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The Osteopathic Physician

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Aspirin and the Other Coal-Tar Drugs Unmasked by Chemical Research*

By Dr. Henry Fuehrer, Associate Editor, The Osteopathic Physician.

THE people as a whole generally seem to have a fairly good idea of what is going on in almost every field of activity except the medical field. When it comes to things medical we see, in this country especially, the greatest ignorance displayed, although, as every rational being understands, this is one upon which the people should be most posted, since the health and life of the American nation depends upon such knowledge and it is here where ignorance is most fatal. But even physicians themselves are not always posted on those fundamental subjects in which the people imagine they possess the supremest knowledge. How, then, can we blame the people for not knowing what they should, medically?

The people need more elementary knowledge in regard to the evil of self-prescribing as well as knowledge of the evils of drug-taking generally. When I say "drugs" I do not mean merely "dope" "drugs" (as these chemicals are the only medicaments which a great part of our people choose to call by the name of "drugs"), but also all the other substances that are used for purposes other than nutrition (i. e., aliments or foods; or, in other words, all those substances which are commonly called "medicines," i. e., substances used for the purposes of healing or alleviating some disorders of the body, dis-eases, deviations from the normal or physiological condition).

Origin of the Word "Drug"

The word "drugs" has an ancient and interesting origin. It is a Scandinavian word: "Droggen" (trocken, dry). It originates from the fact that, anciently, all the medicinal substances (practically) were derived from the plant world in the shape of "roots" and "herbs" (hence, the antiquity of our "herbalists" and "root doctors") and were *dried* before the poor victim (the patient) was punished with them.

In the drug line there are many classifications in many different ways. Thus, sometimes, the drugs are classified according to the influence they exert on the body, or what is called "the physiological effects." Thus some

drugs cause sleep. They are called "hypnotics." Some cause mere dizziness and artificial exhilaration (although of short duration). They are called "narcotics". Some cause peristalsis or "motion of the bowels." They are called "laxatives" and "purgatives" (according to the amount of energy each class exerts on the intestines). Some, however, are supposed to either alleviate, or stop, pain. They are called "analgesics" and "anodynes," respectively. Some are supposed to combat fever. They are called "antipyretics" or "febrifuges," depending upon whether the total stopping of the fever, or the mere allaying of the same, are ascribed to them.

Germany's Jack-the-Giant Pain Killer

Aspirin is one to which analgesic properties are attributed, primarily, and anti-rheumatic ones, secondarily, the rheumatism-combatting feature of the same consisting mainly of the analgesic portions of the same.

Whether rheumatism is really "rheumatic fever" or not, is still under discussion, and the brainiest pathologists (students of the causes, abnormal tissue-changes, etc., in diseased conditions) have, meanwhile, both in this country and abroad, discarded the names "rheumatism" and "rheumatic fever," and are already using more rational terms, viz: "arthritis" for "joint rheumatism" (monoarthritis, inflammation of one joint; polyarthritis, inflammation of more than one joint), "myalgia" for "muscle-rheumatism," "sacralgia" for "pain in the sacrum," "coccygodynia" for "pain in the coccyx," etc., etc., according to both the region and the tissues involved.

Its Fabled "Rheumatic" Potency Deals with a Vanished Ill

As the fever part of "rheumatism" (rheuma in Greek means flow, probably a "flowing pain," "flow of uric acid" or "flow of some poisonous fluid," etc., etc.) is not yet settled, we can not, therefore, say that aspirin reduces the "rheumatic" fever (for how can we say it re-

duces a thing whose existence is still *sub judice*, while to say this would be bad philosophy and worse logic?). We must, therefore, say that it is used for the analgesic effect alone.

How Aspirin Superstition Took Root in America

Aspirin was originally introduced to the medical profession in Germany and by Germans as an antipyretic, analgesic and "harmless" substitute for salicylic acid. As the confidence in the drug grew, so grew the "clinical reports" (some of them doubtless well paid for) and the "resumes" of the same have enumerated every disease the human flesh is heir to, and, if carefully collected, all these "data" would amount to nothing short of a panacea, a cure for all ills.

Quit worrying your cerebral gray matter over therapeutics (study of healing)! Just give big doses of aspirin in most of the diseases as the treatment, and in some as a side-treatment. But never forget aspirin, for it is the all-in-all of disease healing!

Its Antipyretic Claim Soon Abandoned

The antipyretic claim for this fraudulent panacea, however, was soon abandoned, as it did not furnish the results and there are others (acetanilid, antipyrin, acetphenetidin, quinine, etc.) which "beat it to a block" in this respect.

I may say that progressive and honest physicians have slowly but surely discarded its use in every other field. It made a great "hit", however, in one respect, namely as an analgesic (pain killer), especially in conditions called "rheumatic." Many thoughtless physicians have recommended and prescribed it indiscriminately, in every kind of pain, sometimes by itself and sometimes in combination with some other drug (notably sodium bromide), naively believing those fraudulent "clinical data."

Became the People's Vest Pocket Headache Poison!

As pain in the head is the most common pain (being the twin sister of tooth-ache) and headache being the most insidious and the most frequent of all and people not being willing to pay for a doctor's visit every time they have a spell of the same, they naturally inquired of their druggists and physicians "what to take for the headache?" the reply to which inquiry naturally was: "Take aspirin!"

From this source springs the popular belief that aspirin is a "headache remedy" and nothing but this, very few people knowing that this drug is supposed to be a general pain-killer and killer of all sorts of "rheumatisms!"

Suffice it to say that at present aspirin is the people's headache remedy par excellence and that the universal *overuse and abuse* of this drug cannot help undermine the health of the American people!

*This article has been written from an exact scientific basis to present to osteopathic physicians the plain unvarnished truth, as revealed by science, of the dangers that lie in the chemical compound known as aspirin, as a pain "cure-all" for America. It is a scientific article for scientific men. It is written without malice or the desire to injure others in their purse, but for presentation, to the particular school of healing whose cause this journal espouses, of what pure science, which knows no schools, says in regard to the subject matter.

Possibly, even among osteopathic patients, there are a few secretly wedded to the habit of taking salicylates and aspirin, and others who would expect to call an M. D. to prescribe such abominations if they really got desperately sick, as in influenza and pneumonia. This article will afford osteopathic physicians opportunity to educate such persons and get them on the rock of safety before the hour of peril comes when a mere

choice between therapies may mean greatly increased or greatly decreased chances of recovery. You as a Doctor (Teacher) owe a duty to your patients. Educate them in these matters now. Such osteopathic physicians as find that this drug discussion leads them into deep water in places should realize that 99 per cent of practicing M.D.'s belonging to the American Medical Association are in the same boat. It is the error of "modern medicine" that men wholly ignorant or indifferent to the reactions of coal-tar drugs in the body are legalized to give them ad libitum to the sick, while those comparatively few teachers and leaders of the allopathic profession (who presumably know enough about chemistry to realize their worthlessness and dangers) still defend and perpetuate this unscientific system of practice by indirection although their own words in isolated spots prove fully that they do not believe in it.—Editor.



Fooled the Pharmacopoeia and Dispensatory Makers

This aspirin-propaganda was so artfully and slyly conducted that it, for a long while, misled the greatest of medical celebrities, no less brilliant a body of truth-seekers and honest research-men than the writers of the U. S. Pharmacopoeia and the U. S. Dispensatory among them.

Thus does the Dispensatory recommend it, not only as a *salicylic acid substitute*, but also as an "effective remedy" in acute rheumatism, muscular rheumatism, gouty and lithaemic states, influenza, neuralgia and painful neuritis, and we are assured that its superiority above the salicylates and salicylic acid lies in the fact that it is *not at all, or very slowly, dissolved in the stomach*, and therefore, *is not apt to irritate the same*. Its dose is recommended as from five to twenty grains. It is also recommended as a local application in the early stages of tonsillitis. Right here let me comment on these recommendations and see how much truth there is in them.

As to the salicylic acid substitution part of it, we shall discuss that feature later on in this article.

Why Only Chest and Respiratory Canal?

The recommendation for the "flu" is absolutely misleading, and must be taken "cum grano salis" (with a grain of salt). In influenza is one place where pain gives the physician a clue as to the cause of the disease. Especially was this procedure dangerous and uncalled for, in this last epidemic. This will be explained in a later article on influenza and allied diseases. This recommendation is a relic of the "scientific", "professional" literature sent broadcast by the German company quoting German "authorities" (most of them fabled ones) as to the clinical findings of the danger-fraught aspirin. In that literature this was extended to nearly *all* the diseases of the chest and respiratory canal!

Its "Insolubility" in Stomach All Fake

Its insolubility in the stomach is another German advertising legend. Not only was this unproven (and, as will be later shown, unprovable) claim hurled broadcast, but many other more absurd "hints" were hinted at, in a very skillful literary style, covered in such a manner and couched in such high-sounding phrases as to deceive, not merely the *average* physician, but even many scholars who are far above the average! The "slowly-dissolving" "detail" can be extended to mean quite rapidly dissolving, and that this *must* necessarily be so, will be shown later.

There is a strong gas in the stomach whose name is "hydrochloric acid." Some folks call it "muriatic acid." Jewelers use the same kind of acid, mixed with another strong one named nitric acid, to test gold with. This shows the strength of it. That acid is composed of an element called hydrogen and another called chlorine. Separately, both are violent poisons, but in the stomach they are combined in such a manner as to be called a chemical compound and be used as an antiseptic, i. e., preventive against rotting, and to dissolve some substances which the pepsin and rennin (two other substances in the stomach which dissolve complex substances and curdle milk) can not dissolve.

Hydrogen chloride (hydrochloric acid) will attack *anything* that comes in its way and the chlorine that it contains will very easily become liberated from its prison and unite with *any* substance that contains hydrogen, pushing away its hydrogen and placing itself in its stead. We see, therefore, that that "insolubility" claim is nothing but an advertising fraud.

What concerns the irritation of the stomach, this is a dangerous dogma to believe. Many fatal issues have taken place by compara-

tively small doses, largely through irritation of the stomach.

God Have Mercy on Their Patients!

If optimistic assurances of this nature were to be believed, many naive and many more mentally lazy physicians would be misled into the belief of the "harmlessness" of this dangerous coal tar derivative, and into giving "horse doses" of the same, and such is the case today. Many physicians who happened not to have had a fatal case as yet are "pushing" this "harmless" poison to the utmost, and are running the chance of ruining their patient's lives unconsciously.

How Its Dosage Came to Be Established

The dose recommended is also a relic of the wonderful "literature" of that German company. There, astonishingly large doses were recommended, elephant doses, so to say, not directly, but through "clinical report" hints of some German probably non-existent "sanatoria" and "professors."

Only a horse of substantial weight should get a twenty grain dose! No human being can bear such doses very long, even during the most terrible pain!

More German Fraudulent Advertising

Now we come to the *salicylic acid substitute* part of it. Salicylic acid is a substance comparatively easy to obtain, both naturally and synthetically (i. e. artificially), as it is found in many plants, growing nearly everywhere, both as such or as its ester, methyl salicylate, even in such common plants as strawberries and raspberries. The process of extracting it is not very complicated and can be and is done, in every country. Even the synthetic article is not very complicated and comparatively easy, so that it can be produced in this country easily, as all the materials are here for it. Such a state of affairs was displeasing to the Germans and a systematic propaganda at first was begun against the synthetic article, claiming the natural to be superior, because *great shiptoads of it came from Germany!*

Later on, a German chemist found that acetic acid forms a chemical compound with salicylic acid, and such is really the case, the new compound having been baptized in the laboratory as "acetylsalicylic acid." Don't be scared at the name! I shall explain it later.

Called "Aspirin" Because It "Treats 'Em Rough?"

The original German company took the hint and began producing it in its own laboratory in huge quantities under the trade name "aspirin." Where it got the inspiration, I know not. I, personally, choose to derive it, etymologically, from "asper", meaning "rough" (i. e. rough on Americans' bodies), and such it really is, as will be shown.

Patents were taken out in all countries, and especially in the U. S., which they considered as nothing but a "nasty dollar land" and its people nothing but a "dollar people." A systematic propaganda of condemnation and discrediting of salicylic acid was begun and aspirin was lauded to the sky as being "superior" to salicylic acid.

But why? Listen to this propaganda-mysticism: Because it contains an "acetyl" radical. In plain and everyday language this means that acetic acid has been chemically combined with salicylic acid.

(See Foot Note 1, Page 4)

Clap-Trap for the Gullible Yankee M. D.

How awful! What a wonderfully magic word! "Acetylsalicylic acid!" The uninitiated in the science of chemistry, he who does not pronounce this tetragramaton a hundred times a day, thinks of this as a gift from the temple of Aesculapius; as something only the high

priests of German advertising propaganda were endowed with, by Jupiter, to understand! And the two names "aspirin" for the "common herd" and "acetylsalicylic acid" for physicians, are responsible for its enormous sale. There is a whole lot in a word!

More Dangerous than Salicylic Acid Alone

In reality, however, this combination is more dangerous than the salicylic acid itself, and surely more dangerous than sodium salicylate, for in salicylic acid alone we have *one* poison, and in this fatal combination we have *two* poisons; acetic acid (poison number one) and salicylic acid (poison number two). Here is your superiority."

The fact of the matter is: the synthetic salicylic acid is just as "good" as the natural, therapeutically speaking (both being rotten so far as health is concerned); sodium salicylate is less dangerous, and aspirin is more dangerous than either salicylic acid (both synthetic and natural) and, surely, more dangerous than sodium salicylate. The metal sodium neutralizes, to a great extent, the harm lurking behind salicylic acid, while potassium is a violent heart poison, and this poisonous ion should *never* be used!

(See Foot Note 2, Page 6)

Aspirin Splits into Acetic Acid, Carbolic Acid, Carbon Monoxide, Etc.

Aspirin, as I have said, is composed of acetic acid and salicylic acid. Both are poisons. Pure acetic acid (glacial acetic acid) is nearly as violent and corrosive as nitric acid. It burns human tissue with the same avidity. In medical terminology it is said to "coagulate albumin." Salicylic acid is dangerous enough, when it is *not* decomposed, but when it decomposes, it becomes invariably phenol (carbolic acid) and carbon dioxide, two terrible poisons. Everybody knows how terrible carbolic acid is, but few laymen know of the poisonous gas, carbon dioxide. It exists in the air in small traces and our blood produces it during every circulation act. But we exhale it as quickly as it is made, for a too-prolonged sojourn there would mean death by suffocation. It, itself, is not so bad, but it loses an atom of oxygen and becomes converted into carbon monoxide, and this is where death comes in. This gas is nearly as highly toxic as prussic acid or cyanogen gas. "Nuff ced"!

Propaganda Uses Fraudulent Chemistry

Now, if salicylic acid ever decomposes in your body (which most of the times it does), this is what you get: carbolic acid and carbon dioxide! How an acetic acid radical will "improve" upon the short-comings of salicylic acid is a mystery only subtle German propaganda can solve! On the contrary, a sane rational man will say that it will add fuel to the fire, heap insult upon injury! But, of course, the acetyl makes it "harmless", you know—*not!* To show you how "harmless" acetic acid is, it suffices to know that it consists of carbon dioxide and marsh gas. (I had better not mention marsh gas when a miner is around, for he knows too much about the culprit! He knows how many of his kind it has strangled in the prime of their lives, how many it has put out of existence and sent to another world! He knows how inflammable it is and how choking it is to inhale.) And as for carbon dioxide, it soon turns into carbon monoxide, and the least said (or rather the least inhaled) of this the better!

Acetyl Renders Salicylic Acid Still More Toxic

Now, if marsh gas, (methane) will render phenol less harmful, this is more than my superficial mortal mind can understand. It takes a Nietzschean "Uebermensch," (superman,

overman, more than a common mortal,) to comprehend that. In my humble opinion, if I understand chemical equations at all, it will form cresol, if anything, and cresol is somewhat more harmful than phenol. No; far from improving upon the toxicity (poisonous properties) of salicylic acid, the acetyl will render it still more poisonous.

False Claims that Contradict Each Other

Another German chemical company has contradicted this "harmlessness" myth of the acetic acid radical, indirectly, in this way. There are two analgesic remedies in the market with the acetyl in them. One is acetanilid (acetic acid and aniline), the other is acetphenetidin or phenacetin (same as acetanilid with an ethoxy added to it.) This the company claimed to "improve" by introducing a compound by the name of lactophenin, being the same formula as acetphenetidin, but with a *lactic* acid radical instead of the acetic acid radical. Thus one German company disproved what another claimed.

You see, this is competition, and—was that man denn nicht fuer das liebe Brot? (What does one not do for his dear bread?) The truth is that lactic acid is less harmful than acetic acid, but not altogether harmless.

That "Harmlessness" Fable Induced by Suggestion

The German aspirin producing company did not claim this "harmlessness" directly. It was a conspiracy of silence, a propaganda by inference! The claims were so shrewdly put up, that the impression was engraved deeply in your mind. Sharp ducks!

Next Went Direct to the Public

During the war, when the German patents on aspirin were abrogated, the company openly began to advertise to the public, and claims became louder and louder, more and more exaggerated. It is the headache feature that they specialize on! They cater to public appetites!

You can not see such a reckless advertising method in their own country. Their laws and customs militate against it. Now the drug has become such common property in this country that to millions it has become a sort of indispensable food. They take it as readily as they would candy, and not even children escape its effects. And their blood is being slowly poisoned by it, and they are becoming habituated to it. They take it for headaches and it stops that symptom for a while, and the minute they get out of its influence, they get the headache again, in a severer form and they take aspirin again and they get headache again, and so on, in a vicious circle!

Salicylic Acid Very Corrosive

What furnished the foundation for this exploitation of aspirin? The drawbacks of salicylic acid. It is *very corrosive* and often causes ulceration of the mouth and may even corrode the skin if continuously applied. Even in moderate amounts it causes roaring in the ears, vertigo, (dizziness), nausea, vomiting, and occasionally headache. In overdoses increased sweating, complete blindness, deafness, complete paralysis or even loss of the sense of taste may occur. Even medicinal doses depress the heart. So when you get it for rheumatism, are you not digging your heart's grave?

Changed by Hydrochloric Acid of Stomach

It is supposed to be absorbed as a salicylate but the hydrochloric acid in the stomach converts most of it into benzyl chloride, chlorobenzene or other poisonous compounds, forms poisonous compounds with the constituents of the blood, and you can *never* say when you are giving a "safe dose" of it.

The symptoms of its poisonous effect can be seen when indican and pyrocatechin, excess of

urea, and salicyluric acid are found in the urine. Persisted in, it leads to respiratory paralysis.

Even its anti-rheumatic properties are not specific. There are more relapses after its administration than without it. It is unsafe for any purposes other than an antirheumatic and too dangerous and unreliable even in that disease.

Rheumatic readers who have taken this poison nearly as religiously as a tuberculous person takes creosote, will bear me out in this assertion.

Attacks Heart Muscle and Red Blood Cells

Besides attacking heart muscle it also attacks the red blood corpuscles, so that though you may get some slight relief from your rheumatic pains you hazard your heart and your very life's blood!

Such are the drawbacks of salicylic acid and its congeners and these paved the way for the German propaganda for aspirin. Many unsuspecting physicians seized upon it with the same avidity that a hungry wolf does upon a sheep, and the propaganda has been carried on so long that a considerable portion of Uncle Sam's children have become practically enslaved to it. In reality, instead of *improving* the drawbacks of salicylic acid, it doubles the danger by the addition of a worse poison, acetic acid.

Explodes Salicylic Acid Substitute Claim

This explodes the "salicylic acid substitute" claim of aspirin; the misrepresentation and danger thereof is laid bare. Still, in order to prove more conclusively, the danger thereof, we shall consider what it is made of and consider the formula of it. Its formula is: $C_6H_4(OCOCH_3).COOH$. The C stands for carbon, the H for hydrogen and the O for oxygen. The formula for salicylic acid is $C_6H_4(OH).COOH$. In chemical grammar it is called an orthohydroxybenzoic acid. Aspirin is called acetyl-orthohydroxy benzoic acid. There is COOH at the end of every organic acid. It means a close combination of one atom of carbon with two atoms of oxygen and one atom of hydrogen. It is an ion, i. e., electrically held together like one atom, or in one binding. It can resolve itself into either CO (carbon monoxide) and one atom of oxygen and one atom of hydrogen, or into CO_2 (carbon dioxide) and one atom of hydrogen.

Organic Acids All Poisonous

This feature of the organic acids makes them *all poisonous* and great caution must be exercised in their administration.

The formula for acetic acid is $CH_3.COOH$. CH_3 is part of the formula for methane (marsh gas) which is CH_4 . It means that methane consists of one atom of carbon and four atoms of hydrogen. It is marsh gas in which the COOH ion has displaced (substituted) an atom of hydrogen. This could be turned around and written thus: CH_4+CO_2 i. e. methane and carbon dioxide.

Mysticism Supplants Chemistry

The U. S. Dispensatory cautions against the external use of even dilute acetic acid (which is used to burn out warts). But we are told that the acetyl renders salicylic acid "harmless." German mysticism—who can fathom it!

Salicylic acid is $C_6H_4(OH).COOH$. This is phenol, C_6H_5OH with one atom of hydrogen substituted by COOH. But it can be inverted and read thus: C_6H_5OH plus CO_2 , i. e. phenol and carbon dioxide. This is all that salicylic acid is, and acetic acid which is marsh gas and carbon dioxide will make matters worse. It will make this: $C_6H_5OH+2CO_2+CH_4 || C_6H_4(CH_3).OH+2CO_2+2H$, i. e. cresol (a substance more poisonous than carbolic acid) and two molecules of carbon dioxide and two free atoms of hydrogen.

Reactions Between Salicylic Acid and Stomach's Hydrochloric Acid

When the HCl (hydrochloric acid) of the stomach acts upon salicylic acid it forms either $C_6H_5Cl+H_2O+CO_2$ i. e. carbon dioxide and water and chlorobenzene (a terrible poison) or C_6H_5COCl (benzyl chloride, another poison) + H_2O_2 (hydrogen peroxide).

Salicylic acid is a derivative of benzene, C_6H_6 (not benzine!) which is found in coal tar and it can be written: $C_6H_6+O+CO_2$ i. e., benzene and carbon dioxide and free oxygen. Benzene is extremely poisonous. It *kills the white blood corpuscles and renders the blood helpless against the invasion of bacteria* and other poisonous foreign substances.

Acetic acid burns tissue. Imagine now, the combination you are getting!

Can you see the "harmlessness" of it now! Is it harmless?

