeon whom he mentioned.

Now thoroughly frightened, she felt certain that her awful hope had at last come true and with its coming she wished mightily that it were not to be so.

She at last worked up her courage and went to the surgeon to hear her doom. When he had finished, she asked him faintly, if there was any hope for her.

"Oh yes," he replied, "a comparatively simple operation will put you in shape for many added years of life."

"But doctor, don't try to encourage me, I have read about how little surgery can do for cancers when they have advanced as far as this."

"Who said anything about a cancer?" answered the surgeon as he smiled at her. "You have nothing more nor less than eight or nine pounds of fibroid."

HAS a charm.
 * * *
 AND AN infinite allure.
 * * *
 THAT FRENCHMAN has.
 * * *
 SURE STARTED something.

California Asks for an Osteopathic Board

California Osteopaths, for the first time in the history of the state, are resorting to initiative to get what they want. Having failed to have an impartial medical law administered by a composite Board of Health that was 8/10 M.D. and 2/10 Osteopathic, and having failed to get an osteopathic bill through the California legislature at its last session, the profession is now going before the people at the election in November to get their decision for the creation of an osteopathic board to administer the present medical act (passed in 1913). The law is not a bad law if fairly administered, the profession feels satisfied to continue with this law if it can get its own board to administer it. It would give us the same standard as the medics. We need 410,000 votes; we want to make it 600,000.—J. Marshall Phillipps, D.O., Hollywood, Col.

Easy to Treat 50 Patients a Day

You will be pleased to know that our new Health Home Osteopathic Sanitarium is meeting with wonderful success. In fact we shall be filled up already if only a few of those who are planning to come actually get here. We have had letters from different parts of the province including Edmonton and even chiros in Medicine Hat are offering us their hearty support and are sending us patients. I believe that Osteopaths in every town should have such an institution. I have been agitating it for many years but you know when one is associated with other Osteopaths one likes to have all see alike before going ahead and doing anything. Surely the time has come for every individual Osteopath to take a definite stand in this matter and—as I have been reading in *The OP*—do all he can to push Osteopathy to the front and make it render the greatest possible service to suffering humanity. I have always enjoyed a heavy office practice and like Dr. Millard of Toronto, if I treat less than 20 or 30 patients a day I think I am not doing much. I have treated as high as 56 patients a day and did it easily.—M. E. Church, D.O., Calgary, Canada.

EFFICIENCY in PRACTICE MANAGEMENT

The Efficient Osteopath

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

The Psychology of Starting Patients Right

I.

It has been said, "Well begun is half done." The heading of this chapter is one of extreme importance not only for the doctor, but for the welfare of the patient. Many a patient with some ordinary ailment, needing sympathy and encouragement as much or more than medication or manipulation, has failed to get relief because he was not started right.

Recently a friend of mine was called out to see a mother, following office hours. He started to make the call and arrived just in the midst of a family fuss. The patient was so upset by the psychological conditions that were prevailing in the home at that time, that she did not want to see the doctor, would not take a treatment, would not do anything. She needed care, desired care enough that the appointment was made for the call, and yet a situation existed in the family purely psychological, that spoiled the patient's mind in a way that she did not even get started.

It only requires a small irritation, slight neglect, a mistake in judgment or a failure to recognize a sympathetic element required in starting a patient to completely destroy harmonious relations to the extent that a patient may not begin treatment. If he does, he may not get along well because of the bad start.

The Mayo Brothers of Rochester, Minnesota, have a system of handling people and rendering a service that has impressed them and their work on the whole world. They are known wherever civilization exists. Here is a small town in an out of the way part of the country where you would ordinarily expect to find doctors behind the times and rusted out so far as method, skill and ability are concerned. They are able to do things and have done things that no one dreamed could be done. A large part of this has been brought about through the psychology of starting patients right. Of course we know that the Mayos with their corps of assistants are able to do good work and have a very high average of skill. This, however, is not all of the process by any means; it is their understanding of humanity, understanding of patient and being able to meet their requirements from the standpoint of psychology.

A PATIENT ENTERS

When a patient comes to your office, it being for the first time, of course he is rather uncertain as to whether he is going to the right doctor or not. Someone has recommended you, spoken highly of you, and he thinks perhaps this is the place for him to go. Still, he is on the fence. He is wondering just what is going to happen.

This is true of a large percentage of your practice as an Osteopath. This does not refer to your acute work, obstetrical work, and calls out, which is only a small percentage of your practice unless you are specializing on some of these particular lines.

The bulk of your cases come to your office. The patient steps in with a state of doubt in his mind. He does not know whether you are the doctor he wants or whether it is an Osteopath he wants. He has heard a little about Osteopathy from his friends, or has received some of the educational literature. He comes in largely to investigate. He may be sick, but in many instances he is in the office more to investigate and find out about the doctor than

to find out about his ailment. If he is properly impressed with the doctor, then he will take more interest in presenting his ailment.

He is ready to drop one way or the other, out of your hands and away from Osteopathy, or come your way as your patient and be a power in building up your practice. That is what you have to meet with patients who have never gone to an Osteopath before. The rank and file of humanity in this country have never had an osteopathic treatment.

Your problem then is to deal with that person on an efficient psychological basis. Your personality enters in, your office has its effect, your science in its appeal to reason, and your ability to give what the patient needs, contributes to the whole impression that the patient gets. This has much to do with your highest success. You may succeed with a lot of faults, but you succeed in spite of them and not because you have them.

THE IMMEDIATE CONNECTION

The patient should have a connection with your office at once on stepping in. Your office secretary will furnish just the link that is needed at the psychological moment.

I am assuming that you have a secretary. If you have not, you should get one immediately. That secretary, as a general rule, should not be one of your immediate family. One of your immediate family will expect too many liberties and is quite liable to take them. Since she belongs to the family, she thinks it does not matter about being on time, regularity, alertness, and does not regard the position as any kind of a career worthwhile. The general psychology is wrong.

The secretary that has been trained will at once speak to the patient kindly so that the patient is immediately put at ease, and is impressed with the idea that he is welcome and almost as if he were expected. This is the first vital connection which the patient makes with the office.

THE SECRETARY

Every doctor can afford to support at least one secretary better than he can afford not to. I mean a real secretary, one that will take an

interest in the business. As a general rule, the secretary should be young, I would say below thirty years of age. The young secretary will fill the bill, as she is alert and can be trained better than one who is of middle age, even though the secretary who is older may have had more experience.

Of course the secretary should have a good disposition, control of her temper, be master of her emotions, should like people, should be interested in her work, should take satisfaction in seeing people relieved of suffering. She should dress herself nicely, not gaudily, and have a real pride in her work and in her appearance. She should be able to see the good in people and things, be optimistic, with a strong desire to help in every way possible. All these things will help to get the patient started in right.

THE OFFICE

There should be a good reception room with substantial furniture, clean rugs not badly worn, so that the general appearance of things is inviting. Nothing should be out of harmony in a way to affect the patient disagreeably.

We now have a setting in which the patient enters that will contribute to his well being. The harmony of the office and immediate attention given by the secretary have a bearing upon the meeting between doctor and patient which is soon to follow.

No doubt you have stepped into a department store where the clerks were loitering about the back of the room talking with each other and not seeming to care whether you bought anything or not. If you were in a hurry and the clerks seemed indifferent, you probably walked out without purchasing because you did not get proper attention when you went in. It is just the same with your office. A secretary should not only speak to the patient kindly, but she should say something about the doctor, either that he is in or out or will see him in a few minutes.

If the doctor is out, the secretary should make an appointment with the patient, thus connecting him with the office. The patient should be properly impressed when he comes in that he is going to get attention, that the doctor and those representing the doctor are not indifferent. Indifference should not exist in a good doctor's office if the secretary is properly trained.

(To Be Continued)

Little Stories of the Clinic

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

Story No. 41

A year and a half ago I found a tumor behind the inner end of Mrs. W's right clavicle and the outer side of the upper end of the sternum. Mrs. W. is married and the mother of adult children. The upper edge of the tumor projected above the clavicle and sternum. Mrs. W. called the tumor a goitre. I relieved some impactions in the lower cervical and upper dorsal vertebrae. I also worked my fingers under the tumor and elevated it as much as I could. During the treatment the lower edge of the tumor could be elevated above the upper edge of clavicle and sternum. The tumor was cylindrical in shape, over an inch long and about one-half inch in diameter. After about fifteen treatments the tumor almost entirely disappeared and Mrs. W. had better health, with more energy and vigor. She had no bulging of the eyes, and no tachycardia. Within the last two weeks she has again come for treatment, feeling loss of energy and depression. I have found the tumor reappearing again in its former location.

