

# **The Osteopathic Physician**

**March 1919**

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# The Osteopathic Physician

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Volume XXXV

CHICAGO, MARCH, 1919

Number 3

## Epidemic Questionnaire Reports Tabulated by States to February 28, 1919

State—	Number of		—Influenza—		—Pneumonia—	
	Osteopaths Reporting	Number Reporting	Cases	Deaths	Cases	Deaths
Alabama	11	2	55	0	2	0
Arizona	16	6	253	0	5	0
Arkansas	30	9	274	2	5	0
California	584	80	3,617	4	447	25
Colorado	141	35	1,228	9	82	10
Connecticut	41	6	150	1	11	0
Delaware	2	1	30	0	0	0
Washington, D. C.	32	6	239	0	3	0
Florida	53	13	417	0	25	0
Georgia	44	14	455	2	10	0
Idaho	42	10	344	2	14	1
Illinois	431	122	3,986	17	165	9
Indiana	116	24	612	1	46	4
Iowa	227	63	2,915	3	118	17
Kansas	189	52	2,145	3	67	17
Kentucky	65	15	395	2	21	0
Louisiana	19	8	173	0	10	0
Maine	54	16	202	2	32	2
Maryland	26	3	54	0	2	0
Massachusetts	236	51	1,383	11	71	2
Michigan	187	55	1,480	1	84	12
Minnesota	146	40	973	4	69	5
Mississippi	12	2	113	0	0	0
Missouri	394	106	4,018	15	199	18
Montana	70	10	584	1	48	6
Nebraska	111	45	2,619	7	148	13
New Hampshire	17	5	82	0	10	1
New Jersey	144	29	865	8	83	2
New Mexico	18	6	399	0	5	3
New York	287	92	1,886	7	133	5
North Carolina	37	17	1,920	13	59	10
North Dakota	12	3	148	1	8	1
Ohio	235	41	2,196	10	145	12
Oklahoma	73	22	1,019	1	28	3
Oregon	98	16	285	1	16	0
Pennsylvania	330	94	3,227	13	165	10
Rhode Island	24	8	98	2	4	1
South Carolina	17	5	81	1	4	2
South Dakota	44	9	245	1	34	2
Tennessee	56	15	630	0	9	1
Texas	127	35	2,037	5	84	5
Utah	15	3	228	0	2	0
Vermont	21	11	225	1	6	1
Virginia	26	9	302	0	23	4
Washington	109	31	1,222	1	37	15
West Virginia	27	9	299	1	12	1
Wisconsin	67	33	731	2	23	2
Wyoming	9	2	71	0	5	1
Canada	138	38	1,065	1	74	4
Totals	5,210	1,327	47,975	156	2,653	227

NOTE.—About 9 per cent of the cases are reported to have had medical treatment before, or along with, osteopathic treatment.

If you are not proud of the number of reports from your state, help it along by sending in a report or urging your fellow osteopath to do so.—G. W. R.

Osteopaths! Doesn't this statistical proof of the worth of our theory thrill you? Let's make it more complete by a drive that will call in additional reports up to one hundred thousand.

*Osteopathy Stands for the Truth  
Wherever It Is Scientifically Proven*

## How Dr. H. H. Bell Discovered the Log Cabin in Which Dr. Still Was Born

RECAL of how an enterprising Virginia osteopath conceived the idea of finding out just where Dr. A. T. Still was born and, if possible, determining if the house still stood, with his success in establishing complete identification of the log-cabin birthplace of our founder, is contained in the following letter:

Petersburg, Va., Jan. 30, 1919.

Dr. H. S. Bunting,  
9 South Clinton St.,  
Chicago, Ill.

My dear Dr. Bunting:

I would like to ask you if the birthplace of Dr. Still is generally known, or known at all, to the profession? I mean the spot, the house.



The House Where A. T. Still Was Born

This question has been in my mind for some time. I have read practically all of the early literature of osteopathy, including the "Autobiography of Dr. Still," and the "History of Osteopathy" by Booth, but nowhere have I seen the Old Doctor's birthplace more accurately located than "about three

(Continued to page 19)

## New York State Makes a Concession to Osteopathic Colleges

By Ralph H. Williams, D. O., Member of the New York State Board of Medical Examiners

WE have secured a new basis for preliminary educational requirements in New York state. In August, 1917, we went before the Regents and asked for relief on account of the war conditions and at that time secured the adoption of a rule for the period of the war permitting registered osteopathic colleges to admit high school graduates, but requiring of all those who desired to come to New York state the completion of a year each in physics, chemistry and biology.

Realizing that it was going to be necessary to secure the permanence of some such rule to enable the osteopathic colleges to retain their registration in New York we presented a brief to the Board of Regents, a copy of which I enclose you. This brief was presented and personally argued before the Board of Regents on the evening of February 19th last, with the result that the following rule was adopted by the Regents.

It was unanimously voted,  
"That *b* of section 409 of Regents Revised Rules be amended as follows:

(2) Prior to January 1, 1926, all matriculants of registered colleges of osteopathy must afford evidence of a general preliminary education equivalent to eight years of elementary education and an approved college entrance four-year high school course."

This means that until January 1, 1926, a college registered by the Regents may matriculate students possessing the standard four years high school course without reference to the possession of the three sciences, but that it shall not matriculate any students who have a less preliminary education.

Heretofore a student coming to New York had to have a high school course plus the three sciences. Now the three sciences are not required. This makes a decided concession for New York students, and it also makes it possible for the

osteopathic colleges to retain their registration in New York with a lower entrance requirement than was possible heretofore.

The question of preliminary educational requirements in New York after January, 1926, is a matter for determination at that time.

Up to the time of this change in the Regents rules it was doubtful if any college could meet

the New York standard and maintain it. This concession eliminated this question at least until January, 1926.

There is, therefore, no question of the retention of its registration by the Chicago College of Osteopathy and students matriculating there are certain of being able to come to New York.

The Philadelphia College of Osteopathy is perfecting an application for re-registration, and I shall hope to be able to notify you before long that they have been registered. Until that time arrives, however, the Chicago College remains the only school registered by New York.

I shall be pleased at any time to afford any information I can to students desiring to come to New York.—Rochester, N. Y., March 18,

## Appeal to the New York Board of Regents That Got a Modification of Entrance Requirements

New York, January 25, 1919.

**D**R. AUGUSTUS S. DOWNING,  
Assistant Commissioner for Higher Education,  
New York State Education Department,  
Albany, N. Y.

My dear Sir: On behalf of the osteopathic profession of the State of New York, I have the honor to transmit to you, for the consideration of the Board of Regents, the following request for a modification of the rules of the Regents relative to the preliminary education requirements for matriculation in registered osteopathic colleges, which was formulated by the board of directors and the advisory council of the New York Osteopathic Society at a meeting held in the City of New York on the 25th day of January, 1919.

\* \* \*

To the Honorables  
The Regents of the University of the  
State of New York.

Gentlemen: The New York Osteopathic Society, representing the osteopathic profession of the State of New York and thru them, their clientele, earnestly request that the Regents of the University of the State of New York exer-

cise the power they possess to make such modifications in the preliminary educational requirements for admission to a registered osteopathic college as will insure the admission of osteopathic graduates to the licensing examination in this state in the future.

We, therefore, beg your serious consideration of the following reasons why it is impossible for an osteopathic college to meet the educational requirements of the State of New York without facing a continued financial deficit which means ultimate bankruptcy.

(a) The law contemplates the licensing of osteopathic physicians in this state under reasonable regulations.

(b) The preliminary educational requirement is higher than is necessary.

(c) The existing regulations lessen the number of osteopaths coming into the state below the actual requirements for osteopathic physicians.

(d) Under the present regulations the colleges are unable to matriculate a body of students sufficient to meet their normal expenses.

In support of contention (a) (The law contemplates the licensing of osteopathic physicians in this state under reasonable regulations), whereas the law contemplates the licensing of osteopathic physicians to practice in the State of New York under reasonable regulations of the Board of Regents, we respectfully submit that to be reasonable such regulations must be capable of fulfillment, and that under the present regulations it is impossible to accomplish the intent of the law. In proof of this we submit the arguments in support of contentions (c) and (d).

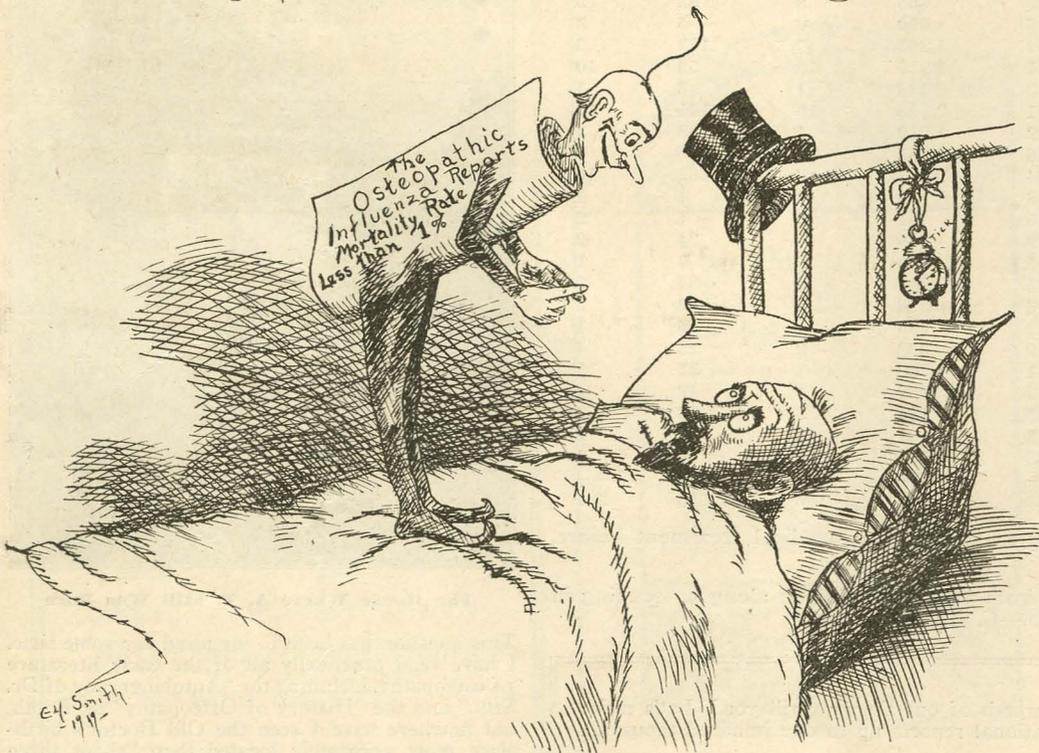
In support of contention (b) (That the preliminary educational requirement is higher than necessary), we offer the following:

We assume that the function of the Regents is to foster education along all lines rather than to direct it into the highly endowed institutions by regulations which make a higher education difficult and prohibitively expensive.

We believe that it is more desirable to have a larger percentage of the people with a liberal education than to have a much smaller number with an extensive education and the balance of the people with but a moderate schooling, and yet it is toward the latter condition that the educational situation, at least along professional lines, in the State of New York, seems to be drifting.

As evidence of this, we would point to the fact that within the last ten years the applicants for admission to the medical licensing examination in the State of New York has fallen off between twenty-five and thirty per cent, while the population of the state has been steadily increasing. This can be traced to but one cause—the enormously increasing time and cost of securing a medical education, and not to an oversupply of physicians. The result of this is the constant diminution of the number of physicians in the smaller cities, towns and villages of the state, making it increasingly difficult for the people of these communities to secure medical attention of any kind without sending long distances. In

## A Post-Epidemic Dream of the Average M. D.



Drawing by Dr. G. H. Smith of Evanston, Ill.

# Are You Strong for Chronic Practice?

**I**F so these months following hard upon the great 1918-19 Epidemic ought rightfully to make more demand upon your professional skill by the partially convalescent than you can find time to render.

Be advised that the April issue of *Osteopathic Health* is devoted to telling people about the advantages of osteopathic treatment for curing up the long train of serious consequences that persist after influenza which has not been treated osteopathically in its acute stages.

It is peculiarly, therefore, an issue to make more chronic practice.

The issue is entitled "Preventing the Common After Effects of Influenza." Heart-weakness after "flu" is pointed out as a great peril—especially to cases that were drugged with aspirin, heroin, phenacetin and other poisons of the heart-depressant type. Other sequellae imminently liable are tuberculosis, paralysis, neuritis, melancholia, earache, deafness, digestive troubles, nervousness, insomnia and persistent debility. Such after-ills are shown to be in some part, at least, the result of the pernicious current drug treatments.

Osteopathy is shown to be success-

ful in preventing such sequellae if in charge of influenza in the acute stages, and almost as successful in curing up such hang-over ills when applied in the chronic stages of semi-convalescent misery.

These poor victims with one foot on the rock of recovery and the other in the slough of suffering and despondency are surely entitled to rescue. The osteopaths who circulate this April issue of *Osteopathic Health* and thus advise the people about the true nature of their condition and the power of osteopathy to save, will be true humanitarians and they will have plenty of opportunity to prove up the value of their therapeutics.

You will also take satisfaction in the section of this magazine which quotes foremost medical authorities in admission of their powerlessness to aid flu and pneumonia and putting the verdict of failure on drugs, vaccines and serums for such purposes.

We believe the DO who never used a piece of educative literature before, will be tempted if not actuated to make a trial of its virtues when he examines critically this particular magazine.

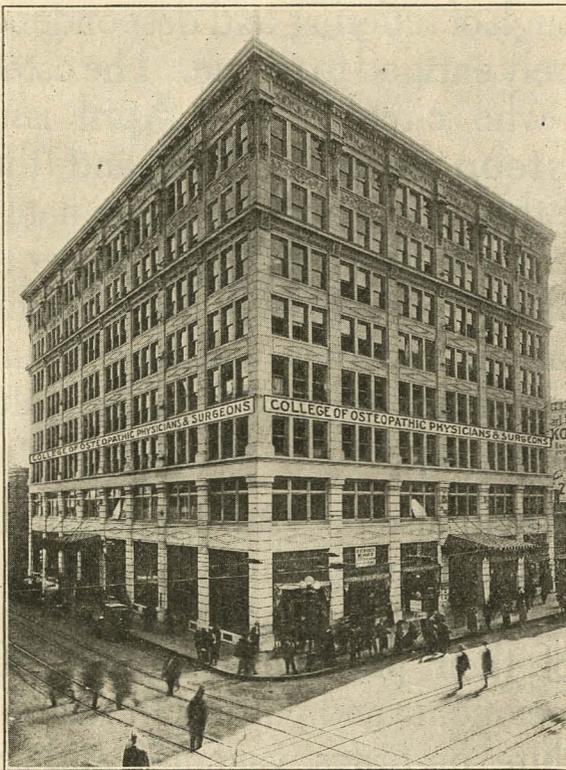
THE OP COMPANY  
Propagandists for the Osteopathic Profession  
9 South Clinton Street  
CHICAGO

# The College of Osteopathic Physicians and Surgeons

Los Angeles

California

This college is controlled and operated by the California Osteopathic Association. The college is organized as an educational institution under the laws of California and can never be operated for profit. All fees, gifts, bequests and other receipts must be expended on the education of the students and the improvement of the college facilities for such education.



The science departments are on a laboratory basis.

Each department head is a specialist and each member of the teaching staff has had many years of experience.

The course of study is four years of nine months each.

The preliminary educational requirement is a high school diploma or its equivalent.

A feature of this college is the social life of the students.

The building which houses the college is ideal for its needs. It is fire-proof throughout and modern in every respect. Three large, fast elevators give day and night service.

The college equipment is complete for the administration of each department. In the foundation work of anatomy there is an abundance of dissecting material. A separate room, well equipped, is used exclusively as a laboratory of

anatomy. The cadavers are prepared and stored in another room. Each student is provided a disarticulated skeleton for use during his study of osteology.

The Los Angeles Emergency Hospital is open to students of the college and senior students are on duty in four hour shifts during sixteen of the twenty-four hours daily. Students go with the ambulance and assist in the care of every variety of accident. During the last year 27,921 people were treated at this hospital.

Osteopathic principles and technic are thoroughly and comprehensively taught and demonstrated. Graduates from this college prove themselves a credit to osteopathy in practice.

For further information and catalog address

**Dr. R. W. Bowling, Dean, - 300 San Fernando Bldg. - Los Angeles, California**

## IN HOSPITAL WORK

The need for antiseptic solutions in the cleansing of infected wounds is constantly arising, especially in hospitals where today the majority of injured patients are promptly taken. For a long time peroxide of hydrogen has held first place in wound treatment because of its obvious superiority over the uncleanly, irritating and poisonous preparations formerly used.

Experience has shown, however, that peroxide of hydrogen of unknown origin and uncertain character is open to wide variation. Realizing this medical men have appreciated the advantages of

# Dioxogen

a pure peroxide of hydrogen of constant uniformity, strength and freedom from toxic or irritating action. In their hospital practice they have been quick to see its advantages. In the dressing of wounds Dioxogen has proven an ideal antiseptic, not alone because of its prompt control of suppurative processes, but because of its stimulation of tissue repair. In addition, it is odorless, colorless and non-staining to tissues and dressings, qualities which have meant much to both physician and patient.

In view of its dependable germicidal efficiency and freedom from the objectionable features of other antiseptics, it is easy to understand the routine use of Dioxogen in a large proportion of the well equipped hospitals of the land.

*Send for interesting booklet.*

**THE OAKLAND CHEMICAL CO.,**

**10 Astor Place, New York City**

proof of this statement, we have but to refer you to the last *Health Bulletin of the State Board of Health*, wherein Dr. Biggs frankly advertises for physicians for certain rural communities.

Is it better to have a few highly trained physicians in centers of population where they can derive an income sufficient to compensate them for the expensive education which the law has compelled them to secure, or is it better to have a larger body of men, well trained along general lines, who can afford to live and labor in the less populated communities, with a small number of highly trained men who may be called in for special work which it is impossible for the general practitioner to carry on? We submit that the latter condition is the more desirable one for the general health of the people.

We know and realize, of course, that these advances in the medical requirements have been made largely at the insistence of the American Medical Association and the New York State Medical Society, and if they wish to be held accountable to the public for the increasing requirements of their institutions, we can have no quarrel with them on that account. But the osteopathic profession of this state do not feel called upon to demand requirements which will lessen competition in their particular field. While we desire men and women as well trained as the conditions will permit, we do desire and the public need a larger body of osteopathic physicians in the State of New York to do the work which they alone are capable of doing. The demand is greater than we can supply and the supply for the last ten years has been inadequate, woefully so, to take care of the legitimate growth of the demand for osteopathic physicians. It is our judgment that a standard high school education is sufficient preliminary to fit a student for the proper comprehension of a professional course of training, be it medical or osteopathic.

Within the past five years it was considered adequate in this state for a professional student to acquire his fourth year of high school education, without reference to any sciences, before

the commencement of his second year of professional education, and we find nothing revolutionary in the suggestion that the present requirements be modified. We may be charged with a desire to lower standards. Not so; rather we favor a return to more reasonable and democratic standards. Because a standard is high does not justify the assumption that it is the right or the best standard.

We further submit that, whereas the law limits the osteopath in his practice, it is not only unjust but also unnecessary for him to be required to have the same preliminary education as is required of the student of general medicine. Modern medicine is tending toward the treatment of disease by the use of serums and while the application of the principles of serology are denied to the osteopath, he is nevertheless required to have the same preliminary education to prepare him for such practice as is required of the student of medicine. This is manifestly unfair and we therefore feel justified in asking for different preliminary requirements in harmony with the restrictions placed upon his practice.

In support of our statement that the completion of one year each in physics, chemistry and biology before matriculation is not essential to the proper understanding of the osteopathic course or the practice of osteopathy, we beg to submit the following facts and argument.

We are willing to grant that a course leading to the practice of medicine does necessitate a greater knowledge of biology and chemistry for the reason that modern medicine is tending toward the use of biologic products, to wit, the serums; and the student is therefore justifiably required to have a thorough knowledge of the subjects of biology and bacteriology. The practice of drug medication necessitates a thorough chemical education, but neither of these reasons apply to the osteopathic student, for the following reasons:

The practice of osteopathy does not contemplate the treatment of disease by the use of serums and drugs. Not that the osteopath is

not taught the fundamentals of biology and bacteriology, the recognition of all forms of bacteria and the general theory of the application of serums and the theories of immunity. These things are all taught in the osteopathic colleges.

The osteopathic concept of disease and the treatment thereof is based upon the fundamental principle of the general immunity of the blood and tissue to disease; that the body itself contains within itself all of the chemicals, necessary for the cure of disease.

That this theory of osteopathic practice is not simply a theory, has been amply demonstrated by the recent epidemic of so-called influenza which swept over the country.

This epidemic is admittedly not due to any particular organism and perhaps not due to any recognizable organism at all, and the serum treatment of it has not met with success to satisfy even the most sanguine. The belief is expressed that if the right serum could be found that it would cure the disease.

Osteopathic treatment, on the other hand, not having to depend upon a knowledge of the particular nature of the infection, proceeds to build up the natural immunity of the body to the toxin which is invading it, and it has done it successfully where other forms of treatment have been ignominious failures, as was evidenced by the report of the recent meeting of health commissioners in Chicago, wherein they stated that the treatment of influenza by the use of drugs and serums had had no apparent effect upon the course of termination of the disease.