Various Poisons Bound Up in Aspirin

Now let us get at the formula of aspirin itself. $C_6H_4(OCH_3CO).COOH$ can resolve itself into $C_6H_4(OH).CH_3+CO_2$ (cresol + carbon dioxide). It contains within itself two poisons that will burn your vitals, choke you and smother you, but aspirin is "harmless"! German advertising says so.

It also contains within its womb the following "harmless" substances: $C_6H_5OH+C_2H_2+CO_2+O$, i. e., carbolic acid and acetylene and carbon dioxide and oxygen, or $C_6H_4OHCOOCH_3$ (methyl salicylate) + CO or CH_3OH (wood alcohol) + $C_6H_4CO+CO_2$ or toluene (extremely poisonous) or toluic acid or benzoic acid and olefiant gas and other such "harmless" stuffs.

Destroys Hemoglobin

When it gets into the blood it forms compounds which rob it of its main stronghold (hemoglobin) and thus "stimulates" (so to speak, in the dogma of modern drug medicine) for while the dangerous compounds are voided by way of the skin or urine, it has impoverished the blood to such an extent that it clamors for some more aspirin, and thus the aspirin habit is formed and this continued false stimulation might well finally cause death by salicylic acetic acid poisoning. But still it is "harmless!" You have it on the honor of German propaganda! It contains $CH_3CO.O.CH_3CO+H_2O+C_5$, i. e., acetic anhydride (a violent poison) and water and five atoms of carbon—still it is "harmless!" It really may be thus, according to Fichte's philosophy or that of Hegel!

How Prepared Commercially

It is prepared commercially, in either of these two ways: (1) by heating acetic anhydride with salicylic acid to 302 degrees C according to formula: $2C_6H_4OHCOOH+(CH_3CO)_2O=2C_6H_4(OCH_3CO).COOH+H_2O$ or by heating acetyl chloride and salicylic acid: $CH_3COCl+C_6H_4OHCOOH=C_6H_4(OCOCH_3).COOH+HCl$. In short aspirin is made out of two poisons and becomes poison in the body. The HCl in the stomach reconverts it into acetyl-chloride and salicylic acid, which in turn break up into numerous other poisons: heart poisons and blood poisons, all!

The Law of Probabilities in Pharmacotherapy

I illustrate these facts chemically in my manuscript, "The Law of Probabilities in Pharmacotherapy," which will be published shortly and which, dealing with pure chemistry, cannot be disputed.

Not only is it not "harmless," not only does the acetyl radical not "improve" the salicylic acid poison possibilities, but it is pregnant with a double danger: the acetic acid danger and the salicylic acid danger.

(See Foot Note 3, Page 6)

Acetic acid is called methylene formic acid, $CH_2.HCOOH$. This is a terrible corrosive, and no sane human being without suicidal inclina-

A Thirty Day Opportunity that May Never Recur in Your Lifetime

Now that the Flu has come back for a second visitation and all but receded, yet not without again taking its much grudging toll of human victims, you have a wonderful opportunity to utilize the present state of sustained public interest in this subject for winning proper credit to osteopathy as the best protection against this scourge.

I would be incompetent as Publicity Counsellor of the profession did I not point out this opportunity to you before it has passed, perhaps—happily for our brother man—not to return again during the rest of your period of practice. Statisticians tell us that Epidemic Flu returns in cycles of 33 years following its second visitation. Let us hope for a 33 year respite!

But Sporadic Non-epidemic Flu, like the poor, we have always with us. It will probably continue to be one of winter's commonest infections and people have now learned that Flu is never an ill to neglect or try to weather through without a physician's attentions. The question is, then, are you—in the face of our profession's astounding achievement in both the great and lesser epidemics—going to let M.D.'s, through sheer monopoly of public prints, teach the people to put their trust in so-called but mis-called prophylactic vaccines and serums, deadly coal tar synthetics, nerve poisons, heart poisons, purges, alcohol and all the other injurious drugs which by their very employment confess the utter want of any **general** therapy in the hands of the "regular" profession? Could you ask for a better chance to serve your own and your profession's interests? Absolutely, no. We must all recognize the strategic value of this moment for submitting our case to the public. But will **you** personally act upon it—now, before it is too late?

The people are eager for light. They are reading. They are talking. They are interested. They will gladly give osteopathy a hearing. Let us quit talking platitudes about spending a million dollars to give the world osteopathic conviction and begin now to work as individuals—the only way that any great thing is ever put over.

Will **you** spend \$25 **within three weeks** to help realize this opportunity for osteopathy in your home community? Will you do it in view of the fact that your own slight effort will be worth \$1,000 to your practice? There is a 40-to-1 shot in your favor—will you take it?

I have made the way easy for you. I have prepared your campaign, written or had written for you the three documents so perfectly adapted to perform your three-weeks' follow-up educative work. I have printed them in attractive form, have them on my shelves ready to send out for you. You put the \$25 in my hands and give me one hundred and fifty names of your former patients and other conspicuous persons you would like to reach and I will send out the following three messages, 150 at each mailing, one week apart, each bearing your professional card, with clerical work of addressing, mailing and postage all included for the \$25. This offer is subject only to exhaustion of present printed stocks on hand.

Here is what I would send out for you:

1st Mailing

"Physical Culture's" wonderful boost article and editorial on "Osteopathy's Victory in the Flu-Pneumonia Epidemic." (I say "wonderful article" and it is, not because I wrote it but because the truth it tells about what osteopathy did to save life is wonderful. It's the historic fact that I call wonderful, not the mere words of the historian, although they too, are good.)

2nd Week's Follow-Up

Professor Lane's very lucid, scholarly and readable treatise on the futility of expecting protection against or cure of Influenza, Pneumonia and similar Infections by either Vaccines or Serums. He permits pure science to reveal the actual truth to laymen, who are being so generally faked today by charlatan claims of cures put out by commercial laboratories. He also tells the grand facts **how** and **why** Osteopathy does prevent, abort and cure these and other General Infections because it possesses a soundly scientific General Therapy which is endorsed by every known fact of Biology.

3rd Week's Follow-Up

That excellent case report on the osteopathic cure of Sleeping Sickness following the Flu—the actual report, largely taken from Chicago Newspapers, of a hospital case that had been totally paralyzed for forty days under drugging and Allopathic skill and which became the topic of a learned discussion before the Chicago Medical Society—given up to die—cured by an Osteopath in a few weeks!

The first mailing proves the merits by statistics and facts, the second by theory and pure science, the third by a nationally famous competitive test of therapies on a well established case. Osteopathy always won by either form of test, theory or practice, reason or result.

For humanity's sake, Osteopaths—quit apologizing, tell the whole truth about Osteopathy in the Epidemic, and come into your own!

Let me do \$25 worth of truth-telling for you this month! Will you?

—Henry Stanhope Bunting

Dr. Barger's Office Sent Out 2,100 Copies of "Osteopathic Health"—Read What He Says

Out here in Sidney we had some flu this winter and I have had about fifty or sixty cases without a loss. Practically all of these cases were new patients who had heard or read about the success of osteopathy in the epidemic last year. Very few of the influenza cases this year were people who had it last year and the disease this year is of milder form. Altogether I have had about 225 cases of flu without a single loss and I am here to say that osteopathy has come to the front out in this neck of the woods as the result of the influenza-pneumonia pandemic as doubtless it has done elsewhere.—*Frank A. Barger, D.O., Sidney, Nebraska, February 23, 1920.*

The Unique Baby

If all babies were alike, and had the same powers of digestion and assimilation, a standard of feeding mixture calculated to agree with the average baby would suffice—

But each is different from every other baby, must be considered individually, and fed according to his individual requirements.



The correct arrangement of diet for the individual baby marks the difference between success and failure in infant feeding.

TO THIS END WE PREPARE MEAD'S DEXTRI-MALTOSE IN 3 FORMS

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tions will even *think* of taking it internally!
And aspirin contains methylene formic acid. Is it "harmless?" (See Foot Note 4, Page 7.)

Proof That Salicylic Acid is Phenol

That salicylic acid is phenol is proven by the fact that it is made up of carbolic acid in this way:

Small pieces of metallic sodium are added to hot phenol and carbon dioxide is passed through the mixture: $2C_6H_5OH + 2Na + 2CO_2 = 2C_6H_4(ONa)COONa + 2H_2$. This produces disodium salicylate, which by a process of distillation and purification is converted into salicylic acid and some sodium compounds, $C_6H_4(ONa).COONa + 2HOH = C_6H_4(OH).COOH + 2NaOH$, phenol being the residue, and, therefore, oftentimes, an impurity of the same.

Not only will the process of production of the salicylic acid itself show you that it is made out of a bunch of poisons, but even "harmless" sodium salicylate is made out of sodium phenoxide (sodium carbolate, carbolic acid sodium) in this way: Sodium phenoxide (which is phenol with the hydroxylic hydrogen replaced by sodium and is made up of phenol and sodium hydroxide) $(C_6H_5OH + NaOH = C_6H_5ONa + HOH)$ is heated to $180^\circ F.$ and exposed to a stream of CO_2 , when half of the phenol is regenerated: $2C_6H_5(ONa) + CO_2 = C_6H_4(ONa).COONa + C_6H_5(OH)$. [Look at it! It is, on addition of 2 molecules of water, sodium phenoxide (phenol-sodium) plus carbon dioxide plus caustic soda (sodium hydroxide): $C_6H_4(ONa).COONa + HOH = C_6H_4(OH).COOH + NaOH$! How do you like it? Boiling water makes salicylic acid (orthohydroxyl of benzoic acid) out of sodium salicylate: $C_6H_4(ONa).COONa + HOH = C_6H_4(OH).COOH + NaOH$ or $C_6H_4(OH).COONa + HOH = C_6H_4(OH).COOH + NaOH$. This is the commercial method, the method practiced by the "manufacturing chemists" for "medical purposes." Sabe?

The Body Contains Every Reagent

Is there any doubt, *now*, that it is but phenol and carbon dioxide? On distillation with lime it breaks up into calcium carbonate, water and phenol: $C_6H_4(OH).COOH + Ca(OH)_2 = CaCO_3 + H_2O + C_6H_5OH$. At $220^\circ F.$ it decomposes by polymerization, i. e. atomic migration, spontaneously into phenol and CO_2 , that is, it poli-

merizes (changes its atomotaxis, i. e. arrangement of the atoms in the molecule).

The body is the best equipped laboratory. It contains every reagent imaginable. It contains lime and a distilling apparatus. It is quite capable of breaking up salicylic acid into phenol, calcium carbonate and carbon dioxide, and aspirin into marsh gas and phenol and carbon dioxide, and it does so, as the symptoms of aspirin poisoning show. But Germany advertises it as "harmless" and recommends a large surplus dosage!

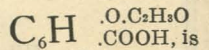
And They Fed It to Our Soldiers!

After assimilating all these facts and knowing that aspirin is a combination of marsh gas, carbon dioxide and phenol, that it was hatched and made in Germany before and during the war, was advertised to the American public as "perfectly harmless," then ponder on the fact that during the war tons of it were fed to our fighting men at home and on European battlefields by our allopathic army doctors!

FOOT NOTE 1

Aspirin Known to Chemistry a Half Century

Aspirin has been exploited and vociferously and full-mouthedly hailed as a "new" chemical. Well, maybe it is new to "medical" chemistry, but *not* to *chemical chemistry*. On p. 630 of Wislicenus' "Organic Chemistry," lines 20-21, you find this short allusion to acetylsalicylic acid: "By action of chloracetyl on salicylic acid *salicylic acid acetate*,

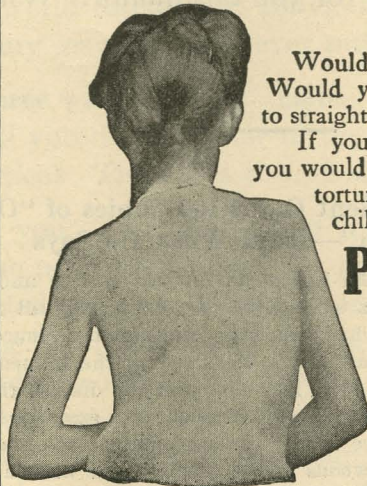


formed, which crystallizes in fine needles." The English translation of the book was printed by Appleton in 1882, the original having been published somewhere between 1860-65. How do you like this "newness"? The only innovation here must be its introduction in "medicine." Well, thanks to the "medical chemists" for acetyl chloride (chloracetyl) and salicylic acid. Wislicenus called acetylsalicylic acid "salicylic acid acetate." His formula is

$$C_6H_4(OCH_2CO).COOH$$

while the present formula is: $C_6H_4(OCH_2CO).COOH$. It is all the same. The acetyl (acetic acid radical) can be written

If this case came to you, what would you do?



Would you wrap this little body into a torturous plaster cast? Would you put it in unyielding leather? Would you attempt to straighten it in a jacket of steel?

If you have investigated the modern treatment of such cases, you would resort to none of these antiquated appliances—things of torture and of questionable benefit. You would fit to this child's deformed back a

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Still Waters Run Deep!

Dear *OP*:

Kirksville, Mo., March 1, 1920

You wish to know my ideas about our four-year schedule. I have thought much on the subject. While it is the instructor who counts most, the ideal curriculum, it seems to me, is one that blends its subjects in such a manner that the student is unconsciously prepared in each subject for the one to follow. Unknowingly he thus begins to absorb the principles of osteopathy from the first lecture, as a freshman, whatever the subject may be.

Teaching is a progressive art and teachers are born as well as made. In the past it was often necessary in our colleges to put inexperienced men in charge of a department because of their availability who, no matter how capable in their special lines, lacked the practical experience to give, step by step, points that could and should be noted in the application of the principles involved.

Begin with anatomy, the basic subject of osteopathy. A less experienced teacher than Dr. S. S. Still would pass over much of interest but he quaintly unfolds it at a formative period of the freshman mind. From him, the student goes to Dr. Halladay who by rapid fire still further develops this subject in applied anatomy, and as the student is now further advanced, gives practical application of it in each region of the body. You know how, in the past, this was often neglected simply because the instructor did not make use of his opportunity.

You know Lane, M. A. Lane, pathologist, immunologist, biologist—well, he is an osteopath simply because he can not, as a scientist, be anything else, and he points the osteopathic moral in every subject from the moment the timid freshman sets foot within his classroom. This truth has science behind it, not mere speculation, and it is poured out over the whole four years.

Then there is Dr. Henry—why, he can tell more osteopathy from a drop of urine on a slide than many less expert could after a family and personal history for generations backed by a complete examination. Then he can go on and give an hour's talk about differential diagnosis if the centrifuge crank is turned three extra times.

Dr. Hamilton has had so many subjects that he can no more help applying the principles of osteopathy to the one in hand than he could help eating his dinner. No one-string fiddle for Emmet!

Dr. Platt begins to think how to adjust the spine at the moment he begins to teach histology and he trains his students to get the same viewpoint by developing their reasoning powers as to the formation of structures they will later handle in practice.

Dr. George Still complained to me lately, "They would not let me be an osteopath but made me be a surgeon." Sure, they did, but it gave us a great surgeon who is a still greater osteopath, and there is absolutely no question as to that statement for he is as loyal to the subject as any man living.

As the right hand man of George Still, Dr. B. D. Turman could not be anything but osteopathic in his subjects, so he delivers the babies osteopathically that, as they grow up, they may be kept well by osteopathy.

If Andrew Taylor Still was the father of osteopathy, surely Dr. Ella D. Still should be considered the mother of her specialty, gynecology. She got it first hand and has developed it continuously and osteopathically.

And as for me, whom you facetiously call "Father Teall," well, I have always known that the Old Doctor knew the right way when he taught osteopathy by word of mouth and by touch of finger.

"Feel that," he would say, "well, that is the angle of the third rib, feel of it and never forget."

So I am telling them of all the minutia of osteopathic practice and in clinics I place their fingers on the lesion and tell them in the words of the old Master, "there is the trouble." It's the only way, fellow osteopaths.

And then the youngsters who are coming into prominence, Browne, Hain, Schmidt, McCollum, Gorrell, Rieger and the Misses Heising and Gottreu, they are all winning their spurs and all are osteopathic.

Here is the idea, it is not the spectacular events of every day life that count for most; it is the minutia, the small things well done that, in the end, make a reputation.

And so, my dear *OP*, the ideal curriculum is based on a system that will begin the study of osteopathy the moment the student enters school, but teaching must be done in a subtle manner so that the student must not actually realize how much he really is getting. In this manner a foundation is laid and step by step he is prepared to begin actual practical work. This procedure is absolutely necessary so that bad methods and faulty technique do not get foothold. There you are, doctor; do you think it appeals to the discerning ones?

Yours fraternally,

Chas. C. Teall, D.O., Dean, ASO.



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either CH_3CO or $\text{C}_6\text{H}_5\text{O}$. The former is graphic, while the latter is empirical. So, here we have even its "modernness" and "newness" unmasked!

FOOT NOTE 2

American Medical Association Abracadabra

In "New and Non-official Remedies" for 1917, issued by the Council on Pharmacy and Chemistry of the A. M. A., there is a discussion on Salicylic Acid and its derivatives.

It gives the *raison d'être* for the introduction of these "new" preparations "into medicine" as "to avoid the disagreeable taste and gastric symptoms of salicylates."

So salicylates *cause* gastric symptoms! Thanks for the admission! *Multas gratias, domini!* (Many thanks, gentlemen!)

The esters are supposed to be "more or less insoluble," so that "the salicyl is liberated in the intestine or in the blood."

No one can "prove" that they are insoluble enough to escape the "baneful effects" of that "nasty thing" called the HCl of the stomach!

Listen to this logomachy and chain of contradictions! Dissect it with the scalpel of logics!

These compounds, the venerable council (composed of three German chemists) assures us, exert *little* or *no* action on the stomach.

Still, it continues, Hanzlik and Lachlan reported nausea and vomiting! *Multas gratias* to the observations of Hanz and Lach! Does the *iatro-synedrion* (medical council) believe Hanz and Lach or not? How does it stand on the proposition?

But the Council has no faith in these innovations, as in practice they are not superior to sodium salicylate which, allegedly, does not produce gastric symptoms.

But under what conditions? Guard it by a bicarbonate (i. e. $\text{NaOH} + \text{CO}_2$, etc., etc.)

Medical duplicity! It *does* produce and it does *not*! Now you see it and now you don't!

The taste is better, the poor Council bewails and laments, but they cost too much!

Well, Council, old boy! All "medicines," especially those wonderful "new synthetics," cost like hell! Jaspers and sapphires and emeralds cost less!

The alkyl esters (methyl salicylate type) are for external use only. Very good! But why, O sapient Council, do you tell in what diseases they are to be used and why do you tell the dose? Consistency, thou art a jewel with these pharmacoparanoiacs!

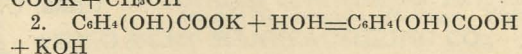
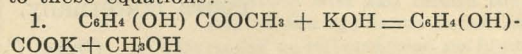
The acyl derivatives, we are assured by the Council which is afflicted with the dementia *pharmacica* (insanity of attributing all cures to drugs), are blessed with a *higher* antipyretic and analgesic action which surpasses that of sodium salicylate, with *less* danger of local irritation!

Those poor squirming worms! They jump, acrobat-like from *one* logical rope to another; like the proverbial frog, from the frying pan into the fire!

Now sodium salicylate irritates, and now it doesn't!

O, *dii Romani!* Who can get sense out of this? Now sodium salicylate is superior to the *acyls* (notably aspirin) and now the *acyls* are superior to the salicylates! This *salto mortale* (death jump) on the logical circus stage is a nerve-racking fright, a brain-numbing sight!

Salicylic acid is sometimes made out of methyl salicylate, boiling it with KOH (potassium hydroxide, caustic potash; an impurity of salicylic acid), making potassium salicylate and wood alcohol, (methyl alcohol), according to these equations:



When taking methyl salicylate internally, is

there not danger about its union with water in the body and liberating salicylic acid and caustic potash, because much of the potassium salicylate which arises out of its manufacture, very often remains there in great quantities, as an impurity?

Ponder over the probability!

We know that salicylic acid turns into tetrachloroquinone by means of chemicals. This is a phenolic property. This also happens in the body where there are phenolases, i. e., enzymes whose specialty it is to turn phenols into quinones. Just think of how lovely it is to have quinones circulating in your poor old cyclophoria (blood stream)!

Aspirin is salicylic acid, and, therefore, turns, partly, into quinones! *Sapienti sat!*

The Council deplores the promiscuous use of aspirin by the laity. (Ha! ha! why not by the "prescribers?") as it leads to the following toxic symptoms:

(1) Edema of the lips, (2) swelling of the tongue, (3) swelling of the eyelids, (4) swelling of the nose or entire face, (5) urticarial rashes, (6) vertigo, (7) nausea, (8) cyanosis.

It tells us also that most persons have an idiosyncrasy to the "harmless" drug that causes all those good things!

One thing is sure, viz., that, aside of its esoteric and occult therapeutics (which is no better than that of the Egyptian *chartoumim* [Pharaoh's magicians]) the Council has little faith in aspirin and its congeners!

Here is a resume of the Council's four types of salicylic acid compounds "introduced in medicine":

1. Those in which H of OH has been replaced by acyls (acid radicals): aspirin, nov-aspirin, diaspirin, diposal.

2. Those in which H of the carboxyl group has been replaced by phenyls (radicals of phenol, the most dangerous radicals) phenyl salicylate (salol), $\text{C}_6\text{H}_4(\text{OH})\text{COO}(\text{C}_6\text{H}_5)$, betanaphthyl salicylate, guaiacetyl salicylate (guaiacol salol), acetparamidophenyl salicylate (salophen).

3. Those in which the salicyl action is subordinate: salipyrine, mercuric salicylate, phenocoll salicylate, saliformin, saloquinine, saloquinine salicylate and santyl.

They all will be taken up in succeeding articles in their rotation. A studious perusal of the same will lead the Council to my conclusions.

FOOT NOTE 3

Allopathy's "Now You See It, Gents! —And Now You Don't!"

In "Pharmacology of Useful Drugs," issued by the A.M.A., a book in which the A.M.A. is committing suicide, you find, under the subject, bold assertions as to the phenolic nature of salicylic acid. Its reaction to ferric chloride (deep bluish-white color) resembles that of phenol. Like phenol, it is converted into chloranil (tetrachloroquinone), $\text{C}_6\text{Cl}_4\text{O}_2$ (an aniline dye) by treating it with KClO_3 or HCl : $\text{C}_6\text{H}_4(\text{OH})\text{COOH} + 4\text{HCl} = \text{C}_6\text{Cl}_4\text{O}_2 + \text{CO} + 9\text{H}$ or $+ \text{C} + \text{HOH} + 7\text{H}$ or $\text{C}_6\text{H}_4(\text{OH})\text{COOH} + 4\text{KClO}_3 = \text{C}_6\text{Cl}_4\text{O}_2 + 4\text{KOH} + 3\text{H}_2\text{O} + 6\text{O}$. It is changed in the system, like phenol, into protocatechic acid, according to the U. S. Dispensatory.

