

The Osteopathic Physician

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The Osteopathic Physician

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Number 1

"GET the VISION!"

The Story of a Vision Realized

By Henry Stanhope Bunting

Half a dozen years ago Dr. Henry Tete of New Orleans was feeling pretty good over the fact that his practice was just passing from four into five figures. He had always been animated by a vigorous ambition and he felt that his ambitions were then being fairly well realized. We were in correspondence with him and urged upon him the bigness of the yet untouched opportunity that reached out before him.

"If you have the vision," we argued, "you can achieve a \$30,000 practice per annum just as well as a \$10,000 practice.

"Why should \$10,000 a year be the goal of the ambitious osteopath any more than \$5,000?" we asked. "Why should it not be \$25,000? \$30,000? \$50,000? Is there any reason why a top-notch surgeon may aspire to \$50,000 or \$75,000 a year while a top-notch osteopath may not rise above \$10,000?"

"Yes, there is a reason against it," Dr. Tete wrote back to us. "I am as busy as I can be now, on my present income. I couldn't take care of many more people if I tried. There is a limit to an osteopath's endurance."

"But be sure that under such circumstances one's imagination is even more limited than one's time and vital capacity," we argued. "Let one do less, rather than more, actual physical work; let one work fewer hours per day; but let one's mind work better, have more time for thinking and study, make better diagnoses, give better treatment and thus render a higher grade of professional service. There is always room at the top, however crowded the ladder of professional service may be at the bottom or half way up. The demand for the best is practically unlimited. What people are willing to pay for the best is practically unlimited also. In a field as big as New Orleans there is no reason why an osteopath should not set his goal at \$30,000 or even \$50,000 a year."

"But how can it be done?" asked Dr. Tete. "I have the ambition. I have the basis of success to build upon. I have the courage to essay it. But what's the formula—how do you begin?"

"Four steps are necessary to attain any such success," we outlined to Dr. Tete. "First, you must advertise *properly* to increase *local* demand and build prestige for your science and practice; second, you must increase the measure and quality of the service you render by adding up-to-the-minute scientific laboratory diagnosis—as good as can be gotten anywhere; third, you must revise your whole basis of charges, and charge considerably more than you have been accustomed to in the past, and make

charges proportional to benefits rendered; and fourth, you must employ osteopathic assistance—one assistant first, a staff of D.C.'s perhaps later. The number of assistants required will ultimately be the measure of your success. If you have the vision to do a \$30,000 practice a year, or even a \$50,000 practice, and pursue these methods as outlined you will achieve your goal, providing only in addition, you render the highest possible grade of professional service, both, in the laboratories and treatment room. Will you go after \$30,000 a year, Dr. Tete? Or shall it be \$50,000? What is your limit? Shall we blaze the trail for you with our publicity service?"



Dr. Henry Tete of New Orleans, La.

That in brief epitomizes a year or more of correspondence that passed between Dr. Tete and the Bunting Publications management six years ago.

Dr. Tete was not easy to convince that the big possibilities we held out as being within his reach were more tangible than dreams. But, as we say, he had as part of his native endowment the ambition, the will to do and the nerve to tackle such a large order. Our part in his success consisted only in giving him larger vision to go after three or four times as much income as he then enjoyed, and the providing him with *Osteopathic Health, Harvest Leaflets* and the practical plans of distribution which we assured him would make all the rest of the ensuing achievement possible to him. We pursued the subject for more than a year by correspondence with the New Orleans doctor and at length persuaded him that we knew what we were talking about. At last he concluded to follow our lead and strike to build the foremost osteopathic practice in the south if not in the United States.

We are proud to be authorized by Dr. Tete to say, after the lapse of these years, that it has worked out in practice exactly as we said it would. Our plans were right for they won big. Dr. Tete left no stone unturned to do his part honorably and conscientiously. As a result his practice long since climbed beyond the \$30,000 per annum mark and, still believing with us that income may become whatever a doctor desires to make it, Dr. Tete says he expects to see it advance right along until it reaches \$50,000 per annum. Indeed, we have hints that it is not far from there now!

As an indication of the sort of enterprise it requires to command such success we may state that Dr. Tete has now given us his order for 125,000 pieces of literature divided between *Harvest Leaflets* and *Osteopathic Health*. He aims to put the gospel of osteopathy into the homes of the best people in every city, town and village of the state of Louisiana. Isn't that a laudable ambition?

Dr. Tete believes in education. He organized and has successfully directed the Osteopathic Council of Defense and Education of Louisiana which during the past two years has circulated several hundred thousand magazines, catalogs, pamphlets and leaflets throughout the State of Louisiana, to a master list of names given by individual practitioners, putting this literature into the hands of leading citizens in each community. From this educational campaign it appears that large increase in practice resulted to the individual practitioners, although the purpose of the movement was purely educational.

The doctor has lectured on osteopathy for many years in the public forums, high schools, grammar schools and parent clubs, giving a forty-five minute lecture, illustrated with forty-five colored slides, entitled "Osteopathy, or the Human Body as a Machine." You see, he believes in embracing every *practical* advertising opportunity for the science.

It would be a fair cognomen for this enterprising New Orleansian to call him "An old-

timer with new ideas." The *OP* feels that its mission has been vindicated when we note such progressive ideas and methods in vogue, even in local spots throughout the profession, for the leaven is at work and it promises to develop a widespread and general adoption of such progressive publicity methods.

Henry Tete, D.O., whose offices are at 1117 Maison Blanch Building, New Orleans, is a pioneer in Louisiana, twenty-one years in practice. He has been secretary of the Louisiana State Board of Osteopaths for the past eight years, and Chairman of the Legislative Committee for the same time. His office is divided into four operating rooms and a large reception room. He employs two assistants and a secretary. Everything about the office is calculated to secure the greatest efficiency.

Dr. Tete specializes in examination, diagnosis and adjustment of structural defects. Every patient coming into the office is put through a thorough examination, blood test, urinalysis, blood pressure test, etc., followed by a minute and thorough osteopathic examination. The patient is then turned over to an assistant for treatment. He uses the most modern equipment obtainable, such as McManis and Albright tables and the latest diagnostic instruments.

Quite a joiner is Dr. Tete, too, as a member of eighteen organizations, one of the original members of the Rotary Club, a Shriner, an Elk, a Veiled Prophet, and he belongs to many other civic, historical and professional organizations in his community. That is another good way for a doctor to advertise. Tete lets none of the good chances get by him.

Dr. Tete receives from \$10 to \$25 for examination and consultation, and a fee of \$5 per treatment; with a minimum fee of \$4. Before establishing these fees there were many who argued that a fee of more than \$2 could not be obtained south of the Mason & Dixon line. What this doctor has accomplished in New Orleans—one of the most conservative cities of the United States—he could duplicate in any city of equal size in the United States, especially in cities where a score or more of other osteopaths still "treat" for from \$1.00 to \$2.00 per without giving any laboratory service. Furthermore, any other *first-class* osteopath

with equal vision and courage who will do the necessary educational campaigning *can* do it, just as well as Dr. Tete *has done* it.

What would it mean for the science and practice if every state in the union had one advertiser of osteopathy as progressive and Napoleonic as Dr. Henry Tete?

We would surely love to have correspondence with twenty or more ambitious members of the profession whom it would not discourage or render supremely unhappy to be told that their professional achievement could be made just as big as they had wings of vision to map out. We would like some more customers who are courageous enough to propose for themselves to become top-notchers and who are willing to do the work and spend that share of their income necessary to achieve such a goal. It is a money-back proposition.

No advertising agency on earth is better prepared to lead its clients to big and certain success than is our company to serve its osteopathic clients, provided our *clients will only guarantee the performance of their full part of the contract, both to their patients and to ourselves.* They will get in the measure that they give. Think it over.

These publicity plans which have worked so successfully and profitably in Dr. Tete's up-building may be inspected by any one interested.

We would like correspondence, we repeat, with any osteopath who has the vision, or anyone who is willing to *get the vision* to double, treble or quadruple his income. Of course, we believe with you that income is only one index (but a pretty practical one) of the good one is doing in practice. In a case of Napoleonic practice building like this Louisiana instance the good is equally done to the patients, to the public who are educated up to osteopathy, to the science and practice generally and to the alert osteopath himself who does the advertising, not to forget the osteopathic publisher who justly benefits along with all the rest. Are not our schools sure to benefit from it too?

How can an osteopath be content to live and die without ever turning over his hand to advance his profession in the public mind when one practitioner can do as much for the cause as is now being done by this New Orleans man, Henry Tete?

was duly received. It was read with much interest. We regret very much indeed to hear about the adversities that have beset you but we can not help but say that we feel you have an entirely wrong philosophy about your duty to humanity and your patients. There is an old saying, you know, that "charity begins at home" and properly interpreted, that saying is quite true. Many people interpret charity as being the same as alms-giving but it is not; but both charity and alms-giving, and particularly alms-giving, are virtues which are very easily changed into vices.

Unquestionably your first duty is to yourself and your family and included in that first duty is the duty of providing yourself with sufficient income to enable you to provide yourself and your family with the things you should have, not only the necessities of life but legitimate luxuries also, and only as you first do those things can you properly do for others. You seem to under-estimate benefit conferred on patients you help to get well or keep well; you seem to regard these people as helpless. Nothing is more important to any person than good health. It is the first requisite to happiness and income producing efficiency. There is something wrong about most people who are chronically ill, if proper osteopathic service and proper other advice and help in therapeutic ways does not relieve or normalize them.

The services you render your patients, if you render the right sort of services, are worth to your patients any fair price you must charge them in order to enable you to realize, out of your practice, sufficient income to provide for yourself and family a proper living; and a proper living in your instance means a living adequate to the station in life you are entitled as an educated man and physician to fill.

We believe thoroughly in service. The rendering of good and true service in whatever line of activity or vocation one may be engaged in is absolutely a first requisite if one hopes to

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



THE BUSINESS SIDE of PRACTICE

Believes Fee Raising All Wrong

Letter from Dr. Wilke:

My dear Dr. Bunting: Am very sorry that on account of adversities and some hard luck, I am unable to assist you with your bonds which I feel sure are a good investment.

I appreciate in *OP* the space given to hearing opinions on different subjects. Your open forum on "raising prices" has been interesting and instructive. Personally, I will say I read it until I was disappointed, almost disgusted with the replies. One could not read all those testimonials without seeing that many, many of our leading practitioners had lost sight of all that is grand in our profession and keep their eyes set constantly on the Almighty dollar.

Their vision is so hindered by the dollars in the way that they don't see the thousands of poor, in fact, the thousands of people in medium circumstances, who are struggling to raise their large families, during these trying times.

I take it from those articles that they are setting their mark as high as possible, without losing out—that is, they are going to tax people all they will possibly pay, always aiming to

keep their prices a little above the other fellow's.

Personally, I think if a person cures a patient by making a few adjustments, gets him so he can work again, charge him a hundred or several hundred, if he is able to pay, but when it comes to these thousands of chronics whom we help only a little, and that temporarily, I frankly say that I know of no osteopath whose few minutes treatment are worth \$4 or \$5 every other day.

I pray to God that helping suffering humanity will always be my first aim and let the income take care of itself.—Yours for noble service,
Dr. G. C. Wilke, Fort Collins, Colo., Nov. 24.

We Hold the Foregoing View Is Topsy-Turvy

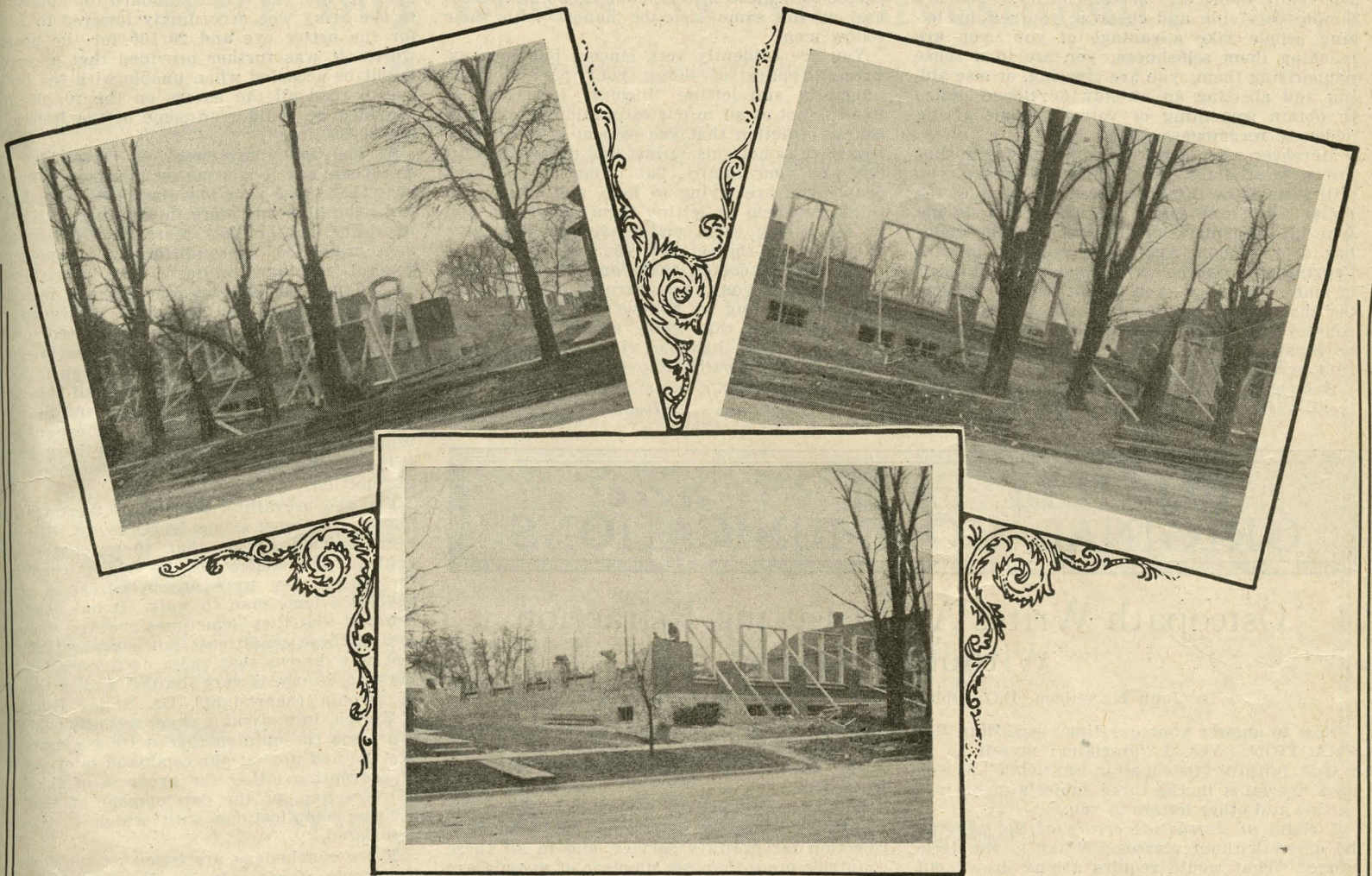
Letter from Mr. Arnold:

Chicago, Ill., Dec. 9th, 1920.

Dr. G. C. Wilke,
Fort Collins, Colo.

Dear Dr. Wilke: Your letter to Dr. Bunting

The New Home of Osteopathic Propaganda Now Going Up at Waukegan



These three photographs show progress made up to December 20th. Since that date the brick work has been pushed above the second floor.

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

And Hurry in Your Money!!!

We need it for our big weekly payroll of 35 workmen and carloads of material now being delivered.

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

Faithfully yours,

The Bunting Publications, Incorporated

win reward and prosper. But there is nothing more valuable than service and service is worth its price. If you let your patients or any one else take from you any service and pay you less than it is really worth, then you are not really doing any act of charity. You are simply deceiving and cheating yourself by letting people take advantage of you; you are teaching them selfishness; you are in a sense pauperizing them; you are creating, or else aiding and abetting an already developed desire to obtain something of value without giving adequate recompense for it.

Moreover when speaking of the new fees that are suggested for osteopathic treatment, you still seem to be thinking about the value of the dollar as it was many years ago and do not take into consideration the fact that the dollar has depreciated. Again you seem to be still figuring on people as earning salaries and wages of many years ago—you do not seem to remember that the vast majority of the people of this country are today receiving far higher wages or higher salaries than they enjoyed back in 1914 or thereabouts.

Sympathy for the suffering of human kind is all right and there are times when all of

us must give our services freely; there are instances which call for charity and in which it is a dastardly thing to refuse help, but, as a general thing, people should be taught to be self-reliant. That is the only true way for people to achieve health, happiness and success and at the same time be honest with their fellow men.

You are evidently very sincere but your expressed policy of doing your part to help humanity and letting "income" take care of itself is not at all in our estimation the worthy course of action that you esteem it to be. We regard it as not only unjust and unfair to yourself and your family, but unjust to the very people you are trying to help, and whom you think you help by letting them impose on you or by letting them under-estimate the value and worth of the services you render them.

We believe, doctor, that your whole attitude is worthy of your most earnest consideration and thought, and we believe that further careful analysis of this whole situation will lead you to a radical change of view—Very sincerely yours, *The Osteopathic Physician, Ralph Arnold, Business Manager.*

[See Discussion Continued to Page 18]

SOCIETY PAPERS and ORIGINAL COMMUNICATIONS

Osteopath Writes About Curing Refraction Without Glasses

By John H. Wilson, D.O., Oph. D., 541 Virginia Park, Detroit, Mich.

Now to answer your questions regarding REFRACTION: Yes, I "proclaim" myself to be a true, faithful "Osteopathic Physician", as well as a Specialist in the three subjects mentioned in this and other letters to you.

I claim *all refractive errors* of the eye can be cured without glasses. What is the technique? That would require a long drawn out paper for, you know, there are six extrinsic muscles to every eye, whether it has normal or abnormal sight. Every one of those muscles has a function to perform and we know too that some of those muscles are not performing the functions that Nature intended, that is, the normal functions. We know when the internus rectus muscle is too short that we have internal squint, and if both are too short we have what is commonly known as cross eyes. We also know that we can have six or more varieties of squint; therefore we have to take into consideration which variety we have to contend with and work to correct it. Myopia, hypermetropia, presbyopia, strabismus (squint), astigmatism can **ALL BE CURED WITHOUT THE USE OF GLASSES.**

I know there are many who are devoting considerable time and attention to correcting errors or refraction with glasses, and they are the ones who will take issue on this subject. I also know that I am stepping on delicate grounds when I make the assertions that I have made, but before I quit, I wish to give those same individuals something to think over.

For more than a hundred years the medical profession has been seeking for some method of checking the ravages of civilization upon the human eye. The Germans—to whom the matter was one of vital importance—have spent millions of dollars in carrying out the suggestions of experts, but without avail; and it is now admitted by most students of the subject that the methods which were once confidently advocated as reliable safeguards for the eyesight of our children have accomplished little or

nothing. Some take a more cheerful view of the matter, but their conclusions are hardly borne out by the army standards which I will quote.

In Germany, Austria, France and Italy the vision with glasses determines acceptance or rejection for military service, and in all these countries more than six diopters of myopia are allowed, although a person so handicapped cannot, without glasses, see anything clearly at more than six inches from his eyes.

In Great Britain it was formally uncorrected vision that determined acceptance or rejection for military service. This was probably due to the fact that previous to the recent war the British Army was used chiefly for foreign service, at such distance from its base that there might have been difficulty in providing glasses. The standard at the beginning of the war was 6/24 (Uncorrected) for the better eye and 6/60 (Uncorrected) for the poorer, which was required to be the left. Later, owing to the difficulty of securing enough men with even this moderate degree of visual acuity, recruits were accepted whose vision in the right eye could be brought up to 6/12 by correction, provided the vision of one was 6/24 without correction.

Up to 1908 the United States required normal vision in recruits for its military service. In that year Bannister and Shaw made some experiments from which they concluded that a perfectly sharp image of the target was not necessary for good shooting, and that, therefore, a visual acuity of 20/40 (The equivalent in feet of 6/12 in metres), or even 20/70 in the

aiming eye only, was sufficient to make an efficient soldier. This conclusion was not accepted without protest, but normal vision had become so rare that it probably seemed to those in authority that there was no use in insisting upon it; and the visual standard for admission to the army was accordingly lowered to 20/40 for the better eye and 20/100 for the poorer, while it was further provided that a recruit might be accepted when unable with the better eye to read all the letters on the 20/200 line, provided he could read some of the letters on the 20/30 line.

In the first enrollment of troops for the European war it is a matter of common knowledge that these very low standards were found to be too high and were interpreted with great liberality. Later they were lowered so that men might be "unconditionally accepted for general military service" with a vision of 20/100 in each eye without glasses, provided that the sight of one eye could be brought up to 20/40 with glasses, while for limited service 20/200 in each eye was sufficient, provided the vision of one eye might be brought up to 20/40 with glasses. Yet 21.68 per cent of all rejections in the first draft—13 per cent more than for any other single cause, were for eye defects. While under the revised standards these defects still constituted one of the three leading causes of rejection.

