Osteopath Rescues Girl Abandoned by M. D.'s to Die from "Sleeping Sickness"

OSTEOPATHY has made the conquest of another mysterious disease and has scored a sweeping victory over "regular" medicine by rescuing a girl from a forty-day siege of so-called "sleeping sickness" and by getting her well in toward complete recovery in less than two months after the medics had pronounced the case undoubtedly hopeless.

Dr. J. M. Fraser of Evanston, is the successful physician. Little Miss Lydia Gray, whose case received some attention in the newspapers, is the fair maid whom this osteopathic knight rescued from the dungeon-keep of the Castle of Sleep. The deliverance had not yet reached the Chicago newspapers as this is being written, but the patient is now in a fair way to recover power to walk and no doubt her marvellous cure will attract new publicity as soon as she does.

Here is the way the Chicago Herald-Examiner of April 6, 1919, told the story of the girl's malady at earlier stages of recovery, without having learned, it seems, that an osteopath, who was called in after the medics gave up all hope, was the responsible agent for breaking the sleep and bringing about the recovery:

EVANSTON GIRL WAKENS FROM 40-DAY SLEEP

Lydia Gray, 13, Back from the Grave, Without Memory of Illness or Power to Move

AFTER lying unconscious from the sleeping sickness for more than forty days in Evanston Hospital, Lydia Gray, 13-year-old daughter of Herbert L. Gray, 623 Sheridan road, Evanston, has come back to life—verily has come from the grave.

The case has puzzled almost every specialist and doctor in Evanston, a number of Chicago physicians and members of the medical staff of the state board of health. And they are still puzzled.

The girl became a victim of the Spanish influenza in February. On the 14th of that month she was taken unconscious. She immediately fell into a deep sleep.

Paralysis seemed to attack her body. She could not move so much as a finger. She was fed only milk and water, given through the nostrils because her mouth could not be opened. Dr. Louis W. Sauer of Evanston, child specialist, is in charge of the case, could hold out no hope for her recovery. Dr. S. S. Winner of the state board of health pronounced the case the strangest he had ever seen. The girl's nurse, Miss Caroline Hullhorst, several times thought she was dying.

Brain Centers Affected

But last Saturday the girl's eyes opened. They were the only part of her that moved. And Monday consciousness seemed partly to return, and with it the power of speech.

"Who are you?" she asked of the nurse. Then: "Where am I?"

Every day since she has asked questions of the nurse. Yesterday she was taken to her home, touched the child they would withdraw and take away their nurses, and that we would have to take the child away from the hospital.

After a good deal of pressure had been brought to bear on the physician in charge he agreed to consultation and time was arranged for ten p.m. Friday, March 21st, at the Evanston Hospital. I met the physician in charge and Mr. and Mrs. Gray, the father and mother of Lydia Gray, the patient.

The doctor told me in the presence of the father and mother that he was through; that he could do nothing more, and also stated of his own free will that, even if my science could do anything for a case of this kind, it was not fair to me to bring me in at this late hour and expect any results.

The child had been in the Evanston Hospital thirty-eight days, in which time she had not moved a muscle except to spread her fingers and had not opened her mouth. The nurses in charge had never heard her speak. All her feedings had been per rectum and nose. She had received over four hundred eighty nasal feedings.

The child had first complained of feeling badly about the seventh of February. An M. D. was called and diagnosed the case as mumps. Two days later a noted children's specialist was called and changed the diagnosis to "flu." The child was running a temperature of one hundred and one to one hundred and two degrees. Temperature dropped to ninety-nine. The doctor ordered her up and gave an iron and strychnine tonic.

Arriving at this point the child developed a spastic condition of muscles and the physical state which she was in when he first saw her. The child was removed to the hospital and never opened her mouth or moved from the time she entered on February fourteenth until March twenty-first.

The treatment the chart showed that had been given her from February fourteenth to March twenty-first, when I took charge, was feeding of six ounces of milk every three hours, rectal feeding every six hours, one enema a day, one-sixth...
I was sending out circulars to let the public know what had been done for their daughter.

If any member of the profession has had any similar case I wish that he would write me so I can learn more about osteopathic treatment.

I will gladly answer any questions regarding the case.

THEORETICALLY there are only two methods of treatment in infectious diseases. The first is to use enemata to aid the body to increase the antibodies or osteopathy to stimulate the formation of antibodies in the blood stream or tissue. Serum therapy has proven hopeless a failure while osteopathy has proven successful.

I take it for granted you understand how osteopathy has aided her, and as the only thing that removed contracture (a secondary lesion). A secondary athy had helped her, and as the only thing that removed before the mechanism can work in harmony.

The patient is kept as hot as can be borne comfortably to aid the mechanism. It has been proven in the laboratory that germs can not proliferate as fast in a temperature over 102 as at a temperature lower than this.

Osteopathic treatment, given to patient once or twice a day according to indications.

Written instructions were left with the nurse who was informed that instructions must be followed. The following instructions are given simply to aid you in your work:

1. Patient must be confined to bed until at least four days after temperature has become normal.
2. Patient not allowed to leave bed for any reason whatever. We have done nothing but watch her and give the strychnine—which was hindering her progress.
3. Modified lemonade every three hours. Add one-fourth teaspoon bi-carbonate of soda.
4. Hot water bottles packed around patient during period of temperature. (In lieu of hot water bottles we have used fruit jars.)
5.橙色 or prune juice every 4 hours.
6. Orange or prune juice every 4 hours.
7. Orange or prune juice every 4 hours.
8. Orange or prune juice every 4 hours.
9. Orange or prune juice every 4 hours.
10. Orange or prune juice every 4 hours.

The following morning the little patient moved her head for the first time. I treated her three times a day with a rapid improvement every day.

On Saturday we removed the girl to her home. Written instructions were left with the nurse.

Since starting this case report I have had to stop work on account of lack of time. It is now about April twenty-sixth, and Easter Sunday, April twelfth, Miss Gray sat up in a wheel chair and fed herself at the dining room table with the family.

Her pulse is eighty, temperature normal, and she is walking about the room. There is still considerable contraction in the muscles of feet but I hope to overcome this. The mother and father are naturally very much pleased and know and pack with hot water bottles or use fruit jars.

Reported by Dr. B. S. Peterson, Omaha, Neb.
**HOW OSTEOPATHS TREATED THEIR FLU CASES**

This *OP* Follow-Up Questionnaire is designed to supplant the invaluable statistical data of epidemic results now being collected by the AOA. This Questionnaire deals with methods. It is to disclose how our patients were treated. Let us pool our experiences that all may profit.