Since this "Useful Drugs" publication of the A. M. A.'s Council on Pharmacy and Chemistry is accepted as a great authority on pharmacology (experimentation with drugs on living animals) and pharmacopoesis (art of preparing drugs), the following remarks, which are to be seen under *acetanilid*, *antipyrin*, *acetphenetid*, *acetylsalicylic acid*, *salicylic acid*, *sodium salicylate* and *methyl salicylate*, will be of great value to one investigating our subject:

Acetanilid: Analgesic, antipyretic, and in large doses, a *cardiac depressant*, probably due to *paraminophinol*, into which it is converted in the body.

Acetphenetid (*phenacetin*), $\text{C}_6\text{H}_4(\text{O.C}_6\text{H}_5)\text{NH}(\text{CH}_3\text{CO})$:



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Also sample

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Written for the lay public, it yet contains in easily accessible form such advanced information of inestimable value to the osteopathic practitioner. Indeed it absolutely is the most advanced and scientific statement of Osteopathic Therapy that has yet been produced while as a popular statement of advanced Biology and Pathology there is nothing to touch it in the whole medical book field. Studied carefully, it will serve as a text reference book of the greatest usefulness to the doctor himself.

Make yourself familiar with the facts and theories set forth in this work. Discuss its revelations briefly with your patients. Each of your good patients should be presented with a complimentary copy. Such thoughtfulness and generosity will pay you many fold.

Thinking people who have been brought quickly and safely through a siege of Influenza or Pneumonia by Osteopathy are interested to know WHY it works so successfully. This book, "A. T. Still, Founder of Osteopathy," gives the answer. You will find it a revelation to everybody that exact harmony exists between Osteopathy and the most modern scientific Laboratory Research. This fact, once understood, will advance immeasurably your prestige as a physician in the minds of your clientele.

The price of the book, well bound in dark green cloth, stamped in gold, is \$3.00 delivered, postage paid. Order today. Feast on it tomorrow. Derive benefits in practice the day following.

**The OP, 9 S. Clinton Street
Chicago**

The analgesic, antipyretic and *cardiac depressant effects*, like those of acetanilid, $C_6H_5.NH.(CH_3CO)$, are probably due to the formation of paraminophenol, $C_6H_4(NH_2).OH$ (a substance which converts hemoglobin, i. e., living blood, into methemoglobin, i. e., *dead blood*).

Acidum salicylicum: Antiseptic, irritant to mucous membranes, corrosive *internally*, to be employed in the form of *sodium salicylate*.

Antipyrine: Antipyretic, analgesic, *no reference to cardiac depression!* How about it, Osler?

It is incompatible with nearly every chemical used in medicine, but look at prescriptions on counters and "Formularies"—they are mixed with nearly everything!

Methyl salicylate: The external application feature is urged, internal not mentioned.

Sodium salicylate: Irritant to mucous membranes, slightly antiseptic, may cause pain and vomiting, ringing in the ears, nausea, increase of uric acid, increase of nitrogenous metabolism, depression of nervous system, convulsions, slowing and depression of respiration, collapse from depression of circulation, abortion in pregnancy. What do you think of this *Shikutz m'shomom* (abomination of desolations)? And this is supposed to be "less harmful than salicylic acid!" If this is so, what might salicylic acid be? Sipienti sat!

Now scan the "Epitome to the U. S. Pharmacopoeia," another A. M. A. publication.

Acetanilid: Analgesic, antipyretic, *cardiac depressant*.

Acetphenetidin: Analgesic, antipyretic, *cardiac depressant*.

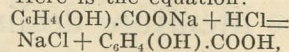
Antipyrina: Similar to acetanilid.

The consensus is that they are all *equally depressant* or that antipyrine is the *least depressant* and acetanilid *most depressant*. How about it, Osler? They use *more acetanilid* than antipyrin? 'Nuf ced!

Impurity Dangers in Aspirin's Use

In addition we must calculate the dangers lurking behind the impurities contained in aspirin. They are twofold: 1. Those resulting from the residues in the manufacture thereof; 2. Possible impurities. Consider that in the first instance we get acetyl chloride, acetic anhydrid, phenol, metallic sodium, chloroform, hydrochloric acid and other "harmless" materials; while to the second class belong, 1st, those drugs that simulate its color; 2nd, that resemble it in odor; 3rd, resemble it in taste; 4th, effect; e. g., quinine, morphine (before the Harrison anti-narcotic law), acetanilid, acetphenetidin, milk sugar (galactose), sodium bicarbonate ($NaHCO_3=NaOH+CO_2$) starch, etc., etc. (1, to avoid cost; 2, in case of shortage to fill orders.)

The monosodium salicylate, $C_6H_4(OH)COONa$, (the species given in medicine), the official "sodii salicylas" (with apologies to Caesar and Cicero!), can be decomposed by HCl in vitro (that is, in glass, in test tubes), why not in the stomach? Here is the equation:



viz., sodium chloride (supposedly common salt, not necessarily) and salicylic acid. Is the HCl in the stomach so kindly to it as not to attack it at all? This is improbable. The pharmacosophic (drug-philosophical) "Law of Probabilities" teaches that it is being done, all the ipse dixits and dogmatic ex cathedra assertions to the contrary notwithstanding.

Dry sodium carbolate (sodium phenolate), $C_6H_5(ONa)$, under pressure in the cold, will absorb CO_2 and become $C_6H_5ONaCO_2$ (sodium phenylcarbonate, sodium carbon dioxide phenolate), which, on heating to $120^{\circ}-140^{\circ}C$ ($248^{\circ}-284^{\circ}F$) polymerizes, i. e., changes its atomic arrangement (atomotaxis) and becomes $C_6H_4(OH)COONa$ (monosodium salicylate). The latter can, under a process of cooling, repolymerize into sodium phenylcarbonate, both in vitro and in the body.

The body possesses a set of enzymes called isomerases and polymerases which preside

over the polymeration of isomers and metamers and polymers into one another. This will be perfectly illustrated in another article dealing with enzymes and their action on drugs.

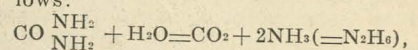
The pepsin, gastrolipoid and rennin of the stomach, besides their other functions, are also isomerases and polymerases and are aiding HCl to perform most of its functions. Euler tells us that, and proves it, and I shall show how he proves it, in "Euler On Some Well-Known Drugs" to follow.

By the way, he also proves salicylic acid and all salicylates, and quinine, 'n everything, to be, not merely enzyme *paralyzers*, but enzyme *poisons!* Some substances help the activity of enzymes, they are enzyme activators; some stop their activity for a while, they are enzyme paralyzers; some stop them forever, they are enzyme poisons.

FOOT NOTE 4

How Medics Somersault Over Common Sense

Acetic acid will, under the influence of certain enzymes in the body, called polymerases, i. e., enzymes causing polymerization (change in the atomotaxis, i. e., arrangement of the atom in the molecule, of compounds, e. g. urea, $CO.NH_2$ will, under the catalytic influence of a polymer enzyme called urease, be converted into $2NH_3+CO_2$ [ammonia and carbon dioxide], but by hydrolysis, i. e., by absorption of a molecule of water, H_2O , as follows:

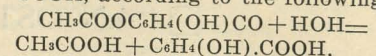


the hydrolytic action, i. e., the absorption of a molecule of water from the air or fluids of the body [as the case may be], being caused by the urease or urea-splitting enzyme, which accounts for its being called "polymeroid," on account of its causing imperfect polymerization, i. e., hydrolytic polymerization) split into either paraldehde, CH_2COH and free oxygen, $CH_2COH + O = CH_2COOH$ or formaldehyde-methylene $CH_2.HCOH + O$.

There are a host of polymerases in the body which "medical" physiology does not teach, e. g., isomerases, stomach-lipases, polymerases, etc., etc. The average "physician" knows of the existence of a pancrease-lipase, but Euler, the greatest enzymologist on earth, a Dutch chemist, proves a stomach-lipase and has proven the existence of polymerases, isomerases, and other enzymes never dreamed of in the average "medical" Horatio's philosophy, which will be thoroughly dwelt on in a forthcoming article.

Aspirin, $C_6H_4(O.CH_3CO).COOH$ is an isomer of acetylsalicylate, $C_6H_4(OH).COOCH_3CO$, which is again a polymer of $C_6H_4(OH).COOCH_3$ (methyl-salicylate) + CO (carbon monoxide). Under the influence of polymerases, aspirin will polymerize, i. e., become converted by atomic migration, first into acetyl salicylate, then into methyl salicylate + CO.

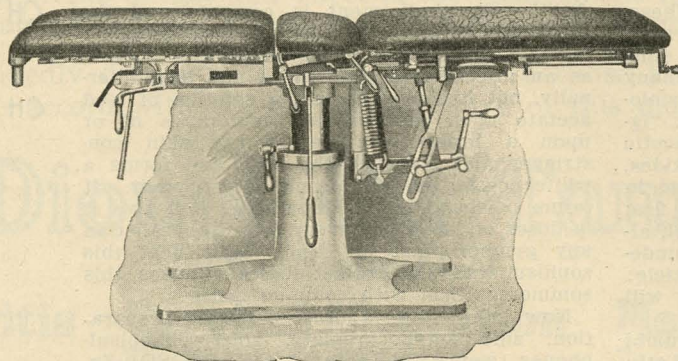
It is also an isomer of salicylacetate, $CH_3COOC_6H_4(OH)CO$, which, under the catalytic influence of the butyrases (enzymes that convert lower fatty esters into acids and alcohols) in the body, absorbs a molecule of hydrogen monoxide, H_2O , and becomes acetic acid, CH_3COOH and salicylic acid, $C_6H_4(OH).COOH$, according to the following equation:



which, under the influence of polymerases may be split into marsh gas and carbon dioxide and phenol and carbon dioxide, respectively:

$CH_3COOH = CH_4 + CO_2$. $C_6H_4(OH).COOH = C_6H_5(OH) + CO_2$ which latter (salicylic acid) has a chance, under the influence of phenolases (enzymes that split phenols into quinones) to absorb a molecule of hydrogen alcohol, H_2O (I hope there will *never* be a prohibition law

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on this variety of alcohol) and become $C_6H_4O_2$ as: $C_6H_5(OH) + HOH = C_6H_4O_2 + 4H$ or absorb an atom of oxygen and become quinone, thus $C_6H_4(OH) + O = C_6H_4O_2 + 2H$.

Here is a sound of warning against taking the many salicylates, acetates and sulphocarbolates (phenolsulphonates, compounds of a phenol and sulphone, SO_3 , side-chain). These, under the influence of the esterases, butyrases, catalases, phenolases, alcoholoxydases, aldehydases, isomerases, polymerases and many other enzymes which the "medical" physiologies do not tell you a thing about (cause: "ignorance or dishonesty?") will split into acetic acid and some alcohols or metallic hydroxides, respectively; salicylic acids and ditto, and in case of the sulphocarbolates (a Chicago firm writes bibles on this subject), into phenol, alcohols or metallic hydroxides and pure undefiled sulphuric acid, H_2SO_4 . My next article: "Euler On Some Well-known Drugs," will elucidate this.

An example of an official acetate is "plumbi acetat" of U. S. P. (with apologies to the Latin of Cicero and Caesar; "medical" Latin is of the hog-dog variety, to use a literal translation of the German "Schweinhund") which the Dispensatory recommends in chronic diarrhoea and dysentery in full-form combined with opium, "sugar of lead and opium pill!" A favorite phrase of a host of "doctors" and pharmacists! The formula is $Pb(CH_3COO)_2$. Upon heating this salt in the flame of the blowpipe upon charcoal, it is decomposed into metallic lead and acetic acid. There is plenty of heat in the body for this reaction, and, coupled with the activity of the enzymes, the presumption for plumbism (lead poisoning) and acetic acid poisoning is not merely a *causa probabitur vel non*, but a fact so well established that the judge may safely instruct the jury to issue a verdict of "guilty!"

The Dispensatory recommends lead with

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opium. This makes the poison possibility still worse: Lead poisoning plus the many nitric acid poisonings due to the several opium alkaloids. Such a prescription writer ought to be severely prosecuted under the Harrison Narcotic Act, and the publishers and writers of such stuff indicted under the "Public Enemy Act"! The indictment is compete and the conviction in absolute justice a sure thing!

The Dispensatory recommends lead acetate as an injection in gonorrhoea and also internally, but it also says that a solution of lead acetate upon the mucous membranes of or upon a broken surface of the skin constricts and blanches the area and forms a white coating of lead albuminate upon it. It forms poisonous lead albuminate, but give it in doses of 1-3 grains every 3 to 6 hours! Can any gymnosophist or Hindu fakir beat this sophism and sin against logics as does this sommersaultism with common sense?

Now let us take another "official" preparation, zinc sulphocarbolate, zinci phenolsulphonas (wonderful Latin!), $(C_6H_4[OH]SO_3)_2Zn$.

It is recommended as an intestinal astringent and antiseptic, but it splits, under heat and enzymes, into metallic zinc, H_2SO_4 and phenol. It's not poison, is it?

Methyl salicylate, $C_6H_4(OH)COOCH_3$, splits into salicylic acid and wood alcohol $C_6H_4(OH)COOH + CH_3OH$, but give it! The Dispensatory gives you all the symptoms of poisoning by it typical of the two poisons. Why not put it under the ban of the Federal Prohibition Law?

The "synthetic" salicylic acid is made out of phenol; aspirin is mainly made out of the synthetic article, hence aspirin IS phenol.

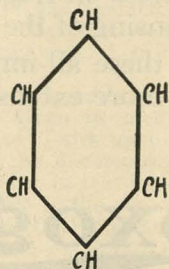
This can really not be called "salicylic acid," for the name comes from salicin, $C_6H_{11}O_5 \cdot O \cdot C_6H_4 \cdot CH_2OH$, a glucoside which has been isolated in the bark of most species of salix and populus with the same "therapeutic value" as salicylic acid and the salicylates.

This acid, which has later been found in the same species, derived its name from salicin.

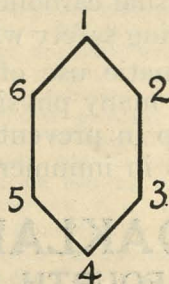
The synthetic salicylic acid, however, not being derived from salix species, should not be called "salicylic," but ortho-hydroxy-benzoic acid.

It is the poisonous benzoic acid, C_6H_5COOH , with OH in it, a derivative of poisonous benzene.

Here is the benzene ring:

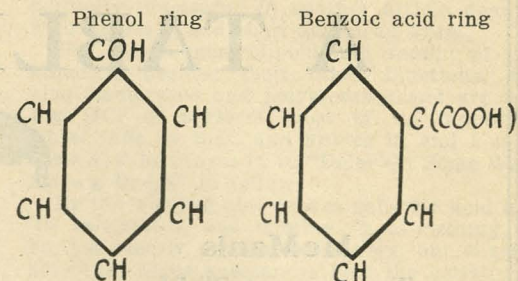


It is a hexagon, at every angle of which is placed a methenyl, CH. The positions are numbered thus:

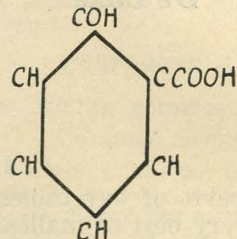


A substitution 1:2 or 1:6 is an ortho substitution; 1:3 or 1:5 is a meta substitution; 1:4 is a para substitution. There are 3 hydroxybenzoic acids: para, meta, and ortho.

Salicylic acid is the ortho compound, the most dangerous (a later article).

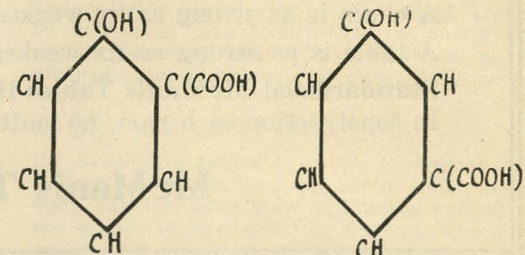


Salicylic acid ring

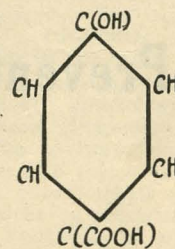


Hydroxybenzoic acid rings:

- 1. Ortho
- 2. Meta

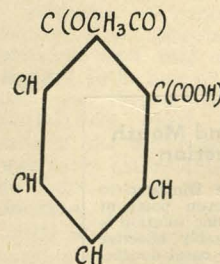


3. Para



Salicylic acid is the first variety. The other two isomers are, probably, instantly killing ones; otherwise they would have been "introduced into medicine."

Aspirin (acetylsalicylic acid, acetohydroxybenzoic acid) ring:



Observe position 1: a CH_3CO (acetyl) substitutes an H.

Consider aspirin's allies: benzene, phenol, benzoic acid, the 3 hydroxybenzoic acid acetic acid, acetates.

FOOT NOTE 5

Medical "Blavatskyism"

William R. Jack, B. Sc., M. D., F. R. F. P. S. G. (with all those handles to his name) wrote

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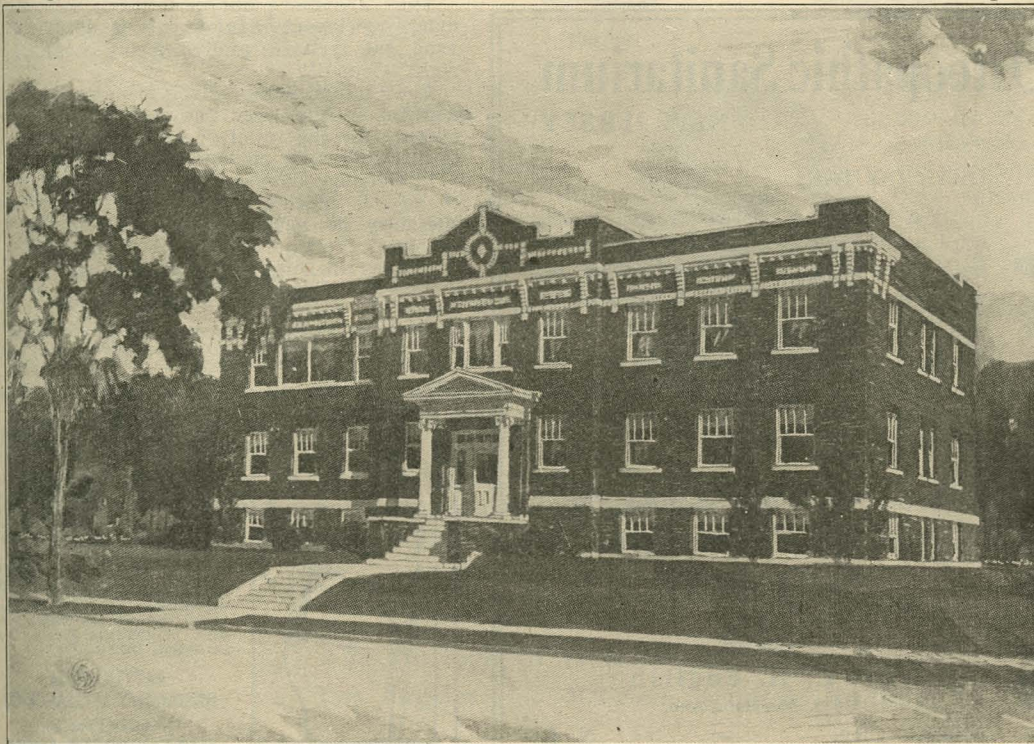
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a book on "Practice of Medicine" ("Wheeler's Handbook of Medicine," New York, Wm. Wood & Co., 1912), where he recommends, for "acute rheumatism," p. 66 infra, "salicylate of soda or salicin, as a specific remedy, 20 gr. every 2 hrs. (gr. 200 from 8 a.m. to 10 p.m.) until the temperature falls." How about sodium hydroxide, acetylchloride, phenol and CO₂ being evolved, until a gradual withdrawal is no more necessary (dead patient)? How ignorant are our learned ignoramuses!

In "New and Non-Official Remedies," for 1917, published by its council on "Pharmacy and Chemistry," A. M. A., under the head of salicylic acid compounds, it classifies these compounds as follows:

1. Those formed by replacing hydrogen of

the hydroxyl group by acyls (acidyls, acid radicals, acid. + CO): Aspirin, novaspirin, diplosal, diaspirin.

2. The hydrogen of carbonyl replaced by an alkyl: Methysalicylate, mesotan (methoxymethyl salicylate), spirosal (monoglycol salicylate), benzosalin (benzoyl methyl salicylate), ethylsalicylate.

3. The H in COOH replaced by phenyl (phenol radical) (poison on each side): salol (phenyl salicylate, C₆H₅(OH).COOC₆H₅), betanaphthyl salicylate, guaiacol-salol (guaiacyl salicylate), salophen (acet-paramidophenylsalicylate).

4. Those in which the salicylation is subordinate: Salipyrine (antipyrine salicylate), mercuric salicylate, phenocoll salicylate, salifor-

min, saloquinine, saloquinine salicylate and santyl.

They are all "new compounds" introduced in medicine.

The alkyl esters (methyl salicylate type) are supposed to be absorbed readily from the skin and to be used externally. (The Dispensary recommends them internally also.)

The acyl derivatives (aspirin type) are supposed to possess a higher analgesic and antipyretic action.

The salols contain active phenols and are adopted for intestinal antiseptics. (This smells of German esoterics and occultism. Free carbonic acid is good for the intestines! 'May be for the Council's!')

These "new" compounds are more or less insoluble and have been introduced as substitutes for the salicylates:

1. To avoid their nasty taste. 2. To escape the gastric symptoms they produce (is it a wonder: phenol, quinones, CO₂, chlorsalicylic acid, chloro-benzene, etc., etc.?) Being "insoluble" they are supposed to escape the baneful action of that bolshevik stomach, nevertheless, Hanzlik, (1913) and Lachlan (1913) found nausea and vomiting (how about their escape from the stomach?). (I explode this "insolubility" and "escape-the-stomach" superstition in another article.)

In practice, however, the Council finds, these "new" compounds (as new as aspirin and sodium cacodylate) are not superior to sodium salicylate (the Council has *little faith* in aspirin and its congeners; we have *less faith* in sodium salicylate, so we are even). But sodium salicylate is not altogether the right thing. It must be properly guarded by an alkali. (Caustic soda plus carbon dioxide?) "bicarbonate." "Thanks for your medical Blavatskyism!"