For the prevailing method of treatment, by means of compensating lenses, very little was ever claimed except that these contrivances neutralized the effects of the various conditions for which they were prescribed, as a crutch enables a lame man to walk. It has also been believed that they sometimes checked the progress of these conditions; but every ophthalmologist now knows that their usefulness for this purpose, if any, is very limited, and in the case of myopia (shortsight) Dr. Sidler Huguenin of Zurich, in a striking paper recently published expresses the opinion that neither glasses nor any method now at our command is of any use in preventing either the progress of the error of refraction, or the development of the very serious complications with which it is often associated.

These conclusions are based on the study of thousands of cases in Dr. Huguenin's private practice and in the clinic of the University of Zurich, and regarding one group of patients, persons connected with the local educational institutions, he states that the failure took place in spite of the fact that they followed his instructions for years "with the greatest energy and pertinacity", sometimes even changing their professions.

I have been studying the refraction of the human eye for more than fifteen years, and my observations fully confirm the foregoing conclusions as to the uselessness of all the methods heretofore employed for the prevention and treatment of errors of refraction. I was very early led to suspect, however, that the problem was by no means an unsolvable one.

Every Ophthalmologist of any experience knows that the theory of the incurability of errors of refraction does not fit the observed facts. Not infrequently such cases recover spontaneously, or change from one to another. It has long been the custom either to ignore these troublesome facts, or to explain them away, and fortunately for those who consider it necessary to bolster up the old theories at all costs, the role attributed to the lens in accommodation offers, in the majority of cases, a plausible method of explanation.

According to this theory, which most of us learned at school, the eye changes its focus for vision at different distances by altering the curvature of the lens; and in seeking for an explanation for the inconstancy of the theoretically constant error of refraction the theorist

WE'LL TELL THE WORLD

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

Why Buy Bonds As An Investment?

BY A. M. SICK, TREASURER, THE BUNTING PUBLICATIONS, INC.

Bonds, unlike other kinds of investment, do not depreciate in value to their holders. There are three classes of securities which interest the investor. In the order of their safety to holders, these are as follows:

First Mortgage Bonds.
Preferred Stock Shares.
Common Stock Shares.

First Mortgage Bonds take precedence over any of the others because they are a first mortgage against the property, and foreclosure proceedings are taken by the Trustee if either **interest** or **principal** is unpaid according to predetermined schedule. The interest is always a fixed amount.

Preferred Stock Shares take precedence over Common Stock Shares in that the holders realize a return of either interest or principal or both before the Common Stockholders participate. The interest is usually a fixed return, and is cumulative, i. e., all back interest to be paid before the Common Stock Shares receive anything. As a rule no recourse such as foreclosure may be had by Preferred Stock holders if interest payments are not made on schedule.

Common Stock holders receive the dividends declared by a Board of Directors, but only after all interest payments on any outstanding Bonds or Preferred Stock have been met.

First Mortgage Bonds are therefore the safest form of investment.

Why Buy Bunting Building Bonds?

The Chicago Title & Trust Co. is the Trustee of the First Mortgage covering the Bunting Building and its site. The site is one of the choicest locations in Waukegan, Illinois, being directly across the street from the Postoffice. Interest coupons are payable semi-annually through any bank, which collects the interest payments from the Trustee.

The terms of the First Mortgage are drawn to protect the Bond holders. The Trustee will foreclose on the property for the benefit of Bond holders the moment any interest payment is neglected.

Bunting Building Bonds pay 7% interest, which is a very satisfactory interest income for an investment of 100% protection and safety. Interest coupons maturing every six months are attached to the Bonds, and all the holder need do is to detach them and cash them through his own bank.

The Bunting Building Corporation pays the present Federal Normal Income Tax of 2% on the Bond Income.

The Bunting Building when completed will house the General Offices and Printing Plant of The Bunting Publications, Inc., which latter company leases the property for a term of years and at a rental price per year sufficient to pay the interest on the Bonds and eventually retire the Bond Principal. This rental, by the way, is on a par with what is now being paid to the owners of our present quarters, and there is therefore no added burden that would tend to tax the business in any way. In fact, obtaining possession of the new building and plant in 1921 will guarantee the Bunting Publications substantial economies of operation compared with the expense of conducting business in Chicago.

hit upon the very ingenious idea attributing to the lens a capacity for changing its curvature, not only for the purpose of normal accommodation, but to cover up or to produce errors.

In hypermetropia—commonly but improperly called far-sight, although the patient with such a defect can see clearly neither at the distance nor the near point—the eyeball is too short from the front backward, and all rays of light, both the convergent ones coming from near objects, and the parallel ones coming from distant objects, are focused behind the retina, instead of upon it.

In myopia it is too long, and while the divergent rays from near objects come to a point upon the retina, the parallel ones from distant objects do not reach it.

Both these conditions are supposed to be permanent, the one congenital and the other acquired.

When, therefore, persons who at one time appear to have hypermetropia, or myopia, appear at other times not to have either, or to have them in lesser degrees, is it not permissible to suppose that there has been a change in the shape of the eyeball? Therefore, in the case of the disappearance or lessening of hypermetropia, we are asked to believe that the eye, in the act of vision, both at the near-point and at the distance, increase the curvature of the lens sufficiently to compensate, in whole or in part, for the flatness of the eyeball.

In myopia, on the contrary, we are told that the eye actually goes out of its way to produce the condition, or to make an existing condition worse. In other words, the so-called ciliary muscle, believed to control the shape of the lens, is credited with a capacity for getting into a more or less continuous state of contraction, thus keeping the lens continuously in a state of convexity which, according to the theory, it ought to assume only for vision at the near-point.

These curious performances may seem unnatural to the lay mind; but ophthalmologists believe the tendency to indulge in them to be so ingrained in the constitution of the organ of vision that, in the fitting of glasses, it is customary to instill atropine—the “drops” with which everyone who has ever visited an oculist is familiar—into the eye, for the purpose of paralyzing the ciliary muscles and thus, by preventing any change of curvature in the lens, bringing out latent hypermetropia and getting rid of apparent myopia.

The inference of the lens, however, is believed to account for only moderate degrees of variation in errors of refraction, and that only during the earlier years of life, for the higher ones, or those that occur after forty-five years of age, when the lens is supposed to have lost its elasticity to a greater or less degree, no plausible explanation has ever been devised. The disappearance of astigmatism, or changes in its character, present an even more baffling problem. Due in most cases to an unsymmetrical change in the curvature of the cornea, and resulting in failure to bring the light rays to a focus at any point, the eye is supposed to possess only a limited power of overcoming this condition; and yet astigmatism comes and goes with as much facility as do other errors of refraction. It is well known, too, that it can be produced voluntarily. Some persons can produce as much as three diopters.

An eminent physician says: “Examining 30,000 pairs of eyes a year at the New York Eye and Ear Infirmary and other institutions, I observed many cases in which errors of refraction either recovered spontaneously, or changed their form, and I was unable either to ignore them, or to satisfy myself with the orthodox explanations, even when such explanations were available. It seemed to me that if a statement is a truth it must always be a truth.

There can be no exceptions. If errors of refraction are incurable, they should not recover, or change their form, spontaneously.”

In the course of time I have discovered that myopia is not, as we have long believed, associated with the use of eyes at the near-point but with a strain to see distant objects, strain at the near-point being associated with hypermetropia; that no error of refraction was ever a constant condition; and that lower degrees of refractive error were curable, while higher degrees can be improved.

From a series of observations, which have convinced myself and others that the lens is not a factor in accommodation, and that the adjustment necessary for vision at different distances is effected in the eye, precisely as it is in the camera, by a change in the length of the organ, this alteration being brought about by the action of the muscles on the outside of the globe or eyeball. Equally convincing is the demonstration that errors of refraction, including presbyopia, are due, not to an organic

change in the shape of the eyeball, or in the constitution of the lens, but to a functional and therefore curable derangement in the action of the extrinsic muscles.

In making these statements I am well aware that I am controverting the practically undisputed teaching of ophthalmological science for the better part of a century; but I have been driven to the conclusions which they embody by the facts, and that so slowly that I am now surprised at my own blindness.

My cures without glasses of refractive errors is what is giving me so much pleasure in this new work, and will gratify other osteopathic physicians also when they become acquainted with it. I know it is hard to get away from the “old beaten trail,” but once the new road is thoroughly established watch and you will see some shining stars of new truths develop under this new method of curing refraction without glasses.

[To be continued]

IN THE DOCTOR'S LIBRARY

McConnell & Teall's Practice Revised Edition Is a Great Book

We have been a long time commenting on the new Fourth Edition of the Practice of Osteopathy by McConnell & Teall simply because Major Janisch, the publisher, in the midst of his many activities for osteopathic supply and advancement from his book-table-and-instrument emporium by the Wabash tracks at Kirksville, forgot to send us a copy for review. Of course an editor seldom buys a book for review purposes. But we would buy this book in a hurry if we couldn't get it any other way.

Come to think of it, John never did send us a review copy. It was Dr. George A. Still who sent it on as soon as he heard us complaining that we had never seen the new edition.

The book is a great credit to its authors, Dr. Carl P. McConnell and Professor Charles C. Teall, and as well to the eleven prominent specialists and teachers who collaborated with them by preparing chapters on various specialties. This is a very valuable part of the book and it is the first time any such textbook has been produced by the profession. The textbook would be invaluable to an osteopath without this feature; this feature would constitute an invaluable textbook, even apart from the excellent work of McConnell and Teall; but both together under one cover give Major Janisch an indisputable claim to your money if you haven't got your copy yet. Really, for a doctor of osteopathy not to have this book is like a fish doing business without fins. What can be the argument for such self-denial and self-deprivation? It would look like mock-heroism to us.

This Practice has the usual ear-marks of a good book—system, arrangement, table of contents, index, etc. These are all admirable. The print is large and clear with subjects, guide words and a few emphasized subjects printed in big type, easy to pick up on the page. The printing is bully—done at Kirksville, too—and the binding in cloth sells at \$7.50 and in flexible moroccoette, \$8.00. Over 800 pages—each one as good as the other. Order of Janisch, Kirksville.

We understand the authors are not interested financially in the sale of the book. Janisch put his money into it and made it possible to

bring the book out. He should be rewarded by getting his investment back at a profit. But it is more important for you to have this book than for Janisch to have your money. Mind that!

The authors' chapters are all invaluable, covering such subjects as osteopathic etiology and pathology, diagnosis and prognosis, technique, osteopathic centers, etc. There are 21 other good chapters in Part 1 covering such subjects as spinal curvature, sprains, flat foot, postural defects, prolapsed organs, hiccoughs, hemorrhages, varicose veins, etc.

The departments contributed by collaborators are all especially fine. Dr. George A. Still's chapter on Post Operative Treatment brings a new subject of value into our textbook literature which presents a strong argument for the availability of our therapeutics for every hospital of the world, instead of the organized hospital boycott which the AMA is trying to put into effect. It is evident that all the osteopaths on earth could profitably be kept busy in hospitals alone doing pre and post-operative work, thus sparing mankind the pains and dangers of the vomiting, backache and headache, neuritis, phlebitis, nephritis, pleurisy and pneumonia ordinarily liable in surgical work, but practically abolished where surgical cases receive adequate osteopathic preparation and after care. It seems to us that to Dr. George Still's list obstetrical cases ought also be added.

If Dr. George Still had done nothing for the profession but work out, prove and report this important chapter of osteopathic efficiency in pre and post-surgical cases, he would have secured a permanent place in the history of our science.

Dr. George M. McCole has a beautiful chapter on influenza which is a recast of his noteworthy and comprehensive paper on that subject which appeared in The *OP* during the pandemic.

We do not like to play favorites by pointing out the merits of just some of these special chapters and not all, for all of them are just as good. But our space is limited. Besides, all “live ones” will see the book anyhow. In this list are also noted Dr. Edgar S. Comstock on Infectious Diseases; Dr. J. Deason on Ear,

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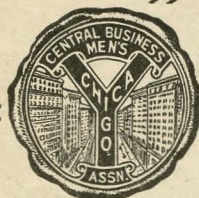
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Nose and Throat; Dr. L. Van H. Gerdine and Dr. A. G. Hildreth on Mental Diseases; Dr. H. S. Hain on Deformities; Dr. Earl R. Hoskins on Diseases of the Blood; Dr. Chas. J. Muttart on Diseases of the Stomach; and Dr. Charles C. Reid on Ophthalmology.

Dr. H. S. Hain of the ASO faculty furnishes a truly beautiful department on Orthopedic Surgery. It is worth the price of the whole book. He points out that it is only a short step from osteopathy whose technique consists of passive manipulations, designed to render the organism such aid as will enable it to overcome or adapt itself to the disturbed structure, to using the orthopedics' paraphernalia of instruments, mechanical appliances and plaster casts, to help on our work. He points out that osteopaths with their peculiar point of view are better prepared and better adapted to deal with the mechanical problems of orthopedic surgery than any other known therapists. Also, that in many conditions originally treated by orthopedic methods subsequent osteopathic

manipulations obtain better and more lasting results. Also, to avoid possible error in diagnosis and treatment of tubercular conditions of the spine, bones, joints, primary spinal curvature, etc., the D.O. ought to be fully conversant with orthopedic work. This chapter will help our practitioners a lot.

A thing of much value in this fortunate reappearance of McConnell & Teall's text book on the Practice of Osteopathy is that it is now available again as a school textbook, and that college in our ranks which does not use it in future will have a hard job explaining why. We must not allow osteopathic classics to go out of print. Major Janisch is a hero for helping the profession keep its valuable texts coming out in revised editions.

Now, John, give The *OP* a bigger ad. You deserve all we say don't you, but we deserve a big ad also. Or—what would be more acceptable to us for a capitalist like you, buy a \$1,000 Bunting Building Corporation Bond.

FIELD COMMENT *on* LIVE TOPICS

The Invaluable Service Osteopathy Can Render Big Business

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

In an article some months back I mentioned the fact that I had been connected with industrial work practically ever since I graduated from the A.S.O. being the first osteopath to receive an appointment on the medical staff of a large railroad system, namely, the Chicago, Rock Island & Pacific. I was appointed as a specialist to do osteopathic or manipulative work and a large number of cases were referred to me by the Chief Surgeon, Samuel S. Plumer, M.D., and the surgeons along the line, especially the local surgeons at Blue Island (Chicago), which is the terminal and yards for the road, at which place I lived. In fact, practically all their old, bad fracture cases—lame back, sprained knee and ankle, sciatica, lumbago, railway-spine cases, etc.—were referred to me.

In discussing my experiences in this work I will refer to cases just as they appear on my records.

Case 1. Referred by Chief Surgeon, to be treated for lame knee of 8 years standing. I found nothing wrong with the knee, but the trouble was in the ligaments of the hip joint which were shortened and thickened. I stretch and loosened the ligaments of hip. Knee trouble cleared up. By the way, this man was Mr. B., the chief road master.

Case 2. Referred to me by a local surgeon. History of being thrown across the caboose from sudden stopping of train, striking his back against a desk. I found no bony lesion, simply hard, board-like contracted lumbar muscles. Relaxing treatment to loosen up muscles cured this man in three days.

I always treat these cases daily. In my opinion, this was a case of simple lumbago, and in industrial work we have a great many cases come to us with a history of stepping down an unexpected distance, or lifting some object they had been accustomed to lift every day, or making a sudden movement and getting what they call a "crick in the back", from which they cannot bend over or, once over, cannot straighten up again. They all come in under an accident allegation, claiming a sprain or some kind of an injury. There are no signs of trouble and upon close examination no lesion is seen except some contracted muscle, and while the accident

(?) might have been the exciting cause, there certainly must have been a predisposing condition there ready to be precipitated, to account for the disability. These cases usually clear up in two or three days under a simple relaxing treatment, but under the old medical treatment they are laid up for weeks and they have been the cause of a great deal of friction in the Claims department, not to say also loss through litigation and damages.

Case 3. Had been disabled fourteen months. Referred to me by the Chief Surgeon to treat for sciatica. He was bent away over to one side; came up the stairs one foot at a time. He could not lift his foot on the afflicted side two inches off the ground. Examination showed an innominate posterior—yet the company had negative x-rays to indicate that nothing was wrong! I corrected the lesion in three treatments and the man was well and back on the job in a week. Who's right—skiagram or osteopath?

While I am talking about sciatica let me add that in a hundred or more cases I found and demonstrated to my own satisfaction by actual measurements a lesion at the sacro-iliac joint in at least 90 per cent.

Case 4. Referred by Chief Surgeon, case of a lame knee. History of jumping over a fence and lighting on cement sidewalk (which unexpectedly was found to be a foot lower on the other side of the fence) and wrenching his knee. Found external lateral ligaments very sore and some discoloration. Probably had torn some of the fibers loose and badly sprained the ligaments. These are very difficult cases and are the bane of the industrial surgeons. As quickly as they find it is a knee case of any length of disability they shake their heads and yet the Claims Department wants reports every week and is wanting to know when is the man going back to work.

While Nature provides two external lateral ligaments and only one internal ligament, it is usually the externals that suffer; but if you will drop a plumb line down from the center of the hip-joint you will see why that is. But the difficult side of it is from the industrial

standpoint and payment of compensations. There are no signs of trauma and the x-ray reveals nothing. You literally have to take the man's word for it that his knee hurts. Early rest, then active manipulation supporting the joint and putting a lift on the outside of the shoe to keep the strain off the ligaments is the treatment.

Without citing any more cases I want to say that big industrial concerns, working under the strict compensations laws that most states now have, are very anxious to shorten the disability and get the employe back to work as quickly as possible and with as little permanent disability. So it seems to me from my experiences here, that this is where the osteopaths can show them how they can save millions of dollars annually in loss of time and damages, and you will find that the corporations are quite amenable to reason when you talk to them in the language of dollars and cents.

However, I want to assure you it is not all easy sailing for an osteopath to work along with a lot of M.D. surgeons when they have been fooling along with a case of sciatica for a year and the osteopath cures it up in a week! By the beard of Hippocrates, it is not! They don't seem to appreciate it as they ought to! Of course the Claims Department appreciates it; but the medical department is run by M.D's and they stick closer together than flees.

You ask me to tell some more of my experiences as Osteopathic Specialist for Armour & Company out at the Stock Yards. Of course you remember that Miss Lolita Armour, the daughter of Mr. J. Ogden Armour, was reported years ago to have been cured of a congenital hip by the great orthopedic surgeon, Dr. Lorenz from Vienna. You probably don't know he did not cure her, as currently reported but only gave benefit. You probably don't know about the help she got later from an osteopath. Anyway, the Armours are firm believers in and utilize osteopathy in their own family. Whether that accounts for their kindly feeling and the fact that an osteopath is at the head of the Medical Department for their entire office family of 1,300 people, I don't know. Also their

big gymnasium is under the supervision of an osteopath. Of course they have an M.D. over there, too, mainly, I suppose, in order to sidestep any medico-legal complication. But I do know they have no drugs around and the only adjuncts are hydrotherapy, electrotherapy and diet, of course, they being food producers.

My experience however was with actual traumatic injuries of people who work out in the plant. If I should start giving cases I would never get to the end and it would all be more or less of a repetition of what I have already said. However, I will discuss briefly a few foot conditions.

As I had some very good experiences and excellent instructions in regard to the cure of injured feet while in military service, these foot cases were particularly interesting to me. First, fractures of the small bones in the feet. On account of so much trucking and handling of heavy boxes and barrels we had many crushing injuries from most every angle, and to make a diagnosis of fracture of some small bone in the foot is a very difficult if not impossible task. But with the excellent x-ray outfit they have at the plant, we located many a fracture that otherwise would not have been discovered. For instance, we had several cases where men fell down an elevator shaft or through a scaffolding and lit hard on their heels, in which cases we found the astragalus cracked through or a fracture of the os calcus.

Another common condition of the feet is stretched and relaxed ligaments, letting those small bones become subluxated, due to long hours of standing and carrying heavy loads. In treating these cases you did not have to say "osteopathic treatment". You could really say "orthopedic". Springing these bones back into place and taking tension off of over-stretched relaxed ligaments was a two-fold pleasure. It was so easy and gave the patient such instant relief. But here, as elsewhere, you had the Claims Department and the employers patting you on the back, and the Medical Department giving you a slap in the face. Yes, there is a big field for osteopathy in big business. Let's hear from others who have engaged in such work.

TO SEE OURSELVES as OTHERS SEE US

Some Chiro Advice to Osteopathy

[From Fountain Head News, Vol. 10, No. 3.]

"Now—What Do You Think of That?"

The *Osteopathic Physician* (August, 1920) has some interesting sidelights.

I'll give you some of them.

1st: P. 5 a full-page ad of The American School of Osteopathy, Kirksville, Mo. In this ad we find the following:

From present indications we confidently expect an entrance class of 200. After we have booked up to that capacity we shall have to hang out a sign "Standing Room Only" and refuse to take additional matriculants.