Please answer as many of these questions as you can and send your data to *The OP* for prompt printing and compilation into general articles. Answers are wanted especially for questions 1, 4, 5, 6, 7, 8, 21 and 22. You are requested to write more at length by letter on any of these points that interest you and pin your letter to the blank.

1. What kind of lesions were found?
2. Where?
3. How corrected?
4. What general manipulations were given for bedside treatment?
5. What was the average time used per patient for osteopathic treatment?
6. How frequently were patients treated?
7. Did you observe any unfavorable reactions from too long or too thorough treatment? (This question is to bring out if over-conscientious work may not easily result in over-treatment of these cases.)
8. How many days were patients under treatment?
9. Did patients who had been drugged respond as well as others to osteopathic treatment?
10. What regulation of diet was prescribed for
   - Influenza alone?
   - Pulmonary complications?
   - Bowel and stomach complications?
   - Nervous complications?
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? If so, what?
12. What methods were used to keep the bowels active?
   - If enema, what kind, how much, how often?
   - If manipulation, what kind and how?
   - If laxative, what kind and how much?
13. What method used to keep kidneys active?
14. Did you sweat the patient? If so, how and at what stage of disease?
15. Did you use cotton jacket for pulmonary complications?
16. What about ventilation, that is, much or little?
17. What was average temperature of room?
18. Were any means used to reduce temperature of patients? If manipulation, where, what kind, and how applied? If baths, what kind, how often?
19. Were any means used to overcome cough? If so, what?
20. Were any means used to stimulate the heart? If drugs were used, mention them and quantity used? If not used, state so definitely.
21. How many cases of influenza did you treat? How many deaths? How many cases of pneumonia? How many deaths?
22. How many patients were you able to treat a day during the great rush?

Sign your name here........................................ Address..................................................

Mail to Henry Stanhope Bunting, D.O.,
Editor *The Osteopathic Physician*,
9 South Clinton St., Chicago
The average length of time per treatment was 15 minutes, it being my experience that patients under treatment of influenza patients were easily over-treated and would not respond to a lengthy treatment. It was necessary to treat some patients twice and even three times daily when time would permit. The following reports are of cases which subsided in from three to five days. Of course the sequelae were numerous and varied from constipation down, through the nervous disorders, including meningitis, otitis media, mastoiditis, profound toxemia in several and gall bladder infection in a few.

The cases, three in number, which were most interesting to me were a mother. It was my daughter, each of whom had three injections of serum as a prophylactic from a local medical man. When the influenza symptoms developed I was called in and found all three in a state of profound toxemia, temperature 105, pulse 128, cyanotic and rapid respirations. They were immediately put into a hot wet blanket pack and given about ten ounces of hot lemonade. They were kept in this pack for thirty minutes, during which period the serum was administered, the odor of which I cannot describe here. It is necessary to keep very close watch on the heart during this procedure. After thirty minutes they were taken from the hot wet blanket pack and given an alcohol rub, after which they were put in a dry wool blanket and left to sweat, which lasted some three hours. A temperature of 100 degrees, at the time there was intense perspiration, I don't see why I didn't use them in more cases.

Kidneys kept open by deep stimulation to lower divisions. Treated one case 15 minutes, one nearly three hours, average 45 minutes. Treated patients 1, 2, or 3 times a day. One patient with temperature of 104 I treated but once and got results. One patient I treated four weeks. Average 3 or 4 treatments were given. Drugged patients responded a little more slowly. I believe, not as much slower as would be expected.

Diet was liquid. Used oat meal water and pulped prunes for constipation. Antipligostine seemed to help in some cases. Dionol was a failure in the few cases I used it in. I am sorry to say this as it has been of value in other diseases.

To keep the bowels open I preferred the enema but did not insist on it in most cases. Used from three to nine grains cascara in three grain tablets in most cases. Had such good success with this form of treatment which time I don't see why I didn't use them in more cases.

Kidneys kept open by deep stimulation to lower divisions. Treated on a great deal (three quarts) of water a day. I sweat the patients in the first stage of the disease, not knowing as much about hydrotherapy as I should like to. Why don't our colleges teach and demonstrate it?

Used cotton jacket. Instead of chloroventilation. A wind blowing over a patient's bed isn't sure death. No average temperature. That is, some rooms were fairly warm, some cold.

To reduce the temperature. This is what "converted me to Osteopathy." I rolled up cloth and put under head and neck of the patient and held down on forehead, hard, for 7 to 10 minutes, and in some cases repeated treatment immediately if I got no result. Usual result was a drop of ½ to 1½ degrees. In the worst cases had the treatment given by family every hour or two hours. Used alcohol rubs at first, but in cases where the temperature was over 105 no fever treatment as directed these were not needed. In a very few cases of low temperature the treatment had no effect.

Had no success at all in stopping cough. The inhaling of fumes or steam from oil Eucalyptus, etc., in water were of little value, but the cough was the thing I fell down on in most cases. No drugs were used to stimulate the heart. Nothing was used. Had no trouble with the heart in any case.

In closing, let me say I hope that a great many reply to your questions and that you give us the benefit of sharing opinions.

Reported by Dr. E. R. Booth, Cincinnati, Ohio

Kind of lesions—light joints and contractures. All known as:

1. Kind of lesion—tightly jointed complications.
2. Location—mostly in upper dorsal cervical regions.
3. Corrected by osteopathy.
4. Gentle but firm manipulations were given whenever lesions were found.
5. Average time used per patient—15 to 30 minutes.
6. How frequently were patients treated?

Half of them 2 or 3 the first day or two.
7. Did you find it easy to over-treat your patients?”
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Faculty Members—Their Qualifications and Subjects:

WILLIAM CURTIS BRIGHAM, D.O., Los Angeles College of Osteopathy, 1907; Post Graduate Los Angeles College of Osteopathy, 1908; Completed Academy work and Freshman and Sophomore years—preparatory medical course—University of Idaho; Student in Bacteriology, University of Southern California, 1907; Student, Clinical Pediatrics and Surgery, College of Physicians and Surgeons, Chicago, 1912; Professor of Bacteriology, Los Angeles College of Osteopathy, 1907-'14; Clinical and Laboratory work with Combe, Lausanne, Switzerland; Oseki, Ehrlich's Laboratory, Frankfort; and Pappenheim, Berlin, 1912.