Story No. 42

Mrs. C. lives in Palisade, Colorado, and I have frequently had an office in her home. She is sixty-two years old, and she and her husband are two of the most enthusiastic osteopathic fans in the whole country. Other Osteopaths and myself have pulled both of them out of many a bad hole. I think I have already written two little stories about Mrs. C. She had terrific impactions of the bowels and a severe mucous colitis. My colon dilators relieved her entirely. She had had a bronchial cough for thirty years, with rales, and morning expectoration, and the laryngeal technique worked wonders so you could hear no rales, and the cough with expectoration was gone. But still she was a long way from being well. She was listless. Had but little endurance. My treatments lessened a severe insomnia, but failed to prevent much sleeplessness. She was quite emaciated; and she had a choking sensation, and could sleep only when lying on her face. Her skin was colorless. About four months ago she and her husband went to Albuquerque, New Mexico, to

take treatments of a Dr. Morse, a chiropractor. This chiropractor once had lived in Palisade, and I had often heard of astonishing results accomplished by his skill. He fights the ten finger chiropractors and is a great student of the healing art.

When Mrs. C. returned from Albuquerque she had an astonishing story to tell. She looked better than at any time I had ever known her. She had increased fifteen pounds in weight. She could sleep all night and in any position she chose, and the horrible choking sensation was gone. She had good color to her skin. Especially noticeable was the bright, red color in the lower lobes of the ear, which before were colorless. Her endurance was increased greatly.

Mrs. C. told me that Dr. Morse found a "lump" below the upper end of the breast bone. Before his examination this "lump" could not be seen, neither could one feel of it above the breast bone. She said Dr. Morse had extraordinarily long fingers and that he inserted two fingers down her throat and got a grip on that "lump" and pulled it up until her husband could see it above the breast bone. He manipulated this "lump" and gave it electricity for four weeks and it completely disappeared. She said Dr. Morse called this "lump" a goitre, and that he declared that, though her heart was not yet affected, it soon would be and the goitre would be the cause of her death. He said her eyeballs were retracted instead of bulging, and he used vacuum cups to pull them forward. Mrs. C. tells only what she believes to be the

truth. She knew that I would be glad to have a chiropractor bring her health, if I was unable to do so myself. She said while she was in Albuquerque she was personally familiar with two other cases where Dr. Morse found a "lump" similar to her own, and where there was bulging of the eyeballs. Both of these cases had baffled other physicians, and both were in desperate state of health. He had almost cured one of these cases, and the other was starting on the road to recovery when Mrs. C. left Albuquerque.

COMMENT No. 1

Correspondence solicited. Is ptosis of the thyroid gland a common occurrence? Could tumors as above described be goitres?

COMMENT No. 2

Some Osteopaths assert that no chiropractor ever has or ever can discover anything new. This seems contrary to my own experience, and I think it would be contrary to the experience of other Osteopaths with ears to listen to successful treatment by some chiropractor after an Osteopath had failed. Chiropractors are recruited from American citizens. Some are college graduates. A few are students and well educated men. They all are aroused as to the dangers of the great drug superstition. When they come into a hand to hand struggle with disease, it is inevitable that some of them will be able to discover some germs of truth not previously discovered by any Osteopath. The field of discovery is limitless.

with great avidity and its beneficial effects were quickly evident. They were soon able to eat grated carrot, and later thin slices of carrot and lettuce. On the latter diet, combined with whole milk, they soon regained weight and appeared nearly normal. They were then again placed on a diet of rolled oats and fat-free milk, the green food being reduced to the lowest possible quantity. In some cases McCullom's salt mixture, or Mendel and Osborn's, or calcium lactate was added to the diet, although the milk furnished a sufficient amount of inorganic constituents. Agar-agar was also added in some cases for the effect upon the intestinal tract. By observing the animals, and by the use of such diets, we could keep the animals for a protracted period in any state desired. In this manner we produced a very marked loosening of the teeth, together with an extensive absorption of the alveolar process. If the effect was brought about slowly and continued for about four months it resembled the alveolar absorption of senility. If it was brought about with more rapidity and severity the appearance was more like carious bone. The condition closely simulates the various forms of pyorrhea alveolaris. The gums bled, and in some instances a copious flow of pus occurred.

The teeth, particularly in young guinea-pigs, are regularly decalcified. A distinct bending of the teeth is seen; in fact, they can be bent with the fingers and a sharp instrument will penetrate them with ease. In brushing the bones with a soft brush, in the process of cleaning specimens, large portions of the teeth are often removed. The tips of the teeth seem to soften first. Distinct cavity formation appears in some cases. This seems to be true caries.

Many irregular arrangements of the teeth were brought about. In one animal the lower teeth became carious and broke off. The upper incisors also became carious and broke or rubbed off. All the teeth were affected and softened greatly. The lower jaw from the incisors to the molars became decalcified. The animal had to be fed with the medicine dropper. By careful attention he was gradually restored so that he was able to eat properly. The lower teeth grew out and were fixed in a position in which they were exactly crossed. We had effected decalcification and a subsequent calcification. Later the animal was again placed on the deficient diet, with the formation of large carious areas in his jaws. In this connection it is to be remembered that the guinea-pig is a rodent, and that under certain conditions its teeth will continue to grow.

In a number of other cases the lower teeth became decalcified, elongated, and bent to such a degree that the lower first molars touched each other entirely across the jaw. Irregular arrangements of the molars are very common. The upper molars of one animal were bent outward at about right angles upon one side of his jaw, while upon the other side the palatal surfaces of the molars were gone. Opposite them on the lower jaw the buccal side of the molars were gone.

Other decalcified areas occur in the maxillary bones and in the bones of the head. In some cases such areas are found at the base of the teeth, the carious process extending entirely through the lower jaw, or at the base of the upper molars within the orbital cavity. Decalcification is often found about the anterior palatal foramen extending posteriorly to the teeth. Carious areas are found along the side of the jaw, and in some cases the entire jaw has been affected. The ribs and the leg bones also marked alteration, although we have particularly observed effects upon the teeth and jaws.

We have been able to mark the enamel by alternating deficient and normal diets.

The usual joint affectations occur in a marked degree. When this condition has been maintained for a long time, and the animal is then

Talks to Osteopaths by a Dentist

Some Opinions Regarding Devitalized Teeth

M. D. K. Bremner, D.D.S., Chicago, Editor of "Dental Facts"

Outside of the fact that the therapeutic value of medicines in the treatment of disease has yet to be proven, one of the principal objections to the administration of drugs is that once a medicinal agent enters into the human system, no one is able to tell just what happens to it when it becomes mixed with the different secretions and fluids of the body, or what other actions it has besides those ascribed to it, or what harmful effect may be produced upon organs and tissues remote from the particular organ whose function the drug is supposed to correct.

If this is true, how much more so then when organic substances, that are known to be poisonous but whose potency has never been tested, are taken into the body in unmeasured doses. Certainly not even the most extreme drug feeding allopath would be guilty of handling his medicines in such a manner and yet any patient who has pyorrhea or several apical infections must be absorbing toxic products into his system, both the quantity and strength of which are absolutely unknown. In reality this is no different than if he took some organic poison such as atropin, strychnine, or belladonna, out of a bottle. Indeed these drugs when administered are at least limited to doses of 1-125 or 1-60 of a grain, while the toxins absorbed from a single tooth root may be many times that amount.

Of course osteopathic treatment, inasmuch as it helps the production of anti-bodies in the system, will be of material benefit in numerous cases of focal infection, but in many instances the natural reaction of the system to toxins will already have produced all the defensive agents within the capability of that particular individual. Therefore further stimulation can make only very slight impression upon that patient's health. Hence one of the reasons why every Osteopathic Physician should pay greater attention to oral conditions.

A report of some rather interesting work on the problems of diet in relation to tooth disease has been published recently by Dr. Percy B. Howe of Boston in The Journal of the National Dental Association.

Dr. Howe relates that he fed some guinea pigs large quantities of sugars and starches, resulting in the development of an acid forming fluid in the mouth. He even fed micro-organisms isolated from tooth caries, and there was a constant growth of those organisms present in the mouth of the animals, yet at the end of six months and even one year there was no sign of decay. When, however, he began to feed a diet deficient in vitamins the results obtained upon the teeth were very marked, nor were the effects limited to the dental structures alone but could be noticed on the skull and other bones of the body.

Whether or not these experiments are conclusive, they are extremely interesting. I am therefore going to abstract a large part of Dr. Howe's paper to which I am sure my readers will have no objections.