The new compounds are fine and dandy, but they are rotten, just the same! The salicylates are excellent, but they are vauxriens!!!

These new compounds taste better than the salicylates but they cost too much. (Don't be scared, Council! The drug-takers buy them just the same! Their larders suffer, but—never mind!)

The Council says aspirin is employed in colds, neuralgias, etc. (etceteras generally mean every ill the human flesh is heir to, pancreas).

They are more analgesic than sodium salicylate (without danger of local irritation) (sod, sal, irritates and does not irritate.) All right, Council!

The Council deploras the promiscuous use of aspirin by the laity (how about your physicians?) for the relief of headache which leads to the following poisonous symptoms:

1. Oedema of the lips. 2. Oedema of the tongue. 3. Oedema of the eyelids. 4. Oedema of the nose. 5. Oedema of the face. 6. Urticarial rashes. 7. Vertigo. 8. Nausea. 9. Cyanosis.

It does all this—and still, give it.

Take a course in Pharmacosophy, O Council!

Editor's Note: Succeeding installments of this research into the allopath's "resources for 'curing' human ills" will not exceed two pages any one month.

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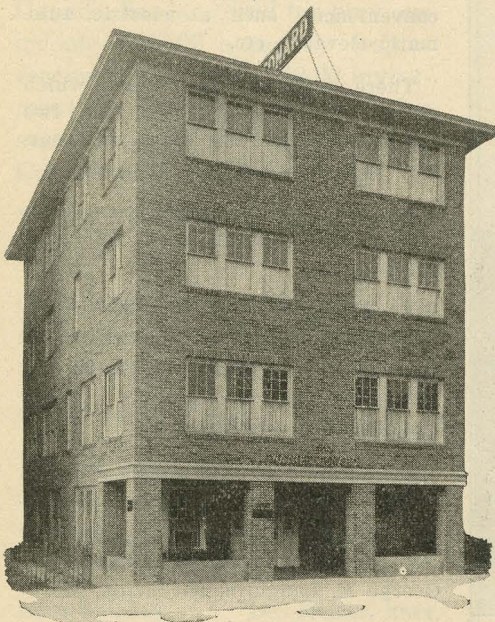


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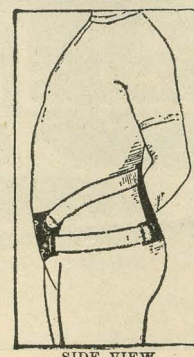
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The second course in technique is based upon laboratory methods for the study of the detection of structural abnormality and subluxation as well as study of the principles of corrective manipulations and the manner and method of their application, under careful supervision. 90 hours in the 4th semester, under Dr. Carle Harvey Phinney.

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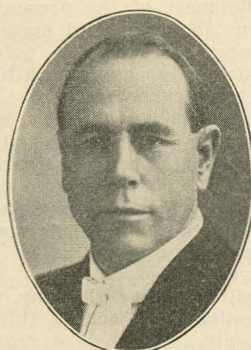
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The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXVII March, 1920 No. 3

CARRYING WAR INTO THE ENEMY'S COUNTRY

Instead of allowing allopathy as organized by the American Medical Association to assume the role of prosecutor and persecutor of osteopathy and to exercise the function of determining what, when and how osteopathic physicians shall and shall not practice, *The OP* is of opinion that things ought to be just reversed. The "regulars" are the boys who are poisoning the life out of the people; osteopaths ought to be halting them up before the bar of enlightened public opinion and enacting extensions of the Harrison Narcotic Act in congress and individual states to prevent them from pursuing their time-honored vocation of poisoning people by wholesale in the name of therapeutics.

It is time there was stripped from the face of "state" medicine the medical mask of professed knowledge and competency which hides sheer *chemical ignorance* of the nature of medicines used and the consequences of administering diabolical poisons to human beings.

We hold that *any* physician who gives poisons such as salicylic acid and aspirin for human consumption ought to be indicted for manslaughter. We believe the time will come when common sense and public conscience will make such practice impossible.

Instead, then, of allowing the supercilious poison-vending allopath with his trail of human slaughter winding down the ages, to bother his head over regulating, restricting or interdicting osteopathic practice, we propose that the osteopathic profession, in league with all people who are unmuzzled and wide awake therapeutically, shall go after the allopath for his crimes against private life and public health and keep him explaining, shifting, apologizing, expanding and reforming until medicine shall be wholly purged of this inhuman poison superstition.

We fire our first gun of scientific inquiry into the system of present-day self-styled but mis-called "scientific medicine" in our pages this month. Be yourself the judge whether the chemical and physiological facts set forth herein (which we challenge the world to discredit) prove in so far as they cover current practices of medicine that the members of the American Medical Association and all their congeners of the allopathic cult are as ignorant as babes regarding what they really do when they give coal-tar drugs to human beings for supposed beneficial purposes. Watch for the subsequent chapters.

We do not claim the allopath is ignorant of the thing he professes to know—we prove it! We prove that what he does is wrong, and that

he does not know it! Is that ignorance? In fairness what else would you call it?

Use these facts as belying pins on the heads of the misguided zealots of allopathy until they are converted to better logic and actual therapeutic wisdom.

OUR NEW DEPARTMENT OF PHARMACOSOPHY

While the problem racks some osteopathic minds as to whether an osteopath should be versed in a research knowledge of modern drugs or not (the fear evidently being held by some that if he really understands drugs he cannot be trusted to practice osteopathically without them!), *The OP* has decided to give an object lesson in this dispute by opening a department that will give the profession just the sort of information needed to enable our doctors to decide this question, each for himself.

We begin these Drug Studies by a consideration of aspirin and other salicylates so extensively, ignorantly and *fatally* used by the medical profession throughout the late influenza-pneumonia epidemic. Wideawakes in our profession will not fail to notice that the salicylates *kill by respiratory paralysis*, and to recall that that was the identical phenomenon attending (and explaining to a great extent) the abnormal death rate achieved by "regular" medicine in the pandemic.

Now if studying these all-important drug facts will debauch any osteopaths in practice and make "mixers" out of them, the sooner we find them out and *deprive them of their osteopathic licenses*, the better.

We call this new feature our "Department of Pharmacosophy," the word being coined by our associate editor, Dr. Fuehrer, a profound researcher into the chemistry of pharmacy, whom we are proud to introduce this month to our readers. The term "pharmacosophy" is broader than "pharmacology, materia medica, pharmacy and prescription writing" and, as its derivation indicates, has special concern with the philosophy of drugs in their chemical reactions upon human tissues and upon each other when put into the body.

This is a subject not heeded at all in practice by M.D.'s graduated from the boastful Class A medical colleges. But it will be emphasized one day, no doubt, as a result of throwing the Rockefeller millions behind the science departments of the medical colleges of America—which, we predict, within another decade or two will stifle most of the present-day superstition of drug medicine and make the M.D.'s good candidates to accept a potent general therapy of such value as osteopathy possesses. Till then we must carry on!

Meanwhile we believe—as we have always believed and have advocated—that instead of closing the osteopathic mind to such light, our colleges ought to give strong courses in pharmacosophy and fit our physicians to combat these Drug Crimes of "modern" medicine with better understanding than arises from ignorance and hysteria.

The OP will welcome the day when every osteopathic college is teaching this subject as ably as we begin to teach it in this issue. To those of our schools which have long ago made good beginnings in this direction we extend our approval and encouragement to persist in their good endeavors, even though some of our well meaning doctors misunderstand the scope, purpose and results of such sincere work. We fancy that a few months of "Pharmacosophy" in these pages will scarcely leave one doubter as to the wisdom of such a course in our entire profession. Tell us what you think of "Pharmacosophy" as its moving story of the crimes committed against private life and public health by "modern" "regular" medicine gradually unfolds.

Would that the osteopathic profession were

ambitious enough and liberal enough to provide money with which to put this message before the world as we shall prepare and put it before the narrow audience of our own profession. We can prepare the right stuff to bring on the therapeutic revolution against drugs if the six thousand osteopaths in practice can furnish the proper backing to put it over. What do you say to it, fellows? With this knowledge properly presented in book form it would not be a difficult task, we think, to fully abolish such drug practice as is herein pilloried, and enact stringent laws making it a crime to give such stuff to human beings.

Instead of osteopaths praying for restrictive laws framed by the medical politicians to put out the eyes of osteopaths so they cannot acquire such scientific knowledge (as some few would still seem anxious to do) let us use our influence to enact such laws as would bind these M. D. poisoners hand and foot and deny them such "academic freedom" as carries the discretion to poison human beings in the abused name of therapeutics. Let our fighting all be exerted against the common enemy—not among ourselves.

DRUG KNOWLEDGE VS. DRUG SUPERSTITION

The well educated osteopath who knows a lot fundamentally about drugs is not afraid of drug competition in practice or of the seductive influence of drugs on real osteopaths—with him fake osteopaths don't count. He fears drug effects on the body, though, as he well realizes that every single benefit that it may be hoped to obtain by drugs when rarely they are appealed to is and always must be at the cost of definite damage to the living tissues. He actually uses fewer drugs in his work than the majority of the other stripe of osteopaths who are always decrying drugs and who argue that the value of an osteopath is in inverse proportion to his knowledge of drugs. Pharmacosophy, pharmacology, materia medica, prescription writing and the practice of drug medicine are all one to the latter type practitioner.

This osteopath whose education is deficient in comparative therapeutics and pharmacosophy is really deathly afraid that drugs will kill osteopathy yet. He does not believe that the average osteopath could be true to the osteopathic faith who knows all about materia medica. He fears drugs as the devil does holy water. He fears what he does not understand—that is the explanation of his drugphobia. He is so afraid of drugs that he doesn't want to know anything about them for fear he will be seduced by them and lose his present faith in the omnipresence, universality and omnipotence of his therapeutic dogma. He has but one. For the same reason he wants to remove what he is sure is "temptation" to all other osteopaths. He would make therapeutic anchorites of them and keep them penned in the cave of ignorance, far removed from sight and sound of the beautiful enchantress, the sweet limbed nymph *Materia Medica*, lest osteopathic purity be spoiled. He would enact statutes to make osteopaths keep the faith whether they know how to or not, whether their hearts are loyal to his dogma or beat spotted with unbelief. To him, *what he knows* is the science of osteopathy, and now that the world has attained in him to its final conception of perfect therapy, has finished the evolution of the art of healing through the ages, he would stop its growth right at his own office door and by statutory inhibition with penalties forever prevent any other phase of knowledge than that which flowers in him, and any other sort of practice except what he practices.

The first osteopath is a scientist: the second is —what?

IS YOUR PRACTICE BEING MISREPRESENTED BY CHIROS?

Do you feel the unfair competition of chiros in your locality who advertise their system as "the originator of spinal diagnosis and adjustment," and as "something new and wholly different from osteopathy?" If so, you are entitled to a vindication—to such vindication as will be yours by making the people aware of the actual history of the two schools.

To afford you an easy, inexpensive means of obtaining such vindication we have written and printed a list of some of the common every-day proofs of osteopathy's priority and originality, showing unmistakably chiropractic's guile in systematically stealing our philosophy and technique and palming "imitation osteopathy" off

on the public under another trade-mark. This dignified editorial has been called a real masterpiece of art in so far as tracing the main aspects of the chiro fraud is concerned and proving the case for osteopathy so that any reasonable mind will accept it as conclusive.

It is truly a valiant rectifier of osteopathy's boundaries, and we recommend you to make use of it if your answer to our opening question is in the affirmative. This pamphlet bears the name "Chiropractic Kleptomania" and is inexpensively printed and priced to make it easy to flood any locality with it where our science is being unfairly robbed of its just laurels as the originator and best exponent of adjustive therapy.

More About Uterine Adjustment

In a foot note to my assertion in the November issue that osteopaths are neglecting manual adjustment of the uterus the editor remarks that Byron Robinson said the uterus could be normal in various positions. This is true. But it is also true that that kind of an assertion is one of the things that benumbs the conscience and heads off investigation and true diagnosis on the part of the average osteopath, when the possibilities of abnormal positions are not emphasized and explained. In the AOA *Journal*, October, 1919, Dr. Betsy Hicks rightly urges the profession to greater readiness to examine the pelvic cavity. But I want to make a strong protest to her assumption that "prolonged courses of local treatment" are properly discouraged in the profession. Here is a case where Dr. Vastine and Dr. Turner could say something worth while, as I am convinced that much suffering of women and much resort to surgery, that is often disappointing, is a lack of possible application of the fundamentals of osteopathy. Very few osteopaths appreciate how often the uterus needs adjusting, how the adjustment can be made, and how much benefit can be secured by such adjustment.—C. W. Young, D.O., Grand Junction, Colorado.

IN COURT and LEGISLATURE

Osteopathy in California Saved by Superior Court Decree!!!

Los Angeles, California, March 3rd—(Special)—Judge Wellborn in the Superior Court of Los Angeles County today handed down a decision which is a sweeping victory for osteopathy over the "regular" medical machine which had sought to deny our College of Osteopathic Physicians and Surgeons state recognition. The court found that the college had complied with the law in every respect. The court declared that the action of the State

Board of Examiners in withdrawing state approval of the college was arbitrary and capricious as the law plainly states that any college meeting the specified requirements MUST be approved by the board, and MUST does not mean MAY be approved. The verdict has the effect of giving osteopathy complete, final and equal status with allopathy in the state of California.—C. B. Rowlingson, D. O., Los Angeles.

a great deal more expeditiously and do it even better. The average time of the most efficient osteopaths from one end of the country to the other which they require for giving a treatment is from three to eight minutes. D.O.'s giving more than that, except in special cases, should study their own personality, their methods and their science. They are bound to enter into greater satisfaction, more remuneration and, on the average, better results.

Dr. W. Orrin Flory Advances Office Fee to \$5.00

I want to tell you that my practice is in better condition, this even after having advanced my rates beginning March 1st, 1918, from \$3.00 to \$5.00 for office treatment and from \$5.00 to \$8.00 for house calls. I wish more of our osteopathic physicians could understand the great benefit that is derived from advancing fees in accordance with present necessities. It really adds to our reputation as physicians when we charge a dignified fee for our services.—W. Orrin Flory, D.O., Minneapolis, Minnesota.

FIELD COMMENT on LIVE TOPICS

Time for a Treatment

By C. C. Reid, D.O., M.D., Denver, Colorado

AMAN the other day told me he took some treatments from an osteopath who gave him two hour treatments. From another place one said he got hour treatments. Some time ago a lady came into the office saying that a doctor gave her forty minute treatments. Another lady recently said that she took treatments from an osteopath who gave her two minutes or three minutes. As I found out, none of these people were pleased with the treatments they had. The mistake is in talking time treatments to any patient. One who says he gives a ten minute, twenty minute, forty minute or sixty minute treatment has a wrong vision of osteopathy.

One who winds his watch, puts up a fence, shuts the gate, cranks an automobile, fixes the furnace or adjusts his clock does not think of time but does the work in the most expeditious way. Giving a treatment is a little on the same order except there are some other features entering in. The patient's psychology, the variety of pathology and the natural forces which must respond to the treatment all must be considered but, in considering these things in connection with the treatment, *forget time*. Say nothing about time but go about the normalization of the patient as far as possible at that time. If one is slow and inefficient in his methods he requires a lot of time. If his personality is strong, he understands human nature well, he knows his technique and goes directly to the thing that he is after, both with his physical technique and his management of the patient's psychology, he will not require much time at each meeting with his patient.

Any one who is taking a good deal of time for his treatments should study efficient methods and he will find that he can do the work

Should We Advertise?

By George W. Goode, D.O., Boston

I WILL answer my text in the affirmative. Why? Because we have only scratched the surface in telling the people the merits of osteopathy.

There are thousands of persons who do not understand what osteopathy is and what it can do, *properly applied*, in many diseases. The reason for this is, we have failed to educate, except sporadically.

We have not been consistent along the lines of publicity. We have not sown the seeds of advertising to the extent that educated people know what we have to offer as a science. We have been too niggardly in our efforts.

Some of us send out literature expecting to secure a patient from every booklet. Others send out literature until their practices get brisk and then they stop advertising. Business subsequently drops off a bit and they wonder why.

It is easy to explain all this. The fault is with ourselves. We are afraid to spend money in a consistent advertising campaign.

We do not concentrate in our efforts. Just look back at the Washington fiasco. It was poorly handled.

Supposing some of our big commercial advertisers played the game as we do, they would soon sink into oblivion.

A soap that was once the biggest seller and best known laundry article in the world and the trade mark which was judged by the courts

to be worth more than a million dollars is never heard of now. Why? Because, the man who made it thought he didn't need to advertise any further. Other men with perhaps no better soaps, but better brains displaced the million dollar name to the point of disappearance.

A tooth powder that forty years ago was literally in everybody's mouth followed the same course of atrophy for the same reason. Atrophy means to wither away.

Scores of good products have failed because of the lack of publicity.

Real advertising never failed to get business, if the thing advertised was worth buying twice.

Truth is the foundation of all good advertising.

Osteopathy is the Truth.

Then, why not tell the Truth, the Whole Truth and Nothing but the Truth?

Let us unite on an advertising mission and keep at it until we win as therapeutic agents in the healing art.

It takes a master to handle publicity and why not leave such matters to men who make a business of it?

Let the AOA organize *in fact* a publicity bureau with a live experienced man in charge, properly paid to do the work.

Chicago should be the headquarters.

The opportunity is at hand. Let us seize it. Multum in Parvo.

Efficacy of Drugs

[Rochester Post-Express.]

AN eminent physician of Boston, Doctor Cabot, exhibits in a book just published a somewhat unprofessional skepticism as to the efficacy of drugs. Of one hundred and fifty diseases known to medical science, drugs will, when circumstances favor, cure six to eight; and he will not say that he is wholly hopeless that cures for the other hundred and forty-two may yet be found. But he admits that medicine is a rickety reed to lean on and that the most important thing for physicians to recognize and patients to remember is that the vast majority of diseases get well, and will get well, without any help. If they did not get well without drugs they would not get well at all. For nature is the curative agent, though druggers are perfectly willing to take credit for her work.

More or less has been heard of late about what are called industrial diseases, ailments produced by certain lines of work. But aside from lead poisoning, Doctor Cabot knows of no disease which is clearly attributable to any industrial pursuit. Neither is he convinced that overwork or exposure to changing temperatures produce any single ailment though they often do reduce the resistance the system offers to the attacks of disease. Most of the ills that flesh is the unhappy heir to are due, in this wise and candid practitioner's opinion, to impossible eating habits, lack of normal rest, love affairs and other worries and the strain of psychic life.

There is comfort in these conclusions, for if a sound mind and rational habits do so much to keep the body sound, and if nature unaided can cure most of our curable ills, life is a fairer deal for all of us than it has sometimes seemed. Of course it is not so easy as it sounds to put fear and worry, harrowing love affairs and destructive emotions—hatred and envy—out of mind. But if this is done we must do it ourselves. Doctors cannot do it for us, and realization that the matter of health is largely in our own hands must contribute to the wiser ordering of life.

Drug Slaughter Exceeds War — Famine — Pestilence

QUESTION: In June, 1919, "Osteopathic Health," page 15, you have the statement. "Another great medical leader of his time wrote: Drugs have slaughtered more human beings in the quiet of the sick chamber than war, famine and pestilence combined."

Please advise me who made this statement and where I can find it—the name of the book and the author. I have been crippled by drugs and want all the information I can get as to their effects for use against the M. D.

I enclosed stamped envelope for reply.—*Respectfully, A. C. Holm, 809½ 15th Street, Denver, Colorado.*

Answer: From Osteopathic Health of February, 1902, Page 27, we quote:

John Mason Good, M. D., F. R. S., (England), declared:

"The science of medicine is a barbarous jargon. My experience with Materia Medica has proved it the baseless fabric of a dream, its theory pernicious. The effects of our drugs on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined. * * * In a large proportion of cases treated by allopathic physicians the disease is cured by Nature and not by them. In a lesser, but still not a small proportion, the disease is cured by Nature in spite of them; in other words, their interference opposing instead of assisting the cure."

The editor doesn't know the books in which these statements were made and has not the time to look them up, but would be thankful

to any studious reader who will send us that information. Both are frequently quoted in medical writings.—*Editor.*

From the issue of June, 1902, Page 111, we also quote Dr. Marshall Hall, F. R. S.: "Thousands are annually slaughtered in the quiet sickroom."

Does Advertising Pay?

[From the Washington Ost. Assn. Bulletin]

SEVERAL years ago a pseudo-osteopath located in my town. He mailed out folders in which he claimed to give about a dozen different kinds of treatment. He advertised in the daily paper quite extensively, sometimes using half a page. Results; three fakirs kept busy for a while. Later; he left town head over heels in debt.

An advertising M. D. comes to my town three or four times a year. The town is over-run with M. D's. but this man reaps a harvest every time he comes.

Another advertising M. D. decided he would try out the field. A two week's stay was so profitable that he returned in about a month for another two week's stay.

A correspondence school chiro landed in town too poor to make a down payment on a phonograph. He chased up a few patients and used the coin to send out folders. He mailed one to everybody in town as fast as he got the postage. Then he did it over again. He claimed he got to taking in \$2000 a month but we discount that considerable and then some. At any rate he bought a medium priced car and made a payment down on a home. Then his practice started tobogganing.

Advertising will build a practice but you must deliver the goods to keep it.

Every osteopathic physician should advertise his profession but not himself. The first is ethical, the second is not. By advertising we do not mean using the methods of the advertising quack.

We mean the education of the public to a proper understanding of osteopathy. The public is woefully ignorant along this line and no one but ourselves will take the trouble to enlighten them. They must be enlightened and we must do it.

How much osteopathic literature do you circulate? If every osteopathic physician spread the gospel of osteopathy as zealously as you do, how much would it advance? At present I am spending about \$20.00 each month for the circulation of osteopathic educational matter. I try to deliver the goods to the people who are interested by it and it pays me and helps advance the proper understanding of the science of osteopathy.

OPTOMETRY

The Measurement of Vision

Do you realize its value to you in a more competent and accurate diagnosis?

Are you willing to confess that so simple and important part of a diagnosis as the testing of the errors of refraction, cannot be done by you?

Whether or not the law allows you to fit frames and sell glasses you should be prepared to diagnose and direct the correction of errors which may so vitally affect the results of your efforts. Let us send you descriptive literature of our Correspondence Course in Optometry, and show you its great value to you.