Teaches Gynecological Surgery.

FRANK CHARLES CLARK, D.O., Pacific College of Osteopathy, 1906; Taught Botany and Zoology in Washington Irving College, Alameda, 1893; Professor of Comparative Anatomy, Pacific College of Osteopathy, 1907-'14.

Teaches Comparative Anatomy.

ROBERT WALTERS BOWLING, M.D., University of Louisville, Kentucky, 1893; D.O., Southern School of Osteopathy, 1899; Special course in Eye, Ear, Nose and Throat, under Dr. J. M. Ray, 1893; Dean and Professor of Anatomy, Southern College of Osteopathy, 1899-'05; Professor of Anatomy and Physiology and Dean, Still College of Osteopathy, 1903-'07; Dean and Professor of Anatomy, Osteopathic Medicine and Materia Medica, Los Angeles College of Osteopathy, 1907-'14.

Teaches Anatomy, Physical Diagnosis, Pharmacology and Materia Medica, Heart and Lung Diseases.

THOMAS JEFFERSON RUDDY, D.O., Dr. S. S. Still College of Osteopathy, 1903; Professor of Ophthalmology and Regional Anatomy, Still College of Osteopathy, 1903-1907; Professor of Ophthalmology and Regional Anatomy, Los Angeles College of Osteopathy, 1903-'14; Graduate, Western Normal College; Post Graduate work in Chicago, Eye, Ear, Nose and Throat Clinic, 1902-1905-1912; Post Graduate work in New York College, 1914.

Teaches OtoLOGY, Rhinology, Laryngology and Eye Surgery.

DAYTON TURNEY, D.O., Los Angeles College of Osteopathy, 1911; A. B., University of South Dakota, 1905-1908; Instructor, Chemistry, University of South Dakota, 1907-1908; Member American Chemical Society; Professor of Chemistry and Pathology, Los Angeles College of Osteopathy, 1907-'14.

Teaches Chemistry, Pathology, Laboratory Diagnosis.

LURA BINGHAM NELSON, D.O., Pacific College of Osteopathy, 1909; Post Graduate Work, Tulane University, New Orleans, 1913; Instructor, Technique, Pacific College of Osteopathy, 1912-'14.

Teaches Technique.

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THE OSTEOPATHIC PHYSICIAN

19. Were any means used to overcome cough? If so, what? None, except treatment. If aspiration, what kind and how applied? No specific treatment other than indicated by the contracted areas.
20. Were any means used to stimulate the heart? Usual treatment. If drugs were used, mention them and quantity used? If not used, state so definitely. Drugs were not used.

Reported by Dr. R. C. Dugan, Marion, Ohio

Kind of lesions—muscular.
1. Where—dorsal.
3. Manipulations given—relax muscles and stimulated excretory organs.
4. Average time per treatment—5 minutes.
5. Patients treated—one per day.
6. I find it easy to over-treat these cases.
7. Patients under treatment—8 or 10 days.
8. Patients who had been drugged did not respond as well to osteopathic treatment.
10. Nothings used as help.
11. Salt water. What methods were used to keep the bowels active?
12. If enema, what kind, how much, how often? Salt water.
13. If manipulation, what kind and how much? If laxative, what kind and how much?
14. To keep kidneys active—drink water freely.
15. I did not sweat patients.
16. Did not use cotton jacket for pulmonary complications.
17. Ventilation—moderate.
18. Average room temperature—70 degrees.
19. To reduce temperature—neck manipulation.
20. Were any means used to overcome cough? If so, what?

Reported by Dr. Paul Sinclair, Lincoln, Neb.

AFTER a diagnosis of influenza has been made I ordered a routine established which did not vary greatly, no matter what the type was with which we were dealing. The patient was put to bed and other unnecessary members of the household kept out. Patient was kept in bed until after the fever had returned to normal life. After getting the patient to bed, he received 4 or 5 enemas of 1 quart each of soapy warm water and a like enema every night and morning during the course of the disease. He was ordered to drink at least a glass of water every thirty minutes during his waking hours. If the patient was robust his diet was nil during the course of the fever, if not, the diet consisted of the liquids familiar to all in febrile conditions. After the fever returned to normal the patient was given easily digested solids, gradually returning to the normal diet. The temperature was combated by the general spinal treatment, the enemas referred to, the drinking of large quantities of water, absence of food, and in extreme cases by spousing. The backaches were relieved by osteopathic treatment as severe as the patient would allow. Hot applications were used when the treatment was not given. If the case was of the alimentary type with diarrhea, copious drinks of rice water were given with pressure over lower dorsal and lumbar areas. If we were dealing with a respiratory type special attention was given to the cervical and mid dorsal portion of the spine, in much the same manner as in the treatment of pneumonia. I had the chest and back covered or anointed with the mustard salve or in liquid form, which I made up by adding 3 drops mustard to each ounce of camphorated oil. This was a very efficient adjunct in the respiratory types. Inhalation of steam vapor in bronchial diseases was used as a home remedy in my absence.

The lesions of the 4th and 5th dorsal were the most frequently encountered, although many cases had no apparent spinal lesions, while of course other cases presented lesions in abundance.

Reported by Dr. J. B. Fogarty, La Porte and Michigan City, Ind.

1. What kind of lesions were found? None.
2. Where were they? I don't know.
3. How were they corrected? Don't know.
4. What general manipulations were given for bed and whiskey? General at first, light later.
5. What was the average time used per patient for osteopathic treatment? Fifteen minutes.
6. How frequently were patients treated? Once, twice or three times a day.
7. Did you find it easy to over-treat your cases? Yes.
8. How many days were patients under treatment? All differ—about seven.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? Not sure, but think not so well.
10. What regimen of diet was prescribed for Influenza alone? Fruit juice or nothing for three days.
11. Did you use any local applications? Camphorated oil, mustard, onion plaster, etc.
12. What methods were used to keep the bowels active? First two doses castor oil and wash out as often as can. Two or three times day salt enemas. Castor oil two tablespoons.
13. What method used to keep kidneys active? Gave osteopathy and hot water and soda water.
14. Did you sweat the patient? If so, how and at what stage of disease? Yes. Early. Hot water in six or eight fruit jars and hot lemonade and whisky.
15. Did you use cotton jacket for pulmonary complications? Yes.
16. What about ventilation, that is, much or little? Moderate.
17. What was average temperature of room? Don't know.
18. Were any means used to reduce temperature of patients? Emetics, and osteopathy. Manipulation—lower and neck and lungs. Baths—spoon once a day when could get it.
19. What means were used to overcome cough? If so, what? Honey, wine, lemon, etc., hot drinks.
20. Were any means used to stimulate the heart? No. If drugs were used, mention them and quantity used? If not used, state so definitely.