"The majority of our guinea-pigs were fed a simple diet of rolled oats and fat-free milk. They received about 25 c.c. of the milk daily and all the rolled oats that they would eat, with a very small piece of carrot and a small leaf of lettuce every other day or every third day. The animals were carefully watched, and when difficulty in the use of their legs was manifest, or difficulty in eating observed, the amount of green food was increased. This was necessary in order to prevent death, which at this stage ensues rapidly. Our object was to produce a chronic condition in which the lime would be slowly removed from the bony structure. Thus our experiments extended over periods of from three months to a year. When the onset of the symptoms was so rapid that the animals were unable to eat green foods we fed them orange juice from a medicine dropper. They took this

EXPERIENCE TEACHES

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THE WESTERN OSTEOPATH

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

restored to a normal diet, it is found that the legs have become fixed in an abnormal position. This seems to us to be more like rheumatism or arthritis deformans than many experimental conditions that have been called such.

Nervous symptoms are very pronounced at one stage of this feeding. Our efforts to mark the teeth during pregnancy have not been successful, the young being born dead or too prematurely to live. The inhibitory effect upon growth is very noticeable. The tendency to certain infections is evident. Abscesses form about the teeth. Lung and bronchial troubles are present. It is the ability to produce decalcified areas in the bones of the head and in the teeth, and to effect recalcification by diet that is one of the most striking things in these experiments.

Modern diets are often deficient in vitamins: the fat in our city milk is low; our grains are deprived of their germs in the milling process; it is difficult to obtain fresh foods on account of transportation. Yet these are essential for good teeth. Mother's milk at first (and this must contain the proper elements), whole milk, butter, eggs for the fat soluble vitamins, together with the proper vegetables and green leafy foods, whole wheat as distinct from the degerminized flour, principally for the water soluble vitamins, although this substance is widely distributed in nature, and fruit juices for their antiscorbutic properties, are food accessory factors that cannot be overlooked if we wish sound teeth. Tooth destruction is one of the first signs of lack of vitamins in the diet.

Increase of Cerebro-Spinal Fluid

I read last month that the cerebro-spinal fluid in a fracture of the occiput was found to be formed at the rate of 200 C. C. per 24 hours; while 80 C. C. is known to be the physiological normal. This represents extreme traumatic shock, of course. But it also indicates its pathological potentialities from the lesser causes—emotional excess, fatigue, alcohol, exposure, insufficient sleep, indigestion, constipation and other daily factors, which impair the body's vitality, lower efficiencies, produce nervousness and mental irritabilities, even when it doesn't make the patient acutely sick, as in headaches, vertigo, acute indigestion, tachycardia, and biliousness.—William West, D.O., New York.

The Eastern Osteopathic Assn. Convention at Atlantic City

This association, composed of the progressive Osteopaths from New York, Pennsylvania, New Jersey, Maryland and Delaware, is just one year old and already the largest association of the East. This convention was second only to the National Convention.

President Dr. S. L. Scothorn of the AOA, was present together with past presidents Dr. Geo. Riley, Dr. H. H. Fryette and Dr. Chas. Hazzard.

The convention passed a resolution urging the passing of the Fess-Capper Bill, a copy of the resolution being sent to President Harding.

The program was the very best. Dr. Chas. Muttart featured in the gastro-intestinal department. Diagnosis was dissected by Dr. R. H. Nichols, Dr. L. M. Beeman, Dr. Thos. Thorburn and Dr. L. Van H. Gerdine. Dr. Francis A. Cave of Boston created a sensation with a very fine paper on the Electronic Reactions of Abrams. This was a department from the beaten path but furnishes a new field in diagnosis and treatment, if the theories can be fully demonstrated.

The search of the perfect spine was in charge of Dr. A. G. Walmsley. Nervous and mental diseases were discussed by Dr. L. Van Gerdine and Dr. J. Ivan Dufur. Technique was demonstrated by Dr. Carl L. Johnson, Dr. H. H. Fryette, Dr. Chas. J. Muttart, Dr. D. O. Sartwell and Dr. Geo. Taplin. Ear, nose and throat section was in charge of Dr. W. O. Galbreath, Dr. J. M. Watters, Dr. L. M. Bush and Dr. Curtis H. Muncie.

The Post system for the feet was demonstrated by Mr. Post himself. Although a layman he corrects the bony lesions of the feet by pure osteopathic measures. Mr. Post was able to fix the feet of many of the Osteopaths present.

The new officers elected were: Pres. Wm. S. Nicholl, Phila.; First Vice Pres., Dr. Henry A. McManis, Baltimore, Md.; Second Vice Pres., Dr. W. B. Underwood, Montclair, N. J.; Third Vice Pres., Dr. Jane E. Burnett, New York; Treasurer, Dr. Arthur Patterson, Wilmington, Del.; Secretary, Dr. C. Earl Miller, Bethlehem, Pa. Philadelphia has been selected as the next meeting place for the year 1923.—C. Earl Miller.

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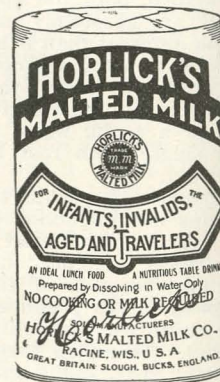
For many years Horlick's Malted Milk has proved its entire satisfaction in cases requiring a prescribed or modified diet, as in nervous, anaemic and digestive disorders, prevalent diseases, infant feeding and for expectant and nursing mothers.

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The value of oxygen as a purifying and antiseptic agent is too well established to require extended comment; its influence on disease germs, morbid processes, and its stimulation of granulation and tissue repair are so well understood, that further statement is unnecessary.

In a word, Dioxogen offers a means whereby a large amount of pure, uncontaminated oxygen may be brought directly to the places where it is required and in the active condition necessary to assure its highest potency.

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Dilatation of the Heart

We have used Dr. Abrams method of concussing the seventh spinal process for dilatation of the heart and in aneurism of the aorta as well. We have used it, according to our case records, in eleven cases and have found splendid results. We think the treatment is well worthy of consideration and there is no doubt every Osteopathy could use it at least monthly in some individual case. If you have a very irregular, large, floppy heart, try concussion over the seventh cervical spine thirty times, wait a half minute, do it thirty times more, wait another half minute and do it thirty times more. It works! Try it.—*E. H. Cosner, D.O., Dayton, Ohio.*

Osteopathy Misrepresented

I have recently been talking with Dr. Amussen who has done research work at the A. T. Still Research Institute on the lesion. He tells me that the injury to the big nerve trunks caused by the lesion is not a direct one but is reflex. I feel convinced that he is right. Of course it is not possible to get the exact pathology of the thing across to the public but we should do our best. I think it is the unscientific lesion theory which we are supposed to hold which has held Osteopathy back from the scientific recognition which it deserves. Dr. Amussen is getting out a book which I am sure will be of great benefit to the profession.—*Mary L. LeClere, D.O., Eagle Rock, California.*

Young at 83, Osteopath's Mother and Father Celebrate 60th Wedding Anniversary

I have just returned from a months visit at my old home at New Castle, Indiana, where my father and mother celebrated their 60th wedding anniversary. Both ate well and hearty. Father was 83 on Feb. 12th and mother will be 83 tomorrow, June 7th. I am the youngest of nine children, all of whom are living. All brother and sister-in-laws and grandchildren are living. Thirty-three in all the family. Wonder if any other Osteopath can beat that record. None of us kids ever knew what it was to go to sleep in a closed room. Father takes exercise twice daily and can do more stunts than the average 15 year old kid. I saw him "chin" himself five times without stopping on April 30th, the day of his 60th wedding. He could not pass examination to get into the war of '61-'65. Never weighed 130 pounds in his life. Both father and mother are very active. Father goes to town twice daily, walks, and mother will walk twice to church on Sundays, distance seven blocks. She walks fast too.—*Geo. B. Powell, D.O., Gastonia, N. Carolina, June 7th.*



Southwestern Osteopathic Sanitarium Blackwell, Oklahoma

Accepts For Treatment All Kinds of Hospital Cases Except Communicable Diseases.

We Claim Your Support on the Grounds of Superior Service.

New Hydrotherapy Department

now in operation. All kinds of baths and massage and Swedish movement given same as at various springs, in cases needing such treatment.

D.O. Medical Examiner for Fraternal Aid and Union

I have just been appointed Medical Examiner for the Fraternal Aid and Union. This is a first class fraternal insurance and on adequate rates and is on record as favoring Osteopaths as examiners. I have made several examinations for them already. We are gradually recovering from the disastrous flood of last year, and the steel mills are working more men all the time, so we hope for a normal business condition soon.—*W. S. Maddux, D.O., Pueblo, Colo.*

Short Business Course for Our Schools

The Chiro's are taught salesmanship. I do not advocate that but I do think we need a short course in business when in school, coming as we do from all walks of life. There are too many D.O.'s who have exceptional ability, but have made a bare living only for their families, through not knowing how to administer. To such I say "get a home, hold on to it, stop paying exorbitant rents."—*N. L. Parker, D.O., Carlinville, Ill.*



The Delaware Springs Sanitarium, Delaware, Ohio

All that is desirable and essential in a hospital or sanitarium is included in the equipment. Diagnosis First. Cure Follows. Health and Happiness the Result

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We have purchased the right to use the "POST" system for troubled feet. It is specific Osteopathy.