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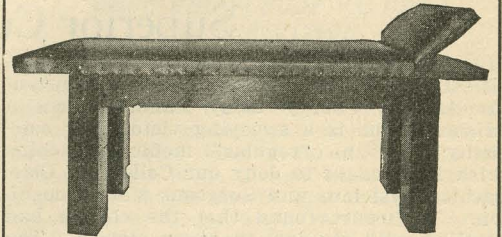
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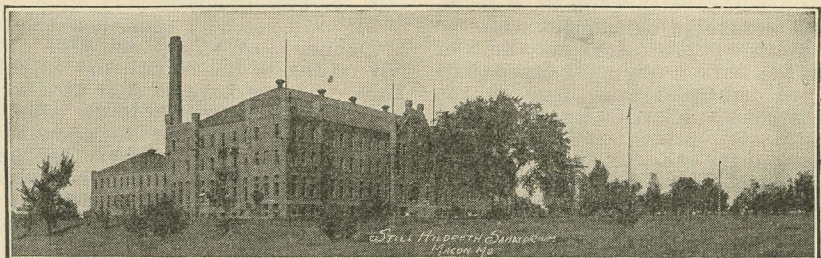
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WHEN typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.—*Editor.*



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Write for Information

WHY OSTEOPATHS are STRONG in the FAITH

Neuro-Retinitis Due to Whiskey

By R. R. Keiningham, D. O., Baltimore, Md.

IN the latter part of February 1918 I was asked to examine Harry I. Fuller of this city who was then suffering from total blindness. He gave the following history:

About eight weeks previous he had noticed a slight "weakness" in his sight and decided to consult an oculist regarding them. He was given a preliminary examination and since there was some inflammation of the conjunctiva told to put in some drops containing zinc sulphate and return the following day. While at work on the following day he complained that he lost the figures on the books he was auditing from his field of vision and laid off from work.

On the following day he returned for his examination at the oculist and to his intense dismay he was unable to read the E on the test card at the usual distance of twenty feet. It was then decided to give him a complete physical examination which revealed nothing. He was then sent to one of our eminent eye men here in Baltimore and you will please note carefully what was done. Had this same trick been done by an osteopath he would have been booked for a lynching. Mr. Fuller claimed to remember the day well. It was a bright sunshiny day and the ground covered in snow but he and his wife testify that he was able to see the street cars and sufficient vision to get off and on. The eminent specialist in order to properly examine his eyes broke an ampule of some mydriatic in his eyes and was told to keep his eyelids closed for an hour. At the end of that time he was put thru an examination. It did not reveal very much but to Mr. Fuller's intense horror he found upon arriving at the street he was totally blind and could not see his way to the cars. To have placed "drops" in this man's eyes on the kind of a day mentioned was nothing short of a crime.

Another eminent specialist was consulted and he was informed that both discs were choked and that there was every evidence of intracranial pressure and was sent to a brain specialist and a decompression in the occipital region was proposed. It was at this point that Mr. Fuller was advised to see an osteopath and he decided on me.

Examination revealed a man of thirty-eight years in fairly good physical condition. I could discover no disease of the heart, lungs, or kidneys. That the man was totally blind there was no doubt as he could not even discern the largest objects. Ophthalmoscope revealed a slight haziness of the disc and the retina looked all right with the exception of being quite pale. Patient admitted that he had been one of the "boys" and had consumed his share of the joy-water. Lesions in this case were a "rotten" rotation of the second and third cervical vertebra to the right.

I decided to base my attempt for the return of the sight on the correction of these two lesions and in addition do as much as I could to eliminate any toxin that was in the system. Within three weeks the patient was able to distinguish light from darkness and in six weeks he could see me very faintly. The patient was faithful in the treatment and, tho I was experiencing considerable trouble in securing a complete reduction of the cervical lesions, and the fibrous tissue that had formed at these points seemed to have been made of tool steel, at the end of three months I found that my patient could read the largest headlines in the newspaper if placed a short distance from the eyes.

At the end of six months he was able to distinguish any headline in the newspaper and could distinguish the fine print but could not read it. At this point he pointed out to me a peculiar symptom which I have never been able to explain, nor have I met anyone that could explain it. That was every object upon which the eye rested appeared as if lime had been dusted over it. I was at first a little concerned about this but held to my line of treatment and was rewarded by seeing this gradually clear up. I had this patient under observation for about one year and at the time he discontinued treatment he was able to see his way anywhere he wanted to go and tho he could see the fine print of an ordinary newspaper he was still unable to read it. That appearance of lime on all objects had become practically nil. At the time I last saw him about six weeks ago he contended that his sight had improved somewhat since discontinuing treatment and he was hoping to regain it entirely.

Owing to the fact that this man's sight had been practically abandoned by "eminent specialists" it should only increase our faith in trying to do what we are able to do for this sort of cases. I have treated a number of cases of blindness of various sorts and have found that nearly all of them have been amenable to improvement. Some I have seen have been hopeless as was apparent from a glance.

My diagnosis was neuro-retinitis due to whiskey.

I thought this case might prove of some interest to our OP family and if anyone can explain why objects appeared to this man to be covered with lime I would appreciate it.

—519 N. Charles Street, Baltimore, Md.

One of the Mistakes of Medicine

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

Patient, a girl of nearly three years. A man came to me and with tears rolling down his cheeks begged me to go home with him to try and save his baby. Two medical doctors had been in attendance and the parents, heart-broken, had been watching for her death for twenty-four hours. One of the doctors in trying to reconcile them to her death had told them it would be better for her to go, as her brain was so badly affected that her mind would never be right if she lived. A neighbor told them about me and the father came at once. He told me that his child was crazy; that she had not recognized anyone for nearly two weeks.

She had complained for a day or so, and was tired and fretful and wanted to be held, which was unusual for her. Then a man called at the house, who was intoxicated; he was noisy and abusive and the child became afraid of him and commenced to scream. The mother worked with her for a while and finally had a doctor come in to give her something to quiet her. The dope worked and she lay in a stupor for several days; after this she was very irritable and had frequent convulsions. When I first saw her she was upon a large bed that had been pushed up against the wall and banked up with pillows in front to keep her from falling out. She had struck her head with great force against the wall, several times, in her convulsions. I said, why didn't you use pillows against the wall, too?

The doctor had left medicine, the evening before, to stop the convulsions and make her sleep soundly. Yet she had screamed all night until four A. M., when she sank into a stupor, which lasted for several hours. She awoke and had been screaming continuously from five P.

Special Information for Osteopaths

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

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

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

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

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One month. Next course begins Monday, August 2nd, 1920.

No. 2—Cadaver and Clinical Course on Ear, Nose and Throat. The anatomy, physiology, pathology, diagnosis and treatment taught. All operations are done on the cadaver by the student. We aid you in selection of best instruments.

One month. Next course begins March 1, 1920.

No. 3—Didactic and Surgical Eye Course. Anatomy, diseases and treatment. Surgery done on cadaver by the student. A course in refraction.

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M., when I saw her. Her head was drawn backward, her knees were flexed upon her chest. One eye was completely closed by swelling of the lids and the pupil of the other eye was contracted. There was fever, rapid respiration and a rapid, irregular pulse. The muscles of the neck and spine were contracted and tense and there was a general cutaneous hyperesthesia.

The most pronounced spinal lesion was a rotated seventh cervical. The mother asked me what caused that big lump. The bowels and kidneys had not acted for twenty-four hours, though two doses of castor oil had been given. This was a bad case, but fresh in my mind was the round table talk, at our convention in Detroit, where we heard the experiences of those who were so successful in epidemics of cerebrospinal-meningitis and I went to work with a will. I wrapped the little patient up in warm wet compresses from her toes to her waist and kept them warm for an hour, treating through them and was rewarded by getting copious discharges from the bowels and bladder. I then clothed the parts in warm flannel. I relaxed the tissues in the upper part of the spine, using as much as possible slow, gentle stretching movements.

As a seventh cervical lesion affects the circulation of blood in the cord and brain, by interfering with the integrity of the vertebral plexus of nerves, I loosened up the tissues around it as much as possible, but there was too much congestion to replace it at the first treatment. I worked with her until I could see that she felt fairly comfortable. Then we gave her some milk and she soon dropped off into a quiet sleep. Seven hours later she was awakened by an unusual noise, was rational and quiet and asked for bread and milk, ate it, and slept for six hours more. When she awoke she knew every one and talked to those around her and although she was irritable at times there were no convulsions, nor stupor, and her recovery was rapid. We paid close attention to her diet and had her drink plenty of water to aid in keeping the bowels and kidneys active. Also had her lie on a pillow on her stomach as much as possible and, as soon as she could bear it, treated her in this position, using gentle steady pressure and holding it for thirty seconds. This treatment relieves congestion by opening up the gateways of the spine thus securing better drainage.

I gave my patient six treatments in the home and then at the office and urged the parents to have her take more, as her spine was still tender and muscles too tense, but they were busy and thought she would be all right. I saw the mother a year later and she told me the child's mind was bright and that she had been well. Three years later the sister told me that she was well but did not grow as fast as they thought she should. I again urged more treatments but she has not shown up. I gave them osteopathic booklets but they returned them, saying that they could not read English.

Trismus

Reported by A. S. Dowler, D. O., Panora, Iowa.

Miss J. W., Linden, Iowa, High School student, American, age 18, 5 ft. 4 in., weight, 110 lbs., pulse 72, full and regular, temperature 98.6. Heredity: Father died 55, splenic tumor. Mother, 58, living, health poor. Previous diseases: Whooping cough, 10; measles, 13; chicken pox, 14; tonsillitis, 13; appendicitis, 17. Operations: Tonsilectomy, 13; appendectomy, 17. Lesions: Atlas, right and left; cervicals tight and tender; 3-4-8 D. L. Left. Ant. R innominate. Masseters and external pterygoid muscles felt like hard ridges. Extremities clammy and cold. Patient's jaws tightly closed and rigid, articulation very imperfect and she lives on soup sucked thru her teeth. Duration of present affection: 11 weeks.

Mode of onset. Opened mouth to bite into sandwich when jaws closed rigidly; X-ray showed no fracture. Previous treatment, medi-

cal. Diagnosed by them as hysteria and tetanus and she was given a variety of treatments on their hypothesis; anti-tetanus serum was administered in large doses, causing discoloration of skin; fly blisters used; morphined; mouth gags applied, hypodermic emetics given (patient had to re-swallow vomitus) hypnotism resorted to by a "Specialist," and a change of climate advised. None of these measures afforded any relief. Five M. D.'s had done their best or worst when case decided to try osteopathy as a forlorn hope and came to me.

I diagnosed it as trismus, due to an impingement of the 5th cranial nerve. Treatment consisted of straight osteopathic adjustment and after seven adjustments, muscles completely relaxed, jaws opened naturally and she has had no trouble with them since. First treatment given October 12, 1915, and last December 18th. 25 treatments in all. She has gained 15 pounds in weight, color has returned and she is in better health and spirits than for a number of years. Several teeth were in bad condition from instruments used by M. D.'s to pry open jaws and she was obliged to go to a dentist for repairs as soon as she could get her mouth open.

Anasarca, Milk Leg, Bowel Ulcerations, Hemorrhoids and Indigestion

By A. S. Dowler, D. O., Panora, Iowa.

Mrs. C. W. W., Linden, Iowa, age 23, farmer's wife, 5 feet 6 inches, weight 100 pounds, mother of two children, one and four. Married five years. Mother, age 47, has Bright's Disease. Father, aged 50, rheumatic. Previous diseases: Mumps, 6; chicken pox, 9; whooping cough, 16; measles, 19. Previous treatment, medical.

Case diagnosed by M. D.'s as ulceration of intestines, phlegmasia alba dolens and anasarca. She had been treated by eight M. D.'s and an operation refused by the Mayos, Rochester, Minn. Medical treatment included "fly" blisters, serums, British oil, morphine in large and constant doses and an array of dope that would have outlasted a drug store.

I took the case under protest, promised nothing, prognosis grave. Found patient badly emaciated, skin harsh and dry, extremities cold and legs enormously enlarged and swollen, eyes weak, pulse 110 and irregular, appetite good, much discomfort after eating, kidneys had not functioned properly for fifteen years, and patient was having 50 painful bowel operations daily, passing pus and blood. Spasms of the bowels of daily occurrence. Had sick headaches, vomited bile, and was very weak and despondent. "Milk-leg" followed birth of second child one year previous. At time of marriage, five years previous, patient weighed 160 pounds. In addition to Anasarca, "milk-leg" and bowel ulceration I found badly inflamed ovaries, hemorrhoids and indigestion. Lesions as follows: Atlas, Right, Axis, Left. 6-7-8-8-D. L. and very tight. All lumbar vertebrae tight and spine generally rigid.

Treatment: Osteopathic adjustments, plus hydro-therapy and thermo-therapy. First treatment Nov. 14th, 1915; last April 22nd, 1916—67 treatments in all.

Results: Normal kidney action, anasarca and "milk-leg" disappeared, bowel actions reduced to 10 or 12 daily, no more tenismus, normal gait, nervousness reduced to a minimum, improved color and sleep. During the period that patient was under my control she developed a number of complications which were all successfully relieved, such as fingers snapping together and locking, left eye swelling shut and discolored, a general toxemia with adema and beaded arteries. In January the patient had made such favorable progress that she could take care of her house and cooked for four people. There was a marked gain in weight and strength, and in April she discontinued treatments on the plea of economy. She removed to an adjoining county in May when I lost track of her.



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Look Out for the Mocolotive

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But you've got to watch out or some day it will arch its back and toss you on your ear.

For habits once broken don't always stay broken.

You must be on the alert for signs of reversion to old ways.

The worst habit the osteopath can fall into is that of failing to do his part to educate the world toward osteopathy. After existing for several months or years possibly without using any popular literature and finding that such dereliction may not mean instant death or irreparable bankruptcy, the self-centered osteopath is apt to say "Oh, well, I guess I won't use any literature at all." That person in that instant becomes a mocolotive! It's a terrible thing to be. It requires ten times as much effort for a publisher to convert such a backslider into a live one again, as if he had never mocolotived. Pray do not ever let yourself become such an unfortunate person.

New Osteopathic Sanatorium at Asheville

Dr. Elizabeth Smith of Asheville, North Carolina, has announced that she has leased an estate known as Reynolds Heights which she will operate as the Asheville Osteopathic Sanatorium as soon as the buildings on the grounds can be remodeled and put in thoroughly first-class condition for sanatorium purposes. The property is well located; the building is situated on a high hill among beautiful pines and cedars and is within a short distance of a paved highway. The building has 16 rooms and additions will be made as necessary. Dr. Smith plans to spend several thousand dollars in remodeling, furnishing and equipping the building. A trained superintendent and a full corps of nurses will be installed, but Dr. Smith will have full executive direction of the institution.

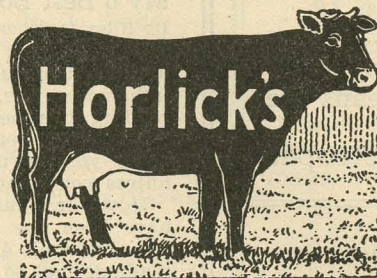
Dr. Smith is a native of Asheville. She obtained her osteopathic education at the American School of Osteopathy, graduating in 1913. For some time she was associated with Dr. Evelyn R. Bush at the Bush Osteopathic Sanatorium in Louisville. Later she located in Portland, Oregon, where she practiced for some months. She returned to Asheville in 1915 where she has been in active practice continuously since that time.

Texas Association Endorses Dr. Harris

Dear Bunting: I notice in the last issue of the good OP our Secretary's letter in regard to Dr. Morris Harris of Amarillo. I also had read the first article published. I am very glad to see that you are so quick to correct mistakes that have been made. It was a mistake to say that the Texas Association did not endorse Dr. Harris, because we do. Personally I know that Dr. Harris is a very fine osteopathic physician and a good man, and he has given a great deal of time toward the advancement of osteopathy in this state. Again thanking you for the publicity you gave our Secretary's letter as an expression from the State Association, I am—*Fraternally yours, E. Marvin Bailey, D. O., President, Texas Osteopathic Association, Houston, Texas, Jan. 8th, 1920.*

Has the AOA found any new light for revising its conclusions that the Amarillo court injunction to prevent the boycotting of osteopaths by the local hospital holds no importance for the rest of the profession?

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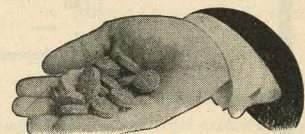
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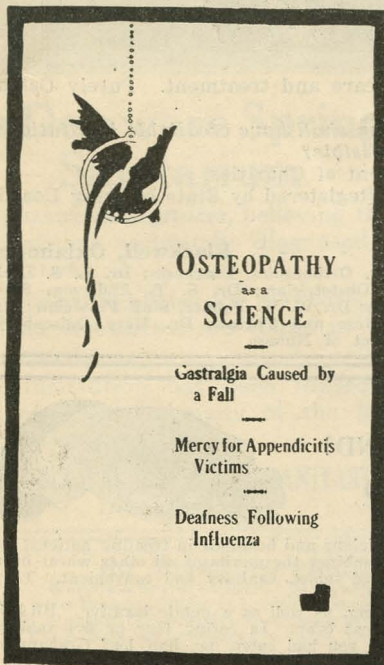
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IN THE DOCTOR'S LIBRARY

My 6 Best Books for Osteopaths to Read
By Riley D. Moore, LL.B., D. O., Washington, D. C.

It is difficult to say what are the best six books. There are many that have had a great influence on me, in and out of my practice. My reading has been decidedly omnivorous. No profession is really narrow today. You can not know your own science in the broader sense unless you know a lot about a lot of things.

However I might say among the books that have been the most helpful to me are: (1) Cunningham's Anatomy, because I think it more readable, not so heavy in style as most anatomical works; (2) Clark's Applied Anatomy, really a good work on practice in many ways—what I believe is the most useful osteopathic book ever published in spite of a few short comings; (3) Physiology by Landois; (4) Massage in Diseases of Women by Zeigenspeck (Betz, Pub.) did much to clarify many obscure points; (5) Hulett's Principles contained passages that I think were not altogether accurate but on the whole it was very helpful to me.

Now I think that a doctor needs a well balanced philosophy of life, both for his own good and to hold his patients in line. Before he can have this he must know something of sociology and why things are as they are. He must also have read and thought a bit with the great philosophers. More than any other two works that have helped to strengthen my philosophical underpinning do I value (6) Lydston's "Diseases of Society" and "Degeneracy" and likewise (for an extra) the Manual of Epictetus. In this latter will be found the meat of a lot of our so-called modern movements, "New Thought" for example.

You asked for six books and you have them. There are so many good books one should read, so many which one could get pointers from in practice, that are not strictly medical works. For those already having some knowledge of comparative anatomy Wilder's History of the Human Body is a gold mine. But don't start mining unless you are prepared to dig! Sincerely yours.—Riley D. Moore, LL.B., D. O.

By Geo. M. McCole, D. O., Great Falls, Mont.

1. For Inspiration:
"A. T. Still Founder of Osteopathy Lane.
2. For Diagnosis:
"Index of Symptoms" - Leftwich
3. For the Every Day Problem of Practice:
"Clinical Medicine" - Thomson
4. For Keeping Up-to-date and Interesting Study. "The Medical Clinics of North

America" - W. B. Saunders
5. For New Points and Up-to-date Stuff
"Shop Talks on Osteopathic Affairs" The O.P.

By Arthur Still Craig, D.O., Kansas City, Mo.

Your request for opinions as to the six most valuable books rec'd. You might know I can't give you that without getting into deep water. If I should mention Craig's anatomy and physiology, for instance, you would cut that out at once as biased opinion. If I should say the Bible and Omar Kayam the friends would say I am not original. If I should by any chance put in Spondylotherapy or White's lectures or if I should mention Tousey on Medical Electricity and X-rays, (in which I am quite interested at the present,) I fear that I should meet the scalpers as I did once before after venturing into print in The O.P.

The books that I should like to recommend as the Bible of the osteopath, and likewise concerning the important subject of dietetics, do not seem to be yet off the press. Such being the case, instead of recommending one book we must recommend five or ten, and with a list of fifty instead of five we might cover some of the essentials.

To be sure the Reference Hand book has been a constant companion, in its different editions, thru the years, for it seems to me that it fails to obscure or omit the very point we are looking for as successfully as do most of the others, but, then, this is nine books to start on instead of one.

Suppose then we narrow the list down to two and call them the English dictionary and the Medical dictionary.

As to the little shop note stories, I have been thinking of getting a few things off of my chest and perhaps I can get around to that soon.

By Edythe F. Ashmore, Pasadena, Calif.

Experience changes our outlook and needs. I agree emphatically with Drs. George W. Reid and Asa Willard that the recent graduate needs above all to study the osteopathic books, not forgetting the periodicals, for he has practically no contact with these books in college, our present system running entirely toward preparation for state board examinations. At the end of ten years, he should have a fair knowledge of the best osteopathic literature. He would

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then need to spend more time with a standard anatomy, Hilton's Rest and Pain, a standard text-book on nervous diseases, Mallory's Pathology, and a book on physical diagnosis. After twenty years, he should have assimilated osteopathy, so that he has the right aura for a specialty. My favorite shelf contains Ernest Frazer's Anatomy of the Human Skeleton, Cabot's Differential Diagnosis, Volumes I and II, Church and Peterson's Nervous and Mental Diseases, Hilton, and Clinical Osteopathy.

By Chas. S. Green, D. O., New York City.

Here they are:

1. Dr. Still's writings.
2. Gray's Anatomy.
3. Laudois' Physiology.
4. MacCallum's Pathology.
5. Hulett's Principles.
6. Man's Supreme Inheritance, Alexander.

By Jeanette Hubbard Bolles, A. B., D. O., Denver.

1. Research and Practice - Dr. A. T. Still
2. Principles of Osteopathy - Hulett
3. Studies in Osteopathic Sciences, Louisa A. Burns
4. Standard Works on Anatomy.
5. Standard Work on Diagnosis.
6. Standard Work on Dietetics.

By C. A. Dodson, D. O., M. D., Little Rock, Ark.

1. Applied Anatomy by M. E. Clark, D. O.
2. Diseases of Women by M. E. Clark, D. O.
3. Principles of Osteopathy by Dr. A. T. Still.
4. Osteopathic Research and Practice, Dr. A. T. Still.
5. Practice of Osteopathy, McConnell & Teall.
6. Clinical Osteopathy, The A. T. Still Research Institute.

Master these and you will be a success in the practice of osteopathy.

By Leslie S. Keyes, D. O., Minneapolis, Minn.

1. Piersoll's Anatomy.
2. Rigg's Theory of Osteopathy.
3. Clark's Applied Anatomy.
4. Clinical Osteopathy.
5. Diagnosis, Greene.
6. Osteopathy, Research & Practice.