We point to the statistics with pardonable pride. The osteopathic figures were made from reports received about January 1st, at about the close of the second wave of the epidemic. They are incomplete, as the reports were only just beginning to come in. We have to report on the figures from 1,362 reporting osteopathic physicians who had cared for 47,197 epidemic cases.

The percentages of losses in general medical practice are taken from reputable medical journals and the reports of health boards. The army

# Osteopaths Attention! Protect Yourself!

Don't let the inevitable catch you napping. When the accident or sickness comes see that you and your family are protected. Also see that you insure with a company that pays its claims. Read what Doctor John T. Downing of Scranton, Pa., has to say about the "Central Business Men's Association" and the way it pays its claims.

Now, Doctor, You Should Insure  
in the

## CENTRAL BUSINESS MEN'S ASSOCIATION

### BECAUSE

- We cover every accident and every illness.
- We issue policies without exceptions or restrictions.
- We pay you a claim of one day or more.
- We pay as long as you are disabled by accident.
- We pay as long as you are disabled by sickness.
- We pay for the first week or any part thereof.
- We pay full accident benefits for septic infection.
- We have no by-laws, policy is entire contract.
- We pay claims promptly without red tape.

**Central's**  
**Accident and Health Policy**  
\$5,000 for Accidental Death  
\$25.00 a Week for Total Disability  
for Either Accident or Sickness  
Costs \$40.00 Annually or  
\$10.00 Quarterly

**READ THIS GUARANTEE.** When you get your policy read it carefully. You can be judge, jury and counsel. If the policy is not satisfactory to you, return it to us within three days and your money will be refunded.



## CENTRAL BUSINESS MEN'S ASSOCIATION

Westminster Building, Chicago, Ill.  
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122 WEST TENTH STREET, ERIE

COMMONWEALTH OF PENNSYLVANIA



OFFICE OF THE SECRETARY  
305 BOARD OF TRADE BUILDING  
SCRANTON

BOARD OF OSTEOPATHIC EXAMINERS February 17th, 1919.

Central Business Men's Ass'n.,  
Westminster Bldg.,  
Chicago, Ill.

Gentlemen:-

Please accept my thanks for your draft to cover my recent claim and my sincere appreciation of your promptness and courtesy in all your dealings with me.

I regret that in the past four years I have had to present three claims, one accident and two sick benefits. I carried a similar policy with another Association and presented identically the same claims to both. The other Association only paid the claims after a long lapse of time and numerous excuses and bickerings till it became so exasperating to me that I cancelled my policies with them. The contrast of their treatment of my claims and your treatment of the same is so marked (you have always been so prompt and courteous) that it gives me positive pleasure to recommend the Central Business Men's Association of Chicago to all my friends.

You may use this letter in any way you please.

Very truly yours,

*John T. Downing.*

## In League with his Skilled Hands

An agent that assures adequate softening and moistening of the bowel contents, proper lubrication, that promotes peristalsis and absorbs toxic substances, enables the Osteopathic physician to successfully and satisfactorily overcome constipation and its sequellae.

Nujol acts mechanically, not medicinally.

Nujol is non-absorbable, non-digestible, bland, soothing.

Nujol trains the bowels to act naturally, instead of forcing them to move abnormally.

Nujol embodies superlative quality, assured by world-wide source of supply, perfection of manufacturing processes, rigid standardization.



*Samples to physicians on request*

**Nujol Laboratories**

STANDARD OIL CO. (NEW JERSEY)  
50 Broadway, New York

Authoritative literature dealing with the general and special uses of Nujol will be sent gratis to physicians.

"An Osteopathic Aid" "A Surgical Assistant"  
"In Women and Children"

records are taken from the reports from the Army Medical Corps.

*Fatalities From Influenza* under Regular Medicine and osteopathic treatment:

Medical Losses (estimated), 12 to 15%  
Osteopathic (actual).....4%

*Pneumonia Fatalities* under Care of Regular Medicine and of Osteopathy:

Medical—  
In Civilian Practice (estimated)..25 %  
In U. S. Army Camps .....38.9%

Osteopathic—  
In Civilian Practice (actual).....10 %

Dr. Royal S. Copeland, Health Commissioner of the City of New York, recently reported that the fatalities in pneumonia cases in the district under his supervision amounted to 52%.

The above osteopathic figures are compiled from data being secured by the American Osteopathic Association, and all cases were rejected where there could be question as to the correctness of the diagnosis. It also includes cases where osteopathic treatment was called in late and patients received both medical and osteopathic treatment. A large proportion of these latter cases died.

These figures are not offered for the purpose of making invidious comparisons of therapeutic systems, but simply in support of the statement that inasmuch as the theory and application of osteopathic principles is a general as against the theory of a specific therapy, it is not essential that the osteopathic course have the same preliminary education or the extent of professional education along biological and bacteriological lines that is required of the practitioner of drug therapy.

The same argument is relatively true of the necessity for preliminary educational work in chemistry. The osteopath should and does receive the same training in physiological and organic chemistry that is given to the medical student, but he does not require nor will he ever use the extent of education in inorganic chemistry and the chemistry of drugs and compatibles

which must be a part of the education of a medical student. It is entirely compatible with an adequate education of an osteopathic student that he receive his preliminary chemical education during the freshman year of his college work.

We are entirely agreed that the student should receive instruction either inside or outside of the osteopathic college in the subjects of physics, chemistry and biology during the freshman year where it had not already been acquired, but we maintain that the absence of any or all of these subjects at the time of his matriculation does not in our judgment make him incompetent to properly comprehend that work which he shall receive. It is further our judgment, backed by the opinion of the instructors in physiology in our colleges, that to get the best conception of the work in physiology that the study of biology should be concurrent with the beginning of the study of physiology; that where this had been the case, greater progress in physiology has been made than where the student had received his instruction in biology from one to three years previously.

In support of contention (c), (The existing regulations lessen the number of osteopaths coming into the state below the actual requirements for osteopathic physicians.) We submit that:

The dearth of osteopathic physicians coming into the state of New York has been due to the fact that at the time of the passage of the present Medical Practice Act in 1907 the osteopathic profession agreed to what they then believed was the highest possible standing on which their colleges could meet and exist, and have since agreed to increased requirements which we hoped and at that time believed that they could meet.

Frankly we overestimated and are now brought face to face with the proposition that unless less exacting requirements are made of the osteopathic colleges in the matter of matriculations, no osteopathic college can seek registration in New York, and the already inadequate supply of new practitioners will cease entirely.

At our earnest insistence and solicitation the colleges overestimated their own ability to meet the requirements in New York. They made an honest effort to live up to them, and have failed to meet their expenses.

In support of contention (d) (Under the present regulations the colleges are unable to matriculate a body of students sufficient to meet their normal expenses), we submit the following:

Be it understood that none of the osteopathic colleges of the United States are endowed institutions, and they must therefore depend absolutely upon their matriculation fees for meeting their expenses. Four of these institutions are strictly educational institutions, non-profit-sharing, and all of the income must be spent either for the expenses or the improvement of the institutions themselves, and they are so controlled that no man or group of men may use them for personal gain. Their control is practically vested in the entire profession in the states in which they are located. This is true of both the Chicago College of Osteopathy and the Philadelphia College and Infirmary of Osteopathy, the only two osteopathic institutions which have ever been registered by the Regents.

The principal reason for their failure to secure a sufficient student body to meet their expenses was not due to an indisposition on the part of young men and women to matriculate in their institutions, but to the fact that in meeting the requirements of New York their matriculants were practically reduced to those desiring to come to New York State to practice and to a few who desired to go to other states who had the preliminary education required by New York.

With but few exceptions—three, we believe—no state requires more than a standard four-year high school course for matriculation in an osteopathic college, and the other two beside New York do not require that the college from which a candidate comes must admit no student who does not meet the preliminary requirements of that state. The result of this is that the colleges registered by the state of New York are com-

## He Has the Vision

DR. R. M. WOLF  
OSTEOPATHIC PHYSICIAN  
BIG TIMBER, MONT.

Dr. Henry Stanhope Bunting,  
Chicago, Illinois

March 9, 1919.

Dear Doctor:

Please send me Seven Hundred copies of the March number of the *OSTEOPATHIC HEALTH*. You have published many numbers which I will concede were very valuable, but this issue, in my estimation, not only excels all other numbers of your publication but surpasses all other publications I have ever seen as a booklet for educating the laity.

It most certainly impresses the reader as to the marvelous and meritorious things that were accomplished by Osteopathy during the spread of the Flu, in handling Flu, Flu-Pneumonia and other Complications and, as well to the absolute failure of Drugs, Vaccines and Serums. It is indispensable and invaluable.

Every True-Blue Osteopath can but feel it a sense of duty, I believe, to use it vigorously. He should feel that he owes it to the science of Osteopathy and to the welfare of humanity to present the laity with this fine opportunity to become enlightened and informed on a subject of such paramount importance such as by sending out a very large number of this March issue.

The world must be informed as to the utter failure of Drugs, Serums and Vaccines. What better way than this of imparting this information? In as small a city as Big Timber I am showing my valuation of this really wonderful little March magazine by distributing 700 copies of *OSTEOPATHIC HEALTH*, and if the population were much greater I would send out many thousands

I would like very much to see it arranged by the AOA to send a copy of this March issue of *OSTEOPATHIC HEALTH* to every United States Senator and Representative, every State Senator and Representative, and every Governor of the different States. If we want them to understand us let us give them the magazine that has put our best foot forward. Why not?

Fraternally, with appreciation,

R. M. WOLF, D. O.  
Big Timber, Montana

[Publisher's Note: There were still 9,000 copies of this March issue remaining to sell when we went to press with *The OP*, and we hope that Dr. Wolf's appeal will cause nine orders to gobble them all up.]

# TAMPON TREATMENTS

Dionol is being very widely used for tampon work, and is receiving unqualified praise.

It is cleanly, pleasant to use and promptly allays all irritation and inflammation present.

You will miss a good thing Doctor unless you use it for

<b>Endometritis</b>	<b>Ovaritis</b>
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And similar pelvic congestions.

Literature and samples on request. Names of all the prominent Osteopaths you want who use several dozen **every month** and who are unstinted in their praises.

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pelled to decline to matriculate students who desire to go to states other than New York to practice, if they are deficient in even a small part of the education required by this state.

With one osteopathic college in the east and three in the Central States opening their doors to high school graduates who are deficient in the sciences required by New York, it is only natural, other things being equal, that the student desiring to practice in a state where the requirements are a standard high school course, will decline to spend another year to get the additional year of science solely for the purpose of matriculating in a college maintaining the New York standard.

We further offer the following statement of facts from the experience of the Chicago College of Osteopathy and the Philadelphia College of Osteopathy during the recent years.

The Chicago College of Osteopathy had received applications for matriculation in their 1917-18 freshman class from seventy-nine applicants who have had a high school education, but of which number only nine have received during the high school course a year of physics, chemistry and biology. Over fifty per cent of the seventy have had a year or more in some of those sciences. Of the seventy-nine who desire admission this fall, only thirteen are from New York and desire to return here. The others desire to go to other states. In the fall of 1916, the Chicago College was compelled to refuse matriculation to twenty-eight prospective students who were deficient in not over two of the required sciences.

In the fall of 1916 the Chicago College was able to matriculate only twenty-one students. If the college had been able to matriculate only twenty of the twenty-eight who offered themselves with high school diplomas, its income would have been increased by a sum of three thousand dollars, an amount which is about the deficit which it has been compelled to make up for the current year.

If the same proportion of students could be matriculated each year in addition to those whom

the college has been able to matriculate under the New York requirements, its income would be at least ten thousand dollars per year over what it is at the present time, and instead of having to make up a deficit the college would have from five to seven thousand dollars to invest in the improvement of its institution and its teaching force.

The effect of the war upon the student body of the Chicago and Philadelphia colleges has been disastrous. The osteopathic colleges were denied the privileges of conducting "Students' Army Training Corps." While this may have been a financial blessing in disguise, it is a good deal of a question whether they might not better have stood the relative financial loss which would have been caused by the S. A. T. C. in view of the fact that they could not only have kept their student body intact to a large degree, but might even have increased it, and when the S. A. T. C. was abandoned they would have at least had a student body of which they are almost destitute today.

The relief which you granted them in 1917 by permitting them to matriculate high school graduates, but only permitting those to enter the New York licensing examination who had also received a year in each of the three sciences before their osteopathic matriculation, has afforded them no relief on account of war conditions. With an increased budget and a decreased student body upon which they depend for their expenses, they face a deficit. The Chicago College have advised us that under the existing circumstances they recognize the impossibility of their retaining their registration after October 1, 1920, unless the present requirements for matriculation can be extended for an indefinite length of time. We are satisfied that they are quite correct in their position. Under no other conditions can they meet the situation confronting them.

The physical condition of the Chicago College has been materially improved in the last year. Thru the liberality of a group of philanthropic

men in Chicago they have been enabled to secure a new college building and a hospital of 200 beds, which gives them the physical equipment for an excellent institution. They have the faculty.

To accomplish the good which may accrue from such increased and improved facilities, there facilities must be available to the largest body of young men and women possible. Their capacity will be much beyond any student body which they can secure by adherence to the New York requirements in vogue before 1917. It is therefore conceivable that the men who have financially assisted the institution will feel justified in insisting that they do that which will make the money they have contributed accomplish the greatest amount of good; that is, that they establish a standard for matriculation, which while adequate will yet insure the institution a maximum number of students for the facilities they have to offer. These men are not interested in New York. They are interested in the educating of osteopathic students, and if by adhering to the New York standard the institution is compelled to refuse students from Illinois whom they believe and we concede have an adequate preliminary education, the backers of the institution will be justified in insisting that they ignore the New York standard.

We believe that the Chicago College of Osteopathy is today potentially the best osteopathic college in the country, and we believe that the best interests of the osteopathic profession, and the clientele of the profession in this state is best subserved by the establishment of a flat high school graduation for the preliminary educational requirement, for admission to an osteopathic college, as the requisite for registration in the state of New York.

Therefore, we urge that your Honorable Board make such changes in the rules of the Regents of the University of the State of New York, to matriculate students who have the following preliminary education, to-wit:

A diploma from a standard four-years' high

# "Osteopathic Health" Standard Literature

We offer the following brochures, all of which are standard numbers, at \$4.00 a hundred. In lots of 500 we will extend a discount of 10%. In lots of 1,000 or over we will extend a discount of 20%.

The supply of many of the issues is limited and it is doubtful if they will be published again for many years. There is no time like the present to lay in a good supply of assorted standard field literature.

If you would prefer to look the issues over before you buy, send us 25 cents and we will send you a complete set of sample copies.

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- No. 6** **Osteopathy in the Infectious Diseases:** A brochure by Professor Lane. A popularized, scientific exposition showing why osteopathy is the most efficient and effective system for combating the infectious diseases.
- No. 7** **Most Diseases Are of Spinal Origin:** A modernized edition of Dr. Bunting's famous brochure which was the first classic in osteopathic popular literature; originally issued seventeen years ago and has been through six large editions. It is always in demand and stands today as the most complete and comprehensive brief, general statement of osteopathy ever prepared.
- No. 8** **Osteopathy in the Inflammatory Diseases:** The fifth of the documents by Professor Lane and deals with boils, chronic dysentery, tonsillitis, etc.
- No. 9** **Nephritis, Dyspepsia, Insomnia and Neuralgia:** Also story of a remarkable cure of a blind, imbecile child by osteopathy, being an extraordinary example of the potency of osteopathy. Founded on a case in the Philadelphia Municipal Court.
- No. 11** **A Chronic Dyspeptic Greatly Surprised—Strains and Sprains of the Back and Limbs—Osteopathy for Men—A Fall From a Chair Gave Baby Constipation—"Neglecting a Fine Machine."** A very useful brochure for getting people interested in osteopathy who are afraid to tackle any reading matter which seems to be "heavy."
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- No. 13** **What Osteopathy Does for the Welfare of Women:** A special edition dealing with the peculiar troubles of women. General in statement. The leading article is: "How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy."
- No. 16** **Osteopathy Potent Where Serums and Vaccines Fail:** Shows how little can be expected of the various serums and vaccines in view of scientific knowledge of today and why osteopathy has a particular potency in most of the diseases for which these serums and vaccines have been experimentally applied.
- No. 17** **The Osteopathic Catechism;** everyday questions and answers that pass between patients and practitioner: Part I of a new edition of this famous brochure which was written by Dr. Bunting seventeen years ago. It has been revised to date and is printed in large type. It covers the main questions likely to be asked by a person interested in osteopathy and considering the wisdom of taking osteopathic treatment.
- No. 18** **A. T. Still as a Medical Thinker:** Professor Lane's great tribute to the "Old Doctor" and a most lucid and comprehensive estimate of osteopathy. Tells briefly of the great reforms in medicine and shows that Dr. Still was the first to give the world a really scientific therapy. Shows also that the evidence of all modern scientific research supports the therapy of Dr. Still.
- No. 19** **Children's Ills Stopped in Their Beginnings:** This brochure contains an excellent article on children's ills. In addition, it explains the value of osteopathic treatment after confinement; shows how osteopathy can help liver and stomach troubles; and also explains the benefit of osteopathy in the treatment of the various forms of pneumonia.
- No. 20** **Nervous Prostration or Neurasthenia (illustrated):** This brochure is a frank and careful statement of the marked difference in diagnosis and treatment between osteopathic and medical practice in this illness. Just how sore spots in the spine become significant in nervous prostration is made especially evident.
- No. 21** **Osteopathy Synonym Surgery:** The point of departure of this article from all others explaining osteopathy for lay understanding is that instead of the ordinary negative statements telling that osteopathy is *not* drug practice, *not* massage and *not* other things, it swings directly into *positive* description and tells that osteopathy *is* surgical work minus instrumentation.
- No. 22** **Facts and Fallacies Regarding Osteopathy:** This brochure voices just the facts you have so often presented to your patients to set them right on things osteopathic. It proves the untruth of the statements that osteopathy is rough, painful and severe; that patients are treated nude; that osteopathy is "scientific massage"; and gives other important information.
- No. 23** **The Osteopathic Catechism (part 2):** Sets forth the facts which establish the educational status of our profession, as well as a lot of plain, understandable talk about the osteopathic diagnosis and treatment of disease.

"Osteopathic Health"

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school course, or its equivalent, which has been secured after the completion of eight years of primary education.

In conclusion we are honestly of the belief that your Honorable Board can do more to promote higher education and better education in osteopathic colleges at this time by establishing such standards for matriculation as will enable colleges registered in this state to secure a student body sufficiently large to give them an income adequate not only for their normal expenditures, for a competent faculty and for adequate equipment with additions thereto, but also for the establishment of research laboratories in connection therewith which will be of inestimable value to the student body, rather than by requirements in order to meet which they are compelled to live a hand-to-mouth existence without adequate funds to do the things that they earnestly desire to do.

If, at the time the Chicago College was registered, it had been permitted to accept matriculation under the requirements named herein, it would today be in a strong financial position.

No charge of inconsistency can lie against your Honorable Board for making different preliminary educational qualifications for osteopathic and medical students. The osteopathic licentiate in this state is required to take the same examination as is required of the medical licentiate, yet he is limited in his practice. If the same requirements, so far as professional education is concerned, are made for each, you cannot make fish of one and flesh of the other. We are led to believe that under equal professional requirements the limitations clause in the law is unconstitutional. We do not care to raise this question if it can be avoided, preferring that differences be made in the matriculation requirements which will apparently, at least, justify the limitations imposed upon osteopaths in their practice.

We beg leave to remind your Honorable Board of the remarks of the late Hon. Andrew S. Draper on the question of educational requirements for schools teaching the practice of the healing art. We cannot quote verbatim, but the substance thereof was to the effect that the time had arrived when it was not only wise but expedient to make different educational standards for the professional man who desired to practice surgery, the one who wished to practice with the use of drugs, and the one who practiced without the use of drugs. He had been a deep student of this subject, his grasp of it has never been excelled. The time was ripe at the time these words were uttered for such a recognition of the difference which should be made fundamentally in the education of these various branches of the healing art.

We feel and believe that the time has arrived when something along the line of this prophecy must be realized. We believe that the Board of Regents, rather than the State Legislature, is the body to put it into execution. There is and should be a legitimate difference in the educational requirements, preliminary and professional, for the osteopathic licentiate. The law, by inference, requires the licensing of osteopathic physicians. In order that this may be possible, the requirements must be capable of fulfillment under as high an educational requirement as the colleges can meet and as low as is necessary to insure the coming into the state of a sufficient number of osteopathic graduates as are necessary to meet the demands and requirements of the people of New York who do desire and demand osteopathic treatment.

If it will aid your Honorable Board in an equitable determination of this question, we will be pleased to appear before you in person at such time and place as you may designate, to afford you any additional information or answer any questions relative thereto.

We respectfully request your early and favorable consideration of this appeal, in order that the colleges and prospective students from the State of New York may shape their affairs accordingly for the future.—Respectfully, C. M. Bancroft, D. O., Secretary, Board of Directors, New York Osteopathic Society. Respectfully sub-



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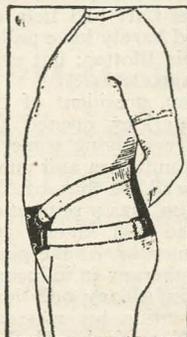
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mitted, *Ralph H. Williams, D. O., Member, New York State Board of Medical Examiners.*

New York, January 26, 1919

Dr. Augustus S. Downing,  
Ass't Commissioner for Higher Education,  
New York State Education Department,  
Albany, N. Y.