Reported by Dr. M. C. Hammer, New Castle, Ind.

1. WHAT KIND OF LESIONS WERE FOUND?
Mostly muscular contractions in dorsal area. Some bony lesions were found between the first and fifth dorsals and tenth dorsal and second lumbar.

2. WHERE WERE THEY?
Upper dorsal and upper lumbar area.

3. HOW WERE THEY CORRECTED?
Muscular lesions relaxed by manipulation; no attempt to correct bony lesions during acute stage.

4. WHAT GENERAL MANIPULATIONS WERE GIVEN FOR BEDTIME TREATMENT?
A light manipulation of the tenses area followed by pressure and relaxation. Also a little springing of the upper dorsal.
Opening Announcement

The Laughlin Hospital

KIRKSVILLE, MO.

See illustration on another page of this issue

The Laughlin Hospital of Kirksville, Missouri, has just been completed and is now ready to receive patients. The hospital, which was built at a cost of over $50,000, is a modern fireproof structure of forty-two rooms. Thirty-five of these rooms contain beds for patients. The building is built of the very best of material and has every convenience that can be put in a hospital of this size. An electric automatic elevator has been installed, which means a great convenience. There are two operating rooms, one for general surgery and the other for orthopedics.

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For further information kindly address Dr. George M. Laughlin, Kirksville, Missouri.

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THE OSTEOPATHIC PHYSICIAN

5.—WHAT WAS THE AVERAGE TIME USED PER PATIENT FOR OSTEOPATHIC TREATMENT?
About twenty minutes.

6.—HOW FREQUENTLY WERE PATIENTS TREATED?
In most cases two treatments a day were given, but in some I treated three times a day.

7.—DID YOU FIND IT EASY TO TREAT YOUR CASES?
No.

8.—HOW MANY DAYS WERE PATIENTS UNDER TREATMENT?
Three to five.

9.—DID PATIENT WHO HAD BEEN DRUGGED RESPOND AS WELL AS OTHERS TO OSTEOPATHIC TREATMENT?
Not quite. It took from ten to twelve hours longer to get a reaction.

10.—WHAT REGULATION OF DIET WAS PRESCRIBED? FOR INFECTED CASES.
Influenza alone.—Absolutely no food, liquid or solid, as long as there was temperature. After temp. was normal raw fruit or fruit juice first day, liquid or semi-liquid diet next day, gradually getting to regular food in three or four days.

Pulmonary complications.—There were none.

Bowel and stomach complications.—None.

Nervous complications.—Same as above except the milk diet was used for a few days following the fruit.

11.—DID YOU USE SUBSTANCES LIKE ANTIPHLOGISTINE, DIONOL OR OTHER LOCAL APPLICATIONS?
If so what?

I tried Dionol on about a half dozen cases, but could not see that they did any better, or worse, than those on whom I used nothing or cold chest packs.

12.—WHAT METHODS WERE USED TO KEEP THE BOWELS ACTIVE?
A light abdominal massage and an enema once a day for two or three quarts of warm water. No drugs of any kind were used on any of my cases.

13.—WHAT METHOD TO KEEP THE KIDNEYS ACTIVE?
Frequent drinks of hot water.

14.—DID ANY PATIENTS Die?
If so, how and at what stage of the disease?

As soon as I decided that a case was "flu" I gave treatment followed by a pint of hot water containing the juice of half a lemon. Same drink again in half hour. After that a glass of water every 20 to 30 minutes, or cold as preferred. This was continued as long as patient would keep at it which was from 4 to 12 hours. In homes where there was a bath tub a full warm bath—about 100 degrees temperature—was ordered to be given once a day following the enema. Those who did without the bath seemed to do just as well. By these measures I started them sweating immediately, and they sure did sweat some.

15.—DID YOU USE COTTON JACKET FOR PULMONARY COMPLICATIONS?
Did you have any pulmonary complications following influenza? Have had a few cases of Pneumonia this winter that started without the other infection and used cotton jacket and Dionol with some and Antiphlogistine with others. One application seemed to be just as effective as the other and were used more for the mental effect than anything else. I have never had a Pneumonia patient run temperature more than five days and most of them were normal on third day.

16.—WHAT ABOUT VENTILATION, THAT IS, MUCH OR LITTLE?
Plenty of fresh air at all times.

17.—WHAT WAS AVERAGE TEMPERATURE OF ROOM? Seventy degrees.

18.—WERE ANY MEANS USED TO REDUCE TEMPERATURE OF PATIENT? Nothing special was done.

19.—WERE ANY MEANS USED TO OVERCOME ANXIETY?
Cold packs on chest were used.

20.—WERE ANY MEANS USED TO STIMULATE THE HEART?
None. The treatment I gave two or three times a day seemed to help the heart, but I made no special attempt to stimulate it. All patients did fairly well under this treatment. No anxiety and every thing cheerful in the home.

I gave them positive assurance at first call that everything would be all right in the two or four days. A few patients had normal temp. at end of first two or three days. Most of them became normal at the end of second day's treatment.

Don't misunderstand me. These statements apply to the time when I had the case. Some of these patients had been running temp. from one to four days before I saw them and a few had been under M. D. care.

Two patients, a fat man and a 9 months' baby, had whooping cough for a day or two and had some temp. on third day. I kept the ear filled with Dionol and they soon cleared up.

SPATIAL OSTEOPATHY. It will do the business every time if correctly and persistently applied. The biggest help to all cases I have observed in addition to the treatment is absolutely no food, liquid or solid, except the milk diet was used for a few days following the fruit.

19.—WHAT MEANS WERE USED TO OVERCOME PATIENT'S ANXIETY?
Cold cloths to forehead, ice bag to occiput, cold packs on chest.

20.—WHAT MEANS WERE USED TO OVERCOME PATIENT'S ANXIETY?
Nothing seemed to relieve it much.