By Frank J. Stewart, D. O., M. D., Chicago

The six books that have been most helpful to me in the order of their helpfulness are as follows:

1. Gray's Anatomy.
2. Foster's Physiology.
3. Dr. W. L. Rigg's Principles of Osteopathy (Probably long out of print).
4. Keyes' Diseases of the Genito-Urinary Organs.
5. Pusey's Dermatology.
6. Keen's Surgery.

No doubt many other books would be fully as helpful as some or all of the above, but these are the books I have studied most.

By Ernest C. Bond, D. O., Milwaukee, Wisc.

1. Clark's Applied Anatomy.
2. Gray or some other standard descriptive Anatomy.
3. Clinical Osteopathy (Research Institute).
4. Cyclopedia of Medicine & Surgery (Gould & Pyle).
5. Unconscious Therapeutics or The Personality of the Physician (Schofield).
6. Internal Secretion Vol. No. 1 (Sajous).

By C. E. Amsden, D. O., Toronto, Canada

1. Abdominal Brain, by Byron Robinson, M. D.
2. The Composite Man, by E. H. Pratt, M. D.
3. Golden Rules of Diagnosis, by H. A. Gables.
4. Physical Diagnosis by Cabot.
5. Practice of Osteopathy, by McConnell and Teall.
6. Medical Diagnosis, by Greene.

By T. M. King, D. O., Springfield, Mo.

1. Gray's Anatomy.
2. Applied Anatomy, by Davis.
3. Writings of Dr. A. T. Still.
4. Osteopathic Mechanics, by Edythe F. Ashmore.
5. Journal of AOA and Journal of Osteopathy.
6. Differential Diagnosis by Cabot.

By Samuel Linn Grossman, D. O., Williamsport, Pennsylvania

Here they are:

1. Gray's Anatomy.
2. Practice of Osteopathy, McConnell and Teall.
3. Differential Diagnosis, Cabot.
4. Physical Diagnosis, Cabot.
5. Research and Practice, A. T. Still.
6. Osteopathic Mechanics, Ashmore.

By J. O. Sartwell, M. D., D. O., Dean, Massachusetts School of Osteopathy, Boston

1. Hulett's or Tasker's Principles of Osteopathy.
2. Clark's Applied Anatomy.
3. McConnell's Clinical Osteopathy.
4. Abram's Spondylo-Therapy.
5. Lovett & Bradford's Orthopedic Surgery.
6. Thompson's Clinical Medicine.

I think every D. O. should possess these books.

Where Ruddy Washed Up

We feel relieved to be able to report that Dr. Ruddy finally got his bath when he reached the home of Dr. C. C. Read at Denver. Dr. Whitehouse is now pricing portable rubber bath tubs which the future stars of the Western Circuit may take along with them and manipulate in a Pullman upper, lower or toilet as occasion requires.

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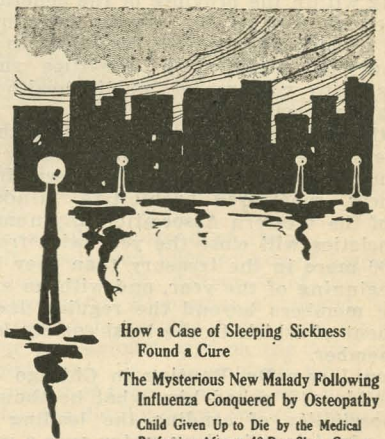
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- 100—No. 16 Osteopathy Potent Where Serums and Vaccines Fail
- 100—No. 36 Most Diseases are of Spinal Origin
- 100—No. 37 Osteopathy as a Science
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ACTIVITIES of the OSTEOPATHIC SOCIETIES

Osteopathic Post-Graduate College on Wheels

By George F. Whitehouse, D. O.

TRAVELING Post-Graduate College, "Circuit Clinic," "Speakers' Tour," "Post-Graduate Circuit" and the title of this article are among the many terms applied to perhaps one of the most popular projects ever started by the osteopathic profession anywhere.

Realizing that there was an opportunity, in fact, a decided necessity for just such a movement, the idea of the Post-Graduate Circuit was first adopted by the California Association, upon recommendation of its President, as a part of its year's program, and later through the Western Association, was made known to and adopted by all the other states affiliated. It offers to the profession an excellent opportunity for an interchange of ideas. It will serve as an incentive for study, an avenue for co-ordination, and a marked step in the progress and development of osteopathy. It has certainly taken like "wild-fire" in every community in the West. Comments have come in from almost every section heartily endorsing the plan as of immeasurable benefit to the local profession.

The plan is to give a complete post-graduate course in diagnosis and treatment that will supply the needs of the general practitioner. No effort will be made to give a specialty education. Dr. Ruddy started the circuit with his masterful diagnosis of eye, ear, nose and throat conditions, a diagnosis that every general practitioner must be prepared to make if he means to be honest and fair with his patient. Dr. Edmiston followed with his most excellent technique, and he will be followed by other speakers and clinicians on laboratory diagnosis, surgical diagnosis, obstetrics, gynecology, orthopedics, dietetics, x-ray and the various fields of osteopathic diagnosis and treatment,—nervous and mental, bone and joint, heart and lung, stomach and bowel and the many other bodily disorders coming within the province of the general practitioner, as well as the specific technique for acute, chronic and bedside cases, not to forget the various organization activities such as clinics, baby conferences, public health work, legislation, legal action, etc.

In the past the expense of bringing the best speakers in the profession to a society meeting for perhaps a few hours has been, in most instances, considered prohibitive. Under the plan of the Western Association any number of the societies will close the year with from \$50 to \$100 more in the treasury than they had at the beginning of the year, and with no expense to the members beyond the regular dues, the allotment of which to the local society is \$2.50 per member.

When I saw Dr. Bunting in Chicago during the holidays, I asked him what he thought of the possibility of sending the leading osteopathic physicians in the country over a month's trip, pay him \$10 a day and his expenses, and not have it cost the societies he visited a cent—in fact, have it net them a neat little surplus for their treasury. His answer was, that if he did not know me so well he would think I was crazy. This nevertheless is what has been done.

In fact, on Dr. Ruddy's trip eight of the first nine societies visited did not pay a cent for expenses and earned a surplus of over \$300 besides.

Dr. Edmiston who followed Dr. Ruddy covered his expenses in most of the societies and a good share of his expense in every society. His work was also highly appreciated, and many

times this expression was heard, "I am surprised to know that that kind of osteopathy is being taught in the Los Angeles College." Additional speakers of the same calibre will follow during succeeding months.

In connection with the expense, a very significant fact is that the total distance of this western post-graduate circuit is almost 5,000 miles, or a distance equal to the distance from Chicago to New York City, from New York to Atlanta, Ga., from Atlanta, Ga., to Dallas, Texas, from Dallas to Kansas City, from Kansas City to Minneapolis and from Minneapolis back to Chicago.

Instead of sending a speaker over the territory to simply deliver a lecture, as has been the custom in the past, the entire day is utilized for the benefit of the profession. The speaker spends from 9:00 until 12:00 A.M. in consulting with local physicians on private cases; the entire afternoon is given over to the examination and treatment of clinic patients, and the evening session to a lecture. The fees for the private and clinic cases cover in most instances more than the expense of the speaker.

It is already universally agreed that the Post-Graduate Circuit, with seven or eight hours of concentrated demonstration on one subject, which can be followed by a month's study, is of far greater value than a number of hourly periods upon a large number of subjects at annual meetings. However, when followed at annual meetings with a Post-Graduate Polyclinic such as was conducted by the California Association last year, where the leading educators of the profession in the West gave one hour each day for an entire week, and the profession was given their choice of several speakers each hour, the post-graduate work for the year can be rounded out as a tremendous gain to the individual physician.

Seven state societies and twenty-four local societies are co-operating, and the Western Post-Graduate Clinic is destined to set a pace in professional education never before equalled by any profession.

Colorado, New Mexico, Arizona, and El Paso, Texas, Join Western Association

By George F. Whitehouse, D. O.

The Colorado Osteopathic Association has re-organized on the western plan and voted to affiliate with the Western Osteopathic Association. The three local societies, Northern Colorado, Denver and Southern Colorado, each voted to become a part of the state association, and to hold their meetings regularly in conjunction with the Western Post-Graduate Circuit. The constitution and by-laws governing state and local societies was adopted and everything is in running order, right up to the minute with the other western states. Colorado was fortunate in that most of the preliminary organization details had been worked out and tried out by the other states. However, the spirit with which its members voted to affiliate would indicate that Colorado will put in its share of work and enthusiasm from now on.

New Mexico Takes Similar Action

New Mexico revived its state association, elected new officers, affiliated with the Western

Association and will be there with bells on when the next speaker arrives. Nowhere in the west will it be necessary for the osteopaths to travel as far to attend a local meeting as in New Mexico. Yet the plan of pro-rating car fare was adopted here, as elsewhere, and this will assure a fairly representative attendance at each meeting.

The New Mexico Association elected the following officers:

Dr. Henry M. Bowers, Albuquerque, President.

Dr. C. H. Connor, Albuquerque, Secretary-Treasurer.

Meetings will be held in Albuquerque and judging from personal experience, the speakers will not want for reception or entertainment.

Arizona Organizes State Association

The osteopathic physicians of Arizona met and organized the Arizona Osteopathic Association, the first organization in the history of this state. The following officers were elected:

Dr. D. L. Conner, Phoenix, President.

Dr. Paul R. Collins, Douglas, Vice-President.

Dr. Maud Callison, Safford, Secretary-Treas.

Conner, Collins and Callison, the three "C" from whom much will be expected in getting Arizona safely on its feet and feeling perfectly at home in State Association circles.

At the same meeting there was also organized the Central Arizona Osteopathic Society, forming a part of the state association. The following officers were elected.

Dr. Geo. F. Blair, Phoenix, President.

Dr. M. A. Brooks, Phoenix, Vice-President.

Dr. A. C. Graves, Phoenix, Secretary-Treas.

It was recommended that the osteopaths of eastern Arizona meet and organize an eastern Arizona local society, so as to give Arizona two local societies in the circuit, if possible.

El Paso Joins 100 Per Cent

The El Paso physicians met and organized the El Paso Osteopathic Society, and as a result of Dr. Edmiston's splendid message, and the active interest of the local physicians attending the meeting, 100% of the osteopaths of El Paso joined the society.

The Western Osteopathic Association is an organization, not of individuals, but of states, it being impossible for any individual to become a member excepting through his state association. The only exception to this rule is in the case of local societies, so situated as to make it impracticable to join elsewhere and unreasonable for the Western Association to bar them from membership, and in such instances membership is secured through membership in the local society. The El Paso society forms a good example of such an instance. Located in the most western part of Texas, El Paso is twenty miles nearer to Los Angeles than it is to Houston, Texas, and 80 miles nearer to Los Angeles than it is to Galveston. It would, therefore, be next to impossible for the State of Texas to ever offer to the El Paso Society anything like the privileges that are now open to her through the Western Association.

Furthermore, there is but one local society between Houston and El Paso, the San Antonio Society, while between El Paso and Los Angeles there are six local societies. This will reduce the expense to El Paso to less than one-fifth of what it would cost to join in with the remainder of Texas in establishing a circuit. At any rate the Texas Association will not be weakened by the affiliation of El Paso with the West, for the Western Association requires membership in a State Association of all members of any Local Society affiliating, as a prerequisite to membership in the Western Association, and even in a state as alive as Texas, I doubt if any other community in Texas will equal the El Paso membership of 100%.

An Ideal Realized

By Jenette H. Bolles, D.O., Denver, Colo.

The plan of the Western Osteopathic Association appeals to me because it is truly democratic, and is based upon the community as the unit. Grouping the members of the profession into societies and subdivisions according to location is certainly very practical.

It is a plan which will permit the realization of the dreams and ideals I have had ever since the meeting of the National Association in Denver in 1905.

Then, I saw the need for regularly organized groups, and lecturers, educators and technicians to travel over the country to enthuse and bind more closely together the members of our profession.

The great lack has always been the financing of such a scheme. Now we have the plan of the Western Osteopathic Association with practical ways and means of carrying out these ideals. I believe it will prove the solution of many of our problems.

The Best Ever

By J. E. Ramsey, D.O., Denver, Colo.

I certainly feel that the Western Association is doing a great work in getting Osteopathy not only before the public, but before the Osteopathic physicians themselves.

To my notion the Post-graduate Circuit is the finest thing ever, virtually bringing the college to your own door!

I feel that as we get the other fellow's views we broaden our own, and none of us are so wise that we cannot learn a little from others.

I learned a great deal from Drs. Ruddy and Edmiston while they were here and I hesitate to say from whom I learned the most. Both gave many times more than I could digest.

A Forward Step In the Right Direction

By L. B. Overfelt, D.O., Boulder, Colo.

The Western Osteopathic Association is, in my judgment, one of the best forward steps that the profession has ever taken in the advancement of osteopathy. The organization perfected, as planned, will give every practicing D.O. the rare privilege of taking a monthly post-graduate course under some of our most experienced and efficient leaders. I witnessed Dr. Ruddy operate on nose and throat. He is one of the best men in the country along that line and it was worth more than my \$25.00 dues to have the privilege of hearing him and seeing him operate.

Then came Dr. Edmiston on Osteopathic Technique which was very scientific osteopathically. It was great, and these men, as I understand it, are making enough on each trip to pay their expenses, and nearly all of the \$25.00 in dues is left in the state for the advancement of our state work. I am only sorry that every D.O. in the state was not present to have received some of the instruction that Dr. Edmiston gave on his trip in February.

I think we, as osteopaths, must wake up to our responsibility and put something back into our profession and not be taking out all of the time. Unless we do, Osteopathy is bound to suffer through our carelessness and indifference in not keeping up with the latest and best things that are being developed by the best men in our profession.

Every man and woman should come into this organization. We must take post-graduate work. We must send new students to the colleges if we expect Osteopathy to live, because the older practitioners will soon pass on and it is going to take the young men and women with enthusiasm to put it "over the top."

This is our opportunity. Not only in Colorado but in every state in the Union. We must have organization. We must have a system. We must stand together or one by one, as we

fall by the wayside, there will be no one coming along to take our places, and the great science that Andrew Taylor Still started will cease to exist.

Highly Endorses Western Plan

By C. C. Reed, D.O., Denver, Colo.

Colorado has affiliated with the Western Osteopathic Association. We have already had two speakers which have proved very satisfactory. Dr. Ruddy came in December and gave a wonderful program, and in January Dr. Edmiston on Technique, gave some excellent work, and all who attended expressed themselves as greatly pleased.

The Western Association has some very definite plans for all of the states and subdivisions in the states that are affiliated with it. Eight committees are active in each subdivision taking care of the various needs of the osteopathic profession in every locality. The organization is so set up that the post graduate circuit, is covered by some leader in professional thought every month, and the meetings are conducted in such a way that through his examination and treatments, his expenses are paid, and instead of drawing on the treasury he leaves, many times, money in the local treasury after all expenses are paid. We are finding the plan to work very satisfactorily indeed.

The effects of the organization plan, of which Dr. George F. Whitehouse is sponsor, is to create a sense of fellowship and enthusiasm in the rank and file of the osteopathic profession, under the banner of the Western Association. Already a number of clinics have been established and several hospitals are being planned. I have no doubt that within the next three or four years there will be a dozen osteopathic hospitals founded in this Western country and probably fifty clinics. Osteopathy, by rendering its services to the public will come into its own, and when it asks for rights through the legislatures and its rights in the various districts and cities, the people will more readily listen to the pleas of our profession.

We find that the bringing together of the various members in these meetings, where they meet one another regularly every month, under the right influences, is developing an excellent spirit of fraternity, fellowship and good will. It is bringing about a cooperation of all of our forces. Only two months have passed and yet we can see even now the good effects of this complete organization.

After a careful study of the plans of organization and watching the working of its principles here, it is our firm conviction that there will be a finer and more wholesome result brought about in the profession, with a greater growth in all directions.

Idaho Proud to Be In the Game

By O. R. Meredith, D.O., Nampa, Idaho

The Western Osteopathic Association is a reality to South Idaho. When I came to the state in 1912 the dues of the State Association were \$5.00 to join and \$1.00 per year thereafter. Soon annual dues went to \$2.00 but with little interest in the association. Later \$5.00 per year for everyone gained us more members than previously. We were then ready for something. That something was Dr. Whitehouse with his vision of \$25.00 per year dues on a pledge for two years. Then things did not happen—they transpired!

The congressional letter campaign, in which the Boise Valley Association rolled up the biggest bombardment per capita to its representatives of any D.O. district, was accomplished. This success was due to two people back of a policy. First Dr. Whitehouse thoroughly outlined things and second Dr. Carrie Freeman executed them. Most of our D.O.'s did not just do their bit—they did their best!

The President of the Idaho Osteopathic Association was in Los Angeles at the birth of the Western Osteopathic Association and as soon as it was delivered Dr. Chas. Spencer, its new President, arranged to be with us at our state meeting in the fall. This annual convention was a treat such as Idaho had not enjoyed in a decade. Also, it was followed immediately by the establishment at Boise of the first osteopathic clinic on the Coast.

Why should Idaho be interested in the Western Association? Can you realize our magnificent distances? With fifty D.O.'s in the state, it takes 30 hours continuous train travel from Couer D'Alenes to Pocatello. It is much more practical to bring a speaker to our districts than for us to attempt to cross the Rockies. Goodness, just think! Idaho alone is almost as large as all our doors—almost as large as Texas!

Now with our district meetings arranged definitely we find our members entertained, instructed and inspired by this P.G. work given in our midst.

I know of no science, art or profession that has such a program. Yes, and to enrich this there is no outlay! Fees for work done by the visiting physician have paid expenses, have paid the lecturer, and left cash in the treasury of the local society! I am proud to belong to the Idaho bunch.

There is still some \$200 said to be due Dr. Whitehouse from the tri-state campaign which the AOA has been asked to pay because they paid for their Congressional Campaign, at least in part, from our AOA dues while we attempted to finance our own.

In answer to this Dr. W. A. Gravett, per E.E., wrote to me under date of February 3rd, "Dr. Whitehouse was paid for his services in full and considerably more, several months ago."

If the foregoing is correct who in the AOA is responsible for the misappropriation of funds?

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PRETENSES and LAW EVASION**

It's Open Season for Hunting Chiro's Now

You can go gunning for chiropractic falsehoods now and bring down the forty fake claims of this cult with every round of ammunition you expend. All the license you need is jealous regard for historic truth and the desire to defend the reputation of A. T. Still as the originator and pioneer of adjustive therapy.

If you also hold in affection and respect the fair name of our beloved science and want to see it enjoy the reputation it has so justly earned without being eclipsed by a deceitful counterfeit it is reasonable to infer you will distribute a full thousand of them.

We will supply you 1,000 rounds of approved ammunition for \$9.50, delivered, of the excellent "Chiropractic Kleptomaniac" brand, each copy warranted to hit the mark, and we will print your professional card on the 1,000 order as a compliment. We recommend you to put out a thousand of these promptly and note with satisfaction the developments in the community.

The October issue of *Osteopathic Health* with the leading article entitled "Osteopathy as a Science" is a very fine number. On page 2 appears the following paragraph: "The entire ancestry of every living individual has successfully conquered all conditions inimical to life, including disease, up to the period of reproduction." This possibly is not a statement to pull as a "patient getter" but it is a profoundly scientific statement that evokes my heartiest admiration.

—George O. Shoemaker, Wichita, Kansas, October 14th.

I am pleased to send \$2.00 to renew my subscription to *The Osteopathic Physician*, as I am always very much pleased with it and what it has to say.

—R. R. Semon, D. O., Port Clinton, Ohio, December 23rd.

Enclosed herewith find check for \$2.00. Put me wise at least for another year. The OP is some paper.

—A. B. Wyckoff, D. O., Alton, Illinois.

HELPFUL HINTS *in* DIAGNOSIS REVEALED *by* ADVANCED DENTISTRY

Root Abscesses as a Cause of Heart Disease

Being the Personal Experience of H. E. Illing, D.O., Kitchener, Ontario

Previous History: For some months I had been troubled with dizziness in the morning which passed away by evening and always cleared up with use of enema, until after my breakdown.

Present History: On January 20th, 1919 had a collapse; was confined to bed for ten days, following which I resumed practice for one week and then experienced another breakdown which seemed, apparently, nervous, losing control of emotion, very dizzy, headache, pain over precordium, palpitation of heart on the least exertion, extreme weakness, inability to walk without use of cane.

Physical Examination: There was a general ptosis of all organs, including heart. Temperature 97 degrees, pulse 84-120, skin and mucous membrane pale, no heart murmurs, palpitation and auscultation negative.

Laboratory findings: Urine normal except for slight increase in indican. Blood, red cells, 4,500,000, white 11,000, hemoglobin 88.

Treatment: Was osteopathic and diverted to

eliminative organs on account of toxic symptoms; but during six weeks of manipulative treatment symptoms kept gradually getting worse. A radiograph was then made of the teeth and it showed four teeth to have root abscesses. The teeth were not sore and gave no trouble as to pain, etc., but they were all dead, that is, "nerves" had been killed, and I have come to maintain that any object which is not alive has no business in the body. These teeth were immediately extracted and symptoms began to subside but—and this is what convinced me—I had located the cause. Whenever a sequestrum formed, which they did on three occasions, I always had a return of my symptoms. After the sequestrum was operated upon the symptoms cleared up.

It is now eight months since I have been able to practice but have regained my health and weigh ten pounds more than I ever did. Would that I had used the x-ray and found my lesion earlier!

was far more valuable to me than a commission. Nevertheless I am very thankful for the osteopathic order which permitted my discharge in March, 1919. I am now in practice at 1118 West Lehigh Ave., Philadelphia.—Fraternally, P. Lander Tait, D.O.

Dr. Bancroft Wins Welcomes to Canandaigua Hospital!!!

We rejoice to be able to tell the news first that our penial co-worked, Dr. C. M. Bancroft, president of the New York Osteopathic Society, whose bitter experience in having his home town hospital at Canandaigua shut its doors to one of his very sick patients, has won out against AMA hospital standardization! That sane, just and eloquent plea which he made and we printed last issue was so well received the hospital rescinded its action and notified "Banny" his patients would be welcome in future. Hooray! If we fight hard and intelligently we get somewhere!

Make Every Chiro Falsehood Boost Osteopathic Truth

The new competitive pest in many localities which is doing some actual damage to human spines by rough work is fully explained and its true nature as a bare-faced steal from osteopathy is historically proven in the new 6-page folder "Chiropractic Kleptomaniac." It is designed for enclosure in other literature or mailing in an ordinary number 6 letter envelope. This excellent rectifier of our osteopathic boundaries is being sent out from this office at the rate of about 10,000 copies per day at present and every city, town and hamlet where chiros are misrepresenting the truth about osteopathy ought to get its generous distribution. We have made the price so low that we believe you will want to put out a thousand of them. Have we your order in hand? Take a thousand and we'll print your card on them for nothing.