My Dear Dr. Downing:

In conformity with your suggestion, I herewith enclose you a brief in re the matter of preliminary educational requirements for matriculation in a college of osteopathy registered by the Board of Regents.

I am enclosing one copy for each of the members of the Board of Regents, which you will kindly transmit to them; also one copy for yourself and another for Dr. Finley.

I sincerely trust that you will use your influence to secure as early a determination of this question as is possible, that we may shape our future course of action.—Very truly yours, *Ralph H. Williams, D. O., Member New York State Board of Medical Examiners.*

\* \* \*

February 11, 1919.

Dr. Augustus S. Downing,  
Ass't Com'r for Higher Education,  
New York State Education Department,  
Albany, N. Y.

My Dear Dr. Downing:

In reading over the brief recently sent you for

## Two Great History-Making Features Gladdened the New York Osteopathic Society

TWO history-making events featured the meeting of the New York Osteopathic Society at Hotel Ten Eyck, Albany, March 1st. One was the report by Dr. George W. Riley of the percentages of losses from influenza and pneumonia as shown by official figures of the medical doctors, and the comparison of these figures with those of osteopaths. Along with this were the two addresses by Drs. George H. Merkle and W. L. Buster, giving their personal experiences in handling flu cases.

The second outstanding feature was the address by Dr. Augustus S. Downing, representing the State Board of Regents. There has been doubt on the part of many New York osteopaths as to the attitude of the Regents toward the profession, and this question was fully answered by Dr. Downing. Not only does the Board of Regents maintain an attitude of absolute impartiality toward osteopaths and osteopathic colleges but, recognizing the difficulties under which we work and the sincerity of our purposes, there is a liberal spirit on the part of the Regents which might almost be interpreted as partiality.

The rest of the program was by no means tame or uninteresting, and it was all fully up to the standard of the New York society's meeting, which is all that need be said. Space will permit little more than mention of most of the good things provided, for altho the session occupied only one day, there was more to it than to many two-day conventions that have been held. Here is a suggestion for the AOA trustees: when Hugh Conklin has finished his job as chairman of the program committee, don't overlook Carl Clapp of Utica. To be sure, Carl had help on the Albany program, and could hardly have pulled it off without Bancroft and his Blotter; but even at that keep your eye on Clapp.

With Dr. L. Mason Beeman, president of the society, in the chair, Dr. Merkle opened the morning session with an address giving some of his personal experiences with influenza and pneumonia cases. His talk, as well as that of Dr. W. L. Buster, who followed him, was a reiteration of what we have all claimed and known and experienced in the past few months, of the practical specificity of osteopathic therapy in influenza.

Dr. George W. Riley was in Albany only long enough to give to the convention his message, and then he slipped back to New York. He had

submission to the Board of Regents I note that I failed to put into definite form the rule we suggest for adoption by the Regents.

To the end that the Regents may have the proposition before them in definite form I would be obliged if you will append the following summary to the brief.

*That, WHEREAS* a professional course covering four years provides adequate time not only for the proper training of a student for the practice of osteopathy, but also for suitable training in the fundamental sciences of physics, chemistry and biology, we respectfully urge favorable consideration and adoption by the Regents in such form as they may determine the following suggested rule relative to matriculation in a registered osteopathic college.

"The preliminary educational requirements for matriculation in an osteopathic college registered by the Regents shall be the possession of a diploma earned after the completion of a standard four-years' high school course, or its full equivalent, and that to be registered an osteopathic college must maintain in its approved professional curriculum satisfactory courses in the sciences of physics, chemistry and biology, respectively."

I am enclosing you copies of this summary of the argument that you may place one in the hands of each member of the Board of Regents.—Very truly yours, *Ralph H. Williams, D. O., Member, New York State Board of Medical Examiners.*

been down with influenza himself only a few days before, and was unable to remain for the whole day. He had received from the department of health of the City of New York the figures up to February 27, so they were hot from the adding machine. They showed more than 10 per cent of deaths from influenza, and the almost unbelievable rate of 61 per cent of deaths from pneumonia. From reports received from osteopaths to date there were less than one-half of 1 per cent deaths from influenza, and fewer than 10 per cent from pneumonia.

Dr. Riley made an urgent plea for reports from those who had not yet sent them in, and doubtless if complete returns are filed with him a still better showing can be made for osteopathy in influenza. *Will not those who are still delinquent in sending case reports to Dr. Riley please send them in at once?*

With great cleverness two business sessions were interspersed with the rest of the program and momentous matters decided with the utmost and noiseless dispatch. It would be fine if members of our profession from some other states could get a look-in at one of the New York meetings, and learn how to get things done speedily.

George V. Webster of Carthage told of an original method of making and applying moulded splints. When you see the name Webster linked up with Carthage, N. Y., you at once think of acidosis and "Concerning," but this demonstration showed that George thinks some things out besides acidosis. He showed how he utilizes some other member of the family with a similarly shaped arm or leg, to mould a plaster-of-Paris splint that can be immediately applied to the fractured limb. His patients seemed to have been singularly fortunate in having a near relative built on the same pattern as themselves, and George didn't explain where he gets the models for splints for lonely spinsters or bachelors. Just where he'd get a model—well, say, for Ralph Williams, for instance, puzzled some of those present. But the idea is exceedingly valuable, and is capable of development to make it fit every emergency.

Dr. David Belmat, also of Carthage, late of Camp Colt, Gettysburg, of the tank service, told of his experiences at that camp with the flu epidemic.

Dr. E. M. Downing of York, Pa. (don't confuse

him with Hon. Augustus), who was on his way home from Chicago after taking the post-graduate course at the Chicago College of Osteopathy, told something of the course and the institution. He mentioned that of the 42 osteopaths who composed the post-graduate class, one was from New York and five were from Pennsylvania. He spoke in the highest praise of the work of each of the five members of the staff who conducted the course, and commended the earnest work and fine spirit of the Chicago profession who are in charge of the work of the college.

Major Robert H. Brown, formerly instructor in Sanitary Science at Columbia University, and late of the Sanitary Corps of the U. S. A., told of the pleasure he took, now he has doffed his uniform, in stating some facts regarding endless red-tape and "paper-work" of army regulations. He said that while there was a reasonable excuse for confusion and failure and lack of coordination in the foreign service, only incompetence and utter disregard of common sense and decency could account for conditions which prevailed at all of the camps with which he had personal knowledge. He did not place the blame on the commanding officers in most instances, for generally they did all that men could do under the circumstances; in his judgment the men higher up were culpable. He told a story concerning the influenza epidemic that was equal in many details to the worst that has been printed, and his story was first-hand, inside information.

Dr. S. L. Gants of Providence, R. I., according to the comment made by Dr. Beeman at the end of his demonstration of how he sets ribs, must be very nearly a regular osteopath. Dr. Gants did not attempt any elaborate theorizing, nor did he spout any text-book anatomy stuff. He simply got busy and slipped the ribs into position. And that word "simply" tells just how easily and painlessly he did it. The Old Doctor's mantle seems to have fallen on to Dr. Gants' shoulders—at least, as regards upper rib lesions and their replacement.

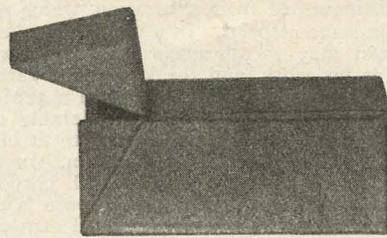
Dr. Norman B. Atty of Springfield, Mass. was another New England practitioner who helped to make the program a complete one. (In his notice of the meeting Carl said: "I hope the printer does not slip up on that period after the B." Well, he didn't.) Dr. Atty's message was listened to with tense attention and roundly applauded.

There was a short impromptu address by Dr. Arthur M. Flack, dean of the Philadelphia College of Osteopathy. He had been in conference with Dr. Downing and was able to announce that the Philadelphia College very soon again would be registered by the Board of Regents, and this was confirmed later by Dr. Augustus M. Downing, assistant commissioner for Higher Education of New York state.

Nothing short of a stenographic report of the splendid talk of Dr. Downing could convey his message to the New York society. He was frank without being severe. He mentioned our shortcomings without condemning us for them. He praised us for points which he believed merit praise. He made some comparisons with other schools which were not wholly to the discredit of osteopathy. In a word he stated his honest conviction that we, as a school, are honest and sincere and have shown an earnest purpose to measure up to high standards as soon as such standards can possibly be reached, and consequently the Board is willing to grant some time during which the colleges can prepare to meet the standards set.

A scholarly brief had been prepared previous to the meeting by Dr. C. M. Bancroft, secretary of the society, and Dr. R. H. Williams, osteopathic member of the state board of examiners, setting forth in a masterly way the arguments supporting the plea for an extension of time to meet the requirements of the Board of Regents.

In answering the brief Dr. Downing stated that in registering colleges the board took into consideration the fact that none of the osteopathic schools has any endowment, and of necessity had to be given time in which to reach the high plane occupied by institutions with heavy endowment and receiving large state appropriations. Dr.



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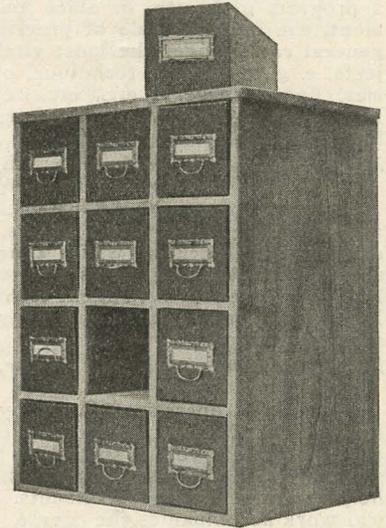
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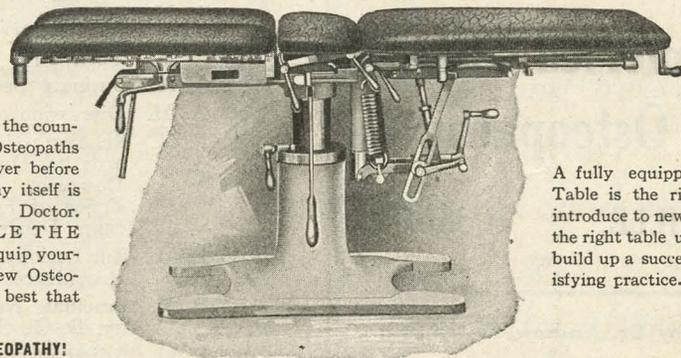
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**E. C. BROTT, Secretary**

Downing gave an original definition of a profession as distinguished from a vocation, which was startling in some respects. In a vocation or business a man may spend much time to prepare himself for his work, and the knowledge gained accrue to his personal benefit. But in a profession, one prepares himself at considerable expenditure of time, energy and money, to fit himself to be of service to his fellow man. In the one case the preparation is for a selfish purpose. In the case of the profession the purpose is unselfish, altruistic. The true professional man will devote himself with as much zeal to a case from which he can never realize a dollar, as to one that will bring large fees.

Dr. Downing closed by saying that while he believed the osteopaths are entitled to a place of honor among the professions, there is a class that deserve only condemnation—because they seek only one thing, money. He referred to the brazen counterfeits who have been dubbed "hang-nails," and he gave the welcome information that there was in preparation a law which would take care of all of that undesirable class of cattle, and do it in a most satisfactory manner. He said that the law will have teeth in it, and that it will work, and work effectively. Enthusiastic and prolonged applause followed Dr. Downing's address.

### Program of Twelfth Mid-Year Meeting of New York State Society

THE New York Osteopathic Society held its twelfth mid-year meeting at Hotel Ten Eyck, Albany, New York, on March 1st. The following program was delivered:

- 9:15 A. M. Treatment of Influenza, George H. Merkley, D. O., New York City.
- 9:45 A. M. Influenza and Pneumonia, Willis L. Buster, D. O., New York City.
- 10:15 A. M. Influenza Epidemic Statistics, George W. Riley, D. O., New York City.
- 11:00 A. M. Business Section.
- 11:15 A. M. Discussion of Influenza.
- 7:15 P. M. Relation of Educational Standards to Osteopathy, August S. Downing, Assistant Commissioner of Education, New York State Department of Education.
- 8:30 P. M. Rib Lesions, S. L. Gants, D. O., Providence, R. I.
- 9:15 P. M. Brachial Neuritis, Norman B. Atty, D. O., Springfield, Mass.
- 9:45 P. M. Adjournment.
- 1:30 P. M. The Moulded Splint in Fractures, George V. Webster, D. O., Carthage.
- 2:00 P. M. Army Hospital Experiences, David Belmat, D. O., Carthage.
- 2:30 P. M. Business session.
- 4:00 P. M. Resume of Post-Graduate Week at Chicago College, Edwin M. Downing, D. O., York, Pa.
- 4:30 P. M. The Army and the Influenza Epidemic, Major Robert H. Brown, late of the Sanitary Corps, U. S. A.

### CHRONIC WORK AHEAD

We have cured all our cases of flu. We have demonstrated that. Statistics prove it. Now to *cure* up the medical cases that are the hang-over chronic victims of the epidemic. See the April issue of *Osteopathic Health*. It presents an opportunity extraordinary to make further professional gains.

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## How Osteopathy Works in Curing Influenza and Pneumonia

A paper by W. L. Buster, D. O., of New York City, before the Twelfth Mid-Year Meeting of the New York Osteopathic Society at Albany, March 1st.

Based Upon Experience in the Successful Treatment of 135 Cases of Influenza and 28 Cases of Pneumonia Without One Fatality.

WHEN I accepted the invitation to address this convention on the subject of Influenza and Pneumonia, I had in mind the successful work I have done during the epidemic thru which we are passing; and I purposed to depart from the academic text-book fashion of giving you what you can read from our journals and text books. What I will say today will be based upon my observations of cases treated since the early days of October, and if my optimism seems to outreach all bounds, I can only justify my stand by pointing to my record.

I shall try to make my address one of hope for humanity, encouragement to the profession, fearless arraignment of the medical profession, and adding a word of advice and warning, if not presuming too much, to osteopaths.

Volumes are being written by osteopaths from all over the country, and what I may say will doubtless but repeat and echo what others have experienced and said. However, osteopathy's success has been so phenomenal and so intensely gratifying that too much cannot be said about it.

When comparison is made between osteopaths and medical results, we are doubly, trebly—yes a thousandfold justified in publishing to the world the facts that stand out so boldly, challenging the admiration of a discriminating public, and all who have elected, wisely, the use of this form of treatment.

A great plague has swept, and is still sweeping our land. A plague, whose death-rate is higher than in the memory of the present generation. We are just now beginning to compute and reckon the results. Hundreds of thousands have fallen, victims of the scourge. Modern medical practice availed but little to check its ravages. Near panic cropped up in many localities. Fear entered into the very heart and soul of man. Whole families were wiped out. Serums and vaccines were tried and discarded. Medicine failed utterly.

Is there no weapon upon which mankind may rely in this terrible time?

There is. I repeat in capital letters, THERE IS! Would that this answer could be indelibly written in letters of fire athwart the heavens, so that all might see and know! Would that the hearts and receive the great truth of osteopathic healing. Let us look closely, for a moment, at this dread thing. It is not pretty. A strong man in the prime of life was well two days ago. Yesterday he was stricken with intense body torture and pain. He became violently ill. Today, crape hangs on the door of his dwelling. We are stupefied by the very suddenness of it. Another case may have a more gradual onset, with only symptoms of common cold or indigestion. Still another with only lassitude depression and a sub-normal temperature. After a few days the physician calls it "flu" or pneumonia.

What is the cause of it? Why are the seemingly strong suddenly stricken and oft-times the frail-bodied individuals have a light case or escape altogether? Science or observation seems not to answer this question.

Pathologists and bacteriologists have tried to isolate the germ that is responsible and a few claim to have found it. All different, and most of them report that the germ is so small that it percolates freely through the finest filters and that it is invisible under the highest powered microscopes. Selah, such "discoveries" amount to nothing.

Numerous vaccines and serums have been made and announced each in turn as the great specific.

Hailed by a credulous press and public and published broadcast.

They failed.

All failed.

And the leading bacteriologists, pathologists and medical scientists all say, no vaccine or serum has yet been found that does the work, that can be relied upon. Read a recent article by Dr. Biggs in the *Health Bulletin* of the Department of Health of this state, who says this. He knows.

These vaccines and serums were all tried, both as cures and preventives. They experimented upon a credulous and thoroughly frightened public with their dangerous diabolical conglomeration of germs. Five million dead "bugs" injected into some poor body at a squirt! Shades of the prophets! Such profanation of the temple of the soul! It reads like the practice of the physicians in the middle ages when pulverized chicken entrails were given to patients afflicted with dysentery and live toads were bound on the throats of sufferers from goiter.

Drug treatment seems to be based upon about the same kind of reasoning. Give the patient aspirin to quiet him. Depress his heart's action so that it is further weakened in its attempt to send the blood through the obstructed blood-vessels of the lungs, stomach, bowels and other affected organs. Take away the only chance of the poor sufferer, for the only hope in pneumonia is to secure and maintain good blood circulation in the lungs. About as much sense in giving aspirin to a bad influenza or pneumonia case, as to draw the fires from the furnace under the boilers of the engines that run the pumps in a foundering ship, whose hull is filling with water. In Heaven's name, don't do it!

I say this to you because some osteopaths, I hear, tell their patients they may take aspirin—that it is harmless. It can be bought without a prescription and we here today ought to start a crusade for the enactment of legislation that would do away with its sale, without a written prescription, at least. Tons of the deadly stuff are bought and sold openly, and the public use it indiscriminately for about all the ills to which flesh is heir—as they once did whiskey and quinine. Medical doctors are responsible for this crime. They started its use, and in my opinion, in many cases, from sheer laziness, to combat troublesome symptoms, and have turned out a horde of this form of drug fiends.

The respite from restlessness and suffering is but temporary. Worse follows, and in pneumonia the lungs fill and the heart ceases its endeavors. It stands to reason that many deaths are attributable, directly, to the use of aspirin.

After aspirin what? Strychnia, digitalis and adrenalin. That's it. You've robbed the heart muscle of its normal power and CARDIAC FAILURE IMMINENT. What now? O, yes! Stimulate the heart. Give strychnin. Give 1/30 of a gram or more. Try digitalis. Administer adrenalin. You're in a tight corner. You must do something and you've got to impress the family and relatives. (They used to camouflage with the oxygen tank for this purpose), and now "everything that is known to science has been tried." Ah, has it, fellow Osteopaths? All the resources of benighted medicine superstition, rather. The poor tired over-worked horse will draw the load a few feet further up the hill, if you apply the lash, and then falls exhausted—dead. Ditto, human being, weakened by infection, lashed on with tissue poisons.

Why add fuel to the fires in your furnace

(Continued to page 20)

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If you wish to increase your efficiency and thereby your income, write for our booklet telling what scores of other Students say.

A clinic for graduates and advanced Students will be held in Chicago at the time of the American Osteopathic Association Convention in June. By starting your correspondence work now you can be eligible to attend this Official clinic.

Write today for further information.

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Incorporated

Utica Bldg., Des Moines, Iowa

Doctor:

*Do you believe in Osteopathy? Then why not send your surgical cases to a hospital where the after-care is Osteopathic?*

*The A. S. O. Hospital at Kirksville is the only place I know where this treatment is given all cases after operation.*

Sincerely,

GEO. STILL

# The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month By THE BUNTING PUBLICATIONS, 9 S. Clinton St., Chicago, Illinois. Henry Stanhope Bunting, A. B., M. D., D. O., Editor and Manager; Ralph Arnold, Business Manager. Subscription price: \$2.00 per annum. Advertising Rates on Application. Copyright, 1918, by The Bunting Publications.

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## EDITORIAL

Fairness, Freedom, Fearlessness  
"Hew to the line, let chips fall where they will"

Vol. XXXV MARCH, 1919 No. 3

### IN PART WHY INFLUENZA WAS SO DANGEROUS

In the midst of the great epidemic, now happily passing, the *Washington (D. C.) Herald* with the best of intentions printed on its front page, top of column in box formation to give it prominence, the following misinformation on the "authority" of a prominent local allopath, purporting to be a prescription that would help a human being coming down with influenza:

#### Hints for Curbing Influenza if a Doctor Is Not Available

An emergency Spanish influenza prescription for an adult, while waiting for the visit of a doctor, is given by a prominent Washington physician, as follows:

Calomel .....	2 grains
Citrate of caffeine.....	.12 grains
Hexamethylin .....	.24 grains
Aspirin .....	.24 grains
Quinine muriate .....	.12 grains

The foregoing quantity is sufficient for twelve capsules. One should be given every two or three hours.

A few simple comfort measures can be given by the home nurse. If possible the patient should be in a bright, well-ventilated room, with wide-opened windows, but well out of a draft. A sponge bath, followed by an alcohol rub, is soothing to the sufferer. An ice pack at the head has been found to be valuable in relieving a patient's headache.

Every effort should be made to obtain the services of a qualified physician.

The fresh-made graves all over the North American continent attest that such drug treatment was really a part of the danger of the epidemic.

It was equally dangerous if taken on the advice of a well-meaning but misguided newspaper, or if taken on the prescription of a well-meaning but misinformed and misquoted physician.

God help the poor human beings who are the victims of such malpractice.