Two hundred freshmen would mean 800 students in four years. When they have reached 800 they have reached the top notch, then they STOP. The very best that this one LARGEST school of osteopathy can do is 200 graduates a year. When you realize that a certain percentage drop each year, as they go along, and drop over into the Chiropractic pot, you can see that THEY don't graduate any 200 and that THE PSC DOES graduate a trifle more than that.

Follow the principle of averages, letting them

stand still at 200 per year and us going on into 2,000 every 18 months, and it won't be long until "Osteopathy" will be one of the LOST arts and "Chiropractic" will be the art of the hour.

The 200 per year can't out-advertise the 2,000, can they? Hardly!

And then again, over on p. 15 we find this squib:

Too Many Osteopathic Schools

Semi-annually the American Medical Association advertises the osteopathic schools as not being equal to a grade C medical school. Ask the management of an osteopathic school about this and get the reply: "We are doing the best that we can with our limited amount of money and the profession is to blame for not supporting our schools better." Would it not be well to reduce the number of schools to those necessary to educate the students studying osteopathy? With fewer schools the profession could obtain better equipment and secure better instructors. Results—better practitioners of osteopathy.—C. A. Dodson, D.O., Little Rock, Arkansas.

Advantages of the "Mailing List" Plan for OH Customers

By sending us your list of names and letting us do your mailings of "*Osteopathic Health*" direct from Chicago you secure many important advantages. You are relieved of the bother and save the time of attending to distributions. You get a regular sure-fire service of monthly mailings. You save money on addressing of envelopes, affixing stamps and inserting magazines.

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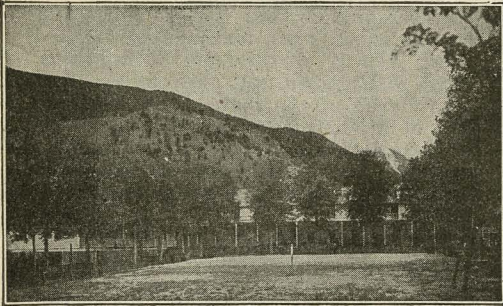
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If I might be so presumptuous, I would like to suggest to the osteopathic schools that they get something the public wants; 2nd, quit advertising Chiropractic and chiropractors; 3rd, build their schools—LARGER rather than cutting down the number (as suggested); 4th, that they quit hammering us as the medics used to hammer them; 5th, that they reduce the educational killing requirements now imposed upon themselves at their own request by osteopathic legislation; 6th, that they become more liberal in building up osteopathy and that they leave chiropractic alone—if any one of these simple things were followed we believe that osteopathy could become more than it is in a quicker time than it is.

And, if I again might be so liberal, I would like to suggest the most simple solution of all the troubles that osteopathy (and Chiropractic) is suffering with, viz: That your schools endeavor (harder than they are) to make OSTEOPATHS rather than aping medical men. Osteopathy, so-called, today is 90% medicine in theory, teaching and practice. If that could be eliminated and every so-called osteopath could be brot back to the old-time, old-day A. T. Still simon-pure osteopathy, I believe you would find less competition between yourselves and ourselves.

I know these suggestions are free (and true) and perhaps that is why they will hurt!

THE FRUITS of STATE MEDICINE

Doctor-Dentist-Nurse-Drug House Union to Strangle Mechanical Healing

[From the Jersey Journal, Dec., 30]

In co-operation with a State-wide movement for the banding together of physicians, dentists, druggists and nurses in a campaign against quacks and health regulations, members of these four professions in Hudson County organized a professional guild to further these ends at a meeting held in the Jersey City Elks' club-house last night, at which were present representatives of the Hudson County Medical Society, Hudson County Dental Association, Hudson County Pharmaceutical Society and the Nurses' Club. The guild will aim to curb chiropractors and others by legislation:

Dr. Frederick J. Quigley of Union Hill, president of the Hudson County Medical Society, was chosen president; Dr. Thomas C. Armstrong of the Hudson County Dental Association, vice-president; Miss Ida M. Shute of the Hudson County Tuberculosis Hospital, secretary, and Harry E. Bischoff of the Hudson County Pharmaceutical Society, treasurer.

Dr. Thomas C. Armstrong, Miss E. Louise Knowles, Frank O. Cole and Dr. Henry Spence were named a committee to draft a constitution and by-laws. The committee will hold a meeting Thursday night to inaugurate this work.

Much enthusiasm was displayed at the organization meeting of the guild, and talks on the work were made by Dr. Quigley, Dr. Olpp (Congressman-elect from the Eleventh Congressional

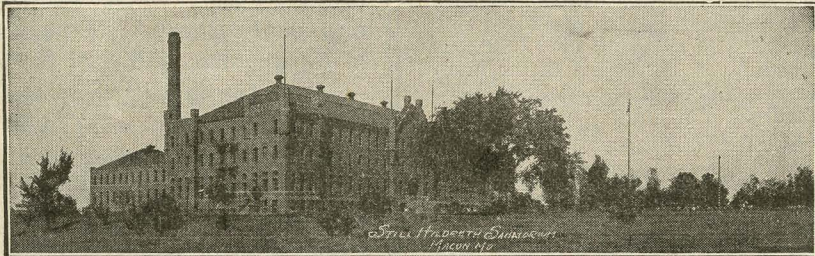
District), Dr. D. C. English of New Brunswick, Harry W. Crooks, president of the New Jersey Pharmaceutical Society and Joseph H. Gunn, executive secretary and State organizer of the welfare committee of the Medical Society of New Jersey.

A campaign of education is planned by the guild, that legislation may be obtained which will keep up the educational standard for all who would practice the art of healing. It is also intended to safeguard present health laws of the State and to take a more active interest in the administration of health laws and in the administration of State institutions in which health matters figure.

Prior to the meeting a conference was held by the committee from the Medical Society with the Hudson County Assembly delegation in the forthcoming Legislature. Matters of health legislation were discussed and the medical men outlined their ideas on health legislation.

Newark, Dec. 29.—Charges that the organization of physicians by county units is a device with which to coerce the legislature, were made today by Dr. Ruland W. Lee, president of the Amalgamated Chiropractors' Association, in warning against attempts to break down the chiropractic regulation law now on the statute books.

"This method of organization was not contemplated," he said, "until after Senate Bill No. 2 of the 1920 session was passed by the two houses of the Legislature and signed by the Governor. The county guild system, to



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which reference has been made in the announcements of the medical men, is a political club with which to threaten legislators.

"We resent this raising of the spectre of political extinction before those who will not follow the dictates of any group, especially of a group formed for selfish purposes. These physicians have the backing of many big drug manufacturers in the conspiracy under way for some months against existing law. This conspiracy has for its objective the wrecking of the chiropractic regulation law, passed and signed after due deliberation, and the attempted wiping out of a practice of healing carried on by nearly 600 licensed chiropractic doctors throughout the State.

"The Amalgamated Chiropractors' Association was forced into existence in justice to the science. We never, by any word or act, intend to reflect upon the intelligence of the legislators or the electorate by waving a political big stick. We are organized as a State body and function as such. Our objects are what would be properly expected of a State-wide association of professional men, including steady refusal to recognize anyone as a chiropractor not licensed by the State Board of Chiropractic Examiners."

COMMENT

We print the foregoing in entirety for the purpose of showing how tight the drug-medical

organization is which is building up a machine that proposes to steam roller all manipulative therapy off the earth. The "hospital standardization" program is just one phase of it. The "Fess Bill" in congress is another. This doctor-dentist-nurse-drughouse and undertaker union now forming in New Jersey is another. There are still others—many others. But all converge to the same point—extinction of manipulative therapy.

The chiro is marked for slaughter the same as the osteopath. So are all other so-called "reformers" and "irregulars." The medics propose to deal with us drugless and comparatively drugless schools as isolated units and strangle us one at a time.

A bundle of sticks are harder to break than one stick at a time.

The signs of the times cause us to ask, "Can osteopathy join in a mutually defensive warfare with chiros and all other non-drug healers, regardless of the grievances we feel at the chiro hands? Or are we going to fight the Prussianized machine of drug medicine alone, one at a time just as our European Allies fought the Hun until he almost had them licked?"

The allies prevailed after they got together and fought under a unified policy and leadership.

Is osteopathy's plight so great that we ought to come to this whether we relish it or not? What do you think?

Woes of a "Regular" Who Recognized an Osteopath

[From the Raleigh (N. C.) News-Observer.]

Because of his continued practice with Dr. Harold Glascock, who according to the construction put on his treatment by the Wake County Medical Society, is still practicing osteopathy, Dr. Ivan M. Procter, who had been suspended from the society for a term of two years, was refused reinstatement in the society at the meeting Thursday.

The fight against Dr. Glascock and Dr. Procter has been waged for nearly a year now, though it is said the vote of the society against Dr. Procter was not unanimous.

On January 5, 1920, Dr. Harold W. Glascock, who for a good many years has been established in Raleigh as an osteopath, gave up his practice of osteopathy to devote his time to surgery. In a letter to the Wake County Medical Society at that time he announced that he had severed all professional relations with osteopathic physicians, that he had erased all words and letters pertaining to osteopathy from the windows of his office and from all professional papers, that he had resigned his membership in osteopathic societies, both state and national, that he is practicing under the degree of M.D., and that it is his purpose to be governed by the code of ethics of the American Medical Association. The society took no action toward taking him in as a member, however.

Later in the month Dr. Ivan Procter, who had been associated with Dr. Glascock before the latter had severed his connection with the Osteopathic Society, was called to account by the society in a letter from the secretary notifying him that the society had been informed that he was practicing and working with parties who were practicing sectarian medicine and that the board of censors was requested to investigate the report and recommend action to the society.

To this communication Dr. Procter though not practicing sectarian medicine himself pleaded guilty to having consulted and worked with parties who were. He offered his apologies to the society and stated that on January 7th, he had severed all connection with the men who were practicing sectarian medicine.

In March, following a report from the board of censors sustaining the charges against Dr.

Procter, he was suspended from the society for a period of two years. The board of censors reported that the members had received information that one of the physicians with whom Dr. Procter is practicing has not discontinued sectarian medicine. The board stated that it did not know if this is true or not true, but for that reason asked a suspension for this period of time.

The reinstatement of Dr. Procter was considered in October, but was continued for lack of evidence and in November the young physician submitted a statement that he is practicing ethical medicine in every sense of the word and that his associate, Dr. Harold Glascock, has discontinued the practice of sectarian medicine and is keeping strictly to the promises made the society in his letter of January 5, and asked that this statement be used as evidence which would allow of his re-instatement.

In refusing to reinstate Dr. Procter the society based its action on its conception of osteopathy which it is claimed Dr. Glascock is still practicing, because in his treatment of cases he continues to use methods which he used in osteopathy. An affidavit was introduced from a person who has recently been a patient of Dr. Glascock to the effect that he had received treatment in September, 1920, which he thought to be osteopathic.

Dr. Ivan Procter is the son of Mr. and Mrs. Ivan M. Procter, of Raleigh. He is a graduate of the University of Pennsylvania Medical School of the class of 1915. After serving two years with the navy during the war, Dr. Procter came to Raleigh in October, 1919, and started his practice of medicine, limited himself to diseases of women and obstetrics. He is associated with Dr. Glascock in the new Mary Elizabeth Hospital on North Person Street.

Officers elected by the society at the meeting Thursday were: Dr. O. L. Ray, of Neuse, president; Dr. Delia Dixon-Carroll, vice-president and Dr. Robt. Noble, secretary. Dr. Noble succeeds Dr. W. C. Horton, who has been secretary twelve or fifteen years.

COMMENT

From this experience it would appear to be

The Last Word in Iridology

IRIDIAGNOSIS

—By—

Henry Lindlahr, M. D.

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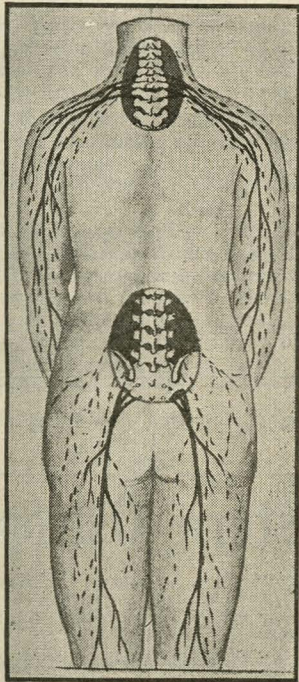
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Contents (in part)

□ □

- Causes.**
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- Cervical Lesions.**
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- Lumbar Lesions.**
- Sacral Lesions.**
- Lymphatics of Head and Neck.**
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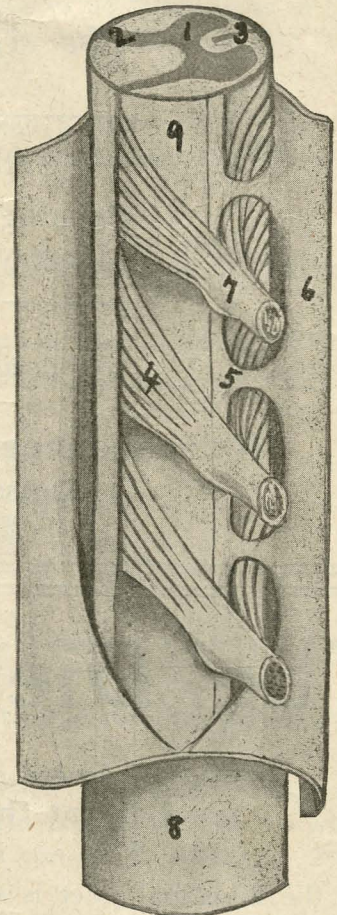


Plate H. Right lateral view of cord, and the formation of spinal nerves. 1. Anterior horn; 2. Posterior horn; 3. Anterior median fissure; 4. Posterior spinal nerve roots; 5. Ligamentum denticulatum; 6 and 8. Dura Mater; 7. Posterior ganglion

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wholly useless for any osteopath to try to curry favor with the forces of the A.M.A. by giving the cold shoulder to his own profession. Even if an osteopath quits his own profession, it would appear he cannot "lose" or "shake" osteopathy unless he travels to another field and begins life all over again incognito. It seems to be deadly even to know or work with an osteopath or former osteopath, according to this newspaper story.

Osteopaths should understand this situation and not be misguided. The whole force and momentum of "organized medicine" with its drug, nurse, dental and institutional alliances is moving toward the extinction of drugless healing. That is their goal.

Do we yet realize the remorseless fury of this medical program of extermination?

The question is, has not the day come when all the forces of drugless medicine—no matter how antipodal or unfriendly, will have to stand together to resist a common extermination? "Hanging together" may be more difficult than "hanging separately" but it would surely put up a better resistance to this extermination program of the common enemy, organized drug medicine.

Query: If osteopathy is not strong enough to whip the A.M.A. alone would osteopathy prefer to join issue with chiropractors and other drugless healers for a common defense or go down to extermination beating the slow retreat?

Think it over.

Let's have your ideas, Doctor, in "Shop Talk" next month.

KANSAS CITY COLLEGE of OSTEOPATHY and SURGERY

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The Diet in Typhoid

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

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Avoid imitations by prescribing "Horlick's the Original"

Chicago Girl Born Deaf Cured Like Spanish Prince

[From the Chicago Herald and Examiner]

Some time ago The Herald and Examiner printed a story of the Queen of Spain's son, Prince Jaime, who was born deaf and dumb. Through osteopathic treatment he learned to hear and talk.

Last June a pretty brown-eyed girl came to work at the Typewriter Emporium, which employs many girls. She used to watch them as they gathered in knots at the noon hour.

From the movement of their lips she knew they were talking of beaux and parties and clothes. She was as sweet as any of them, but she did not belong to their world. She was one of the silent people who are born without the senses of hearing and speech.

Gets Fairy Godfather

James P. Ward, her employer, and vice-president of the company, had read of the Spanish prince's miraculous cure. There was no royal mother to command the services of a specialist, so he played fairy godfather to "Little Annie" Mandsen.

Mr. Ward arranged with Dr. Earl J. Drinkall to give Anna treatments every week. That was in July. Today Anna hears as well as any of the girls at the Typewriter Emporium. She has a beaux, and at noon hour she joins in the gabfest of beaux, and parties and clothes.

Plan Free Osteopathic Deaf and Dumb Clinic

Mr. Ward and Mr. Drinkall are trying to arrange for a free clinic at the Ephpheta School for the deaf, 3100 N. Crawford av., where Anna Mandsen was raised.

More than 125 children are cared for at the school each year, many of them charity cases. They are given an elementary education and a business course. The girls are taught domestic science and sewing in addition, and the boys fancy wood carving and mechanics.—Jan. 7th.

For Busy People—By Busy People

The Western Osteopath

You will all want to live in the West some time. Get acquainted by reading the official journal of California and the Western States Association.

New Department of Professional Education. Dr. Harry Forbes, beginning the first of the year.

Series of Articles on Palpation
Dr. H. V. Halladay

Pediatric Department
Dr. L. R. Daniels

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Drs. Aken and Van Brakel

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Dr. C. B. Rowlingson

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Dr. A. M. Weston

College and Circuit Clinic Reports

Besides these departments, contributions from Drs. Ruddy, Atzen, Brigham, Chandler, Waldo, etc.

Also

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and

A Column of Every Day Technique

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809 First National Bank Bldg., OAKLAND, CALIF.
C. J. Gaddis, D. O., Editor

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ranks exceptionally high in food value. The choicest cereals have been selected, and these, combined with other nutritious vegetable substances, have been so perfectly blended and balanced that they produce this wholesome drink.

DELISCO

is pre-eminently healthful. Its fragrant AROMA arouses the appetite, and it is found that this refreshing drink possesses the rich, full, desirable FLAVOR of fine coffee. But DELISCO leaves no bitter taste in the mouth, no ill effect—no overtaxed nervous system, no weakened heart action, no disturbed digestion. It *delights, nourishes, satisfies.*

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- 4—If you want quick and big results, follow up this magazine at periods of one week with additional mailings of our new "Harvest Leaflets" which you can use in quantities cheaply.

This plan used with intelligence, discretion and vigor can not fail to win a harvest for osteopathy and the osteopath who makes the campaign in any locality where it is applied.

Remember that we, as an Agency, offer you a complete Advertising and Practice-Promotion Service—we furnish you Original Plans, Peerless Media and even Effect Distribution for you. For the kind of service rendered our charge is lower than that of any expert advertising agency on earth. Twenty years of success at it!

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The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XXXIX January, 1921 No. 1

DR. HANSEN'S PIONEER INDUSTRIAL WORK

Dr. Edward N. Hansen of Pittsburgh, Pa., who we believe was the pioneer osteopath to engage in industrial work, who wrote a very interesting article on his experience as health and efficiency engineer for a big Pittsburgh steel concern, has promised to write again of his work in this field in an early *OP*. It is but fair to Dr. Hansen to explain that the article we printed from his trusty Remington was pounded out three years ago but had never been printed before, and the value of the story had not deteriorated any in that time, so we were glad to print it. We hope soon to be able to bring his industrial experiences up to date, as he is still on the job. Come again, Dr. Hansen.

ADVERTISING IS THE FUNCTION OF "LIVE ONES"

Nothing that is *worth* advertising has found present printing and publishing costs a deterrent to active campaigning. In fact, at present top-prices of paper, printing and all that goes into publicity, more than double the amount of advertising is going on in America than was ever done before. It is going on simply because it pays to do it even at doubled costs. Also things being advertised are worth pushing.

This, then, is the sort of questioning for the osteopath to indulge in who finds himself grumbling about the cost of his educative publicity.

"Is osteopathy worth advertising. Is *my* practice worth advertising? Is there enough potential reward to be wrought out of osteopathic practice by achieving distinguished success in it to justify me pushing it forward actively by scientific publicity and promotion? Have I as a physician still to reach the peak of my ambition? Am I too fit, success-worthy and ambitious simply to "dig in" and occupy my burrow?"

If the doctor's answer in his own mind and heart to each of these questions is "no", he surely ought to quit advertising. It would be useless, for his purposes. Advertising is not for "dead ones." The same money could be spent for a nice lot and monument in some quiet cemetery where the high costs of living and the strain of fighting for success never intrude.

If osteopathy is not to be left to fight a slow retreat it must be carried forward. Publicity is the most necessary thing in fighting for this advancement. Every osteopath knows this. Good osteopathic magazine campaigning is not only the best of publicity for the practitioner but it has the merit of paying its own way and leaving a profit besides when scientifically

directed. Of course if stingy in the use of such ammunition, the practitioner cannot expect any conspicuous victory. Most things are proportional to their causes in this world. So is advertising success. The only person who ever wants to quit advertising osteopathy is the one who has not used enough of it in the right way to get a generous harvest. He is in the plight of the patient who tries only a few treatments on his own prescription. The osteopaths who use enough field literature to create genuine osteopathic revivals in their localities never bother about costs, for such advertising provides its own costs, along with definite profits in addition.

Instead, then, of any first-class osteopath debating with himself or herself the prudence of cancelling a modest share of publicity he may now be carrying on, it were better wisdom to resolve to double or quadruple the effort being put forth, even at advanced costs, for if such osteopath cannot afford to pay for such campaigning out of present income it is sufficient reason to advance professional fees, also. No osteopath needs to pay for advertising osteopathy out of his own pocket. Get that idea well in mind. When well done it will pay for itself. If you have tried just a little of it in a careless manner and it hasn't seemed to pay for itself, then try enough to count and *do it right*. It can be made to pay for itself if done properly and if the thing it advertises is worth advertising—this means in this connection the sort of service you render your patients. Is *your* grade of service *worth* advertising? We never have said our magazine boost-service for osteopaths would make a doctor succeed who didn't have the right capacity for service in him to start with. We don't believe it will—or ought to. We assume that you are all right. We know, and many others know, that our publicity service and practice promotion for osteopaths is of high character and is remarkably successful. Therefore we have no hesitation in urging all live osteopaths to use it, use it on a scale proportional to their ambitions and wishes for success; and to disappointed quitters we say the fault lies in your own parsimony and lack-ambition. If you do it properly on a grand scale it will bring grand results. Ask any of the enterprising men and women of our profession who use it on a grand scale. The chief disappointment from advertising osteopathy is that too many pikers fish with minnows for bait and expect to land big deep sea fish. It can't be done. All we ask is that our methods and service be not blamed for inefficiency to produce dividends on the investment by those who won't make sufficient investment to try it out and get the real good of it. Our service appeals most to those who are really ambitious—ambitious for themselves as doctors and for our science of healing as a profession.

WONDERFUL PROGRESS ON OUR NEW WAUKEGAN BUILDING

We are delighted to be able to report wonderful progress being made on the erection of our new building. It is going up twice as fast as we dreamed it could in the winter season.

You see, the Weather Man has been with us. It has been an open winter. It would almost be true to say there hadn't been any winter to speak of in the Chicago region. Only two cold snaps, each of brief duration. We only got up one brief snow for the holidays. Result: The building trades have all been busy and our plant is going up by leaps and bounds.

The concrete forms for the second floor have been completed and before this *OP* brings you the news we shall have poured the second floor as a monolith. That sounds substantial enough, doesn't it? It sounded substantial, and it is substantial.

Before the Spring building rush starts, with its inevitable rebound of prices for building materials, we shall have gotten our job pretty

much out of the way. We have bought our materials at a favorable time when prices had recoiled before another bound upward under the impetus of the new stiffening demand sure to come with the returning bluebirds and Spring building operations.

There is just one problem about it all and that is, it makes our material and labor bills fall due quicker than we had anticipated. Many of our bonds have been sold on the four month (or even longer term) payment plans. \$19,900 of bonds yet remain to be sold. So we really need to realize our money from bond sales just as fast as we can do it. All customers who are making installment payments are urged to pay up as rapidly as they are able to do so.

Meanwhile we have *38 per cent of our bond issue yet to sell!* We will greatly appreciate it if all who have the money to invest will buy one or more bonds. Every single \$100 helps. One hundred and ninety-nine osteopaths, taking one bond apiece, could close out this flotation for us with eclat in the present month. \$200 apiece is even better. If you already have made a purchase and can take another bond we bid you do so. Every additional bond bought helps. The quicker we can write "finis" to this transaction the lower the percentage cost is to us for raising this money.

Floating our bond issue we now regard as a first class success, and the finish should be easy to achieve and it will be, *with your help*. But all who are holding off who want a hand in this meritorious enterprise before it is closed up should act this present month. May we be gladdened by receiving your subscription for at least one \$100 bond? Or will you make it \$200?

HELP US PUT IT OVER BY MARCH 31

We have sold more than 60 per cent of our Bunting Corporation 7 per cent first mortgage real estate gold bonds. Less than 40 per cent of the bond issue remains to be placed. This means that the big part of the job is already done and the rest should come more easily and quickly.

We want to complete bond sales by March 31, 1921.

We *must* do so.

Will you help us do it?

Will you be one of 199 osteopaths to take a \$100 bond each?

Will you be one of 99 osteopaths to take \$200 of bonds each?

Will you be one of 40 osteopaths to take \$500 of bonds each?

Will you be one of 20 osteopaths to take \$1,000 of bonds each?

Either plan would finish up the flotation by March 31st.

Help us put it over in entirety and with distinct success by the first of April next!

We *must* do it!

Giving us such co-operation gives you entire safety in your investment and pays you 7 per cent. It redeems your investment ultimately at 102.

Help us achieve our goal for that is helping the Bunting Publicity Service to advertise osteopathy to all the world.

Dr. George W. Goode Attacks Bills Prepared for Congress

A "conspiracy" on the part of allopath doctors to dominate the practice of medicine in the United States, to the exclusion of all other schools of medicine, including osteopathic and homoeopathic schools, was charged by Dr. Geo. W. Goode of Boston, president of the Massachusetts Osteopathic Society, at the 19th annual convention of the society at the Lenox hotel, Boston.

Dr. Goode attacked the bills now being prepared for presentation to Congress for the establishment of a federal department of health. The

bills propose to have a health officer in the President's cabinet.

"It is a part of a medical conspiracy of the dominating school of practice to have autocratic control of all medical practice in the country," said Dr. Goode. "This conspiracy includes also an ironclad boycott of osteopathic physicians, surgeons and specialists, regardless of the medical degrees, or of their surgical or hospital experience, and even their surgical experience in the world war, by every hospital in the United States."

He said the American Medical Association calls this conspiracy by the polite name of "hospital standardization" and camouflages it by classifying it under the department of medical education. The conspiracy also includes the proselyting of all the public school children by compulsory education, and even compulsory examination and treatment of school children by allopathic means only. The osteopathic treatment of disabled veterans of the war in cases where allopathic and surgical methods failed is absolutely prohibited, even when desired by the soldiers and by individual surgeons and specialists employed by the government to examine them."

The Word Adjustment and Its Uses

By Dr. George M. McCole, Great Falls, Montana.

Everything in the world done for a purpose is an "adjustment". When we put on our coat, take food, lie down to sleep, move our chair to get out of the draft, take a splinter from a finger, it is an "adjustment".

When one goes to a doctor he goes for no other purpose than for "adjustment" be it to adjust diet, personal habits, a condition of the blood, of the spine, of the appendix or of a broken leg.

I wish every doctor, every lecturer and every writer would make an effort to call a spade a spade and when talking about the "adjustment" of soft tissue, ligaments or bony tissue, would use the correct word.

I also wish we could have more reference made to the spinal cord.

Adjusting the spine means nothing if the spinal cord is not thereby brought nearer to normal. It makes little difference which way the vertebrae stick out if there is perfect function of the spinal cord, the nerves leading out and the blood vessels going in and out.

Flexibility of the spine, its ligaments and muscles is necessary for normal function. Activity of the cord, its nerves and blood vessels is necessary for function. What do you think of the idea?

Dr. Teall's Reply

Dear Doctor McCole:—I have yours of the 23rd, and am interested in what you say concerning the word "adjustment". For the past two years I have made use of that word in all my lecture work and writings and it has been used wherever possible in the new book, so you will see I am in hearty accord with the idea.

I was brought to do this more vigorously from the fact that the "cooties" claim that the word was never used by Osteopaths, and one apostate went so far as to ask me if I had ever come across the word in the Old Doctor's writings. We still have a perfect right to use the English language and they have no copy-right on any of the words.

Go to it, I will co-operate to the fullest extent.—Yours Fraternally, C. C. Teall, D.O., A.S.O., Kirksville, Mo.

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

Some Doctor's Offices

I

The Girl at the Desk

John Barr, D.O.

There are many things from which one may read a man's character, but if that man happens to be a physician, one of his truest earmarks is his office. It has been my privilege in the course of several years of professional existence, to visit my confreres throughout the United States and many a time the doctor's office has given him away before ever he appeared on the scene.

There is a certain thrill, experienced by all too few of us, to be had upon entering a strange office with the expectation of meeting one of whom you hope to make a new professional friend. And before you grasp his hand, as you enter the place where he does his work, you get at once the first impression which is so valuable and so lasting.

Now the girl at the desk enters very promptly into the first impression, more prominently than many physicians apparently think. It is true, she is not apt to chew gum, except in fiction, but she does do so many other things that are not in character with the impression the man on the other side of the private door thinks he is making.

Personally, I like the girl that likes me—or lets on that she does. We don't find "Welcome" written on the office door mat any more but we do like to see it woven in the smile of the girl at the desk.

There are some very clever girls, I am told, who are veritable jewels because of their ability to "size up" the prospective patients. In fact, I know there are some such because I have gone through the "sizing up" process. To me it is a trifle painful to discover that I am the subject of an internal debate, the result of which will tentatively place me in the three or four dollar a treatment class.

Perhaps I am acutely conscious of such mental grading and ticketing processes and yet I think the average patient is as well able to read the girl at the desk as that girl is to read the average patient. Cleverness is all right as long

as it is unobtrusive but some of the office girls I have met have chewed their cleverness in my face rather than their gum.

Then there is the girl who is almost if not equally as cool and distant as is her master. Now I gladly take off my hat to any professional brother who has made a marked success in his particular field. Such is an achievement worthy of more than passing notice. And it is true I take off my hat on entering any man's office, whether the girl happens to be at the desk or not. But I humbly protest against any mental or spiritual humiliation as a peace offering to the guardian of the great. Let me save it for its proper place within the inner sanctum.

And yet if it is a little difficult to get past some of these coldly marcelled defenders of the inner chamber, still how vaguely stressful is the opposite type—the social little piece who takes you for what she thinks you ought to be and upon the slightest excuse, which is often none at all, brilliantly chatters to you of odds and ends upon the assumption that by so doing she is "entertaining" you.

Such entertaining is apt to be of a likeliness to the time-worn, dilapidated, coverless magazines so prone to adorn the office tables of the best of us.

And in fairness to the many, many friends I have made in this knight's tour of the osteopathic chess-board, I must put down a word here for the quiet, kindly girl whose only description is bound up in a pleasant impression. Somehow, she makes me feel that the doctor will see me as soon as she can arrange it—and this, in spite of the fact that I have given no password of title or card. And if I have waited quite a while, I know in some indefinable way that she has me in mind and that just so sure as my turn comes, she will usher me into the presence of the one about to become my friend.

Little Stories of the Clinic

By C. W. Young, D.O., Grand Junction, Colorado.

Story No. 19

Dr. L., an osteopathic physician, had been troubled with constipation ever since childhood. She had taken osteopathic adjustment very extensively, trying fifteen different osteopaths, but never received anything but palliative relief. She was annoyed every day of her life with a nagging pain in the sigmoid flexure. With great reluctance she put herself under my treatment with the Hubbell colon dilators. I inserted the dilators past the splenic flexure eight or ten times. The insertion was unpleasant but there was no pain after removal of the instrument. There was considerable resistance in the sigmoid flexure, and there were two strictures in the descending colon, and a stricture of the splenic flexure.

Three years after the treatment, the patient reported that she was relieved in a large measure of her constipation, and entirely relieved of the pain in the splenic flexure. An x-ray of the bowel taken at this time disclosed nothing abnormal.

Story No. 20

Mrs. C., for years had suffered greatly with mucous colitis. Usually in the fall of the year great plugs of mucous would form in the colon and this would confine her to her bed for weeks

at a time, and the mucous was removed with enemas with great difficulty. I used the Hubbell dilators four or five times. They caused much pain to the tender bowel, but they broke up and made possible much freer bowel movement.

This treatment was followed with frequent use of Noble's enema consisting of one gallon of hot water; one tablespoonful turpentine; one tablespoonful epsom salts; and eight ounces glycerine. She also ate two tablespoonfuls of raw flax seed every morning. In course of time the mucous colitis disappeared.

NOTE: Colon dilation, Noble's enemas and flax seed are invaluable for mucous colitis—one of the physician's bugbears.

Harvest Leaflets Appreciated

Herewith first quarterly order for "Harvest Leaflets", 2,000 assorted. They are fine. I hope you will sell a million a month from now on. They should help us greatly in putting osteopathy on the map.—J. B. Buehler, D.O., New York City, November 23rd.

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

That Fee Discussion

[Continued From Page 4]

Joys of the Country Doctor

I notice in the current "OP" where B. H. Cabbage suggests that some of the practitioners in smaller towns write regarding their fees. Here is one from a town of 3,100 population 1910 census and not much more now. My fees are \$2.00 regular treatment in the office, \$2.50 occasional in office, \$3.00 residence calls, \$5.00 between 8:00 p. m. and 7:00 a. m., \$35.00 confinements and \$1.25 a mile in country. These are the same as M.D. fees except office. Several charge \$1.00.

A little history of my continuous seven years practice in this one location will not come amiss. When I located here there were eleven M.D.'s and a couple of chiros. Today there are five M.D.'s and one chiro. I do not make any claim for the depreciation, but it is simply history. When I came the general opinion of osteopathy was gleaned from weekly page ads in the El Paso Herald, more or less luridly illustrated by "buttons" in the spine and paid for by one of our ardent practitioners of El Paso. Now many know osteopathy in its true light and appreciate it. While my ownership has reached only a Ford coupe to date, it is from choice and not necessity. I would use nothing else on these country roads, as they run better and get over the road quicker than the \$6,000 sport model of less reputation and larger repair bills. Am not so busy I have to raise fees to keep away prospects, but the income tax man does not pass me by in his annual pilgrimage. I have a little time for quail, duck or deer hunting in season and am near good mountain trout fishing in summer. No, it is not Eden, but is "Out Where the West Begins." A lady graduate also finds time to promulgate osteopathy in our midst. We do not feel the need to raise fees. We are satisfied in our small way. People here do not take "rubs" to make them feel good.—*Fraternally, C. M. Bueler, D.O., Tucumcari, New Mexico.*

Fees in Country and City

Is it not better to charge \$2.00 per and make a living than to charge \$3.00 and starve? Is it not wise to introduce a commodity in a new field with the minimum instead of the maximum price? Minimum-price—\$3—classmates, graduates of Des Moines College of Osteopathy, Spring of 1919, do I dare to call it profiteering? No, I would not profit but the chiro across the street would. I would get the minimum.

Is it out West as on Broadway, New York City? In the Loop of Chicago as on a Montana ranch?

Why not ask returns for our services as we do with our surplus dollars, namely, according to time, location and kind of investment?

I know that if we sell pins we will profit pins, if we sell cigars we will profit cigars and if we sell diamonds we will profit diamonds but let's not put the fee higher than the individual doctor's ability and not above the reach of the common people.—*Fraternally, G. S. Bendix, D.O., St. Peter, Minn.*

Could Not Make a "Go" at \$2.00

When I located here just a year ago, I set my fees: Office, \$2.50; residence, \$3.00; late night calls \$5.00; \$1.00 per mile in the country. No one has even discussed prices with me, although many people formerly treated in nearby cities, where most D.O.'s charge \$2.00. I have a good practice but wouldn't be able to make a "go" of it at \$2.00 and \$2.50. I do not expect to lower my fees any with the general lowering of commodity prices now in progress in the country.—*C. W. Starr, D.O., Hardin, Montana.*

Came Up One Third

Yes, I raised my fees in 1919 by 33 1/3% and I haven't lost a patient by it that I have learned.—*Stella C. Thurman, D.O., Americus, Georgia.*

Fees Up?

Since writing you last I have again advanced my fees so that now my minimum office fee is \$3.50 and minimum house fee is \$4.50. There is an additional charge for evening appointments.—*Dr. W. L. Laslett, West Roxbury, Mass.*

No Set Scale of Charges

As to fees: I don't say much, but long ago I ceased to have a set of permanent fees regardless of work done. My minimum fee was \$3.00 long ago but it was mostly \$5.00. Sometimes I charge by the case. I have received as high as \$1,000 for a single case that required four months' treatment. Many patients come to me from surrounding towns and cities. I am learning to charge a fee commensurate with services rendered and the circumstances of the patients. I am not surprised at the increased cost in producing "Osteopathic Health" and of your advanced rates. I expected it long ago. Continue sending my 300 magazines a month at the new rate, just the same.—*Reid Kellogg, D.O., Woonsocket, R. I., December 7th.*

Harry Finds \$2 Per Profitable

I have been much interested in your replies published concerning raise of rates, by our profession. Good osteopathy deserves a good fee of course, but I cure my insomnia by smiling myself to sleep, when I think about the claim many make that they can't live on \$2.00 per

treatment rates. Last night after supper I gave three office treatments, four bedside treatments at \$2.50 each, then a confinement case at \$25.00 and was abed before 11 p. m. \$41.00 after supper is more than the average wage earner makes in a week. Good rates should be demanded, but all should strive to give effective treatments in shorter time, with less effort expended, and endeavor to reach as many sufferers as possible. But you and the rest know my position well enough on this subject that I need not dwell longer.—*Harry W. Gamble, D.O., Missouri Valley, Iowa.*

Dr. W. S. Childs, Salina, Kansas

In this town of 15,000 where there are four osteopaths and three chiros, we raised our fees about a year ago as follows:

Regular office treatment, \$2.00 (no increase). City calls from \$2.50 to \$3.00 and \$3.50. Country calls from 50 cents per mile (one way) to \$1.00; special work according to the case but representing an increase of about 50 per cent.

Raising prices has not decreased the volume of practice for each of us is enjoying a better practice every year than for the preceding one. In making the change to a higher price we encountered almost no difficulty as people seemed to expect it along with the increase with every other commodity; we merely posted a list of our prices in our offices and had our statements of account printed accordingly, we all did this simultaneously of course. We make no effort to co-operate with medics as to prices but always aim to keep ours as high as theirs and for the most part a little in advance of theirs. As for the chiros we disregard them altogether; they charge most any old thing from \$1.00 to \$2.00.—*W. S. Childs, D.O., Salina, Kansas.*

SHOP TALKS on OSTEOPATHIC AFFAIRS

Gosh! Germs Big as Crocodiles!

One of the features of the convention of the American Association for the Advancement of Science at Chicago in December was the exhibit of the Society for Visual Education. Professor F. R. Moulton of the University of Chicago, secretary of the association, is a supporter of the doctrine that seeing is believing, so he has perfected some micro-photographic apparatus that enables the motion picture camera to photograph the movements of the microscope bacilli. Germs so small a microscope must magnify them about 1,000 times to make them visible, appeared on the screen as big as a crocodile.

Say, fellows, we wonder if a little further magnification may not show the waltz quadrille of the amboceptors and all other vivid phenomena of the side-chain theory at work?

Can't We "Make" the Literary Digest?

I have intended to write The OP suggesting that some action be taken to induce the *Literary Digest* to give our osteopathic periodicals some space as they occasionally do the *Monitor*. Recently I sent them a check to feed a few starving youngsters for the winter, in their present campaign, and suggested to them that osteopathy never seemed to be mentioned in their valuable journal and their reply was they would send my letter to their science editor.

Possibly you or Dr. McConnell could get some favorable action in this matter. But I would like to see the *Literary Digest* give us proper quotations and recognition — can you put it over? *Fraternally—H. W. Gamble, D.O., Missouri Valley, Iowa.*

Isn't "Martie" the Joker?

My Dear OP:—Have just finished reading your flowery description of what must be a "drawing card" office for a certain D.O., calculated to impress the uninitiated.

Now, to us old "bone heads" it would sound just as proficient if not quite so artistic to say as follows: "My office is equipped with the following essentials to carry out the principles of osteopathy: One large tin box of Africa double spring clothes pins; two self-propelling iron reinforced wheelbarrows; a giant self-dumping road machine and a fireless cooker."

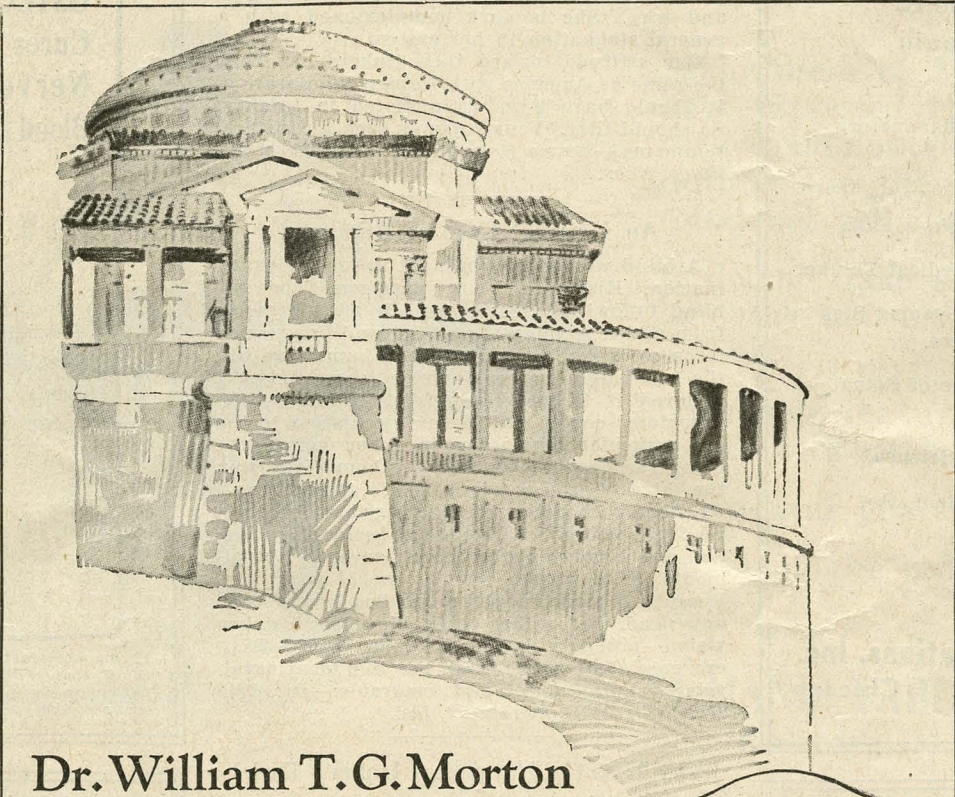
Please find check for leaflets "Chiropractic Kleptomania". They are multiplying in this state like guinea pigs and we have a medical board to smile at us, but I don't think the board would object to a good law for us. I think either our own few don't want a law or have been negligent.—*Marthana Cockrell, D.O.*

All Tubal Pregnancies Are Surgical Cases

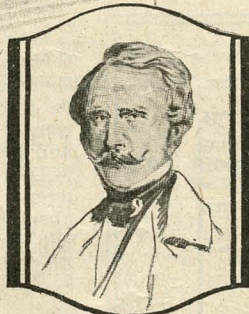
Dear Editor:—I agree with Dr. Losee in branding Dr. J. S. Baughman's article on "Tubal Pregnancy" a crime. In fact, it is worse than a crime; it is an insult to the intelligence of the population of Burlington, Iowa. There is not a single anatomist, pathologist, surgeon, or embryologist in the entire world who will agree with Dr. Baughman's irrational and nonsensical views on tubal pregnancy.

All ectopic pregnancies are surgical cases.—*P. B. Bondus, A.B., D.O., Chicago.*

We have only commenced to formulate, communicate and propagate osteopathy.—*Bunting.*



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



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

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

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

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

Nujol

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Standard Laity Brochures

\$6.00 Per Hundred
Express Prepaid

- No. 8—Osteopathy in Inflammatory Diseases.
- No. 16—Osteopathy Potent Where Serums and Vaccines Fail.
- No. 18—A. T. Still as a Medical Thinker.
- No. 34—How a Case of Sleeping Sickness Found a Cure.
- No. 36—Most Diseases Are of Spinal Origin.
- No. 37—Osteopathy as a Science.
- No. 48—Philosophy of Osteopathy.

Stocks Limited.
Sample Set 25c.

The Bunting Publications, Inc.
9 S. Clinton St. Chicago



The Philosophy of Osteopathy
—
What is Wrong with Your Back
—
How Spinal Nerves and Bloodvessels
Get Compressed
—
Five Full Page Illustrations of Lesions
—
Educational Standards of Osteopathy



This issue carries articles and illustrations of absorbing interest. The osteopathic idea is made luminous. References to the recent research work in spinal anatomy by Dr. Halladay, and the significance thereof, makes the discussion of "up-to-the-minute" freshness and authority. You will want a hundred or so, we know.

Are Chiro's Against Bathing?

I just had a conversation with a lady who has taken chiro treatments in another state and when I recommended a daily bath to her, she said, "Why, the chiro said some people bathe themselves to death; and that is the reason people take cold—too frequent bathing; once a month is often enough except the odoriferous glands." I showed her where he was off and why. She is dark complexioned with a general stagnation in her system.

Our attitude toward these fakery has been the same as America with foreign immigration. It should have been strangulated in infancy. So should they. Your paper is such an inspiration to me.—*Emma Hoyer Leigh, D.O., University Place, Nebr.*

An Unusual Case of Blindness

A blind woman was brought to me for examination. History: "Four years ago I became blind following a severe attack of the grippe from which I almost died." I found the trouble to be an opaque condition of the humors within the eye-ball obscuring vision completely. I believed it to be due to disturbance of the vasomotor center controlling circulation to the eye, muscular contraction in upper dorsal area being responsible. On her way home following the third treatment administered she was overwhelmed with joy on discovering that she could read the letters on a billboard beside the road. She was dismissed after taking seventeen treatments. This woman came to me 14 years ago. Recently I made inquiry regarding her. She is now dead. Before her death she again lost her vision—probably due to the same cause. Eastern specialists pronounced her blindness paralysis of optic nerve and incurable.—*Dr. Ella McNicoll, D. O., Frankfort, Ind.*

Why Kiss the Hand that Holds a Dirk?

Why do some osteopaths cater to the M.D.'s, their own throat-cutters? Why do they permit their cases to go to their institutions? Why do they want further enslavement? Why are some D.O.'s so ignorant as to desire limitations and hence seek the necessity of calling on the M.D. (Much Disturbed Therapist) to administer a hypo in post-operative cases and when absolutely necessary? When will the osteopath get some sense and fight for his rights?—*Dr. C. O. Bashline, Grove City, Pa.*

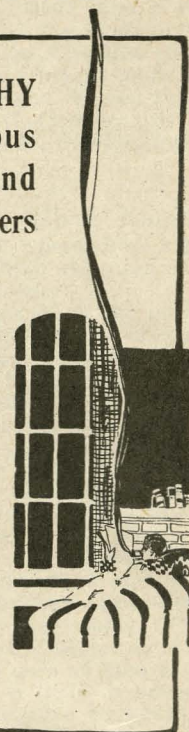
Acidosis Universalis

Dr. Robert H. Veitch, before the 19th annual meeting of the Massachusetts Osteopathic Society at the Lenox hotel, Boston, declared that 50 per cent of all people have hyper-acidity, an excess of acid in their systems, and that cancer of the intestines is caused by this trouble. He brought out that the "ailment" is not so often the result of other pathological conditions, as much as the cause of those conditions. Dr. Veitch said that such diseases as cancer, anemia and other serious ailments might be due to too much acid in the system. The chief cause is over-eating. "We all eat too much," Dr. Veitch declared. "We do not properly chew our food. A greater amount is eaten than can be properly cared for." Another cause of super-acidity, he said, is stimulants, such as tea, coffee and tobacco. A third cause is the state of mind. Thinking evil thoughts helps to cause acidity, he declared, which may result in cancer and other serious diseases. This condition is always preceded by gastric catarrh or duodenal cancers. The treatment is a milk diet. "Not puddings with milk in them, but just milk, from two to ten weeks, a glass every hour or hour and a half a day, taken warm or hot, but not boiling or cold with osteopathic treatment."

OSTEOPATHIC HEALTH for NOVEMBER

**OSTEOPATHY
Cures Various
Nervous and
Blood Disorders**

"Rheumatism"
Goitre
Diabetes
Constipation



If you are starting a campaign and want something that will get quick attention—use this November issue. It tells about complaints so common that nearly everybody is interested.

Osteopathic Health for December

**A
GENERAL SKETCH
OF OSTEOPATHY**

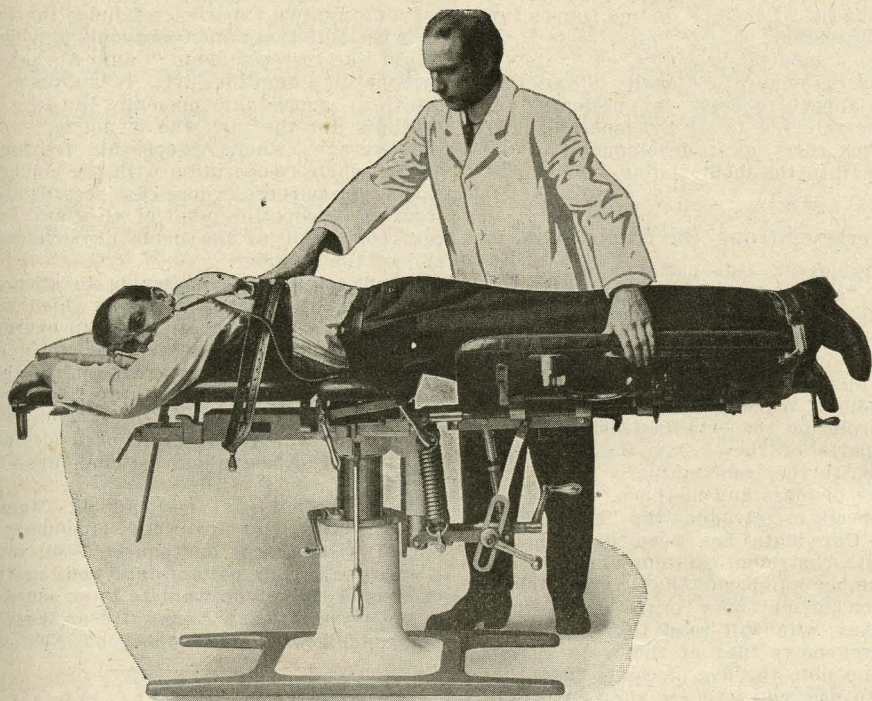
Efficacious in Germ Diseases
Lesions as Diagnostic
Sign Posts
Osteopathy More Than
Manipulation
Its Special Fields of Practice
Children's Diseases
Woman's Diseases
Why Osteopaths Are an
Independent Profession

This issue presents a sensible discussion of osteopathy in every-day language easily assimilated by the average reader. States very simply the fact that osteopathy is "different" and why.

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Many users of McManis tables have expressed themselves that they would not take a *Thousand* dollars for their table if they could not get another.

It doesn't take a thousand dollars: the above figures will get a table.

Complete features and attachments with either table.

A five year guarantee.

An eight per cent discount for cash.

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In Medical Circles

it has gradually but surely become an established belief that quality is a fundamental asset, that it pays—and pays well—to use the best. In other words, that the time and effort employed in specifically ordering a product that has been shown to be the most effective and dependable of its class—and in making sure that it is the one dispensed by the druggist and actually used by the patient—is time and effort well spent.

No product better exemplifies the foregoing than Dioxogen. As the best known and most widely used peroxide of hydrogen,

Dioxogen

holds the place it does to-day in the regard of medical men, by sheer force of merit—and the following advantages—

In purity and oxygen-liberating power, Dioxogen exceeds U. S. Phar. standards for $H_2 O_2$ by 25%.

Dioxogen is odorless, almost tasteless, and entirely free from acids and acetanilid. It is also colorless and does not stain the skin.

Absolutely non-poisonous and non-irritating, Dioxogen is not only the most potent, but the safest and most harmless of antiseptics.

Applied to wounds, Dioxogen promptly destroys all bacteria, and stimulates the reparative processes of the tissues.

Dioxogen is the one powerful germicide at the physician's command that can be freely used anywhere and anytime without the slightest danger.

With Dioxogen possessing the qualifications it does, and assuring its users a degree of safety, efficiency and freedom from objectionable effect that no other equally potent germicide can, is it any wonder that it has become the standard antiseptic in the home, the school, the office and the factory?



The Oakland Chemical Co. ∴ 59 Fourth Avenue ∴ New York City

Swears by Mellin's

When dubious over a babe's diet, place him on Mellin's Food, and you will usually win out.—*Harold A. Fenner, D.O., North Platte, Nebr.*

Never Criticize a D.O.

This thought comes to me—in fact, it's a hobby of mine—Never criticize an osteopath. Your patient, most likely got things confused. We have opposition a plenty in the medical profession. Let's stay together. Better excuse than criticize your osteopathic brother or sister. Let's have team work.—*W. T. Thomas, D.O., Tacoma, Wash.*

Dr. Dowler to Bat!

Here's my platform for a newer and greater osteopathy: "Pap" Still Osteopathy, independent therapy (the bony stuff), universal reciprocity, a 3-year course, osteopathic text books, adopt uniform technique. Organize osteopathic protective association (as war measure against A.M.A.) urge abolition of all examining boards, make college diploma only credential. Let's go forward to osteopathy.—*Yours for Medical Freedom.—A. S. Dowler, D.O., Perry, Iowa.*

Vacation On Snow Shoes

We are up here at Algonquin Park, Ontario, for a week's holiday. It is way North of Toronto—the provincial Park. It is great. We go out on snow-shoes and skies. I am enclosing a card to show you how it works. The Inn is nice and warm with fire-places and a crowd of lawyers, judges, business men and doctors.

It is wonderful how osteopathy is becoming known. I left my office on Tuesday night after treating 62 that day and 51 the day before and the first day here they found out that I was around and I was pressed into service. One big man jumped with snow shoes on and sprained his knee. It swelled up to a great size and I had to reduce that. He was a Colonel. Next day another Colonel called for me to relieve his terrific headaches, a third man had lumbago, etc. It is hard to get away from work.—*Sincerely, F. P. Millard, D.O., Toronto.*

Keep Off Tender Corns

I think we gain in strength in showing the advantage of osteopathy rather than slamming other doctrines. People of intelligence would draw their own conclusions and accept osteopathy more gracefully by so doing. I treat some families where there are M.D. friends or relatives and some presentations of osteopathic subjects, otherwise unobjectionable, would be absolutely discourteous and do us more harm than good. I have given my opinion freely and take it for granted that you are interested in what your subscribers think.—*Velma Isora Coye, D.O., Holley, New York.*

Joy When the Lost Sheep Returns

I have decided to use the Bunting booklets, O.H.'s, from now until the end of time, or until there is something of a different nature evolved, or as long as the profession at large considers it the best thing to use. I know I have been a hard nut to crack but it has not been because I had all the work I wanted or could do. I hope my conversion is of the lasting variety and that I have no occasion for falling from grace. I have always been anxious to read the helpful Bunting booklets for I realize that Dr. Bunting has done more for the profession than any osteopath in the world except the Old Doctor himself.—*Stella C. Thurman, D.O., Americus, Georgia.*

A Prophecy

If we as an organized profession wish to exist more than twenty-five years there are two courses of action open to us:

1. Combine with other drugless healers, accept a limited practice, with limited education, carry onward our principles but sacrifice the name osteopathy. Continue in our opposition to medical autocracy.

2. Become a medical specialty, cultivate the friendship of the medical fraternity, discontinue our direct appeal to laity for patients, and accept those referred to us by general practitioners. Thus carry on a development of our principles within the medical fold.—*Neos.*

New Jersey Strong for Model Bill

Practically every osteopath in this State favors the "Model Bill." Every organization worker feels that it supplies in a most complete measure the needs of our profession. This was not our first impression, but four months of study and discussion have caused us to reach this conclusion. We have erased some of our feeling of isolation thru making state societies divisional parts of the A.O.A. Let us carry this one step further and mutually profit thru the exchange of ideas and methods.

Jersey expects to introduce the "Model Bill" this year. Our state has been divided into districts, with chairmen, captains and privates. In the December number of the A.O.A., Journal a description of our new organization form appears. Any who will read this will get a more comprehensive idea of the work in our State. If you note the five pieces of literature we expect to use, you will see they cover (1) Health; (2) The Three Factors; (3) Adjustment; (4) Development; (5) Value. This does not detract from the value of "O.H." in use. That is needed for follow-up since after planting the seed it needs cultivation. I prove my belief in this by using "OH". If the whole country would concentrate upon the circulation of these the effect would be overwhelming and the understanding of Osteopathy as nearly perfect as we can expect.—*Sincerely, A. P. Firth, D.O., State Legislative Chairman, Newark, N. J.*

In Libraries and Congress

Another best thought: In view of present conditions is to place a copy of the History of Osteopathy in every State Library and at Washington. Also to send catalogs and booklets showing our institutions and Woodall's explanation to every member of this Congress with a demand for a square deal.—*Dr. Mary S. Crosswell, Farmington, Me.*

Apropos of the General Magazine Advertising Plans

Allow me to stick my oar in by saying one of the many successful ways to advertise osteopathy.

Have three of the men most constant in contact with osteopathic advertising formulate the proper plan of procedure. Then each man to a particular phase of the subject. Each individual to be responsible to the board of Governors of AOA. There will be no passing of the "buck". Each man will make good. Because the eyes of the profession are looking. My choice of two men would be H. S. Bunting of Chicago and R. K. Smith of Boston. They to pick the third member as efficient as they.—*Fraternally, Robert J. Miller, Reading, Penn.*

Shingles Data Wanted

Some good doctor give us an article on shingles.—*W. I. Shaffer, D.O., No. Platte, Nebr.*

An Osteopathic Summer Camp for Girls!

Do you know of any summer camp for girls which is essentially and exclusively osteopathic? Do you know of a camp where girls from the ages of twelve to fifteen years, have, besides the benefits of outdoor life, the constant attention of an osteopathic physician?

From my own experience I judge that among your patients there must be people to whom you would like to recommend "Camp Abenaki", the Osteopathic Camp for Girls. It is a place where healthful sport and open-air life are made available for the girl who is not as strong as the average; where osteopathic treatment is given; where co-operation with the home physician is the purpose, where case records are kept from an osteopathic point of view and a duplicate copy sent to the home physician at the end of the summer.

Briefly stated, our policy is to offer young girls a healthy, happy summer which will involve a sane use of their youthful energy, but which will not allow a nervous strain of the sort apt to be caused by competitive athletics. With the exception of certain fundamental requirements for hygiene our regime will be flexible and adapted to build each girl up and fit her for the demands to be made upon her in the winter.

Camp Abenaki is in Readfield, Maine, on Lovejoy Lake. Our prospectus (including references) will be sent on request. Will you talk it over with your patients and send us the addresses of those who want to know more about it?—*Sincerely yours, Emma Greene Wood, D.O., Gertrude Wood, D.O., Maplewood, New Jersey.*

Thou Shalt Not Steal!

—*Moses, 1638 B. C.*

In a pamphlet called "How Nature Cures", copyrighted 1907-1909 and published by H. Lindlahr, M.D., 525 Ashland Blvd., Chicago, Ill., under the caption "Structural Adjustment", Dr. Jean du Plessis, author of a special article, states among other things, "As soon as osteopathy and chiropractic were properly established, the more broad-minded exponents of both systems began mutual investigation and amalgamation. As a result we find that only seven years after the birth of chiropractic, osteopathic literature began to make mention of vertebral subluxations as pressing on nerves, thereby causing disease. On the other hand, advanced chiropractors soon began to realize the importance of relaxing tense muscles prior to delivering their thrusts. They also began to pay attention to body lesions other than those occurring in the spine. A great deal of chiropractic principles and technique of today has been gleaned from osteopathy, whilst the reverse statement holds equally true."

In bringing about this statement the author quotes from Dr. A. T. Still's autobiography his statement verbatim about a disturbed artery marking the beginning hour and minute when disease begins. Also statement not verbatim about bony lesions in all parts of the body interfering with circulation and best adjusted by osteopathy. Quotation also D. D. Palmer about sprain of spine results in partial displacement of one or more vertebrae and affecting nerves, called "vertebral subluxations" and best "adjusted" by chiropractic "thrusts."

Such statements as in the first paragraph should be nailed as untruths from their inception and the attention of the author called to them as such. We know them to be untrue but most of the readers do not. Are we to allow all the fundamental principles of our Founder to be stolen without saying a word?—*C. M. Bueler, D. O., Tucumcari, New Mexico.*

To quit or lessen osteopathic publicity is to beat a slow retreat.—*Bunting.*

“Flu” Pneumonia and DIONOL

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

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

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

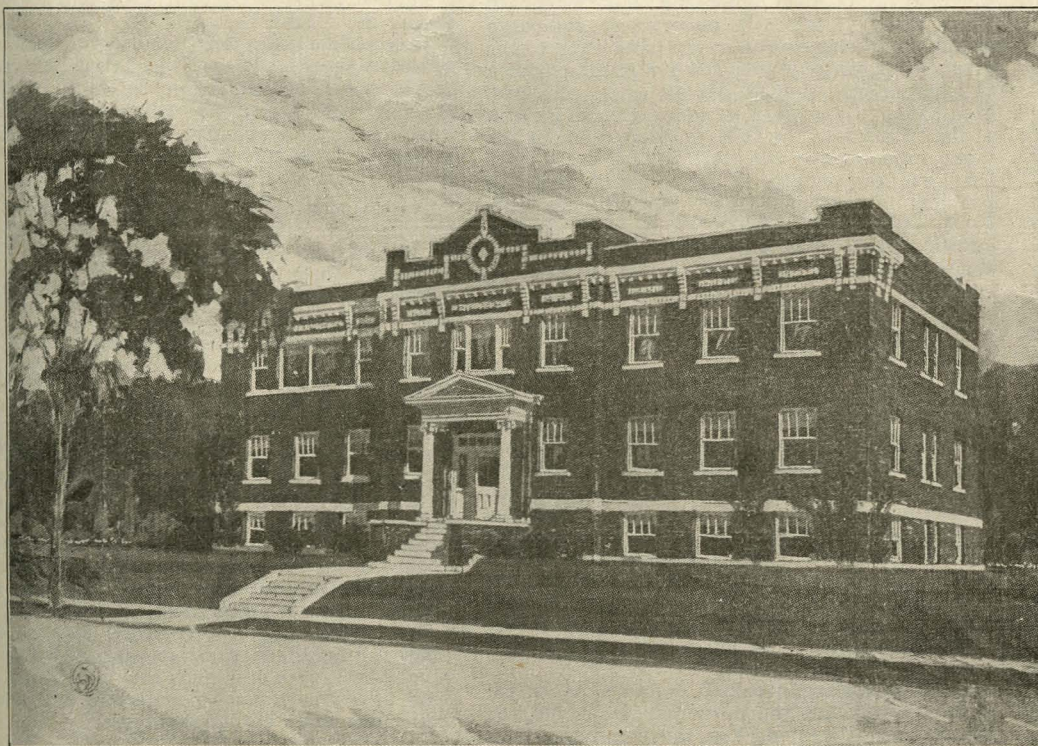
Dr. R. L. S. reports: I have successfully handled 170 cases of “flu” up to date and more coming daily, not one developing pneumonia. All cases received Dionol applications only. In all but one case, the cough loosened up in a few hours time, and was kept so easily thereafter. Six cases of pneumonia when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

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

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

THE DIONOL COMPANY (Dept. 12) Detroit, Michigan

Wonderful Year for the Laughlin Hospital, Kirksville



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

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

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

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

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

BUILDING SUCCESS *in* PRACTICE

THE PARADOX OF "MORE INCOME, LESS PHYSICAL LABOR"

It is possible for an osteopath who is being worked to death and yet can't pay his bills to reverse this situation and while giving fewer treatments, yet do more good to his patients and increase his own income so that he will have money in the bank and be able to join the investor class. This is not a fairy story. It is the application of personal efficiency and practice economics to your work, and you may become master of your own destiny instead of being its slave *if you but will*. The way has already been blocked out for you; the media of attaining such success are ready-made for you; others before you have tested the entire feasibility of what we offer you, and attest its sound, practical, successful *workableness*. If this sort of ambitious achievement appeals to you, we invite you to write us for details.

* * *

AN ADVERTISING SURVEY FREE OF COST TO YOU

We make a Practical Survey of your field and professional opportunity for you and create an individual plan to solve your own identical publicity and promotional needs. When you enter upon the use of the Bunting Publicity Service you obtain—not printed merchandise merely, but the analytical planning of a corps of advertising experts. You obtain as high-class, experienced and skillful professional service as is furnished today by any foremost commercial advertising agency to its business clients. If you have the vision to want to command the bigger things in professional life and will write us and say so, we will make an Advertising Survey of your opportunities without cost to you that will show you just what steps are necessary to tap the wells of prosperity. Of course *you* would have the leading role to play in this program; but if you can do your professional part as well as we manage and supply your publicity and promotional program, your achievement will assuredly become first-class.

* * *

NEWNESS IS THE LIFE OF ADVERTISING

Every month there is something new for patients, ex-patients and the public in *OH*. "Always something new" is a good way to stimulate reading attention. There is immensely better advertising power and pull in such a campaign than in the continuous use of hackneyed pamphlets which have gone through numerous editions and may already be a thrice told tale to one's clientele. It is only exceptional classic, the real masterpiece, that will stand occasional repetition in this way, and that for editions not too close together or too often repeated. Of course it is much more costly to produce new literature every month and print fresh type instead of reprinting from electroplates; but the things that cost are usually the things which have value and pay the best on the outlay. However, this added cost of fresh creation and original production is distributed over the whole list of contract users of such a journalistic educational medium, so that the added cost to any single user, like yourself, is very small—only a fraction of a cent per magazine, and that of course, in view of the superior advertising value of a fresh magazine over a pass booklet, is not worth considering. It is not what literature costs but what it produces for you that should engage your earnest consideration. "*Osteopathic Health*" combined with "*Harvest Leaflets*" used in such a campaign as may be devised for your own individual needs

by the Bunting Publicity Service represents the most scientific and practical osteopathic propaganda that has been created.

* * *

SPECIALISM IN ADVERTISING AS WELL AS MEDICINE

Every doctor knows the value of skilled professional service in the health field. Specialism is the key to all expert service. Osteopaths must realize that advertising is subject to the complexities that produce specialism just the same as medicine. And as an "eye" doctor would be of scant value to treat flat feet or prostatic trouble, so an advertising expert who had had life-long acquaintance with building up commercial trade for soap, coffee and touring cars would have only remote availability for solving the delicate problems of osteopathic publicity.

In using the Bunting Publicity Service you have the advantage of the only organization of experts who have devoted full time to osteopathic advertising for twenty years.

The fact that the Bunting Publicity Service afterwards went outside of osteopathic advertising and made nationally known success in the commercial advertising field is significant.

Do you "go it blind" in your publicity efforts or use proven successful expert advertising service?

* * *

THE BEST SKILL OBTAINABLE IS NONE TOO GOOD

"The lawyer who pleads his own case at court has a fool for a client," is an old English maxim. It is so true that no attorney who gets embroiled in the law ever fails to provide other counsel to defend him. This principle involved also applies to advertising. All persons who have advertising to do have foolish clients if they run their own campaigns. The osteopath who "experts" his own advertising campaign is just as foolish as the advertising expert who acts as his own physician. When it comes down to professional service we all know the best obtainable in any field is none to good for any of us! Therefore the folly of doing without the most experienced and skillful expert service that one can retain to solve his advertising problem is obvious. This applies to the osteopath who would promote his own professional status or advance osteopathy generally, just as well as to the maker of cheese, clothes and cars.

* * *

"HOW MUCH SHOULD I SPEND FOR PUBLICITY?"

That depends, Dr. Osteopath, upon just what you want to do. If you want to stand still, one dollar a month might answer. Really that kind of standing still, though, means slipping behind, for other schools of healing, drug and non-drug, are going ahead so fast these times that the D.O. who tries to stand still stands still only with reference to that portion of the earth's crust which he occupies. With reference to the march of other therapies into recognition and public confidence, dollar-a-month investments in osteopathic publicity mean inglorious eclipse.

Still, if you spend only a dollar a month for publicity it is all the more important for you that it be not wasted. You can become a client of the Bunting Publicity Service on as modest an investment as a dollar a month, and many who began that way are now real advertisers for the science and profession.

But if you mean to be a thoroughbred and if you have the vision to demand great success in practice and would never be content to take a subordinate place in life among those "who also ran," then 10 per cent of your income is not too much to spend for your annual advertising campaign.

An osteopath who has a \$10,000 practice a year and wants to make it \$20,000 can well afford to spend \$100.00 a month on his campaigning—\$1,200 per year, 12 per cent. It is either that or take ten or twenty years to grow to an estate that he might attain to in four or five years, besides running very grave risk that he may never reach his goal at all without the aid of the strong right arm of educational publicity. Isn't he saving money and making money both to invest a hundred dollars a month for professional advertising when it cuts the long wait for reaching the goal of distinguished success to a third the usual time? Of course.

This is said in no effort to try to convince anybody who hasn't got the vision already that he ought to have it. But we are talking to those who just naturally have got vision, even if it is a bit dormant and needs awakening and activating. We say these things for the benefit of the ambitions who hope and would fain believe such achievement is possible to them; but who don't know how to begin. We point the way and show such persons how. These will understand what we are saying without argument.

* * *

A CAMPAIGN DEvised TO FIT ANY PURSE

The Bunting Publicity Service can devise an educational campaign to fit any sized appropriation from one dollar a month up. Many of the biggest users of our Advertising Service today were very timid and frugal spenders at the start. But they got the confidence to plunge when they found our service for practice-building is a money-back proposition. It is one thing to spend money for "general publicity" which brings little or no individual return and quite another thing to spend money on a carefully devised plan of "specialty advertising" which brings back the investment and along with it a rich professional and money increase to the individual.

Osteopaths who don't know the difference between these two sorts of advertising would profit to become clients of the Bunting Publicity Service which *does* understand this difference fully and hence protects its clients' pocket-books by using such knowledge.

* * *

SURE THING ADVERTISING

Our method for advertising osteopathy is a specialty form of advertising which has the distinctive merit, not common to general publicity or space advertising, of accruing the preponderant benefit to the identical osteopath who pays the cost of the advertising. Our Advertising Service pays its own way and leaves a profit besides in the pocket of our customers.

Let those who wish it spend their money on national, general or space or periodical advertising, so called, which enables all to reap equally who have not sown, and which does not begin to make returns to the one who put up his money equal to his outlay. There is room for using both sorts, under different circumstances, for different purposes. Every person for his own preferences.

We would like to correspond with all osteopaths interested in advertising who like the money-back-with-dividends sort of publicity and who have the vision to undertake a thoroughgoing campaign to double income.

A statement that Caruso has developed "superlative pleurisy" reminds Esculapius of the small boy's comparison of sick: Sick, worse, dead.—B. L. T., *Chicago Tribune*.

PUBLISHER'S DEPARTMENT

Another New Catechism in the February "OH"

We find pleasure in presenting a new draught of an osteopathic catechism as the February installment of our *Osteopathic Health* educational service. It is the work of Dr. Leon E. Page of Newport, Vermont, and we are sure you will like it.

You will like it because it answers only a dozen common, every-day questions that your own callers and patients are everlastingly asking you. It answers these practical questions in a sensible way, in such a way as you would like to answer every person who puts such questions up to you, if you only had the time and mood to sit down and give your practice hours up to lecturing.

But few busy doctors can find time to make such lectures to patients—even if they have ability to state things so lucidly, and of course most persons can not make such explanations off-hand even if they try. So, to all classes, this February magazine will prove a welcome ally. It will help to "put osteopathy right with the people."

Here are the questions which this magazine answers:

QUESTIONS OFTEN ASKED ABOUT OSTEOPATHY AND THEIR ANSWERS

- What is Osteopathy?
 - How is an Osteopathic Treatment Given?
 - Do Osteopaths Give a General Physical Examination?
 - Does Osteopathy Accept the Germ Theory of Disease?
 - Can Children and Very Sick People Stand the Treatment?
 - How Does Treating the Spine Affect Disease?
 - Do Osteopaths Ever Use Drugs or Surgery?
 - What Aid Does Osteopathy Give Surgical Cases?
 - Why is "Mixing" Not Advantageous?
 - Some Historic Facts About Osteopathy.
- The type in this February issue are unusually large—easy to read by the old, the sick and the dim-visioned.

You can not begin the new year in a more auspicious way for your own professional

advancement than by contracting to use the Bunting Publicity Service, a complete advertising and promotional service in every sense of the word, with 20 years of success behind it. Write us for particulars. This catechism will make a fine start for a year's publicity in your field.

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.

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

Will be located in

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

Will pay particular attention to referred cases

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

Doubters Made Believers by Reading

"SOMETHING WRONG"

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

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

"SOMETHING WRONG"

Price List:

Copies	Cloth Only
100.....	\$50.00
50.....	30.00
25.....	16.25
10.....	7.00
1.....	.75

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

Ten Dollars with the order and the balance in 30-day post-dated checks for \$10.00 each or less if the balance is less than \$10.00.

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

A Part of Osteopathy

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

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

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

Ask us for opinions of other alumni

School of Orificial Surgery

Inc.

Utica Building Des Moines, Iowa



The Delaware Springs Sanitarium

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

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

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

THE DELAWARE SPRINGS SANITARIUM
Delaware, Ohio

BEGINNING THE NEW YEAR RIGHT

Begin the New Year right by using a liberal quantity of "Osteopathic Healths" and "Harvest Leaflets" under a systematic mailing plan. You can not do better for your prosperity than enter annual contract for our osteopathic advertising service. It brings more practice to those who need more practice, and opens the way to command more leisure for those who are already over-worked. If this sounds paradoxical to you, write us for an explanation and we'll show you how both claims are literally true.

+ + +

WE SHALL GIVE OUR CUSTOMERS THE BENEFIT WHEN COSTS DECLINE

Of course when the economic stress involv-

ing the paper and printing industry mends—as mend it must to some extent some day—we will give our "Osteopathic Health" customers the benefit of it, just as we have done in other times. We are glad to say that we see a small rift in the clouds of paper prices which we hardly dared expect so soon. We have had one quotation made to us which was a reduction of 1 cent a pound or about 10 per cent in price. This is hopeful; but you are not to over-estimate its present meaning. When paper prices are up over 400 per cent above normal a drop of ten per cent still does not mean very much except as a rainbow of hope for the future. It means that the paper famine which was the basis of high prices must be easing up a bit. It gives hope of still more relief coming.

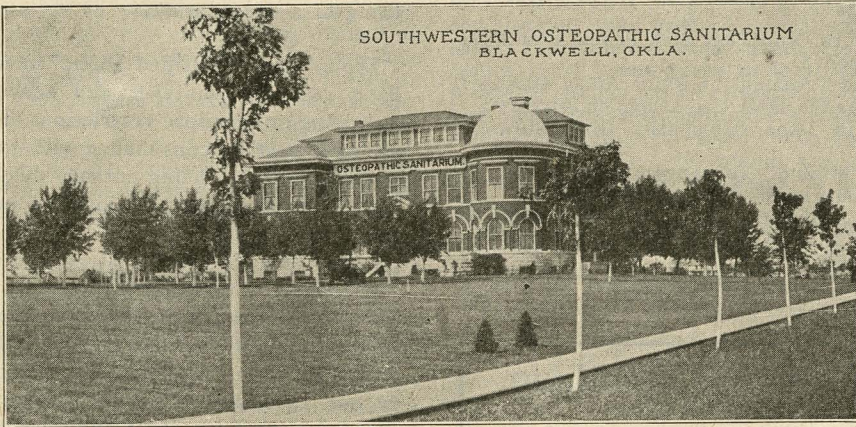
On the other hand printing labor wages indicate no decline to date. This is uneconomic, however, and publishers are as anxious as their customers to relief from present excessive labor costs in our field. We believe when present contracts are fulfilled that the printing labor unions themselves will be willing to institute reductions in wages along with most other lines.

So, the signs of the times are more hopeful in the printing field than when we wrote a month ago. What we then wrote is reliably true still; but the *tendency* to improve has appeared, and we are quick to announce the good news and hope for more as coming.

If printing costs come down again materially of course all the osteopathic publishers, ourselves included, will give our field the benefit of a corresponding readjustment in prices.

For us, this means, of course, when we come to replenish our present stocks of paper. We have bought stocks under contract that will last us six months at the late peak prices. Even if there were now to ensue a sudden cut in paper costs we could not enjoy the advantage of it for that period. But, just as we protected our customers against a tidal wave rising paper market for two years without shooting up our prices to them, when we were lucky enough to be able to draw on a long supply of paper which we had bought cheaply and stored, thus giving them the advantage of prices way below the market, so, now that we are using up paper that cost us a trifle more than the present market quotation, we expect our customers to stand by us as we stood by them. Turn about is fair play. In the end it is to our mutual advantage and protection.

When prices really fall in our field of industry our friends may rest assured they will be given the benefit of it.



SOUTHWESTERN OSTEOPATHIC SANITARIUM
BLACKWELL, OKLA.

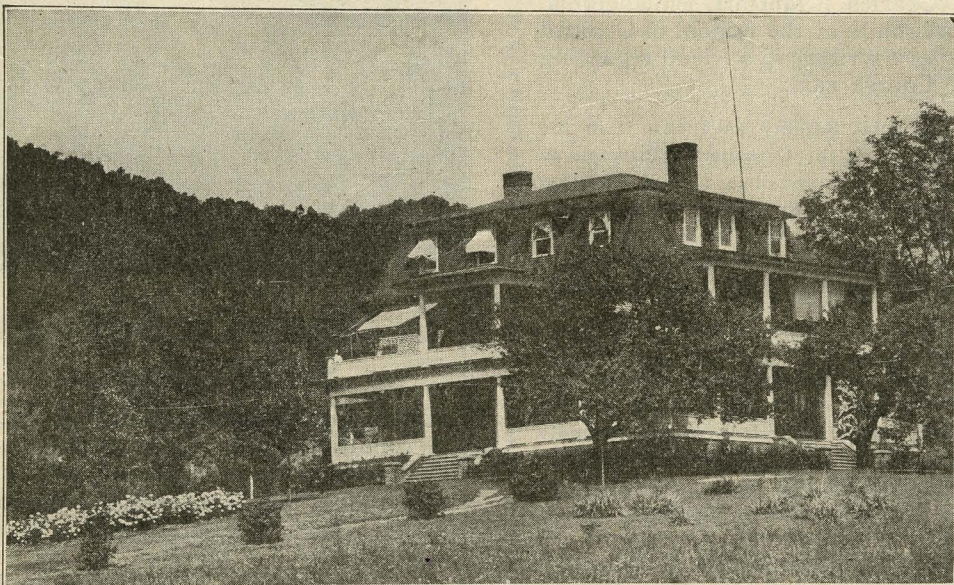
We wish to announce to the profession that our Eye, Ear, Nose and Throat Department is now in charge of Dr. H. M. Ireland, formerly of the faculty of the Des Moines College. Dr. Ireland has just completed post-graduate work in Los Angeles.

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

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

Accredited Training School for Nurses—Pupils Wanted.
For Information, Address

SOUTHWESTERN OSTEOPATHIC SANITARIUM - - Blackwell, Oklahoma



ASHEVILLE OSTEOPATHIC SANATORIUM

Devoted to the osteopathic care of patients. Rest Cure with Milk Diet, or Scientific Dietary, as indicated in each case. Correspondence invited. Rates on request.

ELIZABETH E. SMITH, D. O. - - Asheville, North Carolina

Bond Buyers

Dr. Sten Hanson, of Fargo, Tops the List

Dr. Sten Hanson of Fargo, N. D., has the honor of having bought \$1,000 of Bunting Building Corporation Bonds which is just \$100 more than any other osteopathic purchaser to date. Some business investors have made \$2,000 investments in our security but no other osteopath to date has passed the \$1,000 mark except this one instance. Dr. Hanson at first ordered a \$500 bond, but when he came to remit he thoughtfully sent a bond draft for \$1,000 and said in his letter bearing it, "In case your disposal of bonds should fall short kindly notify me and I will endeavor to come again." We call that pretty fine, don't you?

Then a few days later came this letter in reply to our answer:

"If I take my eleventh bond it seems that I will have bought more of your security than any other one individual osteopathic subscriber. Acting on this opportunity I herewith send you another bank draft for \$100.00 which, together with the other \$1,000 bonds you sent me (and which I duly received), make up that amount. I am certainly wishing you the very best success in your enterprise.—Fraternally, Sten Hanson, D.O., Fargo, N. D.

Good old scout! May his tribe increase!

We would like about 20 more men and women of the Sten Hanson, D.O., stripe to come forward now and help us finish up financing our building project in double quick time. Will you be one of them? The security is perfect and our bonds pay 7 per cent. Your buying one or more bonds helps to put a concrete foundation under and a concrete roof over the presses that grind out osteopathic propoganda.

Women D. O.'s Show Up Proudly as Bond Buyers

Hats off to the women of the profession. They are "coming strong" on bond sales. In fact they are throwing a little dust in the faces of the men—gold dust, my boy!

An analysis of our bond buyers to date shows that 70 per cent are men and 30 per cent are women. Isn't that just about the proportion of women to men in the profession? We believe it is.

But the victory of the girl financiers over the fellows is shown in their average holdings. The women bond holders own an average of \$303.33 apiece while the men hold an average of \$300 of bonds each. So the girls are \$3.33 per capita ahead in the procession.

We wouldn't be surprised if the osteopathic women make a still better showing by the time the final count is taken.

He Picked the Christmas Gift He Preferred

I've made myself a Christmas gift of one of your good gold bonds as I can't think of anything else that costs \$100 that I would as soon add to my strong box in the safety vault. Indeed, I'm thinking it would be a nice way to salt down part of the year's surplus to add a Bunting Building Bond every month to the family treasure chest while the supply lasts. I enclose remittance for \$100.—Fraternally, *J. L. Callahan, D.O., Duluth, Minn.*

Oh, No, Indeed—It's Not "Too Late"

I enclose my remittance for a Bunting Building Bond with pleasure. If it is too late to get into the enterprise just return it. I feel that it is right and proper to help along Osteopathic Buildings. It shows the public that our science is growing. Wishing you all success and the season's greetings.—Yours sincerely, *Margaret MacLennan, D.O., New York City.*

We Pray More Prosperity for Kankakee

"Dear Bunting: I enclose my check for \$500 for five of your good \$100 first mortgage real estate gold bonds paying 7 per cent. I wish I had ten of them, and even twenty would not be too many to fill up the available space still in my safety deposit vault. I will be glad to do more in the way of purchases if the cash is forthcoming.—Fraternally yours, *J. F. Peck, D.O., Kankakee, Illinois.*

One Good Bond Deserves Another

After wishing you and the staff all of the best for the season I would like one more bond for the \$100 check enclosed.—Fraternally, *A. F. McWilliams, D.O., Boston, Mass.*

Takes Two Bonds for Herself

Dear Dr. Bunting: Instead of my sister, Miss Margaret and myself each taking a one-hundred dollar bond, I am taking them both and enclose my check for \$100 in part payment. Please credit me with the same and send receipt and I hope to send the remainder to you by or before the end of January. With wishes for your success.—Fraternally, *Helen M. Giddings, D.O., Cleveland, Ohio.*

Take a Bond and Help Us Complete Our Flo-tation by March 31st.

"My Gawd, How the Money Rolls In!"

—Old Song

Blessed is he who performs more than he promises. Dr. John B. Buehler, of New York, is a man of that type. He promised to take \$200 of our bonds at the last AOA convention. John made good. Then in November he made better by taking \$200 more. In December he made best by sending in \$400 more. January 7th he added a hyper—to his best by buying one bond more—nine bonds in all to the date of the 7th inst., and by the way that Dr. Bluehler is rolling in prosperity we wouldn't like to wager any odds that he won't make it an even \$1,000 before he locks his Equitable vault box for the month.

"By their fruits ye shall know them."

John, you challenge our admiration. If they want to know how you do it, just tell them the way you use "Osteopathic Health" and "Harvest Leaflets" as advance agents of your prosperity. What they do for you they will do for others.

Single Bond Buyers—May their Tribe Increase!

Enclosed find check for \$100 in payment for one Bunting Building Corporation Bond. Best of success to you.—Very truly, *Anita E. Bohnsack, D.O., Cape Girardeau, Mo.*

Enclosed please find \$100 in payment for one Bunting Building Coporation gold bond bearing 7 per cent. All good wishes for your new year.—Cordially, *Genevieve M. Stevens, D.O., Sebeka, Minnesota.*

You will find enclosed check for one hundred for one Bunting Building Corporation Bond.—Truly yours, *Mable V. Barker, D.O., Cleveland, Ohio.*

I enclose a remittance of \$50 on one Bunting Building Bond and will remit the balance in two monthly payments of \$25 each.—Fraternally, *Clayton B. Simmons, D.O., Milan, Mo.*

Every \$200 Buyer Counts

Reserve for me Bunting Building 7 per cent first mortgage real estate gold bonds to the amount of \$200 for which I enclose my check for \$200. Success without stint in your enterprise.—*J. S. Gaylord, D.O., Wolcott, New York.*

WHY OSTEOPATHS are STRONG in the FAITH

How We Do Side-Track Those Operations!

Recent issues of medical and osteopathic journals have contained articles pertaining to the possible cure of cancer osteopathically, or as our M.D. friends say, "by perfecting the blood stream", etc. My "one big idea" is, would it not be profitable to ascertain how many have had experience along this line such as would tend to confirm this view? Here's my one and only case—take it for whatever it is worth.

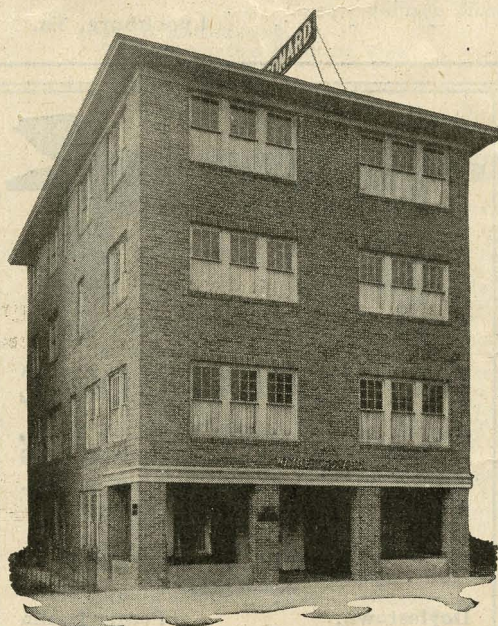
In April, 1918, I had as a patient a grain buyer suffering with a severe constipation accompanied by a distinct hard growth in the abdomen and all the other symptoms necessary to a superficial diagnosis of cancer of the bowels. Such diagnosis indeed was made to his wife, and after four or five treatments a medical man was called who prescribed for him for some months, then took him to a surgeon of considerable ability. These two had in consultation three other medics who talked operation to the patient for some time but eventually put him off from time to time until finally they admitted to this man's wife that he had cancer of the bowels and that it would be but a short time before an undertaker would "get" the patient.

Things drifted along getting worse all the time until January, 1919, when I was again called to do something to make it possible to get a bowel movement. Shortly an improvement was noted, which was continuous, the man picking up until he began doing light work, gradually increasing until now he is, to all intents, well and is working in a warehouse with practically no trouble with his health. About twenty treatment were given, one a day, immediately following the first one, and improvement has been continuous. Now the man says: "I am a pretty husky fellow for one they had the undertaker engaged for and the flowers already bought." Then he laughed heartily at the joke on the M.D.'s and continued: "I feel as well now as I ever did in my life."

The question is did osteopathy cure a cancer or was my diagnosis, backed up by five very good medical men, faulty?—*E. A. Archer, D.O., Pullman, Washington.*

Wayne-Leonard Osteopathic Sanitarium

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



Dear Doctor: We invite your attention to the fact that we are giving special attention to milk diet cases.

We employ the Porter Milk Diet Method exclusively.

All milk used in milk diet cases is supplied by the Walker-Gordon Company. It is a certified raw Holstein milk. There is none better.

For particulars regarding milk diet and other cases, address—

Dr. L. H. English

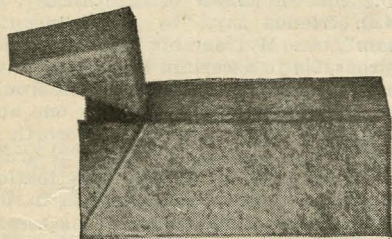
130 South Maryland Ave.

ATLANTIC CITY

N. J.

The Kimono Problem Solved

— BY M. C. KIMONO BOXES and CABINET —



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

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

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

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

With base and one dozen kimono boxes \$24.00

Cabinet and one dozen kimono boxes, without base. 20.50

Cabinet without base or boxes... 14.00

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

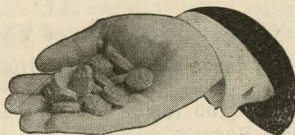
Michigan City Paper Box Company

Michigan City, - - Indiana



DOCTOR—HERE IS A HELPING HAND!

WHY NOT USE Bran-O-Lax?



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

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

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

GILBERT BRAN-O-LAX COMPANY

Lynchburg, Va.

The Perfect Sight Restorer

Dr. Cole's



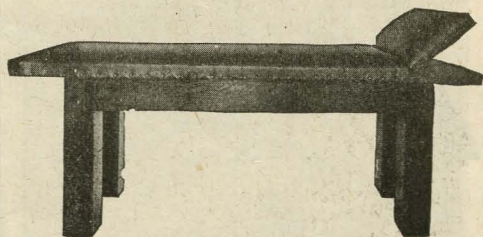
For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision in far sight, near sight, Astigmatism, causes absorption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

Write for descriptive literature.

PRICE \$5.00

PERFECT SIGHT CO.

Dubuque, Iowa



OUR NEW CATALOGUE

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

Dr. George T. Hayman

Manufacturer

Doylestown,

Pennsylvania

Dr. H. M. Grise Reports Two Smallpox Cases

I wish to report result of osteopathic treatment with two cases of smallpox in the recent epidemic in this city.

Case No. 1.—A girl, age 20 years, exposed to smallpox two to three weeks previous, vaccinated November 25th, 4:30 p. m. Just 24 hours later patient had a temperature of 104, all characteristic of variola. On second and third day of illness symptoms remained same, temperature 103. Patient received osteopathic treatment each day. On fourth day of illness slight eruption appeared on neck and face at hair lines. Temperature dropped to normal. Only a few of the skin lesions were as large as the typical variola lesion. The total number was 32. Above mentioned lesions passed through the four stages of development, macula papule, vesicle pustule and crust.

This patient contracted the disease from a brother whose case ran a typical variola course, well developed in every symptom. The father of both patients had M.D. attention same as the son. His was also a marked case. Flu premonitory symptoms were the same in all three cases.

Case No. 2.—Boy, age 18, had high temperature 103-4 for two days. Patient received two treatments per day. Temperature dropped third day. Eruptions appeared about 24, about half were typical lesions as to size and all passed through the usual stages.

As far as I have been able to ascertain the above two cases were the mildest of any considering the premonitory symptoms.

Surely no D.O. need fear variola. I believe in vaccination and did my share of it in the recent epidemic.—H. W. Grise, Olney, Ill.

Intussusception Saved from Operation

Mrs. B., a young married woman, mother of two daughters, had been treating for some little time with an M.D. The M. D. had refused to treat her any further unless she would submit to an operation for what he diagnosed as intestinal obstruction or intussusception. A night call came to me to go out and see the

FREE An Instructive Lecture Course

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



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

TRADE-MARK REG. U. S. P. T. OFFICE. **SINUSTAT**

Ultima No. 4 SINUSTAT. A complete galvanic and sinusoidal apparatus with motor generator for operation on A. C. or D. C. A wonderful value for the money, still at 1919 price. Mail postal today for full details.

Ultima Physio Medical App. Co.
 136 W. Lake Street, Chicago, Ill.

Osteopathic Health

A Magazine of Health Science Simply Told
 Published Monthly \$1.00 Per Annum

If you are not using OH in quantities monthly you should at least have one copy each month for your reception room table. Also you should read it each month. It will give you many good ideas for "talking" osteopathy to patients and office callers. Send \$1.00 and let us enter your subscription.

OSTEOPATHIC HEALTH
 9 South Clinton Street CHICAGO

case. I responded and found the woman in great distress from excessive nausea and paroxysms of vomiting. Much calomel and drastic physic had been given. I made examination but could not assert that there was any complete obstruction to bowel action. The woman was very bilious and I determined that the constant vomiting was likely due to drug poisoning and regurgitation of bile into the stomach.

I gave treatment, directing attention to the splanchnic area, to the pneumogastic, at the cervical region, and topical treatment to the intestinal tract, lifting the bowels upward and finally lifting the patient by her knees and hips upon her shoulders and shaking the bowels into the upper part of the abdominal cavity. I gave cervical treatment for the headache and directed that water be given in sips at frequent intervals and a little lemon juice, altho the stomach had been unable to bear even water without aggravating the vomiting.

Upon returning the following day I found the patient somewhat easier but still with considerable vomiting, distress and weakness. I gave similar treatment and directions. When entering the patient's room the next day she held out her hand to welcome me and looked and acted like a different woman. The vomiting had ceased, normal action of the stomach and bowels were resuming. I gave a treatment the day following this and the patient went to work two days later in a tailor shop. This was the second time I saved this woman from an operation—the first time the menace being that of ovariectomy.—*R. S. Shepard, D.O., Seattle, Washington.*

IN D.O. LAND

Vermont Examination

The meeting of the Vermont State Board of Osteopathic Examination and Registration for the purpose of examination of applicants to practice Osteopathy in Vermont, was held January 12 and 13th in Brattleboro.—*L. D. Martin, D.O., Secretary.*

Massachusetts Osteopathic Society Meeting

At the annual meeting of the Massachusetts Osteopathic Society in Boston on January 4th the following officers were elected: President, Dr. R. Kendrick Smith; Vice-President, Dr. Myron P. Barstow, Boston; Secretary, Dr. E. Laura Meader, Lynn; Treasurer, Dr. Peter J. Wright, Hyde Park.

A Saponaceous Holiday

Dr. R. H. Williams, the popular antisepticist and publisher of Kansas City, Mo., went to Clearwater, Florida, on pleasure bent in December. He wrote us: "A great place—over 5,000 acres". We suppose that refers to the place he bought. It must be a good year for the soap business, R. H. How do you do it?

Second District Illinois Meeting

The Second District (Illinois) Osteopathic meeting was held on Thursday, January 6th, in Freeport at the Senate Hotel, following a one o'clock luncheon. Program: "Tonsillitis", Dr. Loring—a general discussion followed. "Differential Diagnosis of Pain", Dr. Hardie; "Technic by Volunteer Demonstrators"; Legislation, open discussion; "Hicough-Grip", general discussion. The next meeting will be held in Rockford, Thursday, May 5th.—*Elizabeth Shupert, D.O., Secretary.*

VACCINATION causes Influenza, Cancer, etc.

Germ are scavengers in the body as in the soil and do not cause disease.

Vaccination merely modifies the germ's characteristics so as to transform smallpox or typhoid into influenza, etc.

Read "Fasting and Man's Correct Diet" (Now in Press—\$1.35 Postpaid)

by **R. B. PEARSON**
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Peirce County, Washington, Meeting

Peirce County Osteopathic Association (Tacoma, Washington) met in regular session Tuesday, November 23, 1920, at the office of Dr. Utterback, Fidelity Building, to discuss ways and means of raising money to build a modern hospital on the site recently purchased for that purpose—one of the best locations in Tacoma. The spirit was good, a full 100 per cent of D.O.'s being in attendance. The principal address was delivered by Dr. A. B. Ford of Seattle, President of the State Association of Washington. His subject was "Attaining and Maintaining the Highest Osteopathic Efficiency".

Doctors Demand Part in Legislation

The Essex County Society of New Jersey, boasting a membership of 530, and similar organizations of dentists, pharmacists and nurses, with an aggregate membership of 1,000, sent out questionnaires early last fall to Legisla-

tive candidates of both the Democratic and Republican Parties, the purpose of which was to set forth their claim that they ought to be consulted in the enacting of all laws on matters affecting public health and at the same time to sound said candidates on their attitude with regard to basic, educational, standards required of healers.

Chiropractor Fined for Practicing Medicine

On complaint of Dr. C. C. Phelps, prominent osteopath of West Plains, Missouri, chiropractor O. G. Gardner, who came here a few months ago from Wichita, Kansas, was convicted on a charge of practicing medicine without license and fined \$100 in Howell county circuit court. Notwithstanding the subtle distinction made by Gardner's attorney that the chiro did not claim to practice medicine or surgery but merely to effect adjustments of the spine, the court ruled that under the laws governing the

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- Building Up Weak Throats. A Chiropractor at Work. (George Creel in Harper's Weekly).

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

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

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Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs \$1.00 extra. These folders are sized to go in an ordinary letter envelope.

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

This medium for broadcast campaigning was planned by us three years ago but setting it going was delayed by the war and its resulting unsettled conditions. January, 1921, is the right time for putting on an aggressive campaign. The public are in want of it. Are you with us, as usual?

Faithfully yours for Osteopathic prevalence,

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practice of medicine and surgery, chiropractors cannot be licensed to practice in the state of Missouri.

Boston Meeting

The Boston Osteopathic Society held its December meeting, Saturday, December 18th at 8 p. m. in Faelton Hall, 30 Huntington Ave., Boston. President Perrin T. Wilson presided. The following program was given:—"Evidences of Abnormal Physiology of the Liver" by Dr. F. Fehr, Malden. "Orthopedic Clinic" by Dr. Frost, Worcester. "Cervico-dorsal and Dorso-lumbar Technique" by Dr. Downing, Boston. "A Layman Meets the Uninformed and Antagonistic" by H. W. Magoun, Ph. D. Cambridge. Coming at a later date:—Dr. Brill of New York, and Dr. Comstock of Chicago, to give us special instructions.—*Frances Graves, D.O., Secretary.*

Osteopath One of Notables

Dr. Calvin Eroh, osteopath of Norristown, Pennsylvania, was the subject of an article entitled "Notables of Norristown and Vicinity" in a recent issue of *The Norristown Times*. Dr. Eroh, and one of the leading practitioners of Pennsylvania, was one of the honored guests at a notable banquet held on Armistice Day. It was largely due to Dr. Eroh's untiring efforts that the Pennsylvania osteopathic bill, generally conceded to be the most satisfactory of any similar bill in any state in the Union, was passed, and that osteopathy is obtaining in that State the recognition and consideration that are undeniably its rights.

Chiropractor Sent to Prison

Dr. Elmo Marshall, chiropractor at Vancouver, was arrested and sent to Okalla Prison Farm charged with practicing drugless healing in contravention of the Medical Act in the province of British Columbia. Chiropractors of the city are making every effort to secure his release and at the same time bring before the legislature and the public the alleged injustice to drugless therapeutics of the Medical Act, and for this purpose they will endeavor to introduce a medical freedom bill at the next session of the legislature by which members of their profession and drugless healers in general will be allowed to practice without fear of arrest as is the case at the present time.

American Osteopathic Society of Ophthalmology and Oto-Laryngology Annual Convention

The 6th Annual Convention of the American Osteopathic Society of Ophthalmology and Oto-Laryngology will be held in Cleveland, Ohio, during the week of July 18th just one week prior to the A.O.A. Convention. Hotel Winton will be the headquarters. The management has guaranteed the temperature of the Auditorium not to be over 72 degrees in the hottest weather. All business and assembly meetings as well as the clinics will be held in the Hotel Winton. Begin to make plans now to attend this convention. Would also suggest that you do not put off making your hotel reservations until the last minute.

Ontario Osteopaths Ask for New Legislation

A deputation representing the Ontario Association of Osteopathy waited on the Ontario Government asking "the co-operation of the Government in the introduction of a new medical bill, the purpose of which is to safeguard the rights and privileges of the people of the Province in securing adequate, safe and sane medical attendance in all cases of sickness, by practitioners of the medical school or schools which they may desire to employ." The deputation made suggestions for a new act. They also protested against "imitators of osteopathy, who hurt the reputation of the science, because the public has no way of knowing who is who." Premier Drury, on behalf of the Government, promised consideration.

Western Ontario Osteopathic Association Meeting

The seventh annual meeting of the Western Ontario Osteopathic Association took place in the Bank of Hamilton Chambers, Brantford, on December 9th, 1920. President C. H. Sander, presiding. Officers elected: President, Dr. H. W. Sutton, Simeco; Vice-President, Dr. Rebecca Harkins, London; Secretary-Treasurer, Dr. C. R. Merrill, Stratford; Trustees, Dr. E. S. Detwiler, London; Dr. G. V. Hilborn, Preston; J. R. Witham, Brantford. The program follows: "The Public Library as a Purveyor of Disease or Health", by Dr. C. H. Sander; "Endocrinology—A Study and Review", by Dr. E. S. Detwiler; "Neurasthenia", Dr. H. W. Sutton; "Focal Infections from a Clinical Side", Dr. G. V. Hilborn; "The Osteopath's Reading Table", Dr. C. R. Merrill. The next meeting will take place at Preston, January 13th, 1921.—*C. R. Merrill, D.O., Secretary.*

Worcester Osteopaths Organize

The Osteopaths in and around Worcester have organized a local Society called the Worcester District Osteopathic Society. We met a short while ago informally and then held our first regular meeting last Tuesday evening with the newly elected officers. President, Dr. George W. Reid. Vice-President, Dr. Leigh C. Plaisted. Treasurer, Dr. Harold F. Frost, Secretary, Dr. Olive B. Williams. Dr. Frost gave us a splendid paper on "Conditions of the Shoulder and Arm." Meeting as we did in Dr. C. V. Paterson's office where there was a table all those present gave their experience and it was most profitable. Twelve of the fourteen Worcester Osteopaths have signified their willingness to co-operate, and we anticipate not only the fraternal spirit among our-

selves, but also concentrated effort for the furtherance of Osteopathy.—*Olive B. Williams, D.O., Secretary.*

High Heels and Candy Under Hammer!

At the nineteenth annual convention of the Massachusetts Osteopathic Society held in the Hotel Lenox, Dr. R. Kendrick Smith of Boston declared himself a strong advocate of the bill to be introduced into the Massachusetts State Legislature prohibiting the manufacture, sale or wearing, of heels more than one and one-half inches high. Dr. Smith put high heels in the same class with alcohol and declared that they were just as injurious to the human race as alcohol and, therefore, like alcohol, should be prohibited by law.

At the same convention, Dr. Robert H. Veitch, of Medford, called attention to the wire-spread increase of cancer and declared that the cause of this increase in great part lay in candy eating, because candy causes acidity and acidity is one of the chief factors in the origin of cancer.

Replies to the American Legion Weekly

In a recent issue of *The Osteopathic Physician*, we printed a letter from Dr. George Chalfont, Pella, Iowa, in which he expressed the wish that some red-blooded osteopath, who has been thru the medical grind also, would write a letter for publication in the *American Legion Weekly* in reply to a letter published in that magazine last September when a medical doctor took it upon himself to belittle our colleges. We print herewith the reply from the *American Legion Weekly* to Dr. H. M. Grise one of the many osteopaths who have written the weekly on the matter.—

"Dear Sir: In reply to your letter of November 24th, the only explanation I can give of our failure to publish the letter you sent on the controversy over the rank of osteopaths in the army is that only a few letters on the subject were printed. Both sides of the case were given. The discussion threatened to become so highly controversial as to be unprofitable. We received a very great number of letters on this subject and could not publish all of them, so the selection of those which we did use was no reflection upon the merits of those which were not printed."—*Philip Von Blon, Associate Editor.*

Member of A. A. E. on Vaccination

Mr. Robert B. Pearson, of Chicago, certified member of the American Association of Engineers, published a book entitled "Fasting and Man's Correct Diet" devoted to discussion of the germ theory, vaccination and the cause of disease. In this book Mr. Pearson holds that most diseases can be ascribed to auto-intoxication and claims that vaccination not only does not render people immune from smallpox but it really the cause of disease for the vaccine virus is a poison and as such is neither antidote nor corrigent of the smallpox but only paralyzes the expansive power of the constitution. Mr. Pearson backs up his statement with excerpts from authorities of undisputed standing and national fame and from statistics of the flu where it is clearly shown that the death rate of cases under medical treatment surpassed beyond all proportion, that of cases under care of drugless doctors. Mr. Pearson is the author also of a circular entitled "Vaccination and Medical Examination Forbidden" which sells at \$1.00 per hundred. The book "Fasting and Man's Correct Diet" costs \$1.35 per copy. Both the book and the circular can be secured by writing to Mr. R. B. Pearson, 19 So. La Salle St., Chicago, Ill.

Warning about Alleged Bogus Insurance Man

Dr. Fred J. Sharp and Dr. L. Blanche Sharp, of Crookston, Minnesota, send us, for the benefit of the profession, the following information about one Orval Mason, who seems to be obtaining money under false pretenses. On November 24th a man by the name of Orval Mason came into our office representing the Mutual Benefit Health and Accident Association, of Omaha.

His height I should judge is five feet seven inches, weight about 175, dark complexion, dark hair and mustache, very neat appearing, well dressed, good talker. Dr. Blanche Sharp took out insurance and the company after a long delay writes that this is not their agent and that they sent the policy only to keep us from losing (which policy is nothing compared to the one promised by the agent). They said Orval Mason sent them no money with the application. We believe this should be published in *The Osteopathic Physician* and if such a man comes to the office of any of our doctors they should call the police and have him arrested at once.—*Fraternaly, Drs. Sharp & Sharp, Crookston, Minnesota.* Since the above letter was written a warrant has been issued to arrest Orval Mason.

New York City Meeting

The Osteopathic Society of the City of New York held its December meeting in the Blue and Gold Room, first floor of the Hotel Plaza, Saturday evening, December 18th, 1920. Program: "Conservation of the Tonsils", Dr. Morris M. Brill; "Application of Osteopathic Treatment to Cervical Tissues", Dr. Charles S. Green; "Hygienic Taxation", Mr. John J. Murphy; "The Collection of Clinic Fund", Mr. Marcus Goodbody. At the informal dinner many members took advantage of renewing their acquaintance with Dr. Hildreth, who was guest of honor; and at this meeting it is hoped a large number will also attend the dinner and meet the guests of the evening, Mr. Murphy and Mr. Goodbody. The following new members have been elected: Doctors Lucius M. Bush, L. St. Eunson and Julia E. Krech to active membership; Doctors Sarah Wardell to Associate Membership and Dr.

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Gordon P. Losee to Corresponding Membership. In order to lighten the burden of your Board of Directors, the following program committee has been appointed: Dr. E. B. Hart, Chairman, Dr. L. Mason Beeman and Dr. C. H. Whitcomb. Members will be of great assistance to this Committee by signifying who they would like to have appear on future programs; thereby incidentally gratifying their own desire.

Liberty Hospital's Invitation to D.O.'s

Dear Doctor:—You are cordially invited to visit Liberty Hospital and attend operative and obstetrical clinics at any time that you find it convenient. Osteopaths from the East Coast and West Coast have been here to take the Obstetrical technique both normal and operative. from Dr. Crenshaw. The nose and throat work of Dr. Howard has attracted the attention of Osteopaths from all over the country and many have come long distances to get his operative technique. Liberty Hospital has a straight Osteopathic record and Dr. Crenshaw is conducting his Obstetrical Clinic and doing his surgery entirely on an Osteopathic basis. A few who have taken the work are: Drs. Arthur L. Hughes, Bloomfield, N. J., A. F. Berkstresser, Eldon, Mo., H. W. Black, Minden, Neb., W. W. Grow, St. Joseph, Mo., O. M. Walker, Dover, N. J., George T. Nuckles, Marshall, Mo., W. E. Abegglen, Tekoa, Wash., C. E. Compton, Warrenton, Mo., and E. Claude Smith, Topeka, Kans. Numerous others also have been here and when our new building is completed, we will have facilities to offer the Osteopathic profession, which will not be excelled by any clinic, of any school, anywhere. Write us if you desire to receive our clinic bulletin covering case records and research work.—Very Truly Yours, G. N. Zimmerman, Secretary.

Los Angeles County Osteopathic Society

The November meeting of the County Association brought out a big crowd to witness the awarding of the loving cup given to the Group President who could show the largest attendance from his section. As several groups were 100 per cent present the award has yet to be made. The discussion over the future policy of the School and State Legislative Committee proved to be many sided. Dr. Tasker brought out very aptly that our therapy is not based on an old-fashioned religion of sentiment, but a modern scientific basis of hard facts. On a motion from Dr. Ruddy the Association voted to continue the policy of last year and attempt to secure unlimited recognition under the present medical law. Judge Forbes delivered a spirited address on "Some Californians". Dr. Merrill responded, as the only native son present. Mr. Chester Cogswell, one of the supervisors of Los Angeles County, gave an interesting account of the manner in which County funds were spent on the many charitable institutions. Mr. Light, business manager of the school, gave another of his delightful short talks. It was decided to continue our meetings at Christopher's, as the management has promised to improve the service. Many students of the school were present to aid in the singing program by the community singer, Mr. Hugo Kerckoff.—Carolyn Lord, Publicity Committee.

K. C. College of Osteopathy and Surgery Buys More Property

A second purchase of realty now gives the Kansas City College of Osteopathy and Surgery over \$30,000.00 in boulevard property. The latest purchase is at the corner of Independence boulevard and Garfield avenue at \$21,000.00. This property has a frontage of 183 feet on the boulevard with a depth of 245 feet on Garfield. A large three story brick dwelling with twenty rooms, exclusive of basement, occupies the property. In addition there is a large two and one-half story brick garage which will be converted into laboratories and dissecting rooms. The property will be temporarily occupied for

college purposes until such time as the college can erect the building which it has contemplated but which must be held in temporary abeyance due to the financial stringency which is prevalent. The college will occupy its new quarters immediately as the present rented quarters in the New Centre building have been found inadequate since the opening of the session, when a large freshman enrollment taxed the present quarters to the limit. At the intersection of Admiral and Highland boulevards, the College purchased a site earlier in the year where it is proposed to erect a building at approximately \$75,000.00. This will be pushed to completion as soon as financial and building conditions permit. After its completion, the newer purchased property will be held for the erection of a large osteopathic hospital, the present buildings being utilized for nurses' home and heating plant. The two properties are just three short squares distant from each other. The Kansas City College of Osteopathy and Surgery will start a mid-year class Monday, January 31st, 1921.

American Medical Liberty League—Resolutions at Mass Meeting, Kimball Hall, Dec. 17, 1920

Whereas, the Chicago department of health claims, and the board of education assents thereto, that the exclusion of unvaccinated children from school is a protection of the public health, and

Whereas, the excluded children are permitted to go where they will outside of school, and to mingle with all classes of people, unvaccinated as well as vaccinated, and

Whereas, the children remaining in school are the best-vaccinated class in the community, so that, if vaccination protects, the admission into school of the unvaccinated could harm no one.

Therefore, we denounce exclusion as a mere pretense and pretext, employed to mask the purpose of the health department to compel obedience to its demands and to punish citizens who stand on their constitutional rights.

Whereas, further, the discrimination exercised in our free public schools against children whose parents object to vaccination and medical inspection, is often harsh and always unfair, undemocratic and so, un-American.

We call upon the school authorities to order forthwith the cessation of all such discrimination and persecution.

And, Whereas, the law and court decisions in Illinois do not support any order to vaccinate the unwilling; and if such justification did exist in law or court decision, the same would be illegal because in violation of the Constitution of the State of Illinois and the Constitution of the United States, and

Whereas, the Principals of the public schools are now permitting themselves to be made the cats-paw of the department of health, therefore

Resolved: That it is the sense of this meeting that notice is hereby served on said Principals that all parents should, and so far as the Medical Liberty League of Chicago is concerned will, demand and insist—in the courts if necessary—that Principals fulfil their duty to the children and refuse henceforth to exclude children on the order of health department agents for non-vaccination or non-inspection. Adopted by unanimous vote.

Dr. Roebuck Compiles New Case Record Blank

Dear OP:—Pursuant to our telephone conversation a few days ago I am enclosing herewith copy of my Revised Clinical Case Record blank and will point out the chief features which I have added.

Eliminating the heading used for the "Academy" record I was able to have more space for the first page. Space was left for a series of records of weight. Under history I have itemized a few important suggestions more as a reminder to the physician and to simplify and make recording easy.

Under "General Examination" again, I have itemized tissues of special interest, not that these items are particularly important, but that they do come within the scope of the usual general examination. No attempt here has been made to arrange to satisfy the needs of any specialty. This outline makes a record easy to check over and gives considerable space in which to write information acquired. Any item can easily be scratched out to leave ample room for an extensive explanation of any particular organ.

Under "Structural Examination" a larger sketch of the trunk has been outlined to replace the anatomical outline used on the old Academy Records, showing the anterior aspect of the body. This larger sketch presents the posterior aspect from the atlas to four inches below the trochanters, inclusive. This one change transforms a record otherwise skeletal of minor importance osteopathically, to one that is particularly adapted to osteopathic case record. The sketch is large enough to make it easy to outline skeletal irregularities. The cut that presents the lateral view of the entire skeleton has been retained. The change made in this one section is of special significance to the osteopath and I consider well worth the trouble and expense in attaining.

Under "Laboratory Examination" considerably more space has been left for recording blood pressure reading and subsequent readings as well as outlining items such as systolic, diastolic, pulse pressure, phase tones, pulse rate and temperature. These items are so arranged that the date can be readily inserted and a clear record be easily recorded on each and every item.

This explains fairly well the chief changes made. Size of paper is the same and any one who has been using the old Academy Blanks can use these in the same files. If parties are interested they may write me for a copy and prices.—S. V. Roebuck, D.O., 25 E. Washington St., Chicago.

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Dr. Mary E. Noyes Wins High Appreciation

Dear OP: As an inspiration to the readers of your worthy paper, I beg leave to send you a copy of a tribute of appreciation to the splendid work of one of our live wires just ending her useful and efficient work as a practitioner in the osteopathic field and with it that of the president of the Business and Professional Woman's Club in the city of Pensacola, Florida, as which she has been acting for the past year. At the annual banquet of the club the following toast was given to the guest of honor, Dr. Mary E. Noyes:

"I propose a toast to the guest of honor—soon to be Madam President of the Past. We drink to you today—to you who have run the last lap; to you who have held aloft the torch that has lighted the pathway of this Club for the past twelve months; to you who have achieved, under conditions that made accomplishment difficult. And we felicitate you upon the progress that has been made during your term of office. It will be an inspiration to the next Madam President, and to the whole membership of this club, and while you go from us as Madam President of the Past, may I not in a spirit of prophecy, say that I see you in your new sphere whence you go from here, as Madam President of the Future, for I am sure that no community will long lose the benefit of your executive talent, your altruism and love of humanity. So here's to the health and long life of the wonderful, quick-perceiving, and tactful, all pervading personality, of our Madam President of the Past, Madam President of the Future to be."

Dr. Noyes also received a gift, which was presented with the following remarks:

"To me has been entrusted the presentation of a parting gift of this club, with all the love and affection of the donors.

As you will not be with us through the holidays this little card will breathe our parting message of Peace and Good Will to you. I cannot think of words to express all that we would say, so I have borrowed from the Poet.

We wish for you delightful things
Each fair as any bud that flings
Its fragrance o'er the morning dew;
That flowers, not shattered hopes may strew
The coming year your wanderings.

The honey of life without its stings
Yes, every blessing fortune brings
Beneath a sky of cloudless blue
We wish for you.

That in your slumbers fair wings
May wait you sweet imaginings
That you may trip a glad year through
The brightest one you ever knew—
In brief, all that the blue-bird sings
We wish for you.

Believing that the profession will be interested in these expressions of honor and esteem bestowed upon one of its members I take pleasure in transmitting the above.—*Nancy R. B. Baughman, D.O., Pensacola, Fla., December 16th.*

PERSONAL

Dr. T. E. Hart of Kansas City, Mo., is leaving that city to take a special course at A.S.O. Hospital.

Dr. Walter S. Smith of Marlin, Tex., has been elected president of the Kiwanis Club of Marlin for 1921.

Dr. George N. Bishop announces the removal of his Cambridge office to 22 Blagden St., Boston 17, Mass.

Dr. Charles D. Finley is now located at 550 E. Colorado St., Pasadena, Calif., where he is prepared to handle non-communicable sanitarium patients.

Dr. John J. O'Connor, Jr., has opened offices in the new Brass Building, corner of Adelaide and Yonge Sts., Toronto, Ontario, Canada.

Dr. W. T. Thomas announces that he is again in the Fidelity Building, Suite 712, where he shall be happy to serve his friends explaining osteopathy or administering osteopathic treatment.

Drs. Henry B. Sullivan and Kenneth F. Kinney, assistant, announce their removal from Travcott-Schmidt Bldg., to Walker Bldg., 4152 Woodward Ave., corner Willis and Woodward.

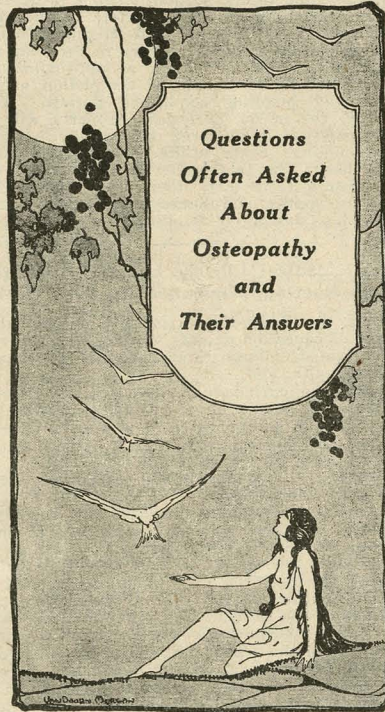
F. B. McTigue, who recently completed a post-graduate course at Des Moines Still College of Osteopathy, is now located for practice at Emmetsburg, Ia. He practiced previously for five years at Rodman, Ia.

Dr. Jeanette H. Bolles of Denver, Colo., and her daughter, Miss Helen, left December 10th for a trip to Honolulu where they will visit friends and make an extensive tour of the Islands. They do not expect to return to Denver till about January 10th.

Dr. Mary E. Noyes of Pensacola, Fla., has disposed of her practice to Dr. J. S. Baughman and Dr. Nanny R. B. Baughman of Burlington, Ia., who took possession of the practice December 18th. The Drs. Baughman have disposed of their winter practice in DeLand, Fla., to Drs. Keller and Keller, of Elizabeth, N. J.

Dr. J. A. Nowlin and Dr. R. E. Curry, who have been practicing in partnership at Farmer City, Ill., have dissolved the partnership. Dr. Nowlin continues the practice at Farmer City and has taken as a new associate Dr. James R. Hayden, formerly of Chicago. This new arrangement went into effect December 1st. Dr. Curry expects to locate at Aurora, Ill., but has not definitely settled his plans.

**Osteopathic Health
for FEBRUARY**



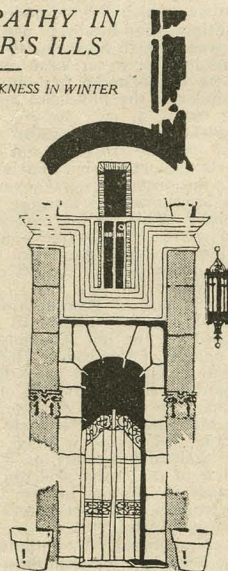
Many of the numerous questions constantly asked about osteopathy are answered in new phraseology between the covers of this attention-attracting February issue. You ought to have it for your practice betterment. You can have it if you make known your wishes promptly.

**Osteopathic Health
for
JANUARY**

**OSTEOPATHY IN
WINTER'S ILLS**

WHY MORE SICKNESS IN WINTER

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



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

LOCATIONS and REMOVALS

- Dr. Laura Kelly, at Lebanon, Mo.
- Dr. Mabel Wartig, from Vandalia, to Hamilton, Mo.
- Dr. H. W. Thomas, at 421 Stevens Bldg., Detroit, Mich.
- Dr. O. F. Reisman, at 3 Heidbrak Bldg., Denver, Colo.
- Dr. J. L. Shorey, from Marquette to Champion, Mich.
- Dr. J. Ihde, from Benton Harbor, Mich., to Estherville, Iowa.
- Dr. Irma C. Vogel, from Malcom, to Iowa Bldg., Des Moines, Ia.
- Dr. L. Evelyn Slocum, at 47 Maple St., White River Junction, Vt.
- Dr. Frank F. Wilcox, from Plainfield, N. J., to Las Cruces, N. M.
- Dr. George N. Bishop, at 22 Blagden St., Boston 17, Massachusetts.
- Dr. Elizabeth Hull Lane, at 4756 University Way, Seattle, Wash.
- Dr. Lillian Whiting, at 1315 Fair Oaks Ave., South Pasadena, Calif.
- Dr. J. L. Schwartz, from Cascade, to Hippee Bldg., Des Moines, Ia.
- Dr. R. G. Manchester, from London, O., to Box 43, Gainesville, Fla.
- Dr. Austin Pierce, from Boston and Somerville, to Winchester, Mass.
- Dr. Samuel T. Anderson, from Blackwell, Oklahoma, to Beatrice, Nebraska.
- Dr. W. Kane, from Wilkinsburg, Pennsylvania, to Boston, Massachusetts.
- Drs. McAlpin and Arihand, from Boone, Iowa, to St. Petersburg, Florida.
- Dr. Marie Preston, from Port Jervis, New York, to La Marada, California.
- Dr. Maude F. Barger, from Succasunna, to 8 Highland Place, Maplewood, N. J.
- Dr. Carrie B. Stewart, from Detroit, to 410 E. Jefferson St., Ann Arbor, Mich.
- Dr. Ada R. Kinsman, from 18 Prentiss St., to 24 Bowdoin St., Cambridge, Mass.
- Dr. Mary E. Coughlin, from 23 Water St., to 167 State St., Augusta, Maine.
- Dr. Francis H. Hodgman, from Boston, Massachusetts, to Lisbon, New Hampshire.
- Dr. Daisy Washburn Bay, from Spitzer Bldg., to 19 Collingwood Ave., Toledo, O.
- Dr. T. G. Burt, from 607 W. Vernon Ave., to 1300 W. 90th Place, Los Angeles, Calif.
- Dr. Florence Morriss, from 1623 Woodland Ave., to S. & L. Bldg., Des Moines, Ia.
- Dr. J. F. Bumpus, from Steubenville, Ohio, to 625 Empire Bldg., Denver, Colorado.
- Dr. E. W. Wilson, from Glencoe, Minnesota, to 231 Moore Bldg., San Antonio, Texas.
- Dr. Genia L. Crews, from Cape Girardeau, Missouri, to Box 952, to Blytheville, Arkansas.
- Dr. Helen F. Perkins, from 1828 Columbia Road, to Connecticut Ave., Washington, D. C.
- Dr. Robert M. and Emma M. King, from Hutchinson to Masonic Temple, Minneapolis, Minn.
- Drs. J. F. and D. E. Walker, from Quincy, Illinois, to 221 Empire Bldg., Denver, Colorado.
- Dr. W. E. Atherton, from Hamilton, Missouri, to 53 South First Street, San Jose, California.
- Dr. Theo. P. Berger and Dr. Grace C. Berger, from 2626 Broadway, to 4 W. 50th St., New York, N. Y.

BORN

Born to Dr. and Mrs. F. O. Woodard, Iowa City, Ia., a daughter, Lillian Esther, December 10th, 1920.
To Drs. Theodore and Gladys Thompson, of the Pennsylvania Osteopathic Sanatorium, at York, Pa., a daughter, Rebecca Eileen, November 24th, 1920.

DIED

Mrs. C. O. Van Arsdale, wife of Dr. Van Arsdale, at Stanton, Ia., October 23rd, 1920.
Mrs. Helen Kinney, wife of Dr. Kenneth F. Kinney, November 23rd, at Detroit Osteopathic Hospital of pneumonia and acute nephritis.
Mrs. T. E. Childress, wife of Dr. T. E. Childress, of Durango, Colo., January 1st, 1921, age 36 years, of pulmonary tuberculosis after an illness of about three years. Burial took place at Greensburg, Mo., January 6th.

EXCHANGE and MARKET

FOR SALE—In northern Illinois town of about eight thousand, a nice modern little home, reasonable, with splendid practice thrown in. Account post work and specializing. Address No. 260, care The OP, 9 S. Clinton St., Chicago.

FOR SALE—At once, woman's \$5,000 practice in rich Southern city of 15,000. Wonderful opportunity but do not answer unless you are good woman osteopath, pleasing personality and \$3,000 cash. Reason given purchaser. Address No. 259, care The OP, 9 S. Clinton St., Chicago.

WANTED—Second-hand McManis Table De Luxe or Nonpareil Style. Address Dr. Grace M. Purdum, 185 E. 79th St., Cleveland, Ohio.