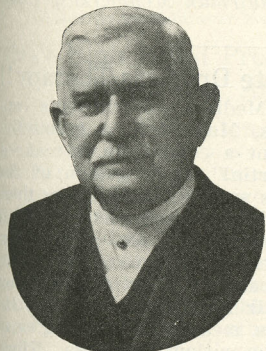
Address

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130 South Maryland Avenue
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New Edition of "The Book on The Physician Himself"

The good news that Dr. G. W. Cathell of Baltimore, Maryland, has published a new, vastly improved and "crowning edition" of "The Book on The Physician Himself" will be welcomed far and wide by physicians whatever the form of therapeutics they practice. The older ones in our profession will remember how years ago they first read this book, drew inspiration from it and how much it often helped them through the years. The younger ones can now avail themselves of the opportunity to secure a copy of this masterpiece whose reading will profit them much.



Dr. D. W. Cathell

The true physician must have spent years of honest preparation in scientific study. But besides his knowledge of the medical sciences the true physician must possess other qualifications that are of just as great importance—a certain amount of social sense, of personal tact and of business sagacity, which together enable him to pass his life in his chosen calling in such a way as to warrant doing not only much good to others but also attaining real success as a physician.

The book on "The Physician Himself" is a concise and practical guide for the practitioner. The author writes of what he has personally seen and thought, while rubbing elbows and matching brains with the profession and the public during a long and active life as a practicing physician in a large city with a mixed population. In the twelve chapters that make up the 360 pages of the book is found much wisdom that ought to be studied and pondered and then lived by the practitioner. As a fitting conclusion there is a comprehensive index which enables one to find in the book whatever one is looking for, easily and without any loss of time. The book is printed in large readable

type and can be secured from all medical book-sellers and the author, whose address is the Emerson Hotel, Baltimore, Md. The price is \$3.00 per copy.

Though here and there in the book appear expressions by no means in favor of Osteopathy and kindred cults, yet there is so much good in the book that we can easily overlook the one imperfection in the aged author's masterpiece.

Ten Dollars to Student Who First Reports Anatomical Error in Text of Dr. Millard's New Book

Dr. F. P. Millard of Toronto, Ontario, Canada, Author of "Poliomyelitis," Founder and President of The National League for the Prevention of Spinal Curvature, Founder and President of The International Lymphatic Society, Editor of The Lymphatic Research Society's Quarterly Journal, Anatomical Artist, OP contributor, etc., has published under the auspices of the International Society for Lymphatic Research, a new book entitled "Applied Anatomy of the Lymphatics." Dr. Millard handles his subject with the same thoroughness and excellence that characterize his every undertaking. Text books on Anatomy contain but meagre information on the great lymphatic system and it is felt that Dr. Millard's book is a step forward in this very important but hitherto too little known and but scantily explored field.

The function of the lymphatic system, this subsidiary system of circulation, is in reality of more significance, in some respects, than that of the vascular system conveying the great blood stream, and the author's aim is to deal as directly as possible with the more important phase, namely, the applied anatomy of the lymphatic system. A knowledge of the lymphatics is a decided help to the practitioner and with it he will succeed where others are likely to fail.

Special Information for Osteopaths

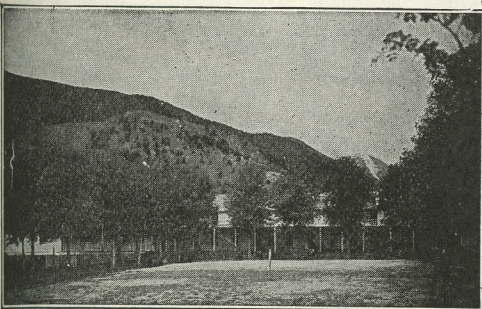
Under the laws of some States osteopaths are prohibited from using anything of a drug nature.

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 druggless physicians generally.—The Dionol Co., Garfield Bldg., roit, Det Mich.

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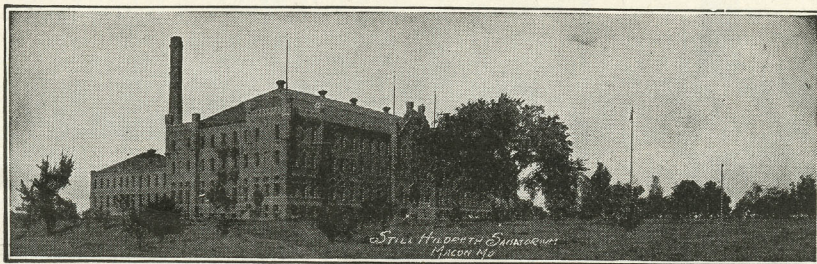
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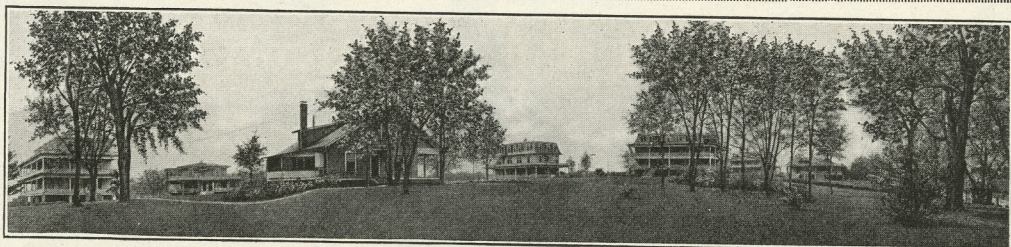


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Exclusively for Treatment of Cancer. Our New Booklet of 194 pages, entitled "Cancer, Its Proper Treatment and Cure," Mailed Free of Charge upon Application.

It is not claimed that this book is the very last word on the subject but the author hopes it will be welcomed by those who are students of the human body, as all physicians should be, and he means to continue his researches and if possible in a few years have more to add to the book, necessitating a much larger and more complete edition of it. In the preparation of his book the author has been assisted by A. G. Walmsley, D.O., who edited the work and such great men and specialists in the profession as Doctors Bush, Edwards, Forbes, Deason, Collins, Reid, Muttart, Snyder, Ruddy, Moore, Downing, Ashley, Laughlin, and Bailey. These men contributed their experiences in dealing with the lymphatic system as applied to specialized areas. The book contains 278 pages with 77 plates and photographs of a number of the contributors and is neatly bound in cloth. It can be secured by applying to the Journal Printing Company at Kirksville, Mo. The price is \$6.00 per copy.

In this world a man must be either an anvil or a hammer.
—Longfellow

American Osteopathic Society of Ophthalmology and Oto-laryngology

Perhaps no other single movement, outside of the AOA proper, has done more to further the interest of Osteopathy and the osteopathic specialists than this Society. An exceptionally strong program is being arranged by Dr. C. G. Tallaferro of Pittsburg, Pa., for our next annual meeting, which will be held the three days following the AOA meeting at Los Angeles. Our membership is made up only of members of the AOA and in order to become a member it is necessary to be a member of the AOA. The benefits to be derived therefrom are many: first, you will receive the quarterly issue of the "Bulletin," which contains papers and discussions, also many other items of interest of the Society. Dr. M. M. Brill is working on statistics, giving data of cases treated by osteopathic methods, etc. Our efforts are not confined to those doing exclusively a specialty practice, but to all D.O.'s who are interested in helping their patients. For the small sum of \$3.00 you will receive the "Bulletin" for one year; be entitled to all privileges of the Society at the

Los Angeles convention; and will be furthering the profession and supporting its specialists. Please send check together with your name, address and year of graduation to Dr. W. D. Goodfellow, Los Angeles, California. COME ON, LET'S GO!—Leland S. Larimore, D.O., Kansas City, Mo., Chairman Membership Committee.

AMA to Investigate Drugless Therapy!!

At the American Medical Association's convention in St. Louis, May 25th, a resolution was passed to appoint a committee to make a "scientific and impartial" investigation of the merits of the various systems of drugless therapy. The plan is to have Osteopaths, Christian Science healers, chiropractors and representatives of other drugless schools to come before this committee with cases of their own selection and demonstrate their healing powers, the investigating physicians, meanwhile, making careful observations of the patient's process. Thus, it is declared, the much debated efficacy of the new treatments can be determined once and for all.