The April issues of *Osteopathic Health* quotes enough sane allopathic authorities to cashier as a therapeutic quack this "prominent Washington physician" who gave the *Washington* newspaper that prescription and who do doubt pumped such poisons in scores and perhaps hundreds of trusting Washington people. No doubt, while the osteopathic doctors in Washington were not losing patients in excess of about 1 per cent, this allopathic antideluvian was burying his patients with fateful periodicity and fully sustaining the reputation of his school as losing from 10 to 25 per cent of his cases. The new brand of influenza is deadly enough without any treatment at all—as innumerable deaths in the arctic circle and distant islands of the sea prove where doctors who give such medicines are happily scarce—but when the infection is re-inforced by such rank tissue poisons in the mistaken name of therapeutics is it any wonder that people died in Washington, D. C., faster than undertakers could bury them?

Newspapers such as *The Washington Herald* that have been imposed upon by doctors who pass as up-to-date and responsible ought to investigate this situation in the wake of the epidemic, now that the whole naked truth is obtainable, and turn

the machine guns of pitiless publicity upon the back numbers of the healing art who are discredited fully by the best authorities of their own profession.

Every osteopathic doctor owes it to mankind to see that the newspaper editors of his community are given this April issue of *Osteopathic Health* which puts the allopathic profession on record as to the uselessness and danger of giving drugs, vaccines and serums in influenza and pneumonia. Newspapermen are a wide-awake bunch, they are almost universally fair-minded and open to conviction, and they are seeking the light and want to be set right. They will welcome the truth and will promulgate it enthusiastically. It is your mistake if you sit back and fail to give them the authoritative facts which your field journal contains and thereby give an open field to the mossbacks of pharmaceutical medicine for imposing their bankrupt and sterile practice on the credulous public.

We wish that the six thousand osteopaths of the world would each make a personal call this month on every newspaper editor of their respective homes with a copy of the April issue of *Osteopathic Health* in hand and back it up with the March issue of the same publication which puts the anathema of pure science on the use of vaccines and serums in influenza and pneumonia. You will be surprised how glad and grateful the editors of our newspapers are to get this sort of information, and many of them will pass it along to the people right graciously. For example, in this issue of THE OSTEOPATHIC PHYSICIAN we reprint news and editorial comment on this subject from the *Chicago Evening Post* and *Rocky Mountain News* of Denver. Please be advised that these articles followed upon the presentation by the present writer to the editors of these two newspapers of his March issue of *Osteopathic Health*. You can get equally good results if you will act on this advice intelligently and industriously.

### THE RIGHT KIND OF HEALTH DEPARTMENT ADVERTISING

It is a pleasure to observe the kind of newspaper advertising bulletins the Boston Health Department ran for the education of the people in the midst of the flu epidemic. While in many other places the press was used to perpetuate the antideluvian superstition that drugs would prevent or cure the prevailing infection, or the modern superstition that vaccines or serums might do so, the Boston Health Department rose to the needs of the hour and utilized its opportunity by running such display advertising copy as the following, which we took from the *Boston Herald*:

Health Department City of Boston  
Official Bulletin

#### Influenza Prevented

By Drugs?  
It Can't Be Done

But simple, right living will go a long way toward accomplishing that end.

Cover your Cough—Clean your Hands  
—Scald your Tableware—Breathe Fresh Air—Keep out of the Sick Room—Avoid Crowds.

If you feel sick, go to bed, and call your doctor.

There is only one change we should like to see made in the foregoing copy, and in light of the more than 50,000 epidemic cases reported by the osteopathic profession with a death rate of less than one in a hundred, we submit it would have added perfection to this public health department's message. The last injunction should read: "Call your osteopath." That is what it should be, but, of course, in an epoch of "state medicine" it would be too much to expect until the leaven of

health science for which osteopathy stands has worked over the public mind a good deal further.

Not many communities are enlightened enough to print such official medical truth as Boston's No doubt the Christian science movement there has worked powerfully to bring about this nihilistic attitude against the drug superstition. But so has the osteopathic movement in Boston. And so has Harvard, with such spokesman a generation ago as Dr. Oliver Wendell Holmes and today as Dr. Richard Cabot.

It is encouraging indeed to those who practice an enlightened form of therapeutics such as osteopathy and to those among our practitioners who campaign to educate the public up to the true facts of disease and the safest modern resources of healing to see such a progressive attitude on the part of a city health department as this health bulletin indicates for Boston. May such institutional advertising increase and have many imitators.

### WE ARE AS RAVENOUS AS OXYGEN FOR WORK

Many of our friends write us that they are worked to death in osteopathic service. We fairly envy them. We have a surplus store of kinetic energy and a margin of experience, time, equipment and literature that we fairly yearn to have utilized for osteopathy's advantage. We would like to go faster and harder and approach some miles closer to the "breaking point" in the fuller utilization of our publicity and promotion energies by the profession.

You realize what it means to know of some influential flu sufferer needing osteopathy and of feeling your hands fairly tingle to "deliver the goods" and win from him golden opinions and gratitude for osteopathy, yet not to be called upon for the chance you crave to make good.

That's just the case with us as publishers and promoters of the profession. We know so well how much valuable service we could render to many readers of *The OP* if they would only call upon us for additional work and come to see the advantage to themselves, to the profession, to humanity and to ourselves that would promptly result from adopting *Osteopathic Health's* monthly educative system. We are so sure of the enormous gain it would mean to you if we could only persuade you to make a generous yet discriminating distribution of the Lane book, "A. T. Still, Founder of Osteopathy." We have various other things up our sleeves that we would dearly love to spring on you and the profession to supplement these agencies of advancement, these winners of more general and just recognition, if the demand, as measured in orders, were only great enough to justify the enterprise.

Lord, folks, we have got storehouses full of enterprise and energy to put at the service of osteopathic advancement if you will only authorize it, but we can not work any faster, or harder, or more successfully than you will sanction us doing. Think of a good hired man wanting to break his fool back carrying loads for you and having to use half his energy begging you to give him a job and let him get busy!

Listen! If the osteopathic profession will only take our lead and put the opportunity into our hands to really "go some," we will make it the best advertised movement in Christendom.

Here are details.

We knew as each appeared that all our last six editorial issues of *Osteopathic Health* dealing with the epidemic contained the most wonderful opportunity and power imaginable to bring osteopathic practice up front and put it ahead of allopathic practice. Yet we did not dare print any bigger editions than usual because we knew that additional copies would not be utilized if we did. It would mean serious loss if we yielded to the impulse of enthusiasm. Yet, even with conservative printing, we observe that February's classic, "The Day of Therapeutic Reckoning," still has 3,000 copies resting on our shelf. There are still 10,000 unsold copies of the March number containing the astonishing message "Osteopathy Had But 472 Deaths Among 48,911 Influenza and Pneu-

monia Cases Treated," and also containing research's authoritative and convincing discredit of vaccines, serums and drugs for these epidemic diseases.

Of course, they are selling right along—a few hundred or a thousand copies a day—and all doubtless will be used up by the end of the month. But what is that for a profession of 5,000 active practitioners? Are we so unwilling to let the world know the worth that is in us? What has been put forth is as nothing. It is not a drop in the bucket. One man or woman in a city of 100,000 population might well use up this whole remaining supply. Our New York City profession ought to be sending out twice as many under supervision that would prevent duplication of copies to the same addresses.

If the profession were really awake and out to "go over the top," we should have been compelled to print just one million copies of each of these issues for the past six months and it would continue for the next ten years! That is what we mean when we say we would like to be kept busy. We mean magnifying our tasks and multiplying our output ten to twenty times. Really, nothing less will ever meet our own conception of our true worth, dignity and potential function to the osteopathic profession. We confess that we feel like pikers when we realize so fully *what should be done* and know how well *we could do it* and still await the coveted orders that would permit us to put osteopathy over the top.

So much for the unused potentialities of *Osteopathic Health*.

Then there is the vast and as yet practically untouched power for good in campaigning with the Lane book, "A. T. Still, Founder of Osteopathy." We printed a first edition of 2,000 of these, feeling that the unusual original merit of the work should cause these copies to be sold out in ninety days. Five hundred "guarantee copies" were sold before the book was put to press. Five hundred other copies have been sold since—a stupendous task to move them, too, requiring an advertising campaign running much 2-page copy in *The OP* and four or five letter follow-ups to the whole profession that cost—well, fully as much as the second 500 copies placed brought in.

A thousand of these wonderful scientific proofs of the merit of osteopathy as a therapeutic system are still on our shelves. We would be so glad to receive orders to move them and additional orders to put a second edition to press.

Why, if we were all half-way awake, fellow osteopaths, that balance of 1,000 unsold copies of this peerless book would have been gobbled up within sixty days after they came from the bindery and bulk orders would have rushed in in such a steady flow as to justify second and third editions in units of 10,000 copies.

Will the day ever dawn that brings a really worth-while Osteopathic Drive when a plant with the service capacity such as ours—a plant which turns out publications such as we produce and could multiply by indefinite expansion—will feel the joy of being literally worked to death?

We entertain the hope.

Tens of thousands of authoritative, accredited, revolution-working books and twelve millions of copies of *Osteopathic Health* distributed a year are what we have dreamed of achieving and have worked for faithfully for twenty years; and this is the measure of service we still propose to achieve for osteopathy if you, the 5,000 men and women of osteopathy, will let us. If we fail we shall feel it was not really our fault.

We repeat we are hungry for work and we hope you, indulgent reader, will give us the commission to serve you: for it is only by building up many and successive individual units of coöperation and patronage on the business basis of exchanging a just equivalent such as your contract for service represents (or would represent, if we have not yet had contract relations) that such grand achievements for putting osteopathy up front where it belongs will ever be realized.

Please, work us to death.

### MEDICS GRASPING FOR MORE POWER

The State Legislature of Illinois is considering a bill to consolidate the Chicago Building department with the Chicago Health department.

It is another instance of the nation-wide efforts of the medics to extend their power in the control of state and civic affairs.

Several years ago it was proposed to take the control of the sanitary provision of the Chicago civic code away from the Health department and to combine it with the Building department, but the medics put up such a persistent and bitter fight that the change was defeated.

Why should medical men presume themselves to be particularly fitted to supervise the sanitary provisions and arrangements of buildings? It is an arrogant presumption without warrant in the facts.

The control and supervision of such sociological and sanitary affairs in civic matters should properly be in the hands of sanitary engineers and sociological experts and a well constituted building department should, of course, have such men on its staff.

Some years ago there was introduced in the city council of a western municipality an ordinance which, in a most specific and detailed manner, put into the hands of the city health board the control of practically all measures for the protection of sanitary and hygienic conditions in the city, such as inspection of butcher shops, bakeries, groceries and all other places where food or drink was stored or sold for public consumption, also the inspection of plumbing and heating arrangements; the inspection of factories as to conditions of places in which the employes work; inspection of garbage removal, etc. The ordinance was defeated, but it indicated the extent to which the medics would like to go in their control of civic affairs.

The absurd idea that medical men are fitted to be efficient inspectors of building construction, sanitary conditions in tenements, and hygienic conditions in butcher shops, bakeries, etc., as well as all other manner of industries, must be exploded by an aroused public opinion.

### NOTICE THAT THE OP RESUMES ITS MIDDLE OF THE MONTH MAILING DATE

The April issue of *The OP* will catch up to its scheduled date of publication, which is the 15th of the month, and hereafter will appear regularly the middle of every month.

All our "associate editors"—and everybody who sends in one item, contribution, suggestion or clipping is regarded as an associate editor of *The OP*—are hereby requested to mail in anything intended for the April *OP* as quickly as possible.

Circumstances which operated to make us quite late each month in the war period are now happily removed, and *The OP* may be looked for as a newspaper to go into the United States mails on or before the 15th of each month hereafter.

We shall value the effort of every subscriber to help make *The OP* the most serviceable newspaper imaginable.

### PLEASE SEND THE OP PERTINENT NEWSPAPER CLIPPINGS OF INTEREST

The editor will value your work as an associate editor of *The OP* if you will clip out such newspaper, magazine and medical journal items and articles as you think have relation to our osteopathic work and would be helpful to the editor of *OH* and *OP*. Each such associate editor who is self-appointed becomes ipse facto a valued member of our staff and will receive our profound thanks. We want you to become our eyes and ears for matters of health, of disease, of medical concern and of interest generally or especially to the osteopathic profession. Will you do so?

Please send the full name and address of the publication and the date on all such clippings.

You will be helping to make *The OP* and also *OH* all that you most want them to be. And you will receive our profound gratitude.

### THE MOTHER OF OSTEOPATHIC JOURNALS AGAIN A SERIOUS COMPETITOR

We are pleased to note what a wonderfully fine magazine the *ASO Journal* is issuing these recent months. The improvement in value has been remarkable. No practitioner who knows what he is about will do without it—not for two bucks a year.

First and foremost Dr. Chas. C. Teall has lent a 'prentice band—and everybody knows how interestingly and helpfully this old shark writes on all pertinent osteopathic matters. He has given *The OP* many a good lift in the past and we shall still hope for more in future. But, meanwhile we suppose—until Teall's next sea voyage at least—he is subsidized by the *ASO Journal* and will appear regularly with his choicest bon-mots in Editor Hamilton's good paper and offer us only the leavings. Teall runs an eight-page department all his own. Don't miss it. It's authoritative and has the Teall monogram blown in the bottle.

*The Journal* is rendering a conspicuous service also in reporting osteopathic and medical work in the epidemic. Dr. Geo. Still got out a Questionnaire to graduates all his own. It is disclosing lots of interesting items. If you have not seen *The Journal* lately, be sure and send for it.

### CAN NOT WE ORGANIZE AND INTERNATIONALIZE THIS PRACTICAL PLAN FOR OSTEOPATHIC ADVANCEMENT?

I inclose an editorial clipping from the *Rocky Mountain News* of Denver, an editorial that I believe I inspired by writing the editor and telling him to look up the record of the D. O.'s during this late epidemic. I had it reprinted in one of our local papers and many comments have been passed upon it.—Fraternally yours, A. F. Steffen, D. O., Scottsburg, Nebraska.

Good work, Doctor Steffen. It is evident that your letter got attention. Keep up all such effort. It pays.

The editor of *The OP* had also sent the editor of *Rocky Mountain News* a letter accompanied by a copy of "The Day of Therapeutic Reckoning" (February *OH*), calling his attention emphatically to the wonderful record made by our profession in curing epidemic cases and asking him to give the situation such editorial attention as he thought it deserved. Our respective appeals naturally pulled together and would serve to increase the force of the invitation. Probably the Denver Osteopaths also reinforced us.

The joint result secured in the *Rocky Mountain News* (one among many) goes to show how much valuable publicity and just editorial support for our practice might be obtained if only hundreds more of our enterprising doctors (like Dr. Steffen) were at it night and day, seeking every sensible and worth-while opportunity to bring out the news facts of osteopathic efficiency and allopathic inefficiency thru newspaper attention.

May we again, without trespass against good taste, call the attention of all such willing volunteer press agents in the profession to the powerful availability of the current issues of *Osteopathic Health* for just such missionary work? Send or preferably take in person copies of this authoritative, scientifically accurate yet popularly written little publication to the newspaper and other periodical editors of your home community and territorial section and back it up with a strong plea to give it attention. It will say for your practice what you may really feel embarrassed to say for yourself or find the greatest difficulty in expressing. You can't hope to put all the salient and complex facts of your cause before an editor in a brief letter or in a personal interview with one-tenth (possibly one hundredth) part the power and success that lies in the printed word of this discriminating little educator. Every issue is as carefully prepared as a legal brief. It says just what a newspaper man would be interested in knowing and no more. Each issue covers some certain aspect of the situation and covers it adequately. It produces conviction because it bears in every line and para-

# Everybody Knows About The Lane Book, "A.T. Still Founder of Osteopathy"!

Many doctors have complimented us on its production.

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This book should be sent to every newspaper and periodical editor in America. You should send it to those within your circle of contact and acquaintance. This book should be put into every library in America.

First come, first served. This edition was limited to 2,000 copies. How long do you think these books will last?

**THE OP, 9 So. Clinton Street, Chicago**

graph the evidence of sincerity, authority and truth.

Then why should any single issue of this helpful arm of our professional publicity come and go without the wide-awake osteopaths of the land utilizing it to the fullest possible advantage for their own and the world's betterment? One of the most potent ways of such usage is to put it into the hands of every newspaper and periodical editor of the land.

You must recognize, fellow osteopaths, that this suggestion and appeal are almost wholly devoid of any "taint" of promised profit to the writer who makes the suggestion. The amount of added revenue it would bring in to his business, if this plan were organized and enforced to the fullest extent possible, would at the outside be only a few dollars a month. There are only a few thousand worth-while publications, all told, in America. As a matter of revenue, we could duplicate such increase in our business by creating half a dozen new customers. So you must see that the advice is unselfish and actually has a view almost wholly of promoting your own best interests and not of buying socks for Baby Bunting.

There are already a lot of our stalwarts who are following out this plan for themselves. But a plan so good and fruitful *ought to be organized*. It should be worked according to system. It

ought to be a national—yes, international matter, including Canada. In fact, it should be undertaken by the profession as a whole, and should be done so thoroly that no opportunity to educate these newspaper and periodical educators of the world would be wasted.

Obviously, then, as somebody suggested in a letter this month, the enterprise should be adopted and used by the AOA as part of its service to the profession. Surely, the fact of the national organization having its own publications in the field (which it is admitted and by their nature as a fact are not in competition with the profession's other specialized periodicals) should not and would not prevent such intelligent and productive publicity being carried out at the small expense it would entail.

*Osteopathic Health* is already prepared and waiting for usage each month. It is not a question of doubt as to the means to employ, but of *making a decision* to spend that amount of money that way in preference to some other way.

We submit this suggestion to President Fryette and the Trustees as a practical plan for striking now while the iron is hot and utilizing the full educational and advertising opportunity due the science and art of osteopathy while the lesson of the epidemic is of paramount concern to all classes and conditions of our fellow men.

### The House Where A. T. Still Was Born

(Continued from page 1)

miles southwest of Jonesville, Lee county, Virginia."

I was very desirous of locating the spot—the very house, if it should be yet standing. To this end in 1913 I wrote to the Old Doctor for any information that he might be able to give me. Dr. Charlie Still replied to my letter for the Old Doctor, advising me of the names of several neighbors, and also recalling that "there was a very large spring, giving forth almost enough water to run a mill right near the house." That was the Old Doctor's boyhood recollection of his birthplace.

I then addressed a letter to Mr. E. E. Skaggs, commonwealth's attorney of Lee county, giving him what data I had and asked him to advise me if there were any records in the clerk's office that would enable us to locate Dr. Still's birthplace.

I had a reply from him under date of March 20, 1913, as follows:

"My dear Doctor: Your very interesting letter received and note all you say. I am able to give you very accurate information regarding the birthplace of Dr. Andrew Taylor Still. The records of the clerk's office show that Doctor's father, Abraham, owned five hundred acres of land, which he bought of one Mr. Campbell for a consideration of two hundred and fifty dollars. This land lies about three miles southwest of Jonesville and contains the large spring of which you speak.

"There are several old people here who know of the Rev. Still and the house he lived in as a matter of family history.

"It is a little log house built on the usual plan of the old-time log cabin. Andrew Taylor Still was born in this cabin. This cabin is still standing, but has not been occupied for years by any one. If we had a photographer in this town, I would send you a photograph copy of the cabin. Possibly I can get you one later.—Yours sincerely, E. E. Skaggs, Com. Atty."

Later Mr. Skaggs did send me two good kodak pictures of the cabin. One is reproduced in this issue of *The OP*—the only picture of the birthplace of A. T. Still ever printed.

I was elated at this information and these pictures, and intended to write to you about it then, but put it off for awhile and when I came to do it I could find neither letter nor pictures. I was sorely put out. Many a time since 1913 have I wondered what in the world became of that letter and those pictures. Only recently have I come across them, put away so securely that they were really lost!

I feel that many in the profession would like to see a picture of the Old Doctor's birthplace. If you care to run a picture in *The OP* I will be glad to have this picture rephotographed and send you one—I really would not like to entrust this one to the mails.—Very sincerely yours, *Haney Hardy Bell, D. O., Petersburg, Virginia.*

Did we want that picture? Well, well. Dr. Bell's letter came to us with something like the enthusiasm of a barrister's letter from Australia advising us that our long lost aunt had died and left us a trifling testimonial of esteem in the sum of \$10,000,000. We could hardly wait for the mails to bring us this reply:

My dear Dr. Bunting:  
The inclosed is a picture of the birthplace of Dr. Still, of which I recently wrote you.—Sincerely yours, *H. H. Bell.*

And here it is to gladden the profession, add a new feature to the forthcoming "Memorabilia of A. T. Still" (now in preparation by the editor) and complete a link in the chain of the early history of our notable founder.

The profession, its votaries and *The OP* all owe and hereby order paid a debt of thanks to Dr. Bell who will go down in osteopathic annals for this piece of enterprise.

And friends, are you not struck immediately with an additional point of resemblance between Still and Lincoln, which this quaint log-cabin photograph reveals? It looks as much like the house Lincoln was born in as the physiognomy of the two men bore resemblance.

### Thank You, Doctor! But We Must Eat!

**H**AVE intended writing you a letter and to send with it a remittance, but have been so busy could not get at it; but had you sent me a statement of my account with your last appeal I would have sent same P. D. Q. and cleared up the "slate."