21. Twenty minutes treatment average.

22. Twice a day treated my cases.

23. Yes, in some cases over-treatment produced bad reactions. Don't over-treat cases in zeal to help them.

24. One to five days. Average, three days.

25. I had only one of these when two M. D's gave up. I brought them back to health.

26. Nothing while fever was on but water, lemonade or orangeade and very little of these. After fever, hot milk toast, egg-nog, weak tea, hot milk, malted milks for two days and then to usual easily digested foods.

27. No drug preparations were used, except mentholatum and flannel around chest.

28. Enema of warm soapy water when first called, then left alone till natural movement came about three-quarters day or day after fever left.

Deep massage to bowel following large colon around and pressure over liver and gall bladder. Few cases used B. B. water, but generally no laxative.

29. None necessary.

30. They generally sweated themselves the first night in bed.

31. No.

32. Enough. Avoid draft on patient; generally had window open three-fourths inches; air warm, but not hot and stuffy.

33. Sixty-five degrees Fahrenheit.

34. Cold cloths to forehead, ice bag to occiput, alcohol rubs. I didn't worry much about fever unless 104-105.

35. Nothing seemed to relieve it much.

36. None necessary, but gave the stimulatory motions in upper dorsal when treating spine.

I had 47 cases of "Flu." One pneumonia and no death. M. D's here lost several.

Reported by Dr. H. W. Black, Minden, Neb.

1. No bony lesions.

2. Contracted muscles of spine of upper dorsal and cervical especially.

3. With patient on side or face, muscles were relaxed by inhibition and usual relaxing treatment.

4. Relaxing muscles and ligaments of spine; abdominal, motions between ribs; to neck for headache.

5. Twenty minutes average treatment.

6. Twice a day treated my cases.

7. Yes, in some cases over-treatment produced bad reactions. Don't over-treat cases in zeal to help them.

8. One to five days. Average, three days.

9. I had only one of these when two M. D's gave up. I brought them back to health.

10. Nothing while fever was on but water, lemonade or orangeade and very little of these. After fever, hot milk toast, egg-nog, weak tea, hot milk, malted milks for two days and then to usual easily digested foods.

11. No drug preparations were used, except mentholatum and flannel around chest.

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20. None necessary, but gave the stimulatory motions in upper dorsal when treating spine.

I had 47 cases of "Flu." One pneumonia and no death. M. D's here lost several.
In the Doctor’s Office

a reliable germicidal agent is continually being required. For a good many years peroxide of hydrogen has been the most generally and extensively employed antiseptic in office practice.

Experience has shown, however, that ordinary peroxide of hydrogen is open to wide variation. Most physicians, therefore, in recent years have used and recommended

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a peroxide of hydrogen that they have come to prefer because they have found it to be superior to any other in its purity, stability, antiseptic power, and freedom from toxic or irritating action. Dioxogen, moreover, is odorless and colorless, properties which greatly increase its value for office use, since it can be employed without leaving any smell, or staining the dressings or clothing. Finally, Dioxogen has marked hemostatic properties which often materially add to its usefulness in the treatment of emergency wounds.

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MUSCULAR AND BONY LESIONS, MOSTLY MUSCULAR

1. Locations, cervical, upper dorsal, mid-dorsal, lumbo-sacral.
2. Correction by relaxation, inhibition and rotation when advisable; mostly relaxation and inhibitions.
3. Special attention was given to cervical and occipital regions to relieve congestion in head and normalize circulation. Upper dorsal to relieve congestion in lungs. Lumbo-sacral to aid elimination, lumbo-sacral for lower bowel and pains in legs. Relaxation over frontal sinuses. Lifting ribs while patient inhales.
5. Frequency of treatment: Worst cases twice per day, rest once.
6. In some cases it was quite easy to treat.
7. On an average, patients were under treatment about four days.
8. Patients did not respond so well who had been under drug treatment.
9. Diet:
   a. For influenza alone, liquid, mostly water, sometimes milk, broth, fruit juice or melted milk. No solid food.
   b. Pulmonary complications—liquid.
   c. Bowel and stomach complications, rectal feeding, browned flower gruel made with milk and cream.
10. No preparations used at all. Used hot applications in some instances.
11. Saline enema, one quart, every day until fever was gone to keep bowels active.
12. Hot packs over kidneys, 10 to 12 glasses of water per day taken through stomach to keep kidneys active.
13. I did not sweat my patients.
15. No preparations used whatever to stimulate the heart.
17. To reduce temperature of patients:
   b. Sponge bath every day while patient had temperature.
18. In some cases it was quite easy to treat.
   a. Inhibition at sixth cervical. Lifting ribs.
   b. Glass of hot water drank slowly every two hours.
19. No means or drugs used whatever to stimulate the heart.

FINDS POST-FLU SPINES "RAGGED" I

MUST drop you a word in appreciation of your literature relative to the "flu." The last five issues have had convincing qualities for my territory. I want you to lay stress on the importance, in the next issue, of every person who has had the "flu" seeing an osteopathic physician and finding out the condition of his spine. I get a good many patients who took "regular" medical treatment who can't get well, still have some weakness, and I find their spines really "ragged." This needs to be impressed on the public; everyone should call on his osteopath and get straightened up before some chronic trouble develops.

The OP is getting better every day and OH is being fed with more eggs, milk, and vintage wine than ever before.—L. N. Fennock, D. O., Amariello, Texas.

Enclosed herewith is my check for Osteopathic Health. Booklets are "knockouts" every issue.—C. L. Larson, D. O., Zumbrota, Minnesota.

THE OSTEOPATHIC PHYSICIAN

REPORTED BY DR. S. B. Grisso, Hannibal, Mo.

1. Muscular and bony lesions, mostly muscular.
2. Locations, cervical, upper dorsal, mid-dorsal, lumbo-sacral.
3. Correction by relaxation, inhibition and rotation when advisable; mostly relaxation and inhibitions.
4. Special attention was given to cervical and occipital regions to relieve congestion in head and normalize circulation. Upper dorsal to relieve congestion in lungs. Lumbo-sacral to aid elimination, lumbo-sacral for lower bowel and pains in legs. Relaxation over frontal sinuses. Lifting ribs while patient inhales.
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11. No preparations used at all. Used hot applications in some instances.
12. Saline enema, one quart, every day until fever was gone to keep bowels active.
13. Hot packs over kidneys, 10 to 12 glasses of water per day taken through stomach to keep kidneys active.
14. I did not sweat my patients.
15. I did not use cotton jacket for pulmonary complications.
16. Good ventilation.
17. About 65 degrees F. temperature maintained.
18. To reduce temperature of patients, viz.:
   b. Sponge bath every day while patient had temperature.
19. To over come cough:
   a. Inhibition at sixth cervical. Lifting ribs.
   b. Glass of hot water drank slowly every two hours.
20. No means or drugs used whatever to stimulate the heart.
Are You Contented or Only Satisfied?