The Utah Osteopathic Society invites the Delegates to the A.O.A and O. and O-L Conventions to stop over going and coming. We can't get too much of Salt Lake City.—Distributor, Dr. T. J. Ruddy, W.O.A. Publicity Director.

BUILDING SUCCESS *in* PRACTICE

[Ready to print in your home town newspaper]

Says High Blood Pressure is Modern Disease of Americans

Each year an appallingly large number of people fall victims to one form or another of heart trouble. Heart trouble is peculiar to no one country but it is more common everywhere than is generally suspected. It may surprise many people to know that mortality statistics show more people in America suffer from disorders of the heart than from any other class of ills, and that heart trouble is more common in America than in any other country.

How account for this sad condition? It can be accounted for in part, no doubt, by the fact that we Americans go at everything we do in a whole-hearted way: whether it is work or play that occupies us we go at it with such an earnestness and zeal that we get "all worked up" over it. We hit a fast pace with consequent almost continuous severe nervous tension. Thus gradually chronic high blood pressure is developed, frequently followed by a long train of other disorders. In some instances the victim may not suspect his condition; he may even think he is feeling "pretty good" when suddenly without warning the over-worked heart rebels and ceases to function. Then another case of death from "heart failure" is recorded.

In July issue of "Osteopathic Health" Dr. Wesley C. Warner discusses these and other facts about high blood pressure—which he calls "the Modern Disease of Americans"—and shows that Osteopathy meets with wonderful success in combatting it. By proper spinal adjustment irritated nerves are relieved, heart action is normalized and the patient restored to sound health in a remarkably short time. Among other interesting subjects discussed are: economy of Osteopathy, as shown by cure of double cataract in woman of seventy-nine after ex-

pensive surgical operation had proved unavailing; and treatment of soft goiters.

Copies of this July issue of "Osteopathic Health" can be obtained, free, by applying to Dr. _____ of _____ . A telephone call or a postal card will bring it to you. Apparently insignificant as may seem the act of your applying for copy of this July issue, yet it may mean very much to you or yours. Get a copy at once!

Creating Busy Practice in Summer Months

It can be done. We can help you do it. Our advertising service puts pep into practice. But just *talking* advertising won't do. You must actually *advertise*. You must start at once. It's time for quick action. Let us make an instant survey of your field and plan an advertising program as will give you a busy summer practice August issue of "Osteopathic Health" will have special article on Diseases of Summer and how Osteopathy cures them. You will do yourself grave injustice if you fail to get ready to use it to best effect. Write us promptly. We'll do the rest. Do you help your patients get well? Of course you do. Do we help our customers get practice? Certainly we do. It's our business to give Osteopaths more practice—just like yours is to give patients more health. We'll trust your ability in your line if you'll trust ours in our line. Team work wins. Let's team together.

Likes Taplin Pneumatic Table

What I am most interested in and pleased with at present is Dr. Taplin's Pneumatic Table. I have been using it since December and like it better all the time. The super-sensitive tissues of either the over or under weights have no terrors for me now.—*Olive B. Williams, D.O., Worcester, Mass.*

Ready for use in your home town newspaper. The "copy" below is for display space. Have your printer follow style of composition.

"Osteopathic Health" for July

High Blood Pressure a Modern Disease of Americans

Warding Off Apoplexy; Extreme High Blood Pressure Cured; Diabetes and High Blood Pressure Vanish; Don't Blame Providence for Human Improvidence; Economy of Osteopathy; A Double Cataract Cured in Two Ways; Drugging Shortens Life—Osteopathy Prolongs Life; How Soft Goiters Are Cured; Bread Pills Better Than Real Ones; Your "Doping" Friends Always Feel "Dopey"; Osteopathy Not a Faith Cure; Prejudice. Medical Fetichism; Folk Prejudice; Tic Douloureux; A Wrenched Spine and Tilted Pelvis; Gallstones—An Example of Mistaken Diagnosis.

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

DR. _____ , _____

High Blood Pressure a Modern Disease of Americans

Is the title of July issue "Osteopathic Health" now ready for shipment. It's from the pen of Wesley C. Warner and is a "pippin." It is unique in its style of talking about disease and its cause and what Osteopathy does. You will like what Dr. Warner says about prejudice and medical fetichism. Lay people will like it, too, although it will make them think new ideas about the human body and what ails it in disease and what to do to make it healthy. This July OH is just the right thing at the right time. Good talk for Osteopathy all through. Entertaining, Instructive. Glance through partial table of contents below and be convinced you want a liberal quantity:

Warding Off Apoplexy
 Extreme High Blood Pressure Cured
 Diabetes and High Blood Pressure Vanish
 Don't Blame Providence for Human Improvidence
 Economy of Osteopathy
 Double Cataract Cured in Two Ways
 Drugging Shortens Life—Osteopathy Prolongs Life
 How Soft Goiters Are Cured
 Bread Pills Better Than Real Ones
 Digestion Weakened by Drugging
 Your Doping Friends Always Feel Dopey
 Osteopathy Not a Faith Cure
 Folk Prejudice
 Medical Fetichism
 Tic Douloureux
 A Wrenched Spine and Tilted Pelvis
 Gallstones—An Example of Mistaken Diagnosis

Remember, current editions of "Osteopathic Health" always are quickly sold. To avoid disappointment send your order at once for July issue. Better still, send your contract order for regular supply monthly. "Osteopathic Health" is a high-powered journalistic service designed primarily for those who realize the value of systematically circulating ideas, news, and information about Osteopathy with constantly varying viewpoint and phraseology. The only way to be sure of getting full supply of each month's issue is to order in advance. It's the finest direct-to-the-home osteopathic advertising available. You should have each month not less than enough to supply your entire "clientele" group. That is the least you should take! Start with this July issue. You can't do better!

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Waukegan, Illinois

Dr. Franklin Fiske's New Office Last Word in Service and Comfort

Reception room, outer office 8'x20'; coat closet, 4'x8'; operating rooms, respectively 8'x15', 8½'x11', 8½'x11', 8½'x11', 8½'x11'; sterilizing-room, 6'x8'. These all have both hot and cold running water; latest model, duplex reflective light with side push-buttons, except in the coat closet, which has a ceiling light with a string.

The plumbing is all built into the partitions which are of tile and plaster between the rooms and of Circasian walnut and chipped-glass between the reception room and operating rooms.

The floor coverings are Oriental rugs and the furniture solid mahogany. The offices command

a southeastern exposure overlooking Madison Avenue, as well as parts of 44th and 45th Streets.

The Borden Building is said to be one of the finest in America and Dr. Fiske is in the building only by personal influence of some of his patients. The nephew of Secy. Milton has the finest office in the building.

There are in the building, only one of each, a doctor, a dentist, and Osteopath.

We print a letter from one of the most prominent theatrical managers in America, a firm believer in Osteopathy, who tells of his visit recently, to Dr. Fiske's offices:

"In a period of many years travelling about the country with various theatrical enterprises different Osteopaths from Coast to Coast have been of service and naturally I have visited a great many offices. Therefore I feel sure you will be pleased to be advised that a recent visit

Current Issue of "Osteopathic Health" on Sale

JULY

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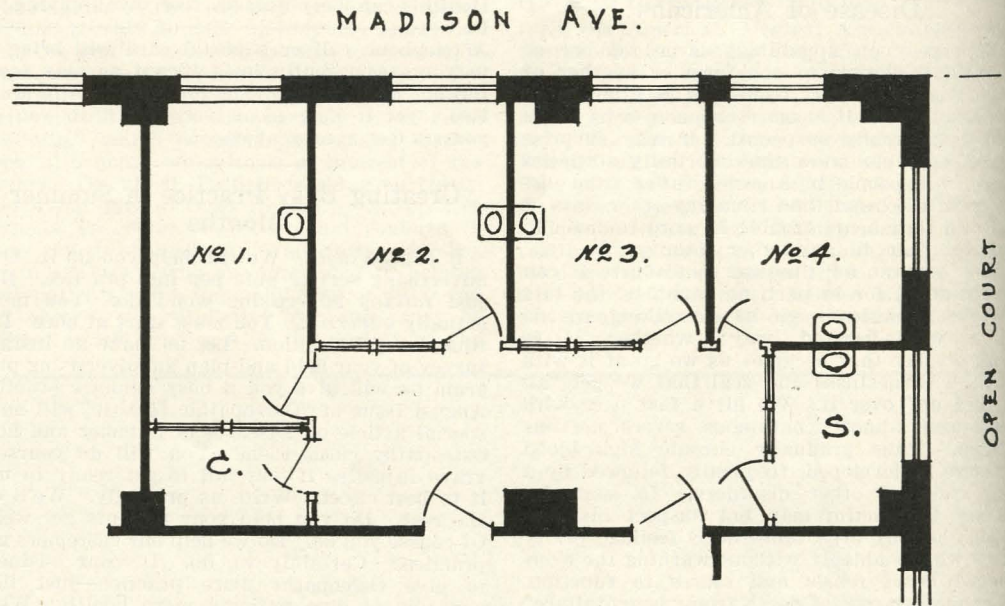
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OFFICE OF DR. FISKE

Buchman and Kahn, Architects, Drawing of Floor Plan of New Offices of Dr. Franklin Fiske at 350 Madison Ave., New York City

Dr. Fiske says he is joshed a great deal about his number, 711 and 712.