What surprises (?) me is that you make a request that I send you a remittance when, as you can not but have observed, I have always supposed you were in business for your "Health" (OH), which only goes to show how easy it is to be mistaken. Don't think I owe you very much, however, as at the time of my last remittance of \$20.00 it left a balance due you of about \$6.00, if my memory serves me aright.

Herewith enclosed please find postoffice money order for \$10.00 just to show there is no hard feeling.

Awaiting your further communications with statement of account, I am, yours truly—*A. H. Paul, D. O., Bridgeport, Conn.*

## Special Information for Osteopaths

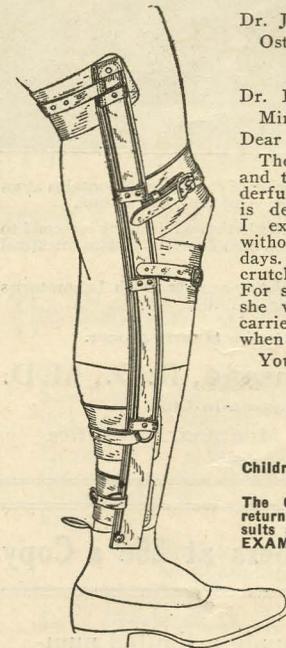
Under the laws of some States osteopaths are prohibited from using anything of a drug nature.

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

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

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

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Osteopathic Physician,  
Ottawa, Ill.

Dr. R. R. Norwood,  
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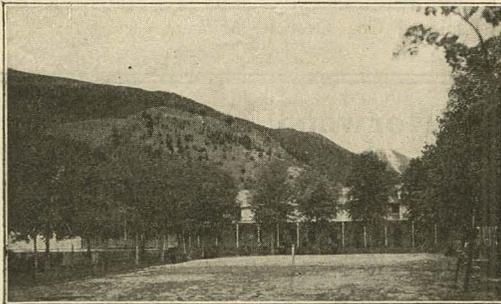
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**THE O P CO., 9 So. Clinton St., Chicago**

## How Osteopathy Works in Curing Influenza and Pneumonia

(Continued from page 15)

which is already overheated? Increase the pressure in your boilers that are already over-strained, and try to force a stream of water thru a concrete wall to put out the fires raging on the other side? Machinery wrecked. The heart fails. Forgotten was the elementary fact that you do not add power to the heart but simply call upon all that is left of the latent power of the organ which, when exhausted, has no means of recuperation, sufficiently quick to meet extraordinary demands.

Well, what do you osteopaths do? It is easy to discard an implement but some other must be had. Don't knock a system unless you have a better. We are quick to criticize but not always ready to be constructive.

The osteopath has a successful therapy. How successful, statistics that will be given here today show that it is almost inconceivable. Had such results, as the osteopath obtains, come thru drug vaccine, or serum channels whole front pages of every newspaper in the land would have heralded the glad tidings to every corner of the world.

[Here Dr. Buster read extracts from the brief submitted to the Education Department of the state, prepared by a committee under direction of Drs. Beeman, Williams and Bancroft, which we print in full this issue.]

The figures of osteopathy's success in coping with the epidemic are epochal in their startling revelations, and when more complete reports are in, they will be still more wonderful.

Why has the osteopath been so signally successful? Because he has grasped the great fundamental truths that disease immunity is in the blood; that blood in motion is health—is purifying—is properly alkaline; that blood in stasis, stagnation or congestion is acid or at least has cast some of its alkalinity; that acid blood is a favorable culture medium for germ growth and activity; that alkaline blood is germicidal; that pure blood is the result of normal body functioning and proper living; that in influenza, free circulation and rhythmic discharge of nervous energy is interrupted and interfered with; that the osteopath removes the obstruction and assists the blood to resume normal circulation in the affected congested tissues, and recovery, such as cannot be had under drug and serum therapy, is rapid.

Take a case of pneumonia. What is the picture? Usually, when the physician is called there is high fever, rapid pulse, labored respiration, cyanosis, great body pain, distress, restlessness and a persistent cough with blood-streaked or rusty sputum. Examination reveals a rigid spine, particularly in the upper dorsal and cervical regions. Mobility of the ribs is greatly impaired by reason of congestion of the costo-vertebral articulations and contractions of the intercostal and pectoral muscles, which tend to rotate the ribs so that they no longer present their flat surface, but their edges present sharply. Exudate filling up the lung tissue, producing a highly toxic condition of the whole system. Peculiar bleb-like excrescences are always to be seen on the posterior wall of the pharynx, numbering from one to five. They are in size ranging from the dimensions of a half of a French pea to the ordinary garden pea. Slightly reddened, and upon pressure seem to be filled with a fluid. They do not rupture. One of my patients pricked one in her throat with a sterilized needle and let the fluid out; she had a very sore throat and the wound was long in healing. These blebs persist in some cases for at least two months and always fade away gradually. I believe this is a good sign to aid in an early diagnosis of influenza. Have any of you noticed them? Another frequent symptom is persistent nose-bleed. Vomiting and purging often accompany.

This is the picture, and the case is serious. Your work is clearly cut out for you. But first clear your mind of any doubts of your ability to handle it. *Keep clear of the medical doctor* if you can. He is "up in the air" in this situation higher than you are. Away with deadly aspirin

that has killed thousands by its depressant effect upon the heart when that organ is called upon for all its power. Don't apply the lash of strychnia, digitalis or adrenalin to whip the poor heart to death when it is already over-worked. Beware of drowning your patient by the homeopathic fashion of giving aconite and belladonna, which, if the dose were only strong enough to have any effect at all, would tend to further paralyze the vasomotor nerves so that the blood vessels would be distended and engorged, until the body is covered with an exudate of perspiration, which fills the lungs just as it drips from the skin. You are up against all these things when you have an M. D. associate in the case.

*Free up the spine.* Adjust the misplaced and subluxated vertebrae. Restore the mobility of the ribs so that their flat surfaces present. Keep in mind the pulmonary obstruction to the circulation. Don't stimulate or inhibit the heart's action, *but free up the pulmonary circulation.* Remove the tense impingement of the nerves where they emerge through the spinal foramina and pass out between the ribs. Correct your cervical lesions.

See the relief the patient experiences, immediately. Watch the cyanosis disappear. Observe the improvement in respiration. Hear the patient express gratitude for the relief he feels, or if delirious, wake up to wholesome sanity. The temperature falls.

A short specific treatment. After a quarter or half an hour give another treatment of two or three minutes. Repeat. *Stay with your patient a few hours* and have the satisfaction of seeing him pass the dreaded crisis.

Now you can begin to feel easier. The heart has not been depressed or over-stimulated by dangerous drugs. The digestive organs soon resume their normal activity, because they have not been deranged by poisonous connections, and with reasonable care and treatment you will soon see your patient well again, and another life has been saved and another victory won for osteopathy, sanity and truth.

I am not so much interested about the heart's work as I am in overcoming the obstruction to pulmonary circulation. The heart will take care of itself if you do this. Our results are a challenge to the whole medical profession to come anywhere near such a showing.

In closing, just a few words of advice and warning to you osteopaths. Influenza and pneumonia are treacherous diseases. They work fast. You cannot neglect them or put off your ministrations, even if you have an office full of patients awaiting you. Immediate attention is required. Continuous ministration is necessary. *Many cases are aborted or rendered exceedingly mild by early persistent treatment.* In bad cases you can not treat them in the morning on the way to your office and again at the end of the day, and leave it at that. Many of the cases lost to the osteopaths either by death or the M. D. being called, have been lost while the osteopath is caring for his office practice. You have no right to take one of these cases unless you are prepared to give *all* the time the case requires. To do otherwise is unfair to your patient and discredits osteopathy.

Severe cases of influenza and pneumonia NEED FREQUENT TREATMENT; so frequent that the osteopath should not miss an hour without giving attention. That means you've got to postpone office work. Our greatest failures are because we do not do this. No osteopath is justified in taking one of these cases that can not give continuous attention.

The morning and evening treatment is not enough, and your failure redounds to the discredit of osteopathy. The patient's family can then say "osteopathy was tried but failed." It is not fair to the patient, either. Don't take a case you can not see thru, and don't—and this I want you to get—don't get cold feet and call in a poison-vender. Remember what I said just now, "they are in the air higher than we are with these cases." You have much greater chances alone, if you will roll up your sleeves and work. Dr. Riley will

presently read some statistics that will prove the results of this kind of work.

Osteopaths, get a new vision of osteopathy. "Behold, I saw a new heaven and a new earth." We were taught by our illustrious founder, that great man, Dr. Andrew Taylor Still, that "the rule of the artery is supreme," and we have believed it. But have we believed it enough? The Master said to Nicodemus, "We must be born

again," and that could be equally true of many an osteopath. Some of us are still Doubting Thomases, and a few of us have not even the weak desire to utter the prayer, "Lord, I believe, help thou my unbelief."

Again, let me repeat, "Blood in motion is health," and it is the *only* thing that causes your patient and mine, to recover. Believe it and practice it, and again become an enthusiast.

## Treatment of Influenza

Paper by George H. Merkley, D. O., New York City, Before the Twelfth Mid-Year Meeting of the New York Osteopathic Society, Albany, March 1st.

THE present epidemic has proven to be one of the most gigantic in scope and disastrous in results that has ever visited this world. It has reaped a toll of more lives than has this terrible war. If extra precautions and care are not taken, this will be followed by a return of the scourge that will prove more disastrous than the present epidemic.

Osteopathy does not any longer belong to an office practice, and the osteopath who does not recognize this fact is the osteopath who is going to lose out.

In order to fill our place in the world of the healing art, we must take our stand as family physicians and attend to all calls, since osteopathy does not belong to the osteopath or the profession but to the public and humanity.

I know of many osteopaths who, practically speaking, confine themselves entirely to office practice and who if called upon to visit an acute case will advise calling the family physician who is an M. D. instead of recommending osteopathy in the hands of another osteopath. United we stand, divided we fall. Let us stand together. Unity means strength and strength means victory.

I am a better osteopath today than I was six months ago. I have become so thoroughly rooted and grounded in the principles of osteopathy that nothing in the healing art could lure me away to any other form of treatment.

After treating over a hundred cases of flu and about ten cases of pneumonia with 100% to my credit I have been so stimulated and buoyed up over such marvellous results that I am ever ready and willing to go "over the top" again and again.

As England with her splendid navy during the past has stood between the world and disaster, so must and does the osteopath who is armed with the pure and unadulterated principles and technique of osteopathy courageously stand between his patient and death.

In my experience with flu I found a very rigid and stiff cervical condition; also a very tense and tender upper dorsal area. In a great majority of cases I found the left side greatly contracted, the ribs were all drawn together. I also found this same condition on the right side in a number of cases, and quite often both sides were involved.

I had a great many cases of the naso-pharyngeal type and usually the patient had a great deal of nose bleed. I did not have very much trouble with the respiratory tract, but a great deal with the gastro-intestinal tract.

Treatments were given twice a day, *paying special attention to the point of attack* until the fever was broken and under control; then once a day until the patient was able to be up.

**Diet:** Chiefly plenty of water, juice of an orange in the morning, followed later on by clam broth, chicken broth or egg soup; a glass of milk in the forenoon and again in the afternoon.

**Baths:** Sponge bath in bed followed by an alcohol rub when necessary.

**Enema:** First a low enema to clean out the rectum, then two or three high ones to wash out the whole colon.

This is done by using a rubber catheter size 12, English, placed on the end of tube on douche bag; fill bag full of hot water, patient lying on right side, insert catheter about three inches in rectum, take about one quart of water and wash out the rectum thoroughly; after this is done have patient lie down on right side as before, fill

bag full of hot water, insert the tube again in the rectum three inches, then turn on the water and work the catheter up full length into the colon; repeat this two or three times until the whole colon is cleaned out and *nothing returns but the water.*

Regarding *Cathartics:* NEVER USE THEM.

*Height of Fever:* From 100 to 105.

*Duration of Fever:* From two to three days.

*Deaths:* None—Thank the Lord!

Regarding pneumonia cases, I had ten cases with well defined symptoms that were aborted by early treatment. Had one case develop pneumonia while under treatment: A mother who had the flu and was all well but still in bed when the husband and two children came down with flu. Unable to get anyone to come in and take care of them, the mother got up a few days sooner than she would have otherwise; in two days she went down with a well defined case of bronchial pneumonia. In three days fever was broken and in 10 days she was all right again.

Three of the above cases of pneumonia—two were women between 65 and 70 years of age and one a baby girl 7 months old. All three cases had well defined symptoms of pneumonia when I arrived. I gave very thorough and relaxing treatments to the cervical and upper and mid-dorsal spine. Called again in 12 hours time and found a very marked improvement. In 36 hours temperature was normal and in 10 days adult patients were up around the house again, much to the gratification of the patients, the families and physician.

I was called in on two cases of pneumonia after the M. D.'s had lost out, one a case of pleuro-pneumonia and the other a case of bronchial-pneumonia. Today both are well and happy.

In the treatment of pneumonia cases I treat them in the morning and then again in the evening, twice a day, confining myself principally to the cervical and upper-dorsal area, not forgetting the bowels and kidneys to see that they keep active.

Keep the patient in a comfortable room, well ventilated, temperature about 70.

**Diet:** Plenty of water; orange juice in the morning. If patient wants anything else you can give a little clam or chicken broth, egg soup, milk or ice cream, providing he holds it in his mouth until it is melted and not allowed to enter the stomach cold. If the patient does not want any food, don't give it or suggest it—he will not starve, when the system needs food he will call for it.

*Average of fever:* From 102° to 105°.

*Duration of fever:* From two to five days.

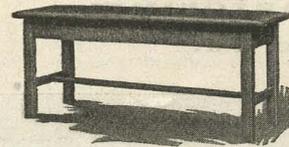
*Deaths from pneumonia:* None.

I never worry about a fever as I believe it has some function to perform.

### McManis Table Now Has International Distribution

THE McManis Table Company of Kirksville, Missouri, has gained a distinction that ought to make Dr. McManis feel quite puffed up. The company has just received a cablegram from Dr. D. T. May of Park Lane, London, England, ordering a De Luxe McManis Table and Stool. Dr. May evidently wanted the table and stool so badly that he could not entrust his order to a letter. As Mac says, "The McManis products are known everywhere."

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Sample sheets and price on application.

L. C. Marshall, D. O., Page, Neb.

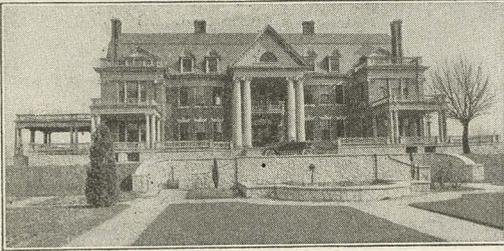


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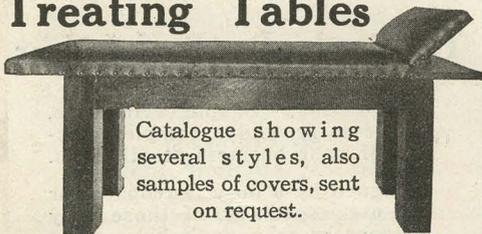


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home community by telling  
them about Osteopathy and  
how it helps promote health.

**THE OP COMPANY, 9 So. Clinton, CHICAGO**

## After Effects of Aspirin and Whisky Bring Osteopathic Recruits as Chronics in Canada

By Dr. Ernest P. Smith, Saskatoon, Saskatchewan.

I AM getting new patients right along who are showing the after-effects of the treatment they received, which was largely aspirin and whisky in this part of the world.

The wonderful preventive treatment, vaccine inoculation, was also worked, at \$1 per. Altho this town gave "free inoculations" to all who applied at three certain places.

Out-of-town doctors also made a swell income for a few months with a charge of \$1 for each liquor prescription, which was also the charge here by our local doctors, and every one who applied was accommodated, and as this is a prohibition territory you may readily judge how the old soaks thanked their lucky stars and allopathy for such a blessed epidemic. I had splendid success in my cases, none getting to pneumonia on me, so no deaths. The last few numbers of *Osteopathic Health* dealing with the "flu" have been good ones, and I trust you may continue to

show up the fallacy of the claims made by our "friends, the enemy."—Yours truly, *Ernest P. Smith, D. O., Saskatoon, Sask., Canada.*

[For your advantage and ours: Please note that the new April issue of *Osteopathic Health* (entitled "Preventing the Common After-Effects of Influenza") anticipates just this situation. It points out the great value of osteopathy to the large and growing army of the chronically sick who survived allopathic treatments in "flu" and pneumonia, but are still not well and are seeking health. If we failed to persuade any osteopath who limits himself to chronic cases and office practice exclusively to taste the joy of getting into the game of acute service during the epidemic, and if we failed to impress him with the advantage, even to his usual chronic practice of distributing the five preceding installments of *Osteopathic Health*, there is surely no argument possible to be made against his using a big libation of this April magazine designed to appeal to the more chronic post-acute cases. How we wish every DO in the world would analyze the logical nature and opportunism which characterize our *OH* service! It is not merely the sale of bulk pamphlets. It is an editorial and advertising service worth to the doctor actually ten times what we charge for it.—Publishers.]

## Epidemic Converted One Busy Osteopath Into an Enthusiastic Educator

He Is Dr. F. H. Gautschi, Napoleon, Ohio

I HAVE had 162 cases up-to-date—some bad ones, too, but no deaths. This experience has made me a better D. O. and the community is appreciating osteopathy as never before. The results have been good advertising—I can't treat 'em all.

I have never used one scratch of advertising since I located here six years ago, right from school. I really didn't need to for practice's sake, but, say, I have had my eyes opened this winter! I am now reformed. There were some folks around here who still would be here had they only known what osteopathic treatment would

have done for them. I feel it is every D. O.'s religious duty—if you please—to try and inform the public what can be accomplished by our method of treatment. The showing we have made in the "flu" and pneumonia epidemic should set us on fire. Imagine how you would feel when called to see a patient just ready to die with pneumonia under medical care! Many of these folks would have called us in sooner had they known of our treatments earlier. My first order for field literature begins with the March issue of *Osteopathic Health*. Better late than never.—*F. H. Gautschi, D. O., Napoleon, Ohio.*

## One M. D. Did \$2,000 in "Serum Squirting"

By Dr. Burrell Russell, New Philadelphia, Ohio

THAT is a bully article by Lane in March *Osteopathic Health* which you print in advance in February *OP*. I would like to have the privilege of reprinting parts, or all, of it in our daily paper here, to show up some of our serum squirters. One man here, they say, made \$2,000 during the epidemic, just with the "flu" serum. I wish I could show him up. With your permission I will.—*Burrell Russell, D. O., New Philadelphia, Ohio.*

[Since Dr. Russell is a regular and consistent user of *Osteopathic Health*, we gladly gave him permission to make the best use of this article that he could. We are usually pleased to extend this kind of aid and cooperation to our customers whose patronage is sufficient to make us feel they are aiding us

to produce the good line of stuff we furnish the profession. Where a practitioner does nothing to help sustain our monthly propaganda we are in the habit, when solicited, of negotiating reprint privileges for a fee equal to the price of 100 copies of the magazine bearing the article. It would not be fair, of course, for us to originate and supply the educational matter to help some doctor's purposes without compensation while some local newspaper got the money passed for giving it a reprinting. So if you are so struck with the value to serve your needs of any certain article in *Osteopathic Health* that you would like reprint privileges in your local paper, take it up with us and it can doubtless be arranged to your advantage.—*Publisher.*]

## 318 Cases of "Flu" and 7 Pneumonias—No Deaths

By Dr. J. A. Nowlin, Farmer City, Ill., March 10

I IN reply to your request for Flu reports, I have treated 318 cases of well-developed flu and seven (7) cases of pneumonia without a single death. Had five very severe cases of pneumonia, two of them under the care of M. D.'s until the third and fifth days. Had many near-pneumonia cases which were aborted the second and third days. I find it much easier to prevent complications of flu than it is to cure them.

My method of treatment of flu is to have the patient take a hot bath at first, if possible; go to bed and drink plenty of hot lemonade and hot

water until he perspires freely and put hot water bottle in bed with the patient if necessary; cold compresses or ice-bag to his head and keep him in a gentle moist perspiration until the fever is gone, which is usually three days. In the meantime I have patient sponged daily with warm soda water and keep plenty of fresh air in the room (but not enough to chill the patient); keeping him in bed at least 24 hours after all fever is gone and up to this time, giving the patient nothing to eat except lemonade, orange juice, grape juice, grape fruit juice, pineapple juice and water.

After the fever is gone 24 hours I then allow the patient to sit up 15 to 20 minutes for about three times the first day and then the following day he is strong enough to be up much more, when I increase the diet to toast, soft boiled egg, egg-nog, baked apple, baked potatoes, tapioca pudding, custards, cocoa, etc., and positively forbid fried foods and meats for a week after the temperature is down to normal.

Bowels must be kept open with enemas daily or castor oil, giving patient the choice. Osteopathic treatment once daily until temperature is normal and then every other day until he is out. Treatment is principally in cervical and upper dorsal regions, but I never neglect the 10, 11 and 12 D. for elimination. When patient complains of aching being so severe I find it is relieved by sweating the patient and usually cold compresses to forehead and eyes will relieve the headaches.