A Physician is judged by the results he obtains.
DIONOL enables him to get better results.

DIONOL exerts a wonderfully potent influence upon local inflammation, because of its power to affect the electro-pathological factors responsible for the condition. DIONOL is indicated in:

- Erysipelas
- Synovitis
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- The treatments are more effective.
- It pleases the patient.
- It gives your office a more up-to-date appearance.

Do not forget that we handle the most modern Treatment Stool on the market.

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Complete Case Record
On One 4x6 Card $1.00 per 100 prepaid
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"MOST DISEASES ARE OF SPINAL ORIGIN"
A complete explanation of Osteopathy in concise form. This brochure has been winning patients for osteopathy for sixteen years. New edition now on sale.

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No. 21

Osteopathy:
Synonym Surgery

- A Lame Back Cured
- Typhoid Spine
- Disabled Wrist Restored to usefulness
- Intercostal Neuritis Caused by a Slipped Rib
- Sagging Stomach or Gastroparesis

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Dr. C. C. Reid's Private Post Graduate Courses have been turned into THE DENVER POLYCLINIC and Post Graduate College, Course Number One, The Denver Post Graduate Osteopathic Efficiency Course and Course Number Two, Technique, Physical Diagnosis and Applied Anatomy all combined in one under one tuition, and will be given three or four times a year.

Next course begins Monday, August eleventh, and lasts four weeks. This is the first time the Efficiency Course has been given in the summer time. It will be a fine opportunity for those who have been desiring to get the course in the summer time.

All subjects covered in both courses will be taken in the one. Six to eight hours a day clinical and didactic work. A rapid review over the most vital subjects pertaining to practice. Efficiency will be running all through. Expecial emphasis along the business side of practice will be applied, such as legitimate publicity, charges, collections, the psychology of meeting patients, office help, keeping records, planning, personal efficiency and so forth.

New quarters, better efficiency, equipment and everything given in the best way calculated to help the doctors do a bigger and better business.

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KIRKSVILLE, MISSOURI

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Largest College and Hospital Buildings
The Best Equipped Laboratories
A Faculty of Specialists

For Catalog and Literature address
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The Denver Polyclinic and Post Graduate College

Valuable assistance at the hospital. Now that the physicians have returned from the service, it is said that some objection has been raised against permitting Dr. Walker to treat patients in the hospital.

Loses Hair After "Flu"

Mrs. A. W., wrote Dr. Evans this letter:

"Please tell me why my hair is falling out and what I can do for it. Ever since I had the 'flu it has come out in big bunches and is now so thin that I am afraid I will be bald."

Dr. Evans' reply

I do not know why your hair is coming out, but I do know that influenza and other acute illnesses cause the hair to fall out. Loss of hair from this cause is not permanent. Spend some time each day in caring for your hair and you will be rewarded. Wash it as frequently as is necessary. Grease it a little, when necessary. Above all, brush it well daily. Brush until your scalp glows. It is not necessary to use hair tonics.

-Chicago Tribune.

Inside Dope About the AOA Chicago Meeting June 30th to July 3rd

By Dr. J. M. Fraser, General Chairman of the Convention Committee

EVERYBODY close his office for June 30th and July 1st-2d-3d, and come to the best convention we have ever had. No one can afford to miss this, our twenty-third annual convention—our big Victory Peace Convention.

Come and make this our most successful convention. We are going to have a wonderful program. Dr. Conklin has worked hard and faithfully on his job and we are to have some brand new work.

The main convention will be held from 10 a.m. to 1 p.m. daily. Sections will be held from 2 p.m. on, each day.

Don't forget our big reception will be held Monday evening in the big ball room and we will have the best of music and dancing.

On Wednesday evening, July 3d, is the big banquet—loads of good things to eat, good lively music and two good addresses by two of the biggest men in the state of Illinois—Governor Lowden and Federal Judge Landis.

Perry S. Patterson is to be toastmaster and that means everything will be lively.

Write and make your reservations at Hotel Sherman early, as hotel space and rooms in Chicago will fill very fast.

We are going to have the largest number of exhibitions we have ever had. Don't forget we are going to have our eye, ear, nose and throat surgical work and our major surgery and orthopedic work taken care of at our own hospital in Chicago. This is a new feature of our conventions.

All you golf fans bring your clubs and our golf experts will take you on.

Don't forget the place, Chicago, Ill., Sherman House, the hotel, Time: June 30th, 10 a.m.

Start preparations to come, as no one can afford to be a slacker this year and not enlist in our Grand Osteopathic Army.

Come one! Come all! Chicago welcomes you!

Osteopathic Ophthalmologists and Oto-Laryngologists Will Meet in Chicago

THE third annual meeting of the American Osteopathic Association of Ophthalmology and Oto-Laryngology will be held in Chicago, June 25, 26 and 27. The following program has been arranged:

Mornings will be devoted to Examinations, Treatment and Surgical Clinics.

Pneumonia Kills Three of Family Within Week Under "Regular" Medicine

WALTER H. STROM, 38 years old, and his little son, Guilford A., will be buried together this afternoon at 1:30 o'clock from the family home, 6039 Sheridan road, Mrs. Strom, formerly Miss Gladys Wood of Oak Park, died only last Friday. All three deaths were from influenza, followed by pneumonia. Another son, Walter H. Jr., 26, Mr. Strom's president and general manager of the U. S. Ball Bearing Manufacturing Company.—Chicago Tribune, January 3d.

Nothing like this has happened in any "osteopathic family" in the twenty-five years that osteopathy has been practiced. There is something fundamentally wrong with a system of practice that permits such fatalities in face of the fact that osteopaths lose but one case in every hundred treated, taking influenza and pneumonia cases just as they come in osteopathic practice.
CONSTIPATION is successfully treated by the Osteopathic physician because he recognizes that in most cases it is induced and maintained by mechanical factors. Nujol helps to secure results, because it acts mechanically, not medicinally, to soften and moisten hardened and dried out bowel contents, to promote peristalsis and absorb and remove toxins. Nujol is absolutely pure. Nujol is not absorbed, does not affect digestion of food, does not form a bad habit or require constantly increased dosage. Nujol acts with Nature to train the bowels to resume normal function. There are no contraindications to the use of Nujol—in either sex or at any age.