WHERE PEGASSUS BROWSES

THE CALF PATH

By Sam Walter Foss, in "Whiffs From Wild Meadows."
Published by Lothrop, Lee & Shepard Co., (First Published in 1895).

I.

One day through the primeval wood
A calf walked home as good calves should;
But made a trail all bent askew,
A crooked trail as all calves do,
Since then three hundred years have fled,
And I infer the calf is dead.

II.

But still he left behind his trail,
And thereby hangs my moral tale.
The trail was taken up next day
By a lone dog that passed that way;
And then a wise bell-wether sheep
Pursued the trail o'er vale and steep,
And drew the flock behind him, too,
As good bell-wethers always do,
And from that day, o'er hill and glade,
Through those old woods a path was made.

III.

And many men wound in and out,
And dodged and turned and bent about,
And uttered words of righteous wrath
Because 'twas such a crooked path;
But still they followed—do not laugh—
The first migrations of that calf,
And through this winding wood-way stalked
Because he wobbled when he walked.

IV.

This forest path became a lane,
That bent and turned and turned again;
This crooked lane became a road,
Where many a poor horse with his load
Toiled on beneath the burning sun,
And traveled some three miles in one.
And thus a century and a half
They trod the footsteps of that calf.

V.

The years passed on in swift feet,
The road became a village street;
And this, before men were aware,
A city's crowded thoroughfare.

OSTEOPATHY *in* FOREIGN LANDS

Prophylactic Osteopathic Clinic Proposed for London

By Harvey R. Foote, D.O., Harewood House, Hanover, Square, London, W.

AS President of the British Osteopath Association I have made it my policy to inaugurate a League for the Prevention of Spinal Curvature and I hope to have it affiliated with the National League for the Prevention of Spinal Curvature in America. The plan has been under consideration for several years past but owing to the war it could not be made operative.

The League for the Prevention of Spinal Curvature will be incorporated under British law and the Articles of Association will give the right to have a clinic under the auspices of the League where and when required.

The first clinic will be started in London. We have the support of many influential people and the cash in the bank to guarantee the working costs and expenses for the first year.

Suitable premises will be secured in London in which to carry on the clinic and be the headquarters for the League. A competent nurse will be in charge and a secretary will be appointed to look after the League's interests.

The majority of the osteopaths practicing in London will attend the clinic at stated times. In addition to the professional assistance we are able to give, it is our plan to invite an osteopath to come over from the States or Canada to be in attendance at the clinic during the usual office hours. Under his contract he will have the privilege of starting a practice for himself at the end of twelve months or two years; the support given him during this time should be of inestimable value. After the expiration of his contract should he desire to practice in London he would be required to continue supporting the League by giving up a couple of hours per week treating at the clinic the same as other practitioners here in London are doing, or pay in cash what would be equiva-

lent to the two hours work, if he so preferred.

I am prepared to receive applications from osteopaths who may desire to come over under this scheme. A fair living wage will be paid and the privilege of a few private patients.

The applicant chosen by the League Directors must be a good operator and possess a spirit of enthusiasm for his work which will give confidence and gain additional support for the League and the clinic.

Doctor, would you be good enough to mention our scheme in the next issue of *The Osteopathic Physician*, thereby assisting us to get in touch with the right man for the position?

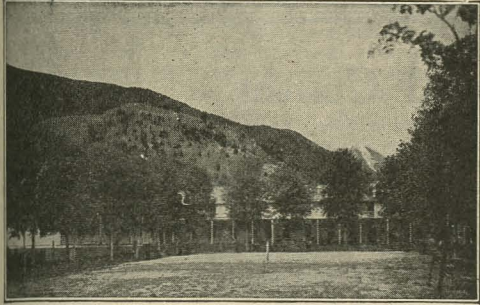
OSTEOPATHS *in* WAR SERVICE

War Osteopaths in Peace

IN the army at the Base Hospital, Camp Meade, Maryland, although a non-commissioned, I was given charge of the accident ward and secured abundance of first hand experience in the setting of fractures and dislocations, being commonly known there as the "bone doctor." During the epidemic, I was permitted to treat osteopathically nine presumably fatal cases of pneumonia as an experiment and I feel that I did credit to my profession in saving the lives of six of them.

After the epidemic I secured transfer to the x-ray department and made a special study of fluoroscopy and the localization of foreign bodies. In December 1918 I was transferred to General Hospital No. 2 at Fort McHenry, Baltimore, where I enjoyed exceptionally valuable experience in my work with the returning wounded men. The experience I obtained

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Harold A. Fenner, D. O.,
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Write for descriptive literature.

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PERFECT SIGHT CO.

Dubuque, Iowa

And soon the central street was this
Of a renowned metropolis;
And men two centuries and a half
Trod in the footsteps of that calf.

VI.

Each day a hundred thousand rout
Followed this zig-zag calf about
And o'er his crooked journey went
The traffic of a continent.
A hundred thousand men were led
By one calf near three centuries dead.
They followed still his crooked way,
And lost one hundred years a day;
FOR THUS SUCH REVERENCE IS LENT
TO WELL-ESTABLISHED PRECEDENT.

VII.

A moral lesson this might teach
Were I ordained and called to preach;
For men are prone to go it blind
Along the calf-paths of the mind,
And work away from sun to sun
To do what other men have done.
They follow in the beaten track,
And out and in, and forth and back,
And still their devious course pursue,
To keep the path that others do.
They keep the path a sacred groove,
Along which all their lives they move;
But how the wise old wood-gods laugh,
Who saw the first primeval calf.
Ah, many things this tale might teach—
But I am not ordained to preach.

Homeopathy's Doom—Will Osteopathy Heed It?

THE Homeopathic Recorder, in the August, 1919, number, has the following to say in discussing the subject, "What is Wrong With Homeopathy as a Profession?"

"* * * Prior to thirty years ago the dominant school would not recognize or affiliate with the homeopath in any way whatever, and the new school was making wonderful progress, especially with the educated and the intelligent classes, and the old school was not slow to recognize that fact and to thwart it at once, changed their attitude to the reverse, and began to hug us, as it were. At this, their sudden endearing attitude, the majority of the homeopaths seemed flattered, and instead of winning them to our own beautiful and only law of cure (which we thought at that time would be the result), the greater body of homeopaths fell in with their surgery and their easier routine methods of practice, and as a result ever since homeopathy, as a school, has retrograded. * * *"

The above is history and history tends to repeat itself. The tendency is for too many osteopaths to court favor from the dominant school by a compromise, often of fundamental principles, or by a division of practice. There is no question in the world but that the principle of mechanical re-adjustment is the greatest therapeutic truth in the world. Clinically this truth has been verified by millions of cases. Scientifically much research work has been accomplished and is being done which is proving this principle beyond question. Why, then, should we compromise with a school which we are destined to replace, if we only remain united as a profession and stick to fundamental principles? If we do not do this the history of osteopathy can be nothing but a repetition of the history of homeopathy. Too many feel secure because of belief in the fallacious doctrine that, "Truth crushed to earth shall rise again." No truth ever existed in practice or spread its doctrine without its devoted teachers. Error is much more prone to rule the world if believed by the masses of the people and the minute that the advocates of any reform begin to compromise in principle, that minute does their teaching begin to die.—*Bulletin, Southwestern Osteopathic Sanitarium, Blackwell, Okla.*

Liver in Adenitis

In a large majority of children who have cervical adenitis, either acute or chronic, you will find the liver needs attention. Lymphatic engorgement demands active liver for relief.

—H. W. Gamble, D. O., Missouri Valley, Iowa.

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BUILDING SUCCESS in PRACTICE

Dr. Roy M. Wolf Makes Big Success
—Takes Partner in Practice

DR. ROY M. WOLF, of Big Timber, Montana, has sold a half interest in his practice to Dr. J. Meek Wolfe, of Ronoake, Virginia. Altho of the same name the doctors are in noway related. The practice of Dr. Roy Wolf has been as large as any osteopathic practice in the state of Montana for the past four years, he says, although Big Timber has a population of only 1,300 and the entire population of the county is only about 6,000. Also a year ago there were two M.D.'s in Big Timber and a little later a third located there. Dr. Wolf's practice has grown from \$2,800 his first year in practice to \$18,000 the year past—an increase of over 600% in seven years. Bear in mind that Dr. Wolf located in Big Timber just after he graduated and that he has never practiced elsewhere.

He attributes his success to his having always exercised extreme precaution in handling his cases, yet having the nerve to go ahead and handle any and all kinds of cases. For instance, the most difficult obstetric cases, with only a practical nurse to assist; the most difficult fracture cases when only a practical nurse could be obtained for assistance without calling in an M.D.—for this he would not do. He further attributes his success to his having studied his cases and to his having *believed* in osteopathy; to his having taught his clientele by simply and briefly explaining osteopathy to them when the opportunity presented itself; to his sending out *Osteopathic Health*, and to his inserting occasionally a brief and sensible



Dr. Roy M. Wolf



Dr. J. Meek Wolfe

article on osteopathy in the county newspaper, and lastly to spending enough to have a first-class office, as regards location, size, arrangement, furnishings and equipment.

The office records of Dr. Wolf show that he has had 120 cases of pneumonia, including 44 of flu-pneumonia, only four cases were lost, all of them flu-pneumonia; and over 175 obstetrical cases, all delivered at the homes of the patient's, no hospital cases. With exception of about six cases all were handled without a trained nurse.

Dr. Roy M. Wolf graduated in January, 1912, being a member of the "Cayenne Pepper Class," which derived its name from the fact that the members were a most ardent bunch of scrappers whenever occasion arose which they thought demanded action. Dr. J. Meek Wolfe graduated in January, 1909, being a member of the "Skiddo Class," so named because there were just 23 in his class. Dr. J. Meek Wolfe graduated in medicine from the University of Chattanooga, Tennessee, was an interne in the hospital, and later practiced medicine one year. He then became convinced of the merit of osteopathy, so he went to Kirksville, took the course and graduated. Both Dr. Roy M. Wolf and Dr. J. Meek Wolfe, have had an abundance of experience and have been successful in practice, and they will no doubt make Big Timber a solid osteopathic stronghold.

WHERE THEY GET IT OFF THEIR CHESTS

AOA On "Dead Center"

By Geo. W. Goode, D. O., Boston, Mass.

NO president of the AOA was ever inducted into office with cleaner hands than that Dr. Hugh W. Conklin. He had no friends to reward or enemies to punish. He had done nothing in AOA politics to warrant the wrath of the stand-patters, mixers or go-betweens. He belongs to no particular wing of the AOA, neither could he be charged with playing favorites to win the election.

He seemed to be the popular choice on the floor of the convention, notwithstanding the house rode over the choice of the nominating body.

In view of the fact that he owes his election to no faction of the AOA, he has the opportunity given no other president of the AOA in years to make a lasting name for himself. That he will do so time will tell. He is a born fighter and a natural leader.

It is up to him to change the policies of the AOA and so shape our destiny that we will be a factor to be reckoned with by the drug doctors.

We have been altogether too conservative in our way of doing things, and much of the fighting spirit of former years has been lost.

The president should have more executive power vested in him so that he could act on important matters immediately without having to write all over the country for the opinions of others. It causes delay, and much valuable time is lost.

The geographical idea of electing officers and trustees should be thrown into the discard and men and women of ability elected to support the president when quick action is necessary on important matters.

If the headquarters of the AOA were established in Chicago, which is a central point, as everyone knows, we could meet the enemy in their own country.

The president should be surrounded with men who could act quickly as the occasion required. Then the needless delay of writing around the country for various opinions would be obviated. Ofttimes these opinions are not forthcoming, for the one addressed puts off sending his answer.

It is up to the new president to clean the slate and point out the way for a progressive and up-to-the-minute AOA.

Says P.-G. Lecturers Are Too Keen
After the Money

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

I READ the last *OP* from cover to cover last night—even voted for myself by re-reading my own article; but what I was really vitally interested in and the thing that made me think was your editorials, or whose ever they were who wrote them. I unreservedly endorse the stand that you have taken, namely, that if Osteopathy is going to get anywhere it is up to the osteopaths.

Take it right here in our local association; we do not have any trouble getting cooperation and work for the good of Osteopathy out of the old guard, they can be counted on every time, but when it comes to the new blood—well, any that I have been able to judge is away low on the red blood count; the favorite stunt (when there is anything real to do) is "to pass the buck", to wish the necessary work on someone else; and it usually falls to the lot of one of the old guard to do the work.

Personally I have simply rebelled for some time now and perhaps I have made a mistake here. I should have kept after the young ones until they were trained to do the work—what work? The work of building up the profession along the lines so well expressed in your editorials of this last *OP*.

What is the greatest factor preventing our development? I am not positive—yet, but I would say now, "Commercialism." If you ask one of the members of our profession to deliver a lecture, or to do some p. g. work for the good of those who need it, what do these POOH-BAHS first move? They usually move you that they be liberally paid for their time. Maybe they will say, "well, why not?" And the answer is, "If we have to pay for every little bit of lecturing that is done, can't you see that the first deficiency in osteopathy is adequate, up-to-the-minute education?"

The "Board" suspended Edwards for holding paid classes during the convention, but they will

overlook this violation of the law, if he will donate to some "fund" the sum of \$500.—looks like some one wanted "to cut in on the money"—doesn't it? Be that as it may, the point is that paid classes are every where the vogue. Why? It's an easy way to get some easy money.

We here in St. Louis recently held a so-called post graduate convention; every one who wanted to attend the morning sessions where this p. g. work was being given was asked to pay \$20 in advance. The men who gave these p. g. lectures examined such patients as offer themselves, for a fee, the fee to go to the visiting osteopath and p. g. lecturers. Some of them were so keen about this fee for examination that they would not leave it to the discretion of the local osteopath, but sent out letters to the local osteopaths telling them "that they were ready to examine our patients, for which they would charge a fee." Do you get my point? Here was a p. g. convention, that could do a lot for osteopathy, but no, the great good to osteopathy was forgotten in the grasping desire to get the dollars. The money that was collected for this p. g. work is to be used for the forward movement of osteopathy in this state, but anybody can judge what a poor way this is, if he had a roster of those who paid.

Neither your time nor mine will permit an exhaustive analysis of this phase of our development, but that such commercialism in all of our departments is preventing us from growing as we should can be readily proven.

Now what should be done? I say, let the AOA make an appeal to all of those in the osteopathic profession who are able to give p. g. work to establish classes just as these men did and are doing and prevail upon them to give this work to the profession, not for money, but for the advancement of osteopathy. If one belonging to the medical school discovers some

thing new, it is his pride to give it to his profession; if one of our men become proficient in a certain line of work—dependent upon his own researches, granted—what does he do? He makes you pay to get it. ALL WRONG. I am sure that the next AOA convention, can get all this as a part of the convention work without cost to its members. Harry, I am not trying to discuss every evil in our profession that you have mentioned in your editorials, but I have offered a remedy to overcome one phase of commercialism from which our profession has suffered and which has had a tendency (no more) to stunt our growth.

Osteopaths as Health Officers

A LIST of the county and city health officers of California shows that at least two osteopaths are functioning in that capacity, Dr. C. H. Phinney of Eagle Rock, and Dr. Thomas J. Vaughn of Huntington Park, both of Los Angeles County.

Dr. C. V. Fulham is health officer at Frankfort, Indiana.

Dr. Frank Baker has recently been appointed health officer at Clarkston, Washington.

If there are any others in any state in the union please report it to The OP.

PUBLISHER'S DEPARTMENT

How Osteopathy Promotes Elimination Is Our April Message

SURELY there is no one viewpoint of the body's work more understandable to all the people than life's processes of elimination. Everybody knows what it means to move the bowels or not to move them, and how easy it is under some circumstances to get constive. Everybody, almost, knows what happens when the kidneys stop functioning. Talk about a torpid liver is the first thought of one who gets bilious. It is common knowledge that when the organs of elimination "lie down on their jobs" health gets upset and death may result if the deadlock be not lifted.

But the mind of man, following the grooves worn by long custom, turns as naturally to drugs to promote elimination as it does to food to satisfy hunger. Who, except the well drilled osteopathic convert does not think at once of laxatives, cathartics and purgatives as the first and most natural thing to "cure" constipation?

Well, just because this is the natural habit of the mind, due to human enslavement to drugs from time immemorial, this subject of body elimination and how osteopathy regulates secretion and excretion by its own peculiar methods, without relying upon drugs, is a very fruitful text for preaching the brand newness and superiority of osteopathic therapeutics.

When an osteopath can cure either constipation or diarrhea without drugs by manipulations of the back-bone, the average mind will concede that he can likewise do many other things to promote health that look equally mysterious—until the way of doing it is made plain.

When an osteopath can lower the temperature of fever and make the sweat glands act so as to relieve a burning skin and can stimulate the kidneys to action and do these things without using antipyretics and other damaging drugs, then the average man and woman who learns of this fact will be ready to believe that osteopathy is superior to drug practice, once you teach the bad effects that drugs have on the whole organism.

This is in line with the important truth taught in the April issue of *Osteopathic Health*. It is one of Bunting's standard brochure's entitled "The Body's Four Grand Systems of Elimination." The article is full of popular physiology and is very readable. Any average reader of it will derive a better conception of the workings of his body, as well as a more wholesome understanding of osteopathy; likewise respect for its power to regulate the glands of secretion and excretion and thereby to promote health.

These ills are considered as failures of elimination in the course of the general discussion: jaundice, gallstones, uremia, nephritis, autoin-

toxication, skin diseases, lung diseases, constipation and "rheumatism."

It is a valiant number to proselyte with as well as for the education of present and former patients. What will your order be?

The OP Sanctum

9 South Clinton Street, Chicago.

Why Subsidize One Field Magazine?

[From the Florida Osteopath.]

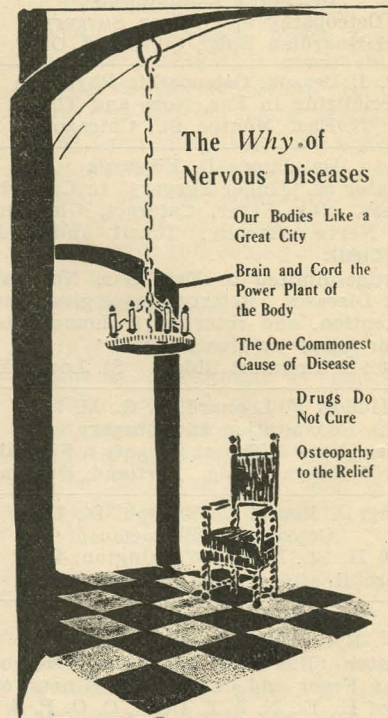
I FAIL to see why the profession should be called upon to finance a monthly publication of the patient-pulling type. Why subsidize one publication to the exclusion of Bunting and Williams publications, Herald of Osteopathy, etc? Why not vote each of the other publishers \$2,000 or so a year so that every member of the AOA could receive copies of the other publications each month to compare with the Osteopathic Magazine? Then each publication would rise or fall by its own merits. Of course, this method might be hard on the O. M. but this is the day of efficiency and the AOA officials should not object to efficiency methods in the AOA. They should be broad-minded enough to eliminate wasteful measures wherever found. The next paragraph gives a suggestion as to the disposal of the O. M.

Education

A great deal has been said about educating the public in things osteopathic, but how about educating the osteopaths in things osteopathic? A state examining board recently announced that applicants for licensure showed a lamentable ignorance of osteopathic principles and practice. Over 75% of the practicing osteopaths could stand more osteopathic light, which would do fully as much good in their respective fields as a corresponding monetary value in public education.

I suggest that the AOA "can" the Osteopathic Magazine and take the money it costs the profession and give a two week P. G. review course to AOA members at the time of the next AOA convention. Get the best instructors in the profession and make it worth while. This would do more good and give a greater impulse to things osteopathic than any single action the AOA could take. To rouse enthusiasm in osteopaths they must be shown how to do things in an osteopathic manner, for if they are not shown they will steer as close to medicinal treatment as they can in order to get some results. No amount of educating the public will do any good unless the osteopaths are educated up to handling the cases that the literature says they can handle. While conventions are in a sense P. G. courses, still the work lacks the continuity and scope that a regular review course would give.

No. 38



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

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



THE OP CO., Chicago

Professional Cards

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

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

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

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

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

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

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

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

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

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

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

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

Dr. S. P. Ross
Surgeon
Office, 1000 Land Title Building
Residence, Hotel Adelphia, Philadelphia, Pa.

Osteopathic Health will
increase your practice. It
will keep your name and
profession fresh in the
mind of a cured patient or
prospective patient.

Western Osteopathic Association

If you say, "Such and such a thing can't be done,"
and a man comes back at you with "I have done it!"—
well it's your next move, isn't it?—*American Magazine.*

Announcing Asheville Osteopathic Sanatorium

Elizabeth E. Smith, D. O.
Asheville, - - - North Carolina

Praise for The OP from Everywhere

That was some editorial in The OP on "Peace-Peace."
Hit us again!—C. A. Porter, D.O., Port Angeles, Wash-
ington.

I cannot get along without The OP so find herewith
check for \$2.00 for another year.—A. M. Hibbets, D.O.,
Grinnell, Iowa.

The OP is different from all other osteopathic publica-
tions and is indispensable to me.—L. E. O'Keefe, D.O.,
Toulon, Illinois.

I could do without The OP but I am not going to do so,
at least as long as I have \$2.00.—J. J. Kaufman, D.O.,
Grafton, West Virginia.

I am enjoying *Osteopathic Health* more and more and
my patients like it very much. Let the good work go
on.—H. H. Christensen, D.O., Pender, Nebraska.

I do not feel that I care to get along without The OP.
I am glad to send check for another year's subscrip-
tion.—Walter E. Spill, D.O., Pittsburgh, Pennsylvania.

The OP is the bread of osteopathic life so I am
handing you herewith my check for \$2.00 to renew for
another year.—S. T. Cannon, D. O., Dexter, Missouri.

Enclosed herewith please find check in payment for
January *Osteopathic Health*. I find that my patients en-
joy the publication very much.—G. O. Shoemaker, D.O.,
Wichita, Kansas.

You win. Enclosed find check for \$2.00 for renewal of
subscription to *The Osteopathic Physician*. I really could
not get along without it.—M. Elizabeth Shupert, D. O.,
Rockford, Illinois.