Floor space dimensions are 19'x34'. There are both men's and women's toilets of the latest design, adjacent to the offices.

The building has refused countless applications and has only one vacant office, although charging the highest rental in this section, and is not yet turned over by the builders as complete.

to the new offices of Dr. Franklin Fiske in the smart new Borden Building at 350 Madison Ave. New York City, reveals about the last word in service and comfort for those who enjoy a good osteopathic treatment in pleasant surroundings.

Dr Fiske has a good portion of the front offices on the seventh floor of this modern office building in the part of New York which is building up so rapidly because of its nearness to the Park Ave. section. The arrange-



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

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

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ment of the rooms, modern lighting effects and the accessibility of the location are all strong points which add to its impression of comfort and ease. It illustrates what a hold Osteopathy is getting in the better circles of the metropolis."—*A Believer in Osteopathy.*

Osteopathic Health Home Opened in Calgary, Alberta, Canada

The Osteopathic Physicians of Calgary have given Calgary what, they long felt, Calgary needed badly—an Osteopathic Health Home where patients receive specific Osteopathy combined with the best in all systems of natural healing—milk cure, hydrotherapy, spondylotherapy, etc. The institution is supervised by a well and favorably known staff: Doctors Church and Plummer, in practice in Calgary for fourteen and three years respectively, and specializing in nervous, gastro intestinal, liver, rectal diseases, and hemorrhoids; Dr. W. J. Siemens, who has been practicing as osteopathic eye, ear, nose and throat specialist for three years, having been at one time a physician and surgeon of the Des Moines General Hospital, Resident Physician. Mrs. W. J. Siemens, Graduate Nurse, who has had several years experience in hospital work, nursing and supervising in both Medical and Osteopathic Institutions. The Health Home is favorably situated at the entrance of Elbow Park and overlooking the Elbow River. It is surrounded by an acre and a half of beautiful gardens and lawns with an abundance of flowers and shrubbery.

Post System for Feet Creates Nation-Wide Interest

S. L. Scothorn, D.O., Dallas, Texas

It was kind of you to make the story on the Post System of Treatment for Feet the leading article in *The OP* for May. I certainly appreciate it. It was a real service to the profession and tremendous interest has been manifested. I have received letters from Osteopaths in every state of the Union saying they wanted this work. We are going to teach it to them as soon as we can. Mr. Post has been in Pennsylvania, Ohio and New Jersey ever since I went East with him and he has more appointments than he can fill before the Los Angeles convention. At Los Angeles he not only will appear on the program, but will also demonstrate the technique in his room at night.

The following letter to Mr. Post from Dr. Katherine McL. Scott, of Columbus, Ohio, is interesting as showing how easily Mr. Post establishes confidence and the clear exact manner in which he demonstrates his system:

My dear Mr. Post: From the first demonstration I saw of your work I was immensely interested. The diagnostic points brought out convinced Columbus Osteopaths that we have been overlooking specific diagnosis and specific treatment of the foot. Your foot work, demonstrated freely before all, shows the confidence you have that Osteopaths will recognize "Simon pure Osteopathy" in your system—your exact technique of the foot standing on its own merits—and your confidence that the Osteopaths will deal openly and honorably with you. Your plan not only gives each Osteopath a chance to take this post-graduate course in the anatomy of the foot, its lesions and the removal of these lesions in his own office, but gives the AOA a proposition which will bring financial relief to that organization. The relief you gave in one or two treatments to patients whom we had failed to help was as notable as anything I have ever seen in osteopathic correction in other parts of the body. The profession owes a vote of thanks to Dr. Scothorn for discerning a true osteopathic development. Although the cost to my office was \$1,000.00 I booked enough cases in the three days you spent here to more

For August Issue

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

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

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

Other Good Things, Too

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

Fine for the Family

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

BUNTING PUBLICITY SERVICE

for

OSTEOPATHS

Waukegan, Illinois

than pay for it.—Katherine McL. Scott, D.O., Columbus, Ohio, Secretary of the Osteopathic Women's National Association.

An error of statement in regard to Montana crept into the article in May *OP*; or rather the statement was not complete. The article stated that Dr. Asa Willard and Dr. Geo. M. McCole had purchased the rights for Montana whereas it should have said that these doctors, as agents, bought the rights in the name of all Osteopaths of Montana. The Montana Osteopaths as a group have the entire rights for their state.

Post System Supplies What We Lacked in Diagnosis of the Foot

Since taking the Post System I see where we have been woefully lacking in diagnosis of the foot, and the satisfaction in meeting foot troubles with confidence today more than repays our office for the price we paid. I only wish we (the AOA) could reach all Osteopaths with this work immediately.—Katherine McLeod Scott, D.O., Columbus, Ohio.

Post Graduate Clinic at Delaware Springs Sanitarium—New Association Organized

At The Delaware Springs Sanitarium, Delaware, Ohio, recently a post graduate clinic was conducted by Dr. Robert H. Nichols of Boston.

At the close of the course resolutions were adopted by the class expressing their great satisfaction with the teaching of Dr. Nichols and their appreciation of the courtesies extended by The Delaware Springs Sanitarium in making the opportunity available for the work.

The Ohio Osteopathic Post Graduate Association was formed by the Physicians attending the clinic. The object of this association is to foster and encourage post graduate research and study among the members of the Osteopathic profession in Ohio, and it is hoped that every practitioner in the state will qualify for membership and that the movement will spread throughout the nation. Dr. L. C. Sorensen, Toledo, is President; Dr. Charlotte Claypoole, Columbus, is secretary and treasurer of the Association.

The following Ohio doctors were in constant attendance during the clinic:

Dr. R. E. Tuttle, Hicksville; Dr. R. C. Shepard, Upper Sandusky; Dr. L. T. Hess, Zanesville; Dr. J. A. Bowman, Marietta; Dr. C. G. Cowell, Cleveland; Dr. E. E. Ruby, Troy; Dr. T. N. Smith, Cleveland; Dr. L. E. Sowers, Warren; Dr. G. T. Johnson, Cleveland; Dr. F. E. Root, Erie, Pa.; Dr. J. W. Robinson, Erie, Pa.; Dr. W. B. Linville, Middletown; Dr. F. G. Burnette, Bellefontaine; Dr. E. W. Sackett, Springfield; Dr. L. C. Sorensen, Toledo; Dr. P. E. Schultz, Cleveland; Dr. E. H. Calvert, Columbus; Dr. R. H. Singleton, Cleveland; Dr. J. J. Coan, Cleveland; Dr. C. A. Lynch, Middletown; Dr. P. E. Roscoe, Cleveland; Dr. J. B. LaRue, Zanesville; Dr. M. A. Bowers, Delaware; Dr. C. L. Claypoole, Columbus; Dr. M. Wilson, Sidney—L. A. Bumstead, D.O., Manager Delaware Springs Sanitarium, Delaware, O.

Challenge to Next AOA President

I wish to state that every Osteopath in Dallas is a member of the local, state and national associations. Who will be next with a like record?—S. L. Scothorn, President A.O.A.

The *OP* grows better each month and the profession is very fortunate in having such a publication. We appreciate very much the publicity given our institution through the columns of The *OP* and wish you every success in your great work.—Dr. A. R. Tucker, Terrace Spring Sanitarium, Inc., Richmond, Va.

HARVEST LEAFLETS

For Broadcast Sowing Your Field of Practice at Minimum Cost!

You Should Use them by the Thousand on a Ten-Day Mailing Schedule. Nothing else is so productive for cross-sowing between issues of "Osteopathic Health."

They're the ideal medium to use as "First Attention Getters" and "Inquiry Makers" if used by the thousand on a follow up. Those who think advertising doesn't pull haven't bought enough of it to get any pull. If you don't buy enough to yield measurable results you haven't advertised—you've only tasted a sample for the flavor.

Enter Every Former Patient and Inquirer whose address you have on our 10-Day Follow Up to get the whole series! Then you won't debate whether Bunting advertising pays or not.