Liberal samples of Nujol on application.

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M. C. Kimono Boxes
Just the thing to beautify your office. Keeps every patient’s Kimono clean and out of the dust. Boxes are made of extra heavy Chip Board, covered with fine black binder’s cloth. Each box has a brass card holder to insert patient’s name. Size of box 13x5x5.

Prices as follows:
1 Doz. Lots $5.50  2 Doz. Lots $10.50
5 Doz. Lots $22.00 100 Lots $33.00

M. C. Kimono Cabinets
Size of cabinet is 21 in. high, 19 in. wide and 13⅛ in. deep. Will hold 12 Kimono boxes. M. C. Cabinets are carried in stock only in Golden Oak finish. Price on other finishes can be had on request.

Price of M. C. Kimono Cabinet, in Golden Oak finish, without boxes $8.50
Cabinet and 1 dozen boxes, complete $13.50

All prices f.o.b. Michigan City.

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Supplies for Academy Case Record work will be furnished at following prices:

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The Delaware Springs Sanitarium
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All modern facilities for diagnosis, as well as treatment, are found in our equipment.
Our institution has been inspected and endorsed by many of the best men in our profession.
THE DELAWARE SPRINGS SANITARIUM
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EAR, NOSE, THROAT and EYE
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THE embarrassment of having to apologize for not being able to render a patient's account to him on application, will not occur if you use
The Simplex Day-Book-Ledger
Time-saving, Simple, Accurate, Single-entry, and a complete record of your business at all times.
Designed by a busy Osteopath for the use, especially, of those busy Osteopaths who don't have office help.
Sample sheets and price on application.

THE OSTEOPATHIC PHYSICIAN

Dr. Geo. M. Laughlin Opens His New Hospital at Kirksville

A NEW hospital has just been opened at Kirksville, Missouri, under the name of The Laughlin Hospital. It has been dedicated to Andrew Taylor Still, founder of osteopathy. Dr. George M. Laughlin built the hospital and will be in complete charge.
The building is a modern fire-proof structure and is built of the very best material obtainable. The cost was considerably in excess of $50,000. It is equipped with an electric automatic elevator and has every convenience that can be put in a hospital of its size.
There are forty-two rooms in the building. Thirty-five of the rooms will contain beds for patients. There are two operating rooms, one for surgery and the other for orthopedic work.

Dr. Laughlin has secured the services of Dr. Bixby, who has just returned from the army where he was chief urologist in one of the camp hospitals. Dr. Bixby will have charge of this particular branch of work and also proctology and obstetrics. Dr. Laughlin will do the orthopedic and general surgery work, the fact being well known that he is exceptionally capable in this particular line of practice. Dr. Laughlin has also employed a specialist of long experience to take charge of the eye, ear, nose and throat division and he also has secured the services of three expert practitioners who will devote their full time to osteopathic and laboratory work.

One of the big features of the hospital is the training school for nurses, which will be ready for students August 1st. A separate building has been secured for a nurses' home.
Dr. Laughlin is one of the best acquainted osteopathic physicians in the country. He was

Ohio Senator Charges He Was Offered a Chiro Bribe

By the Associated Press

COLUMBUS, OHIO, March 28.—That Representative Frank Delehanty of Cleveland had approached him with an offer of a bribe of $2,000 if he would not speak against the chiropractors' non-medical practice bill, and that Dr. R. H. Skeelles, chief lobbyist of the chiropractors, had admitted to him that this was part of a plot to "get a club over his head," was the direct testimony given today by State Senator - Howell Wright of Cleveland, before the joint committee of the legislature investigating bribery charges.

Ohio Senator Florian Miller's Death Not Due to Osteopathy

[From the Chicago Examiner, April 16]

IN the issue of March 25 was printed a story in this newspaper in which the death of Florian Miller was attributed in part to the effect of certain osteopathic treatment he was given. This was due to constant references on the part of his mother to the physician who treated her son as an osteopath. The Herald and Examiner is advised that this physician was not an osteopath, nor was he licensed to practice medicine in any form in the State of Illinois.
Special Post Graduate Course
Preceding the Convention
June 16th to 29th

**COURSE OFFERED**

1. Applied Osteopathy . . . . . . Dr. C. P. McConnell and assistants
2. Corrective Gymnastics . . Dr. A. A. Gour
3. Practical Minor Surgery . Dr. James B. Littlejohn
   Dr. L. J. Blakeman
4. Surgical Diagnosis . . . . . . Dr. James B. Littlejohn
   Dr. L. J. Blakeman
5. Obstetrics . . . . . . Dr. Blanche M. Elfrink
6. Technique . . . . . . Dr. H. H. Fryette
   Dr. C. H. Morris
7. Diagnosis of Nervous and Mental Diseases . Dr. L. Van H. Gerdine
8. Major Surgery . . . . . . Dr. James B. Littlejohn
   Dr. L. J. Blakeman
9. Urinalysis . . . . . . Dr. F. M. Nicholson
10. Surgical Diagnosis . . . . . . Dr. James B. Littlejohn
    Dr. L. J. Blakeman
11. Gastric Analysis . . . . . Dr. F. M. Nicholson
12. Fecal Analysis . . . . . . Dr. F. M. Nicholson
13. Diagnosis . . . . . . Dr. James B. Littlejohn
   Dr. L. J. Blakeman
14. Laboratory Diagnosis . . . . . Dr. F. M. Nicholson
15. X-Radiance . . . . . . Dr. Earl R. Hoskins

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Register in Advance—$10.00 Will Reserve a Place for You

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**June Sale of “OH” Field Literature**

We take pleasure in announcing this June sale of Osteopathic Health stock numbers. All of the issues offered are worthy of distribution to your patients. Your opportunity is at hand. Buy now while you have the chance.

IMPORTANT:—All of the assortments listed below have been carefully prepared. They cannot be altered or changed in any manner. No extra charge for professional card imprint, but all magazines will be sent blank unless card imprint is asked for.

See page 18 for description of each number listed.