I am glad to send check for \$2.00 for renewal of my
subscription to *The Osteopathic Physician* as I am very
fond of this publication.—Emma R. Cobb, D.O., Kala-
mazoo, Michigan.

Enclosed find check for renewal of my subscription to
The OP. It is a great publication for the profession
and I cannot keep office without it.—Inez T. Pettit,
D.O., Texarkana, Arkansas-Texas.

The cover design on the October issue of *Osteopathic
Health* is the best you have put out so far. It is very
artistic—do some more.
—Dr. C. M. Bancroft, Canandaigua, New York.

The check \$2.00 herewith tells you not to stop The
OP from coming to my office. It belongs in my office.
It is just as necessary as any other equipment.
—F. A. Gautschi, D. O., Napoleon, Ohio, December 19th.

Please put Dr. Turner and myself on the list again
for *The OP* and don't let us fall off the wagon again.
We intend taking it for the next fifty years or there-
abouts.—Howard T. Crawford, D. O., Boston, Massachu-
setts.

Herewith \$2.00 for renewal of subscription to *The Osteo-*

pathic Physician. I cannot afford to miss a single is-
sue. Will try and send some case reports but am very
busy in practice just now.—Rex G. Aten, D.O., Rawling,
Wyoming.

I find that some times through oversight, I let my
subscription to *The Osteopathic Physician* run past due.
I do not intend to do this as it is my full intention not
to be without *The Osteopathic Physician* as long as I
am practicing.—Dr. Georgia Chalfont, Pella, Iowa.

Well, here is your check for *The Osteopathic
Physician* so keep me on the subscription list. I can't
do without *The OP* and the game it is playing. I want
to be on the side lines if I can't get in the scrimmage
all the time.—W. D. Dobson, D. O., St. Louis, Missouri.

Haven't received my last number of *The OP*
yet. For fear that I am in arrears, I am enclosing the
price of a year's ride. Please don't fail to send me the
January number as I feel that it is a distinct loss to me
to miss even one issue.—Calvin H. Grainger, D.O.,
Hattiesburg, Mississippi.

Herewith check for renewal of my subscription to
The Osteopathic Physician. It is a wonderful magazine.
Please let me compliment Dr. Bunting upon his article
in the *Physical Culture* magazine last November. It was
a great boost for osteopathy.—E. W. McWilliams, D.O.,
Columbus Junction, Iowa.

It is with profound delight that I read *The OP* these
days. It heads the list of osteopathic professional liter-
ature. I would say it is like a "two-year old on a fast
track." Keep up the good work and we will all be better
osteopaths for your efforts.

—H. I. Turley, D. O., Arcadia, Florida, October 25th

I would not want to ever do without *The Osteo-
pathic Physician*. I find it the greatest inspiration
of all osteopathic professional literature. I recently
returned to practice in Broken Bow after an absence of
three years and had to entirely re-equip my office but
practice is growing rapidly. I shall soon be ready for
some good supplies of *Osteopathic Health*.—O. S. Trigg,
D.O., Broken Bow, Nebraska.

IN D.O. LAND

Six Books of Value to D. O's

Six books of value to osteopaths: Your check, pocket,
bank, appointment, record and case books.

\$10 Examination and \$5 Treatment

It is said by travelers from the west coast that Dr.
Harry W. Forbes and Dr. Charles Spencer at Los
Angeles have raised their fees to \$10 for examinations
and \$5 per treatment.

Up to the Minute Stuff

Your patients will carry away Bunting's *Osteopathic
Health* and ask for more. They come fresh each
month, crisp and attractive. Sit down and read one
and you will understand.—*Western Osteopath.*

Dional People Busy

Since the new epidemic of influenza and pneumonia we have been simply deluged with orders. This wonderful deluge of business that has come to us constitutes "some" tribute to the power of Dionol. We are appreciative, of course, of the recognition given to our products.—*The Dionol Company, Detroit, Michigan.*

Wayne-Leonard Finds OP Advertising Brings Returns

Our advertising in *The Osteopathic Physician* is bringing good results. We are very much pleased.—*Leonard H. English, D.O., The Wayne-Leonard Sanitarium, Atlantic City, New Jersey.*

Eighteen Years of Loyalty

Thanks sincerely to your circulation manager for reminder as I never like to miss a copy of "our paper". Can't keep school without the *OP*. It was the first osteopathic literature I spent 50 cents for in 1902. Sincere congratulations on the growth of this journalistic child of yours.—*Elizabeth Broach, D.O., Atlanta, Georgia.*

Dr. Frank J. Saunders Makes Study of Ptomaine Poisoning

Dr. Frank J. Saunders, of Miami, Florida, recently returned from an interesting trip to the Bahama Islands where he went to study ptomaine and fish poisoning. This study was carried on with the help of Mr. Louis Mowbray, director of the new Miami aquarium and ex-director of the New York aquarium and noted ichthyologist. Dr. Saunders now has his offices in suite 14, Hippodrome building and he has established a new fee of \$3.00 for office services.

The Jumble Book of Rhymes

Dr. Frank R. Heine of Asheville, N. C., issued a very pleasing and creditable book of verse called "The Jumble Book of Rhymes" through the Hackney & Noale Company of that city. It reveals that our genial Frank has inherited quite a batch of rhyme faculty from his distinguished forebear, Heinrich Heine. One thing we don't understand: A lot of Frank's verses are addressed to femininity and love. Now what does Frank know of love? Frank and Harry Vastine are the profession's two accepted, accredited and hopeless bachelors. Still Frank does not write of love like an amateur! What an imagination that boy must have!

Dr. Garlinghouse of Charlotte, Michigan, on Vacation Trip

A card comes from Dr. H. A. Garlinghouse from Charlotte, Michigan, stating that he has been on a vacation trip across the continent. He says: "Have had a fine trip. Visited New Orleans, Houston, Galveston, San Antonio, El Paso, Los Angeles and San Diego. A little later I expect to return by way of San Francisco visiting Royal Gorge, Salt Lake City, Denver and Omaha. I have been attending lectures and clinics at the College of Osteopathic Physicians and Surgeons at Los Angeles. The College is doing splendidly. It has added about 20,000 square feet of floor space for laboratory work and everything about the institution has an air of progress and efficiency. I expect to be back in practice at Charlotte the latter part of March."

Dr. Dayton Pleased with College and Hospital at Des Moines

Dear Dr. Bunting: Just a line along the line. I am on my way to Denver. I had a great day at Des Moines yesterday. They certainly have a fine bunch there. The classes are well attended; the students are given high grade preparation for practice. The hospital is doing very nicely—every bed full. I addressed the student body and was well received by them. I made a hard drive for group clinics in small towns. A set day every three weeks, free clinics for the benefit of those who need them and regular notices conducted in local papers. The faculty at Des Moines was much impressed with the idea. I am looking forward to a very profitable experience with Dr. Reid at Denver.—*F. E. Dayton, D.O., Escanaba, Michigan.*

Old Timer Becomes a New Recruit in Popular Educational Work

Perseverance must surely find its reward even though it be a small one. You have been telling me about *Osteopathic Health* for a number of years and I have been reading it and while I have always appreciated this valuable little publication, I have never been a patron for it in quantities for the reason that I have never done any publicity work in my twenty years of practice altho I have always been a member of all the professional societies, county, state and national. However, I have decided that at least a few more of the general public shall see *Osteopathic Health*. I am sending a contract for a year's service of 100 copies a month, the magazines to be mailed direct to homes and addresses furnished.—*James B. Baldy, D.O., Tacoma, Washington.*

Des Moines Still College Confers Diplomas

The class of January, 1920, Des Moines Still College of Osteopathy held its commencement exercises January 22nd, at the College Auditorium. The following received three year diplomas: Louise C. Oversmith, William K. Stefan, George W. Sutfenfield, Zella A. Sullivan, Thomas E. Slater, Martha B. Morrison, Matthias V. Bridges, Glen I. Noe, Lana Edna Erikson, Louise C. Stern, Florence Morris, Iva Mae Carr, Walter D. Peer, Madison J. Hampton, Charles O. Casey, Celia Mickel, George A. Roulston. Four Year Diplomas were con-

ferred on: John P. Schwartz, Byron L. Cash, Ezra M. Davis, Francis Silvers, Minnie K. Thompson, Phil S. McQuirk, Harry C. Dobson, Philomena C. Wiewel, Donald M. Lewis, Dwight D. Clark, Claude D. Heasley. Post graduate certificates were awarded to: Dr. Earl J. Price, Dr. Lerne Wade and Dr. Elmer Frech.

Special Courses at Liberty Hospital, St. Louis, Missouri

The Liberty Hospital, 4267 Delmar Boulevard, St. Louis, Missouri, has announced special post-graduate courses for the benefit of osteopathic physicians. One is a post-graduate course in obstetrics under the supervision of Dr. John H. Crenshaw, obstetrician and gynecologist at Liberty Hospital. The course requires two weeks and includes instructions in administration of nitrous oxide and oxygen. Each class is limited to 15 in number. Another special course under arrangement with the Missouri College of Optometry and Ophthalmology is devoted to eye, ear, nose and throat work and to the fitting of glasses. The operative demonstrations in eye, ear, nose and throat work are conducted by Dr. P. H. Howard, of the Liberty Hospital. Classes in this department are limited to 15 in number.

Why Must Osteopaths Be Begged to Put Out Printed Information About Osteopathy?

I was called to a home recently and the lady who sent for me told me that she had just read the last issue of *Osteopathic Health* and that she had come to the conclusion that there might be "something wrong with her ribs" so she sent for me to make an examination. I found that she was suffering with something more than "trouble with her ribs" but she is greatly improved in health now and will be out in about a few days. On another occasion recently a patient said to me, "Why do not the osteopaths of Bozeman get together and edit a paper?" I told her about *Osteopathic Health* but so far as I know I am the only one in the city distributing the magazine. If only each osteopath here would send out 200 magazines a month, the message of *Osteopathic Health* would go to a thousand people each month but somehow or other the rest of the osteopaths of Bozeman do not seem to realize the value of this educational work. As a matter of fact I know that they are benefited by the literature that I send out but so am I also, and therefore I intend to keep up the good work. The patient who talked to me thought it would be a fine thing if the osteopaths of the city would get together and send out two or three thousand copies of *Osteopathic Health* monthly. I think the same thing, but.....? What do you think about it? —*W. C. Dawes, D.O., Bozeman, Montana.*

Ophthalmology—Oto—Laryngology Convention, Chicago, June 21st

The Fourth Annual Convention of the American Osteopathic Society of Ophthalmology and Oto-Laryngology will be held at the Chicago Osteopathic College Hospital, 5200 Ellis Avenue, Chicago, beginning Monday, June 21st, and continuing until, Friday, June 25th. The forenoons will be devoted to treatments, diagnosis and surgical technique; the afternoons to papers and discussions. As far as possible there will no paper read from the platform; each doctor will endeavor to deliver his address without the aid of a paper. This gives much better practical work than does a written paper or discussion. The last meeting was one of the best held and we are striving to make our *Fourth Annual Session* the best ever. The osteopathic concept of diseases applies no better to any part of practice than to the diseases of the Eye, Ear, Nose and Throat. The last few years have seen the development of some exceptionally good men in this line and a few have a national reputation not only as to treatment and diagnosis but also to surgery. The "Old School" has no better surgeons than quite a number of our own rank in this particular field. Osteopathic practitioners should support these men and many are doing it loyally. A large per cent of our profession do not understand, on account of their training, the diagnosis of these cases and when a case should be referred to a specialist, and it is especially for this purpose that our society was organized. Any live osteopathic physician is eligible to membership and will receive many times the cost and time spent in attending this convention for diagnosis alone and the treatment of conditions, that can be cared for by the man or woman in general practice. I ask the most hearty cooperation of all of our members who have so faithfully helped us in the past; any suggestions or assistance will be gratefully received. Our Year Book was somewhat delayed. It has been sent only to members of the society who are in good standing at this time.—*Leland S. Larimore, D.O., President, Blackwell, Okla.*

His First Case of "Flu" This Season

Dr. B.—of New York City has just written the Dionol Company of Detroit, Michigan, as follows:

"Last week I had my first case of Flu this season. Patient was prostrated, temperature 104. 2 F. Pulse 130, small and thready, pain over right pulmonary base, great dyspnoea, cyanosis—expressed the conviction that he was going to die. Applied Dionol Ointment over chest, front and back, covered with layer of absorbent cotton. Gave Emulsified Dionol internally in tablespoonful doses according to directions. In 12 hours, temperature was 100. 2 F. pulse 90 full and stronger. Continued Dionol treatment. In 36 hours temperature and pulse normal, patient comfortable."

This was one of the most convincing results I have ever seen during many years of practice.—*Adv.*

Chiropractic Kleptomania

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

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

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

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

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

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

The Osteopathic Physician
9 South Clinton Street
Chicago

PERSONAL

Dr. George A. Aupperle, of Idaho Falls, Idaho, has announced the removal of his offices from the Payne building to 223-224-225 Salisbury-Earl building.

Dr. C. A. Porter, formerly of Waterville, Washington, is now located at Port Angeles, Washington, with offices 120 Morse building. He reports that practice is developing very nicely.

Dr. John H. Finley, formerly of Berwick, Pennsylvania has taken over the office and practice of the late Dr. Albert T. Fisher at Syracuse, New York. His offices are in suite 203 Sietz Bldg.

Dr. Arthur W. Winch has received an honorable discharge as captain in the Medical Corps, U. S. Army and has recently purchased the practice of Dr. Philip H. Yung at Sanford, Maine, where he will resume practice.

Dr. George A. Townsend, of the Chico Hot Springs Sanitarium, Emigrant, Montana, recently returned to his practice after spending two months at Los Angeles, Chicago, Rochester and Kirksville where he attended various clinics.

Dr. L. L. Wade, formerly of Altoona, Iowa, has removed to Casper, Wyoming, where he is temporarily out of practice as he is looking after some ranch land. His real purpose in making the change, however, was to get into a larger town and when he gets things properly straightened out it is his intention to open an office for practice.

Dr. Nettie M. Hurd, Goddard Building, Chicago, who has specialized in orificial surgery, is moving into a larger suite of offices in the Goddard Building which is fully equipped to handle all office orificial cases as well as osteopathic cases. For the past three years, Dr. Hurd has been devoting much time to study along lines of diagnosis, gastro-intestinal conditions, and orificial philosophy. Dr. W. Frank Powers will be associated with Dr. Hurd, assisting her in this work, and will also handle the acute practice.

A new baby daughter has joined the family of Dr. Warren L. Stevick and Dr. Margaret Stevick, of Nowata, Oklahoma. She arrived February 20th. Both Dr. Margaret and the little daughter are doing nicely. Dr. Warren L. Stevick reports that the first baby in the family was born in an osteopathic institution, the Des Moines General Hospital. The last little girl was born at a big medical hospital, the St. Francis, Wichita, Kansas. Dr. Stevick says there was absolutely no comparison as to the efficiency of the nurses or the general conduct of the institution. He says he will take an osteopathic institution for any and all purposes in the future whenever it is in any way possible.

Dr. Charles R. Palmer and Dr. Mary King Palmer, of Pasadena, California, have been having a very busy time of it since last September. The building in which they had their office was slated for reconstruction and so the Drs. Palmer received notice to move in ten days. Then a little later Dr. Lillian B. King fell and broke her ankle and it was necessary for the Drs. Palmer to look after her practice as well as their own. And then the latter part of December their son, a dentist from North Dakota, came out to visit them and to look over Southern California and of course they did not want him to go back to North Dakota without having seen the beauties of California and so they motored him around every day that they could get away from practice.

LOCATIONS and REMOVALS

Dr. A. M. Breed of Corning, New York, October 3rd, 1919.

Dr. Philip H. Yung, from Sanford, Maine, to Portland, Maine.

Dr. G. A. Johnson, from Vinton, Iowa, to Redwood Falls, Minnesota.

Dr. E. A. Bright, from Green City, Missouri, to Brighton, Colorado.

Dr. Frank K. Saunders, at Miami, Florida, with offices in Hippodrome Building.

Dr. Arthur W. Winch, from U. S. Army Medical Corps, to Sanford, Maine.

Dr. C. A. Tedrick, from Las Cruces, New Mexico, to Route 3, Brashear, Missouri.

Dr. Jesse G. Clark, from Hotel Bainum, to 316-1/2 N. Main Street, Maryville, Missouri.

Dr. Wm. H. O'Neill, from 714 Market Street, to 702 Broadway, Camden, New Jersey.

Dr. Cora Belle Weed, from Hotel Martha Washington, to Hotel Schuyler, New York City.

Dr. Mary Sutherland, from Castell Bldg., to 121 South Main Street, Middletown, Ohio.

Dr. Irvin K. Moorhouse, from 326 Crockett Street, to suite 201-4 Kyle Bldg., Beaumont, Texas.

Dr. J. E. Coke, from 1822 West 25th Street, to 2222 West 21st Street, Los Angeles, California.

Dr. Jessie Wakeham, from St. Louis, Missouri, to Stevens Bldg., 17 State Street, Chicago, Illinois.

Dr. Caroline B. Chance, from Lake Charles, Louisiana, to 4001 Washington Blvd., St. Louis, Missouri.

Dr. Russ Coplantz from Portage, Wisconsin, to Seattle, Washington, associated with Dr. Minnie Potter.

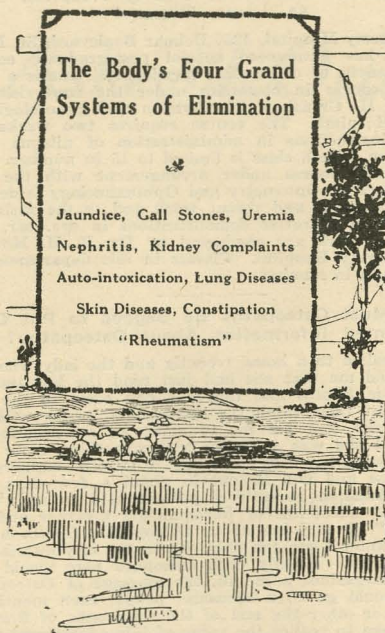
Dr. W. H. Baker of Owensboro, Kentucky, and Miss Zoe Stookey of Kirksville, Missouri, December 5th, 1919.

Dr. E. E. Symmonds of Greensburg, Missouri and Miss Gilda Boone of near Milan, Missouri, December 14th, 1919.

Osteopathic Health

for

APRIL, 1920



The Body's Four Grand Systems of Elimination

Jaundice, Gall Stones, Uremia

Nephritis, Kidney Complaints

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"Rheumatism"

A Brochure that is timely every-day the year around. Entire edition likely to be disposed of in thirty days. Buy now, your supply for twelve months.

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Osteopathic Health

for

MARCH, 1920

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

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

Serious Ills That Follow Upon the Flu.

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

Dr. Milman Pease, from 15 Queensberry St., Boston, Massachusetts; to 25 Pleasant St., Gloucester, Massachusetts.

Dr. Rolla Henry Cowger of Hastings, Nebraska and Miss Catherine Combs of Carthage, Missouri, December 27th, 1919.

Dr. James P. Whitmore, from 211 Savings Bank Building, to Suite 11, Marquette National Bank Building, Marquette, Michigan.

MARRIED

Dr. George F. Long, of Concordia, Kansas, and Miss Lena Blum, of Rochester, New York, January 15th, 1920.

Dr. Herbert S. Powis, of College City, California, and Miss Dora Truelsen, of San Jacinto, California, December 23rd, 1919.

Dr. Caroline B. Chance, of Lake Charles, Louisiana, and Mr. Harrison Davis, of St. Louis, Missouri, December 7th, 1919.

Dr. Daniel James Clark, of Delphos, Ohio, and Miss Lillian Catherine Holdgreve, of Delphos, Ohio, at Delphos, January 28th.

BORN

To Dr. and Mrs. W. B. Lamb, a girl, January 15th. To Dr. and Mrs. H. B. Shafer, of Anna, Illinois, a girl, January 3rd.

To Dr. and Mrs. Frederick Schmitt of Lexington, Missouri, a son, about January 5th.

To Dr. and Mrs. Fred Taylor, Lewiston, Montana, a daughter, Patricia Ann, January 5th.

To Dr. and Mrs. F. F. Graham, of Winona, Minnesota, a daughter, Gayle Frances, January 1st.

To Dr. and Mrs. Benoni A. Bullock, of Daytona, Florida, January 30th, a daughter, Enid Evelyn, 8 1/2 pounds.

To Dr. and Mrs. Frank K. Saunders, of Miami, Florida, January 4th, a son, weight 7 pounds. Mother and boy doing well.

To Drs. Warren L. Stevick and Margaret Stevick, of Nowata, Oklahoma, February 20th, a daughter, weight 7 1/2 pounds.

To Dr. and Mrs. Frank A. Barger, of Sidney, Nebraska, February 12th, a son, Richard Douglas, weight 7 pounds. Mother and child doing finely.

To Dr. and Mrs. V. C. Hoefner, of Waukegan, Illinois, February 11th, at the Chicago Osteopathic Hospital, a son, Victor Jr. Weight 9 pounds. Mother and child doing nicely.

DIED

Dr. Bessie Duffield, of Knoxville, Tennessee, January 16th.

Dr. Louisa Dutcher McKone, of Kansas City, Missouri, December 31st, 1919.

Dr. Alfred M. Smith, of Charlestown, West Virginia, December 30th, 1919.

Dr. Mattie Moffet, wife of Dr. T. C. Moffet, of Windsor, Missouri, December 18th, 1919.

Baby Son, of Dr. and Mrs. E. W. McWilliams, of Columbus Junction, Iowa, October 8th, born October 5th.

EXCHANGE and MARKET

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

TO RENT—Space in well equipped suite in Goddard Building.—Address No. 201, c/o The OP, 9 So. Clinton St., Chicago.

FOR SALE—In city of 20,000 in heart of Texas oil fields, office fixtures and practice. Receipts for January 235 treatments; for February 282 treatments at minimum prices. Office \$2.50; residence \$3.00. Expenses here small. If interested write No. 199, c/o The OP, 9 South Clinton St., Chicago.

FOR SALE—Osteopathic office equipment as follows: 1 old style McManis table; 2 folding tables; writing desk and chair; leather davenport; 2 leather mission rocking chairs; 1 dressing table and chair. For further information and prices address No. 197, c/o The OP, 9 So. Clinton St., Chicago.

FOR SALE—Osteopathic practice in small town in Illinois, forty miles from Chicago on main line of railroad. Practice well established. For particulars address No. 198, c/o The OP, 9 So. Clinton St., Chicago, Illinois.

FOR RENT—Furnished loop office. Hours 9:00 to 1:00. Suite 600—5 N. Wabash Ave., Chicago.

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