Deaths and funerals from flu and pneumonia have been thick and fast here, but all were the M. D.'s patients and up-to-date, thank heaven, none of them have been my mistake. Every M. D. in this vicinity has had numerous deaths, so naturally I feel proud of my system of therapy and proud of my record of 100% recoveries from flu and pneumonia. In fact, I am now just recovering from flu myself and Mrs. Nowlin also has it; but thanks to the good fortune that Dr. C. A. Crosby of Chicago just received his discharge from the Medical Corps of the Army in time to come to my relief a few days before I was taken down, we therefore received the benefit of osteopathic treatment ourselves; and Dr. Crosby also treated as many of my patients as he could possibly care for by working sixteen to eighteen hours each day.

Personally I can say I have been "off my feed" many times before but never had anything take the "pep" out of me as completely as the flu and oh, but those osteopathic treatments did feel fine and brought me thru in good shape, altho the long hours and heavy work had reduced my weight in the past five months from 180 pounds to 145 pounds, before I contracted the flu myself. Now I certainly can sympathize with my patients when they have the flu—*Fraternally, J. A. Nowlin, D. O., Farmer City, Ill., March 10.*

### 190 Cases "Flu," 14 Pneumonia—1 Fatality

By Dr. Charles K. Garring, Orange, Texas

HAVE treated to date 190 case of "flu". Thirty-four of them with pronounced pneumonia symptoms which were aborted. No fatalities. Fourteen cases of pneumonia—one fatality.—*Yours truly, Chas. K. Garring, D. O., Orange, Texas.*

### 152 Cases—1 Death "Flu" Victims

By Dr. Burrell Russell, New Philadelphia, Ohio

THE epidemic has passed. It took nine weeks of toll in our city and left us with about fifty less population. I treated 152 cases and my very last case I lost. It nearly broke my heart to think I could not come thru with 100% over the top. I mean to say that I lost but one patient where I had my own way. I lost four in all—three others being taken by me after they were ready to die. I had four cases of pneumonia of my own, but all recovered except this one. I cannot see any reason why he died. Just a typical case; but all we did was to no avail. I was with him five days and nights without leaving him and gave him the best attention I knew how but still he got worse. He developed a lobar pneumonia on right side that seemed to fill his entire side and failed to resolute. Outside of this particular case everything is O. K. I hope some of our enemies will look up our record after it is all over.—*Fraternally yours, Burrell Russell, D.O., New Philadelphia, Ohio.*

### 325 Cases—1 Death

By Dr. E. C. Brann, Coffeyville, Kansas

I HAVE had three hundred and twenty-five cases of influenza with one death. Six cases of post-influenza with no deaths. All cases of pneumonia had been under medical treatment before I was called. Had no cases to develop pneumonia where the patient received osteopathic treatment from the outset. We still have the flu with us, receiving new cases every day. Osteopathy is surely coming into its own in these parts. Yours truly, *E. C. Brann, D. O., Coffeyville, Kansas, March 6.*

### 132 Cases—No Deaths

By Dr. H. E. Sowers, Sharon, Pa.

I HAVE had 132 cases of "flu" and have not lost a case, but have almost lost my own health from over-work.—*H. E. Sowers, D. O., Sharon, Pennsylvania.*

### 54 Cases—No Deaths

By Drs. G. B. and Mary E. Armstrong, Los Angeles

WE had 54 cases of the "flu" and not a single death.—*Drs. G. B. & Mary E. Armstrong, Los Angeles, Calif.*

### 114 Cases—No Deaths

By Dr. C. W. Young, Grand Junction, Colo.

I TAKE pleasure in reporting 114 cases of flu in my charge without a death. So far as I was able to diagnose, I had only one case "go into pneumonia" when it was in my charge from the beginning. That case dismissed me too soon. He recovered from the pneumonia under the care of another osteopath. One case was six months pregnant. Uneventful recovery. One delivered a child while she had the flu. Both mother and child are doing finely.

Two cases came to me after being under medical care for five or six days. In both of these cases death seemed imminent, but osteopathic manipulation and radical hydrotherapy brought bettered conditions in a short time. One case, a boy, age 10, came to me two weeks after he came down with the flu. We got him through a severe pneumonia all right. I then sent him to a surgeon to empty an abscess. The operation was a success and the boy is doing finely. I have before me the names and addresses of every case.

The great thing to do to prevent pneumonia is to keep the phlegm coming up from the lungs. Osteopathic treatment, compresses and cornmeal bran poultices will do wonders. In some cases I go right down after the phlegm with my whole hand and thrust a finger in the windpipe. This windpipe technique I expect to illustrate and describe at a later date. I know I have made a discovery of value.—*Yours fraternally, C. W. Young, D. O., Grand Junction, Colo., March 13, 1919.*

### 103 Cases—No Deaths

By Dr. James A. Cozart, Canonsburg, Pa., February 24

KINDLY bring up to date my recent report as to results with influenza cases in this community to read: 29 recent cases; total, 103 cases to date; without any deaths, pneumonia cases or any other complications.—*Fraternally, J. A. Cozart, D. O., Canonsburg, Pa.*

### 12 Cases—No Deaths

By Dr. A. D. Finch, Sweet Springs, Mo.

I HAVE had 12 cases of flu, all told, and handled them with perfect success. My first case was of an R. F. D. man—a very severe case—who was off his route just two weeks to a day. He is in better health

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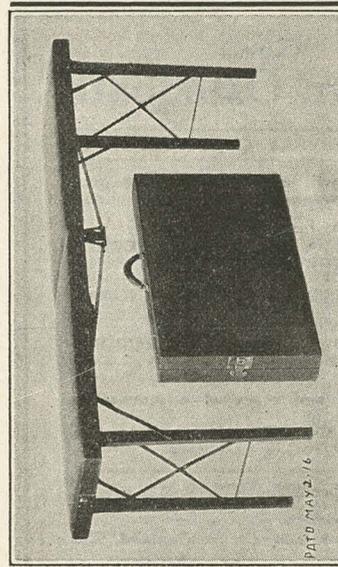
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now than ever, having gained in weight about 20 pounds since his sickness.

My second case was a woman who nursed a nephew thru a very severe attack of flu, which developed into pneumonia, of which he died. During the last week of his sickness she stood over him day and night. She says he both coughed and expectorated into her face. She was so worn out and ill that she could not attend his funeral. The M. D. in attendance on the nephew told her she was full of germs and that she should go home and go to bed. Instead of going home, she motored to my office for treatment. The lower lobe of her left lung was then considerably affected. Early next morning I was called to her home, 5½ miles in the country. That day and the next I saw her three times each day. My treatment was osteopathy plus hot fomentations, followed by hot epsom salts, packs over lungs and bronchi. The packs were kept moist all the time. Her fever was 4.6 degrees for about four days, then improved steadily. I kept her in bed two weeks. The pneumonia was *knocked out*.

I was next called to attend the most poverty-stricken family I had ever seen, I think. It consisted of the parents and six children, the latter ranging in ages from 5 to 20 years. After four of the children were in bed, the mother was taken down. In two days, by the aid of vigorous osteopathy, she forced herself out of bed to look after the family. Then the father was taken down. For over two weeks I was the only person outside of members of the family who set foot in that house, except a young negro man who was inside the door for about two minutes. I gave 82 treatments to that family and, thanks to osteopathy, all of them are well today.

My eleventh and twelfth cases were mothers of families down with flu. Each had had medical treatment. With the first osteopathic treatment improvement was noted in each case, and each made a complete recovery.—Respectfully, A. D. Finch, D. O., Sweet Springs, Mo., March 6.

## How the "Flu" Acts

[From The Drug Trade Weekly, March 15th]

DR. THOMAS F. REILLY, writing in the *Medical Record*, has the following comments to make about the influenza-pneumonia plague, which is by no means a thing of the past:

In general, the mortality was: Below five years of age, about 15 per cent; from five to fifteen years, about 5 per cent; from twenty to thirty-six years, about 30 per cent.

In children under one year it was approximately 50 per cent, and yet there were comparatively few deaths, because pneumonia was not so common in children as it was in adults. It was not so common or so fatal in the aged as it has been in the past. Women had almost double the mortality of men. If the disease was contracted from a patient already suffering from influenzal pneumonia the outlook was worse than otherwise. If the first patient died of the pneumonia the second was likely also to die.

Cyanosis (a bluish coloration) occurring early was almost invariably fatal; if marked and occurring before the eighth or ninth day it was generally fatal; it was perhaps the most terrible symptom of the disease.

Extreme prostration occurring early usually betokened death; even when it occurred late recovery was uncommon.

A "don't-care" attitude was of ominous import.

The pulse was of very little value in arriving at a prognosis. As a rule, the pulse was quite slow and good until twenty-four or forty-eight hours before the end. When the pulse did begin to climb, whether early or late, and continued to do so for more than twenty-four hours, the patient usually died.

## Oklahoma Osteopaths Give "Flu" Observations

[From the Blackwell Daily News, Feb. 10th]

AT the monthly meeting of the Kay County (Okla.) Osteopathic Society, held at the Blackwell Osteopathic Sanitarium, Feb. 6th, the subject of influenza was discussed and those present reported their methods of handling these cases and the number of cases treated and the results obtained. It was found that those present had treated more than 800 cases of influenza, in which no treatment of any kind was used thruout the attack except that given or ordered by the osteopathic physician in attendance and that out of all these cases there had been but one death. In addition to these cases there had been treated by those in attendance at the meeting about 50 cases which had been under some other form of treatment before the osteopathic physician was called. Many of these cases were in a critical condition with either pneumonia or Bright's disease before receiving osteopathic treatment, and of these 9 died. Of all the cases treated only two developed pneumonia and two others developed other complications after beginning osteopathic treatment.

Dr. Gibson of Winfield said he had observed that those patients he was treating for other maladies seemed to be immune to this infection. He said he took the trouble to check over these cases and that not a single patient he was treating as often as once each week had taken the influenza. All the other doctors present had made similar observations, altho they were not then prepared to make any statements as to numbers.

## Queen of Tonga Islands and 400 Are Flu Victims

SAN FRANCISCO, Cal., Jan. 27.—Advices from the Tonga islands, one of the most remote of the south seas group, reached here today telling of the death of 400 natives from influenza. One of the first victims of the epidemic was the aged Queen Takibo, who had passed her seventieth birthday.

## Minnesota Chiro Bill Passes Legislature

THE Minnesota Legislature has just passed a chiro bill with a real "Palmer recoil." The chiros far from wished for the "recoil," because they took to it like a man to passing gravel.

The steam roller was well greased at this session, with the chairman of the committee on public health of both houses back of the bill. Everything went smoothly until the last reading in the senate, when Senator Hall got up and moved an amendment that the course of study be increased from three years of six months each or its "equivalent" to three straight years of eight months each, no two sessions in one year. It was too late to back up, so they had to take it hook and all.

The rest of the bill is a good bill and will make a better law than the osteopaths have, since it is more complete. It does not give the chiro the right to practice obstetrics, however.

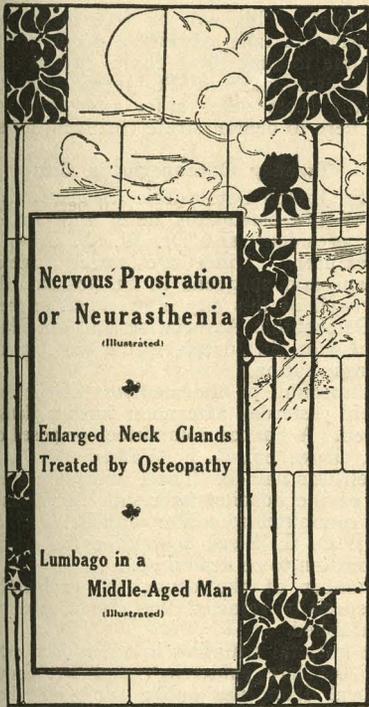
If the admission the chiros of Montana made in their big newspaper howl about the Clay bill increasing their course of study three months, thereby eliminating them. It does not take much figuring to see what the new Minnesota law will do. Ha! Ha!—Leslie S. Keyes, D. O., Sec'y of State Board of Examiners.

## ASO Hospital Offers Free Treatment for Any Needy Soldier from Overseas

[From the Kirksville Express, Feb. 28th]

ASO Hospital offered two months ago to give free treatment and hospital care to all returning osteopaths from the Army or Navy for the next two years. Now it has extended this offer so that any returned foreign-service soldier

No. 20



or sailor anywhere in the country, during the next year, can get free surgical, orthopedic or osteopathic treatment there, but in case any such person will have to be quartered in the hospital he will have to pay for room and board.

This service will be free to all members of Company C, who went out from Adair or adjoining counties, and, of course, to all students and graduates of the school. This offer holds good for the years 1919 and 1920.

This is meant to become an important department of the school and hospital, and men specially trained for this work will be employed in addition to the regular force. Dr. L. E. Browne, a four-year graduate, and an ex-interne, who spent a year at the base hospital at Ft. Oglethorpe, Ga., has been secured particularly for laboratory diagnosis, X-ray and general treatment. Dr. T. A. Rieger, a four-year graduate and an ex-interne, will also be connected with the department. Two other men still in the service will be connected with the institution within the next three months. One of them is an instructor in the army laboratory school in Washington, D. C. The other has charge of all plaster work in the Walter Reed General Hospital at Washington, D. C.

Dr. H. A. Gorrell, who has been in the base hospital at Ft. Des Moines, Iowa, and has had special training in the care of wounds, has been released to take up his duties at the ASO Hospital next week. He will have charge of all pus cases.

Beautiful Picture of Kirksville's Osteopathic Institutions

THE OSTEOPATHIC PHYSICIAN just recently received a beautiful picture in many colors showing Kirksville's osteopathic institutions. The picture is framed in mahogany and gold. Our copy now graces the wall of Dr. Bunting's private office.

At the left side of the picture the ASO hospital is very nicely shown, giving all details. The statue of Dr. A. T. Still appears on the lawn in front. Next to the hospital, somewhat obscured by trees, is the building of the American School of Osteopathy. A complete view of the ASO also is shown in an oval in the center of the picture.

On the right side of the nurses' new home and the Eye and Ear and Specialty Hospital are pictured.

We believe all those who desire a copy of this picture for their office can obtain one by writing Dr. George Still of Kirksville, Missouri. Why not drop him a line and see what he has to say?

Send in News and Reports for Publication

THE OSTEOPATHIC PHYSICIAN is distinctively the newspaper of the profession. Moreover, it is a national newspaper. Sometimes we get complaints about news from certain sections being overlooked. We are glad to print all the news we can get from any and every section of the country, but we cannot print what we do not receive. We should be glad to have complete reports of district, city or state meetings. Legislative work, publicity work or other movements being carried on by the profession, also such personal news items as the arrival of a new baby; deaths; marriage notices; experiences met with while on vacation or plans being made for a forthcoming vacation; peculiar or special experiences in practice. All these things are news and of interest to many others in the profession besides yourself. We should be very glad to receive all such data with a view to publication and we should appreciate your assistance in making *The OP* complete in its reports of all movements and happenings in the profession.

MOST EVERYBODY READS OP

Start my *OP* so I will not miss any number from last year's files. The *OP* is to me what osteopathic treatments are to "flu" patients—life.—F. H. Gautschi, D. O., Napoleon, Ohio.

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How do infectious diseases attack the human system and how does the body resist their assaults? These questions are often asked, especially since the great influenza-pneumonia pandemic hit this country. The answer to these queries—stated in popular language—is to be found in

"Osteopathy in the Infectious Diseases"

the remarkable popular brochure by Professor Lane. It tells about immunity and infection in a fascinating manner and shows by simple statements why osteopathy is the supreme scientific therapy for all infectious diseases. We have a few hundred copies of this valuable document. While the supply lasts they can be had at \$5.00 per hundred. It is a brochure that should be prominently displayed on your reception room table during several months to come and which should be presented to a selected number of your most influential patients. Order without delay or you may be too late to secure a consignment.

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### The Osteopathic Publishing Co.

9 South Clinton St., Chicago

## St. Joseph, (Mo.) to Open a 60 Bed General Hospital Under Osteopathic Control

[From the St. Joseph Gazette, Feb. 23]

THE ST. JOSEPH OSTEOPATHIC ASSOCIATION has just acted in a matter which it has for some time been contemplating—the establishing of a hospital here for its patients. The purchase of the John S. Brittain home at Ninth and Faraon Streets a week ago was the first step toward the goal.

The association expects to take possession of the building March 15, when the necessary changes and alterations will be made to turn it into a modern, up-to-date hospital. At first the building will be arranged to accommodate forty or fifty beds, and as the need for more room increases, additions will be made. There are twenty-five rooms in the building, which is three stories in height, and also has a complete basement.

During the influenza epidemic in St. Joseph the need for greater hospital facilities here was felt more keenly than ever before. The need at times was so pronounced that many physicians and surgeons were compelled to send patients out of the city for hospital care. This is the chief reason for the establishment of the hospital here by the osteopaths at this time.

While the St. Joseph Osteopathic Association is the chief promoter of the new hospital for the city, many business men and friends of osteopathy in St. Joseph, as well as osteopathic surgeons from near by towns, have taken stock in the corporation which will form the controlling body of the organization. It is planned to incorporate the company with a capital stock of \$60,000. Articles of incorporation are being drawn up and will be filed shortly. The purchase of the building was made through Dr. T. O. Pierce.

### Not Confined to Osteopaths

The hospital, although established by the osteopaths, will not in any sense be restricted to this profession. The policy of the hospital will be to admit any patient of any physician or surgeon. No patient will receive osteopathic treatment or care unless the patient so desires. The hospital will be open to all. The osteopathic surgeons expect to do their own surgery, altho the operating rooms will be open to all surgeons.

It is planned to establish a nurses' training school in connection with the hospital, which will be conducted on the same plan as such schools are conducted in other osteopathic hospitals. It has been conceded that patients receive better treatment when under the care of the osteopathic profession in a hospital which is adapted to this treatment than in other hospitals. The results accomplished under such conditions have been found to be better, according to the osteopaths in cities where such hospitals are located.

### Not a Sanitarium

The St. Joseph Osteopathic hospital will not be a sanitarium in any sense. Patients who need hospital treatment alone will be treated. Mentally troubled or nervous patients will not find a haven in this hospital. The largest osteopathic sanitarium in the United States is located at Macon, Mo., where such patients are treated with remarkable results. No such treatment will be attempted here, the osteopaths say.

One of the special features of the hospital will be the treatment of returned soldiers who desire osteopathic care. Two or three rooms will be set aside for them. According to the osteopaths, soldiers were denied the privilege of osteopathic treatment in the army, and altho many of the soldiers were patients of osteopaths they have not been permitted such care. Many of these men will return with injuries which, it is said, can be treated most successfully by the osteopaths, and for this reason the rooms will be open to the soldiers, where treatment will be given free to those who apply for such care.

The osteopaths also expect to hold clinics at

the hospital. This will be free to any patient who wishes to take advantage of the treatment. From time to time these clinics will be held not only by osteopaths of St. Joseph, but leading osteopaths from other cities and states will be invited here to demonstrate treatment for special cases.

### Twenty Osteopaths in City

The St. Joseph Osteopathic Association is composed of the osteopaths here, with Dr. E. D. Holme, president, and Dr. W. W. Grow, secretary-treasurer. There are twenty osteopathic physicians and surgeons in St. Joseph. Dr. M. L. Hartwell of this city is president of the Missouri Osteopathic Association and Dr. Millicent Ross, also of St. Joseph, is the secretary of the state organization.

At a meeting of the members of the association held yesterday afternoon further plans were discussed. A finance committee composed of Dr. W. W. Grow, Sr., F. P. Walker and Dr. M. L. Hartwell was named. These will prepare a prospectus of the hospital later on. Dr. Holme will head a committee to confer with Dr. T. O. Pierce and Dr. O. G. Weed to outline the articles of incorporation to be drawn up.

A number of the osteopaths explained why they especially rejoiced that the hospital would be established.

"The hospital situation in our city as reflected during the late epidemic," said Dr. Grow, "is an appeal from the public for added hospital needs. It was this necessity which started the hospital movement on behalf of the osteopaths. That the plan was readily taken up and carried to successful conclusion is evidence of the interest and need of such an institution."

"A very interesting position in any hospital is the head interne who is the house physician," said Dr. F. P. Walker, a member of the finance committee. "In the ordinary hospital the interne holds only an M. D. degree and has no osteopathic training and therefore he is unable to administer such treatments when directed. An osteopathic interne is always in position to follow the instructions in giving either osteopathic or drug treatment according to instructions from the physician in charge. With the establishment of our hospital, we will also have as our head interne an osteopathic student, who will therefore be of great assistance to the osteopathic surgeons."

### "Not Antagonistic to Others"

"It has never been the policy of the osteopathic profession to antagonize or cause antagonistic feelings to exist between members of our profession and the medical profession," said Dr. Holme. "We have for a long period of time desired a hospital, or hospital facilities where we could treat our patients in the way we know patients at a hospital should be treated under our care. Although we have no criticism to offer at this time of any treatment we have received or that has been administered to our patients at the hospitals in the city, we are especially elated over the prospects of a hospital which will be conducted under our own methods."

"The record that the osteopathic profession of the United States made during the recent influenza and pneumonia epidemic is significant. Out of the thousands of cases cared for by osteopathic physicians, a mortality of less than 1 per cent was shown," said Dr. Hartwell. "I am truly glad that St. Joseph will have an institution established by the osteopathic profession and their friends, in which no doubt records such as the above will reflect credit, not only on the profession, but on the city as well."