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The Osteopathic Physician

The Organ of News and Opinion for the Profession

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Vol. XXXV
MAY, 1919
No. 5

WHAT MEDICAL DOCTORS ACTUALLY GAVE EPIDEMIC PATIENTS

All specialists for "regular" medicine for the past decade or two have been emphasizing the need to kill more daily. The so-called "usual" medicines used in the name of therapy was pilloried for all time—"the dogma of medicine," as they called it. The "natural" supposition was sure to be answered that he was criticising the practice of twenty-five years ago, and that the dogmas of the profession were not prepared to listen to this view, which is one that naturally suggests itself to the minds of all persons not afraid to accept the responsibility and care of any and all persons suffering from the acute infectious diseases, having high scientific ground for the treatment that is given, and prompting a realisation born of knowledge that no other medical treatment (except in the case of diphtheria and a certain few other ill-carefully listed by the author) is known which really offers any benefit to the sick person. On the contrary, a great deal of the drugging done by doctors is shown to be purely superstition and harmful in the extreme.

A BOOK THAT HELPED MAKE HISTORY

Many an osteopath who "went over the top" caring for flu and pneumonic cases during the great epidemic was searching for something that would accept the responsibilities that came to him by studying Professor Lane's little book. It is equivalent to scientific warrant for osteopathy to boldly lay claim to any and all persons suffering from acute infectious diseases, having high scientific ground for the treatment that is given, and prompting a realisation born of knowledge that no other medical treatment (except in the case of diphtheria and a certain few other ill-carefully listed by the author) is known which really offers any benefit to the sick person. On the contrary, a great deal of the drugging done by doctors is shown to be purely superstition and harmful in the extreme.

ASKS IF SERUMS MIGHT NOT BE THE CAUSE OF INFLUENZA? ANSWER, NO!

A Colorado osteopath is wrestling with the problem that is worrying all the world, and he believes in medicine that naturally suggests itself to the minds of all persons not afraid to accept the responsibility and care of any and all persons suffering from the acute infectious diseases, having high scientific ground for the treatment that is given, and prompting a realisation born of knowledge that no other medical treatment (except in the case of diphtheria and a certain few other ill-carefully listed by the author) is known which really offers any benefit to the sick person. On the contrary, a great deal of the drugging done by doctors is shown to be purely superstition and harmful in the extreme.

THE OSTEOPATHIC PHYSICIAN

Aboos of Osteopathic Medicine, Kirkville, MD
THE OSTEOPATHIC PHYSICIAN

CURE UP VERSUS CURE ALL

How sadly a typographical error will sometimes change the meaning of an utterance. In our March issue we wrote a one-inch editorial to fill a hole at the bottom of a column at the expense of the whole article. Now, as is usual in such cases, took a chance on the printer getting it right as not to make another day's delay in getting out the next. The whole editorial, "Chronic Work Ahead." It read, as it appeared, "We have cured ALL our cases of flu. Now to cure up the medical cases that are hang-marvelous of the epidemic." Isn't that a declaration every day lie on the part of friend printer? It makes the professional heart sick. What we wrote was "We have cured UP our cases of flu. Now to cure up the medical cases that wouldn't get well under allopathy, etc. The substitution of "cure up" for "cure all" certainly makes a lot of difference in meaning. We hope that every friend who read the printer's version of our editorial will read this correction giving our

NINETY-FIVE PER CENT OF ALL DISEASES BEYOND THE REACH OF "MEDICAL VICTORIES"

That is the startling but true disclosure of the June issue of Osteopathic Health, which must make every osteopath ask himself, "Is my practice every day one of an ever-increasing number. How few persons really one of the profession's proud achievements. As a therapeutic agency. The February issue was devoted entirely to college and educational considerations. The March number was devoted to valuable general articles. So there is always good variety. The contributing staff, of course, reach throughout the entire profession. The journal is not in any sense geographically exclusive in its interests or confined to the affairs of our west coast profession, but, while naturally emphasizing all local interests—as a west coast publication should—it is full of the general concerns of the profession and would be a valuable visitor to any alert practitioner.

Dr. Francis Cave is editor and manager, all the wheehores are on the editorial staff, and the journal is owned and published by the California Osteopathic Association, so it is quite unique in osteopathic traditions for so pretentious a journal. It only costs $1.00 a year and there is no reason why you should not have it. Write for a free sample. We are getting more public support than ever before. Dr. Francis Cave is the man who has devised a means of getting this support, and it is getting more public support than ever before. This organization should be perfected in every way possible to consummate this organization. Ultimately a means of taking the League work to a national level. Disease is getting more public support than ever before. Dr. Francis Cave is the man who has devised a means of getting this support, and it is getting more public support than ever before. This organization should be perfected in every way possible to consummate this organization. There is a surprising tendency among doctors of all schools to mix up person and number in talking about patients. Why should this be so? Rarely a letter or contribution comes in to any of our columns that gives proper credit to the medical profession. We are moved to say almost that, to the average practitioner, "flu" and pneumonia and the articles were excellent. Another issue emphasizes the value of systematic physical exercise as a therapeutic agency. The February issue was devoted entirely to college and educational considerations. The March number was devoted to valuable general articles. So there is always good variety. The contributing staff, of course, reach throughout the entire profession. The journal is not in any sense geographically exclusive in its interests or confined to the affairs of our west coast profession, but, while naturally emphasizing all local interests—as a west coast publication should—it is full of the general concerns of the profession and would be a valuable visitor to any alert practitioner.

DO YOU KNOW THE ALLOPATHIC IRREDENTIST?

It is described by metes and bounds in the June issue of Osteopathic Health. The lost provinces of drug medicine comprise 95 per cent or more of the disease that we osteopaths treat. We are moving to say almost that, to the average practitioner, "flu" and pneumonia and the articles were excellent. Another issue emphasizes the value of systematic physical exercise as a therapeutic agency. The February issue was devoted entirely to college and educational considerations. The March number was devoted to valuable general articles. So there is always good variety. The contributing staff, of course, reach throughout the entire profession. The journal is not in any sense geographically exclusive in its interests or confined to the affairs of our west coast profession, but, while naturally emphasizing all local interests—as a west coast publication should—it is full of the general concerns of the profession and would be a valuable visitor to any alert practitioner.

The Osteopathic Service League


THIS is the year for the organization and reorganization of things osteopathic. We have grown so fast that the Constitution and By-Laws of the AOA are entirely inadequate. This organization is getting more public support than ever before. Our organization is going to hold a constitutional convention at Chicago June 27th and 28th to draft new ones. Osteopathic hospitals are being founded all over the country and we are passing more comprehensive laws in many states and clinics and other public activities are being organized everywhere. These things are made possible because osteopathy