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| 20. An Osteopath | 32. Rubbing |
| 21. The Nine Modern Wonders. | 33. What the Osteopath Knows. |
| 22. Osteopathy Is Not a Remedy. | 34. If. |
| 23. Dr. Atzen's Definition of Osteopathy. | 35. Man's Body Its Own Drug Store. |
| 26. Pain. | 36. Some Distinctive Features of Osteopathy. |
| 27. Insomnia. | 37. The Innominate Bones |
| 29. Sciatica. | 38. "Find It, Fix It, and Leave It Alone!" |

Price, in 1,000 lots, \$5.00, with no extra charge for imprinting professional card. In less than 1,000 lots the price is 75 cents per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted on any number from 100 to 900

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| 3. How Osteopathic Patients are Treated. | 41. Brain Diseases from Birth Injuries. |
| 4. Getting Well All Over at the Same Time. | 42. Osteopathy for Automobile Accident Cases. |
| 5. Building Up Weak Throats. | 43. Medical Art and Then Some in Obstetrics. |
| 6. A Chiropractor at Work. | 44. The Error of Drugging. |

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| 8. A Word to Former Patients. | 45. Adjustment the Basic Principle of Osteopathy |
| 9. What Osteopathic Fingers Will Do. | 46. Osteopathic Procedure in the Chronic and Acute Diseases. |
| 10. Neuritis From a Slipped Rib. | 47. Why Drug Therapy Is Moribund. |
| 13. Chiropractic Kleptomania. | |

Price, in 1,000 lots, \$12.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$1.50 per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted.

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| 14. An Explanation of Osteopathy.
(As stated by the London Times.) | 17. Osteopathic Aid in Pregnancy and Confinement. |
| 15. Why the Spine Is the Basis of Health. | 25. Osteopathy in Obstetrics. |
| 16. What Osteopathy Does for Women. | 48. A Short History of Osteopathy. |
| | 49. The Drugless Method of Treating Disease. |

Price, in 1,000 lots, \$17.50 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$2.00 per hundred pamphlets, with an extra charge of \$1.00 if your professional card is imprinted.

16-Page Harvest Leaflets

- No. 50. Postural and Spinal Defects in Children and Their Treatment by Osteopathy

Price in 1,000 lots, \$30.00 with no extra charge for imprinting professional card. In less than 1,000 lots the price is \$3.50 per hundred pamphlets, with extra charge of \$1.00 if your professional card is imprinted.

A complete set of samples of Harvest Leaflets will be furnished for \$1.00 which amount will be refunded if an order is placed totalling \$10.00 or more. Detailed information and plans for the most successful use of Harvest Leaflets will be supplied on request. We will plan and carry through your entire campaign if you wish us to.

The field of practice is ripe for the harvest in your community, and if you are not reaping as much as you should, we can show you how to do it. It's our work to do it for you. All you need tell us is, "Begin!"

The BUNTING PUBLICITY SERVICE for OSTEOPATHS

Waukegan - Illinois

The Check Rein

When the *ligamentum nuchae* is tightened the head is drawn back and the chin thrown forward, the cervical points are held too close and then nerve and circulatory troubles abound, with pressure symptoms: zigzag circles in vision, dizziness and syncope. Many patients will be found with this condition in greater or less degree. Can anyone suggest specific treatment for this, other than heroic stretching?—*Alfred W. Rogers, D.O., Boston, Mass.*



The A. T. Still Research Institute Annual Meeting

The annual meeting of the Board of Trustees of The A. T. Still Research Institute was held Friday, June 2, Chicago, Illinois—Fred Bischoff, D.O., Secretary.

2nd District Illinois Meeting

The 2nd District Illinois Osteopathic Assn. meeting was held in Sterling, May 4. Program: Diseases of the Rectum and Colon—Dr. Shellenberger. Bloodless Treatment of Adenoids—Dr. Trowbridge. The essay contest was discussed, also the legislative situation. The next meeting will be held in Fulton, Oct. 7th.—Elizabeth Shupert, Secy.

Osteopathic Women's National Assn. Meeting

The third annual convention of the Osteopathic Women's National Association will be held at the

Ambassador Hotel, Los Angeles, California on July 1, 1922. Opening session 9 a. m. All women Osteopaths and wives of Osteopathic Physicians are urged to attend.—Dr. Katherine McLeod Scott, Secy.

Oklahoma Osteopathic Women's Assn.

The women of the State Osteopathic Association which met in Blackwell, Okla., May 22nd and 23rd organized an Oklahoma Osteopathic Women's Association with the following officers: Dr. Ellen Brooks Shultz of Guthrie, President; Dr. Calvert of Ponca City, Vice-president; Dr. Ella D. Coltrane of Ada, sec-treas.

Rhymes of an Osteopath

W. E. Farbstein, Editor of the "Osteopathic Midget" of the Journal of Osteopathy is placing on the market a booklet entitled "Rhymes of an Osteopath" being a selection of verses which originally appeared in the Midget section of the Journal. We have there very suitable material for osteopathic propaganda. The price per copy is twenty-five cents. Send orders to W. E. Farbstein, Kirksville, Mo.

Osteopath Officiates at Birth of Six Babies Within 24 Hours

Dr. F. J. Peterson of Alliance, Nebraska, recently had an experience which few physicians can claim. He was called upon to officiate as obstetrician at the birth of six babies within the space of 24 hours. Two cases of twin births and two of "single" births were recorded in Alliance and vicinity. Dr. Peterson personally taking care of five of the new arrivals and turning the sixth one over to the care of another physician.

Introducing Osteopathy at Wilbraham Academy

On May 28th Dr. Paul J. Dodge of Concord, New Hampshire, spoke on "Osteopathy as a Profession"

in Wilbraham Academy, Wilbraham, Massachusetts. This is a school for boys and has an enrollment of about one hundred. It was the first time any Osteopathic Physician ever addressed the students and also the first time they were ever told about Osteopathy. After his talk Dr. Dodge had a number of requests for further particulars about Osteopathy coming from members of the faculty as well as the student body.

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

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**Electronic Reactions of
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5 S. Wabash Ave. Chicago, Ill.

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S. W. Osteo. Sanitarium, Blackwell, Okla.

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

Specialized treatment for disease of the cardiovascular system.

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

New York City Office, 18 East 41st St.

Chicago Osteopathic Clinical Group

Dr. Glenn S. Moore, 27 East Monroe Street, has found it necessary to rent larger offices and now has associated with him six doctors. They have organized the Chicago Osteopathic Clinical Group on the basis of one examination fee with no charge for group consultation. Associated with Dr. Glenn S. Moore are: Doctors G. E. Maxwell, Physician and Surgeon; T. L. Stein, Eye; G. H. Guttridge, General practitioner; W. H. Nicholson, D.D.S.; Louis K. Sands, Eye; Henry O. Sands, General Osteopathic Diagnosis.

Pictures of the "Perfect Spine Winners"

Through the efforts of Dr. Nathaniel W. Boyd of Germantown, Phila., Pa., the June issue of Popular Mechanics in its "Prize Offers and Announcements" section makes mention of the two prizes for the best human spines in North America as offered by the National League for the Prevention of Spinal Curvature. Dr. Boyd suggests that steps be taken for the Pathe News or one of the other movie weeklies to take pictures of the winners of the prize backbone contest. There is no charge for this work and the pictures will be shown in every movie house in the country and the benefits for Osteopathy in an advertising way will be great.

Illinois Branch of the O. W. N. A. Makes Bid for 100% Membership

The Illinois branch of the O. W. N. A. (Osteopathic Women's National Association) has sent out an invitation to every woman D.O. in the state and to the wives of all the men D.O.'s to join the association. The object of this association is to promote the welfare of women and children, to co-operate with other women's organizations, to stimulate state and local organizations and to secure combined action by women. "We need the power and influence of numbers," says Dr. Josephine Peirce, National President, "to make the influence of Osteopathy felt among the organizations of women throughout the nation."—Pauline R. Mantle, President of the Illinois Branch, O. W. N. A.

Acacia Club Reunion

The alumni of the Acacia Club of the American School of Osteopathy attending the Central States Osteopathic Convention held at the Robidoux Hotel, St. Joseph Mo., May 10, 11 and 12, 1922, held a reunion at the St. Charles Hotel, Friday, May 12. We had as our guest Dr. L. Van Gerdinge of Macon, Mo., who favored us with an address. The St. Joseph Convention was the best Central States Convention ever held and we would like to meet many more of the Brothers at future conventions and make these reunions an annual event. The following attended: Dr. J. W. Denniston, Dunlay, Iowa; Dr. G. L. Montgomery, McCook, Nebr.; Dr. Adrian Elder, Wahoo, Nebr.; Dr. H. R. Juvenal, Maryville, Mo.; Dr. W. C. Chappell, Mason City, Iowa; Dr. H. A. Gorrell, Mexico, Mo.; Dr. V. C. Bassett, Horton, Kans.; Dr. M. R. Rונים, Correctionville, Iowa; Dr. F. E. Brown, Atchison, Kans., and Dr. Herbert Lipman, Kansas City, Mo.—H. R. Juvenal, D. O., Maryville, Mo.

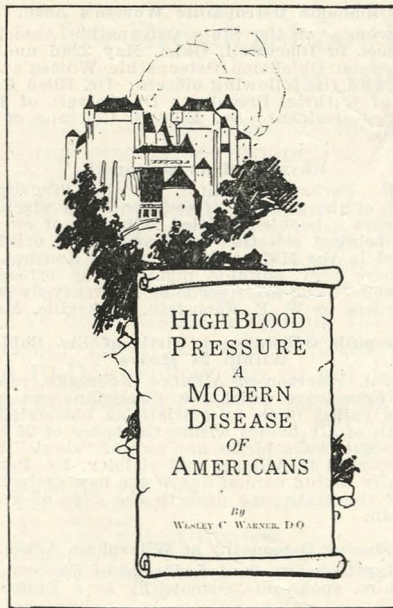
Remember the Rocky Mountain Conference

All Osteopaths going to Los Angeles should stop off at Grand Junction for the Rocky Mountain Conference, on the Denver and Rio Grand Western, the greatest scenic route to the Great West. We are in line for Pike's Peak, the Royal Gorge, the Wonderful Utah Desert and the City of Brigham Young. On the long journey to the Pacific Coast you will surely find a most delightful rest by a few days' stay in the Wonder Valley, not excelled anywhere for raising delicious fruit. The Conference begins with technic Monday, June 26th at 4:00 p. m. and ends with an auto ride in the Wonder Valley and a banquet Thursday, June 29th. Dr. George C. Taplin, characterized by Dr. Williams as "one of the finest technicians in the profession" is our technician-in-chief, aided by Drs. Laughlin and Bowersox and other able men. Dr. Geo. Laughlin is the headliner for general surgery; Dr. Benoni Bullock, orificial surgery; Dr. L. S. Larimore, eye, ear, nose and throat; Dr. R. H. Williams, wizard of publicity, and visitor of Chiropractic, and then some. What more could you ask?—C. W. Young, President.

Drs. Molyneux on Cruise

Dr. Albert J. Molyneux and Dr. Cora Belle Molyneux of 2859 Boulevard, Jersey City, N. J., left June 7th on the Pacific Mail Steamship "Colombia" for a 24 day cruise through the "Caribbean Sea," Panama Canal and the Pacific. They will make many sight-seeing stops in Panama, Guatemala, Salvador, Balboa, Mexico and southern California. They will attend the AOA convention at Los Angeles, Dr. Molyneux being the New Jersey delegate. Following the convention they will spend some time at Dr. Abrams Clinic in San Francisco, visiting Alaska, Lake Louise, Canadian Rockies, Mt. Ranier, Crater Lake, Glacier National Park and many intermediate points of interest. Dr. F. E. Keefer of South Orange, N. J., will have charge of their office during their absence. The Drs. Molyneux have been studying Dr. Abrams Electronic diagnosis and treatment under Dr. Cave of Boston, Mass., for some time and expect in the fall, to give this service where indicated in conjunction with osteopathic adjustment.

Osteopathic Health for July



This issue, gives, in a new way, some facts about health and Osteopathy and osteopathic practice that will make many people get a new line of ideas about themselves and their health and their attitude toward Osteopathy and Osteopathic Physicians. Prejudiced thinking won't make a sick body well. Something must be done. Osteopathy can do it if given a fair chance as proven by cases aptly quoted and explained. You'll be wanting to use this magazine. Get your supply now. Later on may be too late.

Annual Meeting of the Toronto Association of Osteopathic Physicians

A very fine three day programme was provided for the annual "get together" of the Toronto Association of Osteopathic Physicians. May 3rd, 4th and 5th were the dates selected and every member was present at each meeting. Wednesday evening was devoted to a real live business session which was followed by an instructive discussion of Electronic Reaction by F. B. Sharp, M.D. Thursday evening we had Dr. S. L. Scothorn who demonstrated on a large number of clinics the Post method of treating feet, and also delighted all with a clever talk on Osteopathic Publicity. Friday evening was selected for a banquet at the Carls-Rite Hotel where the members and a number of laymen heard Dr. Clarence Kerr of Cleveland deliver a most delightful and interesting discussion on the osteopathic axiom: "Find it, fix it, let it alone." Mr. W. E. Blake, speaking for the laymen, paid a high compliment to the work of the profession in Toronto. Dr. H. J. Pocock was elected president and Dr. J. J. O'Connor sec.-treas. of the association for the ensuing year.

PERSONAL

Dr. G. R. Starr of New York City, has announced his removal of offices from 505 Fifth Avenue to 512 Fifth Avenue, Suite 404.

Dr. W. L. Laslett announces change of address from 1048 Hicks Street, Santa Monica, California, to 708 Fourth Street.

Dr. John R. Rich announces change of address from Madison, Indiana, to 937 Military Street, Port Huron, Michigan.

Dr. Glenn S. Moore announces removal of his office from 601 to Suite 1301-1302 Goddard Building, 27 East Monroe Street, Chicago, Illinois.

Dr. W. E. Abegglen, Colfax, Washington, recently was down with a bad case of pneumonia. We are glad to report, however, that things have taken a turn for the better with him.

Dr. J. R. Moseley announces that he will be in Petoskey, Michigan, during the months of June, July, August and September. From November on he conducts his practice in St. Augustine, Florida.

Dr. L. L. Wade of Casper, Wyoming has returned from a forced trip to Bluffton, Indiana where he buried his mother who died on April 19th. Just a week before death took away the baby girl that was born on March 13th.

Dr. Elvira Tracy of Yonkers, New York, was struck down by an automobile on May 16th sustaining five fractured ribs, a broken astragalus and malleolus of the right ankle together with some minor cuts.

Dr. Katherine A. Broderick is now back in her offices at 59 S. Main Street, Torrington, Conn. after a short vacation in California. Dr. Broderick writes that she had "a very enjoyable vacation and found California a wonderful state and the Osteopathy there the best ever."

Dr. William L. Grubb of Wilkesburg, Pa., has found it necessary to increase his office facilities in order to handle his general osteopathic practice as well as his osteopathic eye work. He has also installed new equipment for doing certain special osteopathic nose and throat work.

Dr. Nelle Lowe Parker of Carlinville, Ill., has succeeded in interesting several of the best vocal instructors in Springfield, Ill. including Madame Sain in her Vocometer. It has however, come to her attention, that there are doctors using her instrument and method of examination by Vocometer without first having purchased the rights for their territory. The Vocometer and her methods are patented and those wishing to use it should get in touch with Dr. Parker.

BORN

To Dr. and Mrs. E. W. Cleveland, of Binghamton, N. Y., on May 8th, a girl, Elsie Constance.

To Mr. and Mrs. R. H. McClure, a son, Richard Williams, May 13th.

To Dr. and Mrs. B. P. Mansfield of DeKalb, Ill., a son, Bernard Marshall, June 2nd.

DIED

Mrs. Mina M. Wade, mother of Dr. L. L. Wade of Casper, Wyoming, of cardiac asthma, aged 63, April 19th. Wilma Irene, month old daughter of Dr. Wade, of acute bronchitis, April 12th.

EXCHANGE and MARKET

FOR SALE—One McManis DeLuxe treatment table complete. A No. 1 condition. A bargain. Address S. P. Weber, Middleport, Ohio.

WANTED—Good Osteopath located in Chicago wishes to take charge of practice in Chicago, 3 days a week, during summer. Address No. 354, care of The OP, Waukegan, Illinois.

FOR SALE—Well established and good paying practice in one of the best up state cities of New York. Good reason for selling. Address No. 348, care of The OP, Waukegan, Ill.

WANTED—Good man Osteopath with an Ohio license to take charge of my practice this coming winter. A good chance for the right man. A well established practice.—Address No. 349, care of The OP, Waukegan, Ill.

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

WANTED—Osteopath to assist in general and hospital work. Single. Reference required. Good salary with maintenance to right Osteopath who is willing to work.—Dr. G. A. Townsend, D.O., M.D., Chico Springs, Emigrant, Mont.

OPPORTUNITY—For recent man graduate to take over a new eleven months' used De Luxe McManis Table with a fair practice and good field for \$500. Refined Presbyterian preferred. Have chance to specialize at once. Address No. 352, care of The OP, Waukegan, Illinois.

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