### Glad to Aid Soldiers Free

"As for the treatment of returned soldiers, I do not think we can emphasize that point too strongly. We all should be mighty glad to have a place for these men to go for treatment, and I

for one will be glad to offer all assistance to them, free of charge. We have had no place to treat such men heretofore, and our hospital will ever be open to the men who have returned from the battle front with injuries or sickness which we can treat, and we will treat them, every time they apply to us," said Dr. Hedgpeth.

"The osteopathic physicians and surgeons of this section of the Missouri Valley are supplying a need which has existed for some time past. This institution will be one of which the people of St. Joseph and vicinity will be justly proud.

The public has demanded another hospital in St. Joseph and we are supplying it," said Dr. Pierce, who has been pushing the movement for the past year.

"The new hospital will not be a specialty institution," Dr. Pierce continued, "but will admit all cases demanding general hospital care, including surgical, maternity and sickness (except infectious diseases). When complete it will contain about sixty beds. We are glad indeed to be able to give to the people of this city and vicinity that which is so much needed."

## First Call for Chicago—The Biggest and Best Convention, July 1-2-3

THE clarion is being sounded by the Chicago bunch as the first call to the convention next July 1-3.

Begin to make your plans now, and at the same time stick a five dollar bill away each week to cover the freight. Of course, the Chicago bunch cannot pay your expenses and so that part is left to you.

Bring the family with you for a vacation in America's summer resort. There are many family hotels on the north side near Lincoln Park and many on the south side near Jackson Park where you and the entire family may live at a reasonable rate. What a treat it would be for the wife and children, who see little of you, to have you all to themselves for a week or two.

The Zoo of Lincoln Park will afford amusement and study for days. The conservatory in each park will afford a most beneficial recreation in the study of plant life.

With the family well taken care of, you can put in three solid days of hard study at the convention.

### The Convention

Dr. Hugh Conklin of Battle Creek is hard at work on the best program ever presented to the profession. You owe it to your patients to take a vacation of at least a few days to learn what is new in osteopathy. Come and learn how to treat just a little bit better than you ever did before and when you go back note how pleased your patients are over the fact that you thought so much of them that you spent your good money to learn how to treat them better. The effect is marvelous.

### New Features

The main program will be in the morning and the sectional programs will be in the afternoon. This gives you the hard work when you are fresh in the morning, and you can go to the ball game in the afternoon if none of the section programs appeal to your fancy.

### "Peace Convention"

This convention may well be called the "Peace Convention" since it follows so closely the end of the war. It opens great possibilities for our profession and those things will be discussed and plans for the future made.

So:

Dig out your old straw bonnet,  
With the convention ribbons on it,  
And it'll bring up memories right away  
Of Still, Hildreth, and Clark,  
Fixin' lessons from morn till dark;  
Gosh! What a grand convention—say!

## Oh! You Banquet at Chicago— Everything From Soup to Printer's Name

Did you ever hear this historic incident? Pat and Mike were attending a banquet one evening and, as is natural, they carefully scrutinized the menu card beginning with soup.

"Pat," says Mike, "faith an' pwhat is thois—demi-tesse."

"Oh!" says Pat, "that—why, that is the printers noime."

### We're There

The coming banquet at the annual convention is going to be held on Wednesday evening, July 2nd, and it is going to be "some" banquet.

Bring your "glad rags" with you, but don't let non-possession of or aversion to a spike-tail or a low-cut dress deter you from attending the banquet. Bust a brace or two this year and eat with the gang.

### Big Speakers

The speakers at this banquet will be men of note. It was refreshing to sit and listen to the men who addressed the banquet at Boston. But we will excel that banquet with better speakers, and when you leave the room you will feel as refreshed as a daisy in the morning dew.

Some men of national note are being invited, but at this moment we cannot tell you just who will be on the program. The Immortal J. N. and General Coxie will not be invited this year, nor Billy Sunday.

### Reserve Now

We are expecting about two thousand at that banquet so it might be well to address Dr. Alex Walker, 27 E. Monroe St., chairman of the banquet committee, and have him reserve you a place for your family and yourself. The price—well, no one cares what the price will be, we are all going, anyway, for it comes but once a year.

### Bathing

No we don't mean that you are to go bathing in the finger bowls, for you might run the water over the edge, but we are just changing the subject.

If you like bathing be sure you put your bathing suit in with the other traps. Our censor is real liberal so bring any old thing. A dip in the waters of Lake Michigan is great. The municipal beaches are free to the public, and your whole family and yourself can enjoy a dip or two every day. It is the greatest sport for the children to romp and play in the sand. At Lincoln Park they have a beach especially for the kiddies where the water is very shallow. Splash! Splash!

### Don't Forget

Remember the dates for the convention are from June 30th to and through July 3rd. The place is Chicago.

Oh! You Banquet.

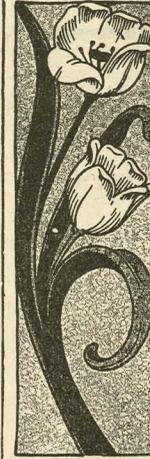
### Michigan State Annual Meeting

THE annual meeting of the Michigan State Osteopathic Association, after being twice postponed, was held at the Hotel Statler, Detroit, February 21st and 22d.

On Friday, February 21st, Dr. A. A. Gour of Chicago lectured on "Gymnastic Adjuncts in Osteopathy." His lecture was very practical. Dr. J. Trimby of Romeo, Michigan, read a paper on "Obstetrics," which was thoroughly discussed by Dr. Garret and Dr. Stevens; Dr. L. Van Horn Gerdine spoke on "Osteopathic Causes in Mental Diseases"; Dr. H. E. Bernard of Detroit took for his topic "The Specific General Treatment and Demonstration of Pressure Treatment"; Dr. C. V. Kerr of Cleveland discussed "Cervical Lesions and Technique for Their Correction," citing some personal experience; Dr. E. S. Com-

## No. 22

### Facts and Fallacies Regarding Osteopathy



How People Get Ideas About Osteopathy

Some Insist It Is What It Is Not

Osteopathy Not Severe—  
Osteopathy Not Rough

Mistaken Fears Prevent Relief

Some Think Patients Are  
Treated Nude

How Patients Dress for  
Treatment

Many Believe Osteopathy "Good  
Only for One Thing"

What Osteopathy Can Do for  
Diabetes Mellitus

## No. 23

### The Osteopathic Catechism

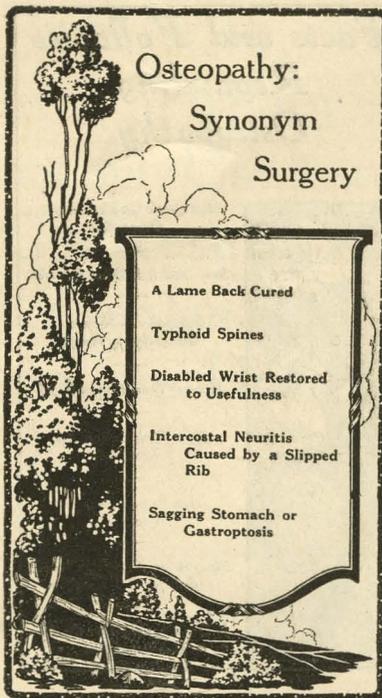
(Part 2)



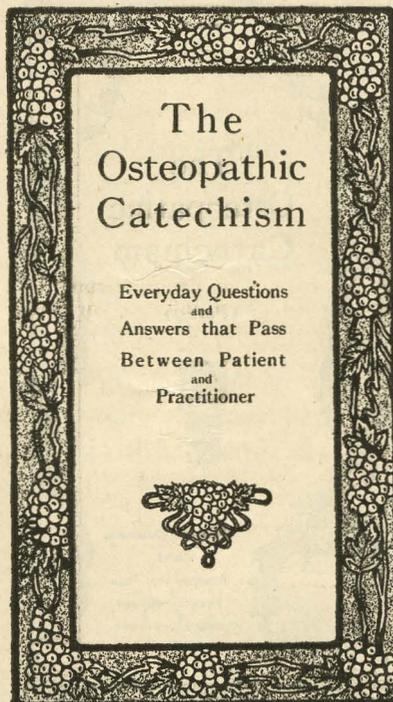
Everyday Questions  
and  
Answers that Pass  
Between Patient  
and Practitioner

Part II.

No. 21



No. 17



(PART I)

stock of Chicago closed the afternoon session with a lecture and illustrated technique of "Dorsal and Rib Technique."

The Saturday session opened with a talk by Dr. Josephine L. Pierce of Lima, Ohio, on the "Bureau of Public Health of the AOA Taking Up Osteopathic Work with Children"; Dr. D. B. Holcomb of Chicago gave a very fine talk on "Ptosis from Personal Observation of Pictures," using pictures from his own practice to illustrate his points; Dr. Gerdine followed up his lecture of Friday with the "Osteopathic Results in Nervous and Mental Diseases," and told of the methods used and results obtained at the Still-Hildreth Sanatorium; Dr. Byron La Rue of

Lancaster, Ohio, gave a very comprehensive and practical paper on "Osteopathic Treatment and Management of Pneumonia." The meeting closed with the subject "Diseases of the Colon and Their Relation to Other Diseases," by Dr. C. E. Amsden of Toronto, which contained much food for thought and pointed out what might be a reason for osteopathic failure in many cases.

The officers elected for the coming year were: Dr. E. A. Ward of Saginaw, president; Dr. Frank V. Hale of Pontiac, vice-president; Dr. C. B. Root of Greenville, secretary-treasurer; Dr. G. B. F. Clark of Detroit, statistician; Dr. A. J. Garlinghouse, Dr. C. A. William and Dr. J. M. Voorhes, trustees.

## Osteopaths Issue Startling Figures on Combat of Disease in New York

[From the Chicago Evening Post, Feb. 25]

FIGURES compiled by the osteopaths thruout the country show that out of 49,000 cases of "flu" treated, of which between three and four thousand developed pneumonia, only 472 died—a mortality of less than 1 per cent. As nearly as can be estimated, the total mortality from "flu" thruout the country has ranged from 5 to 15 per cent. If these figures are correct, here is food for thought for doctor and layman alike.

Certainly every broadminded physician will welcome the news that there is a more successful method of treating the "flu" than the one he has been using. In fact, many old school physicians have already discarded exploded theories and adopted the most up-to-date methods of fighting disease.

The above figures, however, indicate that there are many doctors whose ideas concerning the cause and cure of disease are derived entirely from their college textbooks.

The medical profession, for the sake of its reputation, if not for sake of the human lives involved, will do well to give serious consideration to this matter. It is an even more vital subject for the layman, since it is his life that is at stake. A man who contracts the "flu" wants treatment and advice that will

help him to recover, and not hasten him to his grave.

The loss of life from the "flu" so far has been variously estimated at from half a million to more than two million. Suppose a million persons have died from the disease, and suppose that they had all received the same treatment that the 49,000 cases mentioned above received and had responded with the same percentage of recoveries. This would mean that only 10,000 would have died, and that 990,000 of the 1,000,000 would probably be alive today.

Next to life itself, health is man's greatest possession. If there are methods in use today of treating the "flu" and pneumonia, the most dangerous of all diseases, that can hold the mortality down to less than 1 per cent, the people ought to know about it, and the government ought to investigate the matter.

If the claims of the "drugless" doctors are false, they can easily be disproved, and if they are true, the medical profession should adopt the method of treatment which proves most successful in practice.

Certainly death caused by malpractice, whether thru ignorance or prejudice, should be prevented.

## Results Claimed in Treating 'Flu' Raise Issue on Methods

Reports of Success Made by Physicians Who Follow Drugless System of Healing and Statistics Cited; Others Assert Statements of Cures Are Too Sweeping

[From the Rocky Mountain News, Feb. 16th]

PHYSICIANS who heal by drugless methods are calling attention to their efficiency in treating the recent epidemic of Spanish influenza, as demonstrated by statistics compiled by their associations thruout the country. An editorial in Physical Culture, a health magazine edited by Bernarr McFadden of New York, comments on the claim made by the New York osteopaths that thruout the entire influenza epidemic they lost not one patient and asks, "Is this an idle boast or is it the truth?"

This question was put to physicians of various schools of medicine in Denver. In general the regular physicians characterized the claims as "too sweeping," while osteopaths supported the claims of their fellow practitioners and gave statistics to bear out their statements.

While the regular physicians neither affirm nor deny the accuracy of the osteopaths' figures, they declare that they treated a far larger number of cases, which fact they say would alter the significance of the figures obtained by the osteopaths. They further point out that they were frequently called in after other methods had failed and after the patient had passed beyond the stage where assistance could be given. The regular physicians

deny that the osteopath has any method of treatment which is not known to the regular physician and assert that no physician of any school can claim much credit for success in handling an influenza case.

### Statistics Are Offered

On the other hand the osteopaths rely upon statistics to prove that they were eminently more successful than the regular physician in treating influenza and pneumonia during the epidemic.

According to records obtained by Dr. R. R. Daniels, chairman of a committee of local osteopaths instructed to gather statistics for Denver, the licensed osteopaths practitioners treated 1,304 cases of influenza during the epidemic and lost twelve. Only osteopaths who have passed the state medical examinations and practice on equal professional footing with allopath physicians are included in the report.

Of the 1,304 cases treated, 112 developed pneumonia. Five of the patients who died had been under the care of a regular physician before coming to the attention of the osteopath. Of the seven patients treated solely by osteopaths who ultimately died, three were suffering from serious

chronic diseases. The osteopaths therefore claim that only four normally healthy persons out of 1,304 died of influenza under their care.

#### Dr. Daniels Makes Statement

The records of the city health department show four death certificates, giving influenza as the cause of death, signed by physicians who are known to be osteopaths.

"The record of the local osteopaths is characteristic of osteopathic practice elsewhere," said Dr. Daniels. "According to the incomplete statistics of the American Osteopathic association 49,000 cases are known to have been treated by osteopaths, with the loss of only 410 patients. During the influenza epidemic 2,561 cases of pneumonia were treated by the osteopaths with 257 deaths. Many of these cases were treated first by regular doctors and were beyond hope when the drugless physician was called in."

#### Believes Claims "Too Strong"

Dr. George W. Perrin, an osteopath who has practiced in Denver for fifteen years, said he believed the claims of the New York osteopaths were too strong, but he stated that complete statistics would show a smaller proportion of fatalities among the influenza patients of the osteopaths than among the patients of the regular physicians.

"I do not believe in decrying the methods of the regular physician. Of course he is right in many things. The osteopaths merely maintain that drugless methods of treatment are the only rational way of removing the cause of disease, and drugless treatment is certainly the most efficacious in pneumonia."

Dr. G. W. Bumpus, osteopath, was more emphatic in his support of the osteopathic claims. "I do not know what the statistics for New York are," he said, "but I do know that in Denver the regular physicians had a mortality rate from influenza of 10 per cent, while the osteopaths lost less than 1 per cent. In other parts of the country the regular physicians lost as high as 25 and 30 per cent as compared with between 1 and 2 per cent for the osteopaths."

#### No Controversy Desired

The physicians of the regular school of medicine showed no disposition to enter into a controversy with the osteopaths.

Dr. R. W. Arndt declared that the osteopaths were claiming too much.

"The fact is," said Dr. Arndt, "influenza ran its course without much regard for what the physicians could do, and no physician can claim much credit if his patient got well."

"We do not use any one method of healing. That is why we resent the name allopathy, which the osteopaths apply to us. We use any and all methods which science has proved to be of value. We use every method that the osteopath uses in certain cases, but we will not deny the efficacy of drugs under certain conditions."

"There is no agreement as to what caused the influenza epidemic. We were handicapped with lack of knowledge and we relied on the inherent power of the patient to throw it off. We tried to aid by giving good nursing, but we do not dignify nursing by calling it drugless healing, as the osteopath does."

#### Serum Treatment Big Step

"The only rational treatment that developed out of the epidemic was the blood serum treatment. We didn't know what caused the disease but we did know that a man who got well must have built up resisting anti-bodies in his blood. We took a serum from the blood of such a convalescent and used it with success in treating new cases."

Dr. Robert S. Irwin declared that no one had a right to criticize the methods of another practitioner which are based on science. He said:

"The patients treated by the regular physicians far outnumber those treated by drugless practitioners, which would of course affect statistics. And in many cases regular physicians were called in as a last resort after other methods had failed."

## The Toronto Globe Recommends That Canada Osteopaths Have an Independent Board

[Editorial in Its Issue of February 14th]

### Medicine and Osteopathy

THE Ontario Government is said to be drafting a bill dealing with the long-deferred question of the status in Ontario of osteopaths and the practitioners of other drugless systems of healing. As far back as 1913 the government promised an investigation of the whole matter of medical education, with special reference to these new methods. Mr. Justice Hodgins, who received a commission in September, 1915, to conduct the inquiry, issued a report in 1917 which is an elaborate survey of the field, but if his recommendations were adopted the door would be closed against the osteopaths, whom he describes as the only non-regular body of practitioners with any standing in the United States. He would permit those who have had five years' experience in Ontario and are certified by recognized osteopathic colleges in the United States to remain in practice, but would admit no others unless licensed by the College of Physicians and Surgeons of Ontario. In effect, anyone desirous of beginning the practice of osteopathy in the Province would have to conform to the standards set by the examining body of the regular medical profession, and would, therefore, have to take the same course of education and pass the same tests as the regular medical student, in addition to his osteopathic training. This requirement would, of course, prevent any increase in the number of osteopathic practitioners in the Province, unless applicants were willing to qualify both in medicine and osteopathy.

The legislature need not become involved in the

controversy between medicine and osteopathy as rival systems of therapeutics. Its duty is to protect the public against fraud and imposture, and it can be taken for granted that men and women who are prepared to study for four years to become osteopaths, a period as long as was exacted of candidates for the regular medical profession not many years ago, cannot be suspected of quackery or fakerism. People should be free to seek this kind of treatment so long as they have the assurance that a practitioner of osteopathy is what he professes to be, and has been adequately trained in his particular art, such as it is. They are permitted to forego any kind of medical or surgical attention in favor of Christian science or other forms of mental healing. On what grounds of fair play can they be denied the services of osteopaths who have studied their special science for years?

The alternative proposal of a chair of osteopathy in the University of Toronto would have the same result as giving the control of osteopathy to the College of Physicians and Surgeons. Medicine and osteopathy are two different things, and they cannot both be taught in the same academic atmosphere, under the same roof. The proper way would be to create a board of recognized osteopathic physicians to examine candidates for licenses to practice, until the osteopaths are in a position to establish a college of their own. If there is no merit in their system it will not long survive. Men will not spend four years in studying for a discredited occupation when another year would admit them to the practice of medicine.

## PUBLISHERS' DEPARTMENT

### The Greatest Thing in the World to Cure the Sequelae of Influenza

WE FEEL that we have a very notable message for the world in our April issue of *Osteopathic Health* and we are counting on you to put it before them.

It is a message of salvation to the eager army of chronic sick who are still victims of the pandemic and are crying aloud to us in their misery for deliverance.

We would indeed be hard-hearted if, knowing as well as we do about these many semi-convalescents who suffer much and are slipping into the slough of despond, we failed to use our best endeavors to tell them of their one most certain way of rescue.

"Preventing the Common After-Effects of Influenza" is the title of this message, and to the extent that it means hope and rescue to another, in just that same measure it means wider recognition and better justice for osteopathy, fuller recognition of the worth and dignity of your practice, enhanced reputation and, if your hours are not already as full of work as they can be, more practice for you. If your hours are already crowded with work, then, of course, it is very easy for you to make a good distribution of this message—you can well afford to. So the prosperous osteopath should give this message of hope the widest circulation because he can afford to do it, and the one waiting for more practice can do so, too, because it will help him to get more practice.

Here are the commoner sequelae of flu from which untold thousands are now suffering: Heart weakness, poor circulation, tuberculosis, paralysis, neuritis, melancholia, insomnia, earache, deafness, nervousness and persistent debility. This April

issue will direct many victims of these hang-over maladies into osteopathic hands.

It is the sixth and last of our epidemic installments—the last, at least, in which flu-pneumonia considerations are the sole, or, main, topic of discussion. It is the cap-sheaf, therefore, of all this productive discussion.

Drug treatment is indicated as entitled to some share of blame for these sequelae.

There is a very interesting and convincing feature which proves by the testimony of leading medical authorities that drugs, serums and vaccines do not cure either influenza or pneumonia.

Statistics of osteopathy's work in handling 52,597 influenza cases prove that it does actually cure this infection and prevent its ordinary complications and sequelae. A brief but complete analysis of osteopathy's record is given which keeps up the fine showing made in earlier issues on a lesser number of epidemic cases. This statistical showing of comparative results between "regular" medicine and osteopathy puts allopathy on the defensive and osteopathy in the king row of therapeutic agencies.

What more could you ask of your little ambassador to the court of public opinion? It seems to us a perfect production for campaign purposes from every point of view. Is it, as you view the opportunity? Isn't it good enough for you to use? Where could you hope to find anything else as timely and good?

Will you circulate this message?

Faithfully yours,

HENRY STANHOPE BUNTING,  
Editor.

## Treating and Mistreating the "Flu"

[Editorial in the Rocky Mountain News, Feb. 17th]

THE so-called "drugless" doctors of New York City, of which there are several hundred, have made the astounding announcement that during the recent epidemic of flu in that city they did not lose a single case. Figures compiled by the osteopath thruout the country indicate that out of 49,000 cases of flu treated only 472 died—a mortality of less than 1 per cent. The total mortality from the flu thruout the country, as nearly as can be estimated from a bewildering mass of reports, has been from five to fifteen per cent.

If these figures are true, and they are put forward as correct by honorable men, what appalling conclusions one would be forced to draw! Think what it would mean!

It would mean that most of the 400,000 people who have died of the flu did not die—they were actually, tho of course unintentionally, killed.

It would mean that most of these 400,000 persons would be alive today if they had received the right kind of treatment.

It would mean that the old school treatment of at least two diseases (the flu and pneumonia) is in many more cases more deadly than the diseases themselves.

It would mean that in refusing to allow the "drugless" doctors to treat the boys in our army and navy the government sacrificed thousands of lives.

It would mean that if the letters M. D. after a man's name are to be an indication of knowledge, intelligence and broadmindedness, as they of course ought to be, the medical profession would be forced to abandon false theories for the truth and replace dangerous and out-of-date practices with more modern and successful methods.

Surely the government cannot ignore a matter of such vital importance. It is its duty to take every precaution for the protection of the people's greatest possession—their health! Death caused by malpractice, whether thru ignorance or otherwise, should be prevented.

## That Therapeutic Reckoning

HOW did the profession take to your February *OH?* (The Day of Therapeutic Reckoning.) It certainly was a hummer and I presume it was received with great enthusiasm. I note by reports in *The OP* that many were loud in their praise of it. Kindest regards and best wishes.—Geo. W. Reid, D. O., Editor, *Herald of Osteopathy, Worcester, Mass.*

[Answer: It was valiantly praised by many of our most discriminating doctors and a lot of them used extra quantities; but we still have 3,000 copies on hand which would help osteopathy and ourselves to be promptly placed.—Publishers.]



### Washington Osteopathic Board

The following osteopaths were elected members of the Washington State Osteopathic Board: Dr. W. E. Waldo, Seattle, president; A. E. Archer, Pullman, vice-president; W. T. Thomas, Tacoma, secretary-treasurer; Frank Holmes, Spokane, E. B. Neffeler, Everett. The first examination will be held in Tacoma beginning August 5, 1919.

### Tag Day for Chicago Osteopathic Hospital

Thru the efforts of a number of friends, the City Council of Chicago has promised a tag day to the Chicago Osteopathic Hospital in the near future, date to be announced later. Several hundred women will appear on corners and in public places with boxes labeled for Chicago Osteopathic Hospital. The trustees have authorized the Woman's Board to conduct this tag day. This venture of the Chicago Osteopathic Hospital ought to serve as a very good example for other osteopathic institutions thruout the country.

### Central States Osteopathic Association Convention

The next C. S. O. A. convention will be held at the Coats House, Kansas City, Missouri, May 7, 8 and 9, 1919. Arrangements are being made for a very fine program and a number of interesting exhibits. The success of the S. S. O. A. conventions held during the past three years is a guarantee of a successful convention.

Exhibitors are requested to correspond with the secretary for reservation of exhibit space.—J. Swart, D. O., Secretary C. S. O. A., 650 Minnesota Avenue, Kansas City, Kansas.

### Kay County Society Meets

The monthly meeting of the Kay County Osteopathic Society was held recently at the Southwestern Osteopathic Sanitarium, Blackwell, Oklahoma. A very interesting program was carried out and nearly every osteopathic physician in the county was present, besides many outside visitors. In addition to the regular program the subject of influenza was discussed and those present reported their methods of handling these cases and the number of cases treated. The next meeting will be held at the Sanitarium, March 6. Following the program the wives of the doctors served a luncheon of sandwiches and coffee.

### New Jersey Society Meets

The monthly meeting and dinner of the New Jersey Osteopathic Society was held on Saturday evening, March 1, at the Down Town Club, corner Broad and Market streets, Newark, New Jersey. The following program was given: 5:30 P. M.—Meeting of the Women's Board of Public Health of the American Osteopathic Association. 6:30 P. M.—Informal dinner. 8 P. M.—Experiences in the Great War, Grenadier S. S. McNeil, 1st South African Infantry, 9th Flying Division. War Surgery, Lieutenant R. W. Walton, Salem, Oregon. Osteopathic Treatment of Brachial Neuritis by Dr. R. M. Colborn of Newark, New Jersey.

### Colorado Association Meets

The twenty-second annual meeting of the Colorado Osteopathic Association was held at the Albany Hotel, Denver, Colorado, on January 2, 3 and 4. An exceptionally good program had been arranged which all enjoyed. The following officers were elected for the ensuing year: President, Dr. L. B. Overfelt of Boulder; first vice-president, Dr. U. S. C. Bowersox of Longmont; second vice-president, Dr. Leo L. Lux of Greeley (just returned from the army); secretary, Dr. Martha A. Morrison of Denver; assistant secretary, Dr. Loula M. Burrus of Boulder; treasurer, Dr. Garfield J. James of Denver; auditor, Dr. Laura B. Givens of Colorado Springs.

### Dr. A. W. Chaplin of Albany, Georgia, Loses Office Equipment by Fire

Dr. A. W. Chaplin of Albany, Georgia, who returned to his practice in that city recently after fifteen months' service in the United States army had the misfortune to lose his entire office equipment February 28 by fire. He lost all his office furnishings and his library and his instruments and it was a big blow to him considering that he is not any too well financially fixed after his long service in the army. However, Dr. Chaplin is a hustler and he did not let any grass grow under his feet. He has moved into new offices at 236½ Broad street, where he has two large treatment rooms with a nice reception room and a private office. He has not yet been able to put in all the new equipment that he would like to have but he is getting along nicely.

### Dr. F. E. Dayton Establishes Free Osteopathic Clinic in Escanaba

Dr. F. E. Dayton of Escanaba, Michigan, has established a free osteopathic clinic in the city to which he gives time twice a week for the treatment of afflicted children. On March 10 he invited the clinic committee of the Escanaba Woman's Club to a luncheon and at that time he gave an interesting talk on "True Care of the Child." He laid particular emphasis on care to be taken with a view to preventing curvature of the spine and tuberculosis. Dr. Dayton is to be congratulated on this progressive educational movement. Osteopaths everywhere should get together and establish free osteopathic clinics. It is a service that the profession owes to the children of the poor and nothing will do more to bring osteopathy to the favorable attention of the people of a community.

## How "Bad" Mechanism in Our "Joints" Makes Sickness

A well illustrated number showing how osteopathy adjusts the human machine at its joints especially. A simple but careful explanation of the relations of the bones, muscles, tendons, ligaments and cartilages to the nutrition of the entire body. The big argument for osteopathy. Price \$4.00 a hundred.

OP Co., 9 So. Clinton St., Chicago

The Professor Lane Documents on Osteopathy are masterly expositions of osteopathy—*The OP Co*



We are very sorry to learn that Dr. F. J. Green of Elmira, New York, has been very seriously ill for the past month.

Dr. Rex E. Cunningham of Cape Girardeau, Missouri, has been elected president of the recently organized Rotary Club in that city.

Dr. A. L. Bondy of Denver, Colorado, was recently away from his office. He was laid up with double pneumonia. We understand he has fully recovered.

Dr. Allen H. Brooks, formerly of Iowa City, Iowa, will be associated in practice for a few months with Dr. Della Mattson of Eagle Grove, Iowa.

Dr. C. E. Stewart of Chicago Heights, Illinois, had the misfortune to lose his entire office equipment by fire February 23. He had no insurance.

Dr. R. M. Wolf of Big Timber, Montana, recently took a patient in an automobile to Livingston, Montana, where she was operated on at the hospital. The operation proved successful.

There was rejoicing in the home of Dr. and Mrs. Leonard R. Purkey of Portland, Oregon, December 14, when there arrived at their residence a little lady whom it is hoped will make her permanent home with them. Her name is Barbara Aline.

Through error it was stated in the last *OP* that Dr. Geo. P. Long of Bronxville, New York, had moved to New York City. Dr. Long wishes us to state that he has not changed and does not contemplate changing either his Bronxville residence office or his New York City address at 414 Madison Ave.

Dr. D. E. Pearl was recently released from the Navy at Los Angeles, Calif. He is again associated with the McManis Table Co., of Kirksville, Mo. Dr. Pearl is making immediate plans to resume the classes in McManus Table Technique at the ASO. Want Ad

Dr. and Mrs. Gaylord Husk of Bradford, Pennsylvania, are planning on spending two weeks at Cambridge Springs, Pennsylvania. Dr. Husk is going to make this a vacation and rest after the heavy practice he has enjoyed the past fall and winter.

Dr. Reid Kellogg of Woonsocket, Rhode Island, was recently elected Grand Chancellor of the Grand Lodge of Knights of Pythias of Rhode Island at the forty-eighth annual meeting at Columbia Hall, Providence, Rhode Island, on the 11th of February.

We were very sorry to learn of the death of Dr. Bertha Hilton of Denver, Colorado. On the 20th of February she was burned to death in her home. The body was discovered a short while after the fire by firemen who were called to put out the flames. It is thought that her death was caused by the explosion of a gasoline stove.

Dr. A. F. Steffen of Scottsbluff, Nebraska, recently got a very nice article published in the Rocky Mountain News telling of the wonderful success osteopathy has had in the treatment of influenza and pneumonia. It would be a mighty good thing if Osteopaths thru the country would adopt a similar measure and get literature of this kind published in all papers.

Dr. Roberta Wimer-Ford of Seattle, Washington, has been elected treasurer of a local association there called the Big Sister. This organization has for its slogan, "Doing a Big Sister's Work in a Big Sister's Way" and "Helping People to Help Themselves." The association is nonsectarian. It seeks to correlate all work done for the general good, use all buildings to the fullest efficiency, minimize delinquency of boys and girls, do constructive philanthropy, that is, help people to help themselves. Teach patriotism, love of country, city and home. We wish Dr. Roberta Wimer-Ford much success in her new office.

## "Most Diseases Are of Spinal Origin"

Sixth edition. This pioneer brochure originally appeared in 1901 as Vol. 1 No. 1, of *Osteopathic Health*, becoming at once the prototype of all popular presentations of osteopathy that have followed. Dr. A. T. Still in 1908 pronounced it "the most literary production on the subject" he had ever read. Price \$4.00 a hundred.

OP Co., 9 So. Clinton St., Chicago

Dr. Robert R. Kleiningham, secretary of the Maryland State Board of Osteopathic Examiners, filed a petition for a mandamus in the Superior Court, February 20. Dr. Kleiningham alleges in his petition, filed thru Emanuel M. Baum and Philip L. Sykes, his attorneys, that he is a practicing osteopathic physician, and that several days ago he applied to Dr. Blake, health commissioner, to register his name and occupation as a legally qualified physician to file birth and death certificates but that the right to register was denied him. Dr. Kleiningham states that he is going to carry the matter up thru the courts until something is done.

Dr. Hugh Beaton, recently honorably discharged from service in the United States army and who, previous to entering the service, practiced in Indiana, has located at Danville, Illinois, with offices in the First National Bank building. His suite is on the fourth floor and consists of a treatment room, two dressing rooms and a small room with lavatory, hot and cold water. The woodwork is of oak finish and the suite is furnished in oak furniture with the exception of the reception room, which has wicker furniture. We congratulate Dr. Beaton in establishing such attractive offices in one of the best buildings in Danville and we wish him all success.

**LOCATIONS and REMOVALS**

- Dr. Charles M. Sigler, from 27 Chambers street to 200 West State street, Trenton, New Jersey.
- Dr. J. E. Derck, from 305 Bass block to 506 Shoaff building, Fort Wayne, Indiana.
- Drs. Kilgore & Olmsted, to Dr. Clarkson N. Olmsted, New German American Bank building, York, Nebraska.
- Dr. C. M. Levy, from I. O. F. building to 212 Clayton building, Sapulpa, Oklahoma.
- Dr. E. E. Lyda, from Los Angeles, California, to 312 First National Bank building, The Dalles, Oregon.
- Dr. Manhena Cockrell, from East Las Vegas, New Mexico, to 151 Bradford street, Dover, Delaware.
- Dr. B. C. Roberts, from Atlanta to Dehmer block, Lincoln, Illinois.
- Dr. George A. Bradfute, from Rood building to Exchange building, Caruthersville, Missouri.
- Dr. H. E. Thornley, from Bellefonte, Pennsylvania, to 238 Pine street, Williamsport, Pennsylvania.
- Dr. Nellie Lowe Parker, from Box 23 to Loehr building, Carlinville, Illinois.
- Dr. C. E. Smith, from Estherville, Iowa, to 1231 Stevens building, Chicago, Illinois.
- Dr. Norman D. Wilson, from Manchester, Iowa, to 507 Peoples National Bank building, Jackson, Michigan.
- Dr. B. A. Bullock, from 503 Stevens building to 211 Stevens building, Detroit, Michigan.
- Dr. M. L. Hartwell, from 2913 St. Joseph avenue to Logan building, St. Joseph, Missouri.
- Dr. C. J. Anderson, from Thief River Falls, Minnesota, to Marmarth, North Dakota.
- Dr. O. D. Baxter, from High Point to Masonic Temple, Raleigh, North Carolina.
- Ruth A. Deeter, from Harrisburg to Rose Valley Sanatorium, Media, Pennsylvania.
- Elizabeth Kauffman, from Mountain Lake, Minnesota, to 729 Troost avenue, Kansas City, Missouri.
- J. C. Merriam, from 507 Fifth avenue to Hotel Commodore, New York City, New York.
- H. H. Moellering, from St. Paul, Minnesota, to 1340 Randolph street, N. W., Washington, D. C.
- C. A. Sanford, from Cheyenne to Wood building, Casper, Wyoming.

**BORN**

To Dr. and Mrs. Leonard R. Purkey of Portland, Maine, December 14, a daughter, Barbara Aline.

**DIED**

Dr. James Alvin Stewart died in Los Angeles, California of laryngeal tuberculosis on January 24.

Dr. Nellie Morelock of Rifle, Colorado, on October 24.

Dr. Eugenia L. Summers of Colorado Springs, as result of influenza.

Dr. Bertha Hilton of Denver, Colorado, on February 20, as result of being burned to death by the explosion of a gasolene stove.

Dr. M. E. Cannon of Leitchfield, Kentucky, of pneumonia, following an attack of influenza.

Dr. J. Mark Kilgore of York, Nebraska, of a complication of influenza and pneumonia.

**EXCHANGE and MARKET**

**WANTED**—At once, a good A-1 osteopathic physician as assistant or partner in large first class practice in California. I am overworked and must have help. With the right man I will make any reasonable arrangement, salary, commission or half interest partnership. When writing, give references and full particulars about yourself. Address No. 137, care The OP, 9 So. Clinton St., Chicago.

**WANTED**—Practice for few summer months in north. Sixteen years' experience, acute and chronic. Address Lauren Jones, D. O., Daytona Beach, Florida.

**WANTED**—To buy practice in Missouri, full particulars first letters. Address No. 133, care The OP, 9 So. Clinton St., Chicago.

Have you a standardized McManis table you wish to dispose of? The McManis Table Company of Kirksville, Missouri, will pay you spot cash. McManis Table Company, Kirksville, Missouri.

**WANTED**—A few shares of stock of the American National Assurance Company. C. L. Corkwell, Attorney, Columbus, Ohio.

**FOR SALE**—Practice established ten years in suburb of Chicago. Reason for selling, poor health. Address No. 143, care The OP, 9 So. Clinton St., Chicago, Illinois.

**FOR SALE**—Practice and equipment in Central Kansas. Right party can take in \$2,500 per year. Address No. 141, care The OP, 9 So. Clinton St., Chicago, Illinois.

**WANTED**—Position as assistant, graduated from A. S. O. last June. Practiced in Mooinger, Missouri. Last summer interned for Dr. George Laughlin of Kirksville; this winter and am now with the Centerville General Hospital at Cenerville, Iowa, till April. Am thirty-eight years of age, six feet tall, weighing 180 and of unusual strength and single. No. 142, care The Osteopathic Physician, 9 So. Clinton St., Chicago, Illinois.

**FOR SALE**—Practice in Michigan town of 20,000. Collected cash in 1918, \$2,500, spent \$2,500 in advertising. Good location for man and wife. Only D. O. for 90 miles. Should be able to do obstetrics and acute work. Sunny operating rooms, centrally located, interurban cars pass door, low rent, equipment cost \$1,800. What am I offered cash or secured notes? Sell to highest bidder. Hold-over to introduce successor. Reasons for leaving given to purchaser. Accounts due in attorney's hands. Address No. 144, care The OP, 9 So. Clinton St., Chicago, Illinois.

A rare opening for ambitious man, in town of 16,000 population in N. C., one other Osteopath. Work for two months over \$1,000.00 have \$1,000.00 in equipment. Medical Examiner for seven Insurance Companies. Insurance examinations alone netted \$499.59 in past eleven weeks, a weekly average of \$45.00. Will turn over entire equipment, practice, and Insurance work to right party. If you mean business, you want the work, answer quick for I want to move to specialize. Answer Address No. 145, c/o The OP, 9 S. Clinton St., Chicago, Ill.

**PROFESSIONAL CARDS**

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

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- Morris M. Brill  
18 E. 41st Street, New York City  
Specialist—Catarrhal Deafness and Hay Fever

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- Dr. W. Bruce Lynd  
Osteopathic Specialist  
Practice Limited to Eye, Ear, Nose and Throat  
514 Ridge Arcade, Kansas City, Mo.

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

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- Wm. Otis Galbreath, D. O.  
Oculist, Adenectomy, Tonsillectomy  
Ear and Nasal Surgery  
321 Land Title Bldg., Philadelphia

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- James D. Edwards, D. O., M. D.  
Originator of "Finger Surgery" in Catarrhal Deafness, Hay Fever, Eye, Ear, Nose and Throat Diseases  
403-9-10 Chemical Bldg., St. Louis, Mo.

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- Chauncey Lawrance, A. B., D. O.  
301-2 Legal Bldg., Asheville, North Carolina  
Referred cases given careful attention

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- Dr. C. E. Amsden  
Diseases of the Alimentary Tract  
2. Bloor St., East Toronto, Canada

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

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

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- Charles MacFadden, D. O.  
Temple Bldg., Bad Axe, Michigan  
Specializing in the Non-Drug Treatment of Bright's Disease and Bronchial Asthma  
Referred cases given every consideration

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

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

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

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- Dr. Preston R. Hubbell  
Osteopathic Physician  
504 Fine Arts Bldg., Detroit, Mich.

**A. T. Still Memorial Issue**

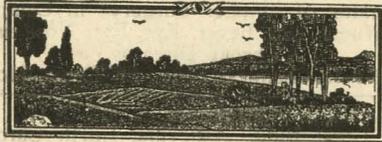
WE HAVE on hand a limited supply of the December, 1917, issue of THE OSTEOPATHIC PHYSICIAN which was the big A. T. Still Memorial number. It contained nearly 30 characteristic pictures of the "Old Doctor." Also tributes by many of the leading members of the profession. You ought to have two or three copies of this issue to keep for the years to come. Place your order now. The price is 25c a copy.

**THE OP CO., 9 So. Clinton St., CHICAGO**

It pays to advertise the truth, if you do it properly

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

**No. 19**

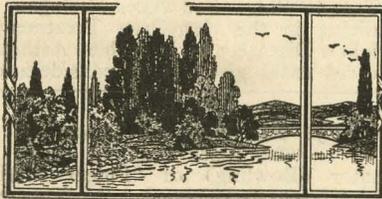


Three Hundred Cases of Pneumonia Without One Fatality!

The Story of a Lost Voice

Osteopathy After Confinement

Facial Neuralgia	Lame Knee
Nervousness	Liver Diseases
Gastralgia	Children's Ills
Inflammatory Rheumatism	



*Osteopathic Health* saves your office time. Instead of explaining every detail to the patient by mouth, hand him a copy of *OH* and let that do much of the work for you.

*Osteopathic Health*  
for April, 1919

**Preventing the Common After-Effects of Influenza**

- ¶ Heart-Weakness After "Flu" a Great Peril
- ¶ Other Evil After-Effects are: Tuberculosis, Paralysis, Neuritis, Melancholia, Earache, Deafness, Digestive Troubles, Nervousness, Insomnia, Persistent Debility
- ¶ After-Effects in Part the Result of Drug Treatment
- ¶ Osteopathy Successful in Counteracting all Such Conditions Following Influenza
- ¶ Foremost "Regular" Authorities Admit that Drugs Do Not Cure Influenza and Pneumonia



*Osteopathic Health* makes satisfied patients. A patient who knows why osteopathy is successful is a real booster for you. A booster means new patients.

**No. 29**



**The Day of Therapeutic Reckoning**

An Indictment Must Now be Drawn against "Regular" Medicine for Its Responsibility for an Increased Death Rate in the "Flu" Pneumonia Pandemic

Osteopathy Reduces Allopathy's Influenza Mortality 99% and Its Pneumonia Mortality 66.23%

This Allopathic "State Medicine" Has a Strangle-hold Alike on People and Government in the United States and Canada



**No. 30**

**Osteopathy Had But 472 Deaths Among 48,911 Influenza and Pneumonia Patients Treated!**

Less Than One in Every Hundred Patients Died from Both Diseases Combined

Research Scientists Discredit Drugs, Vaccines and Serums in Influenza and Pneumonia

"Shot-Gun" Vaccines are Pure Charlatany

The Doctor of Osteopathy



*Osteopathic Health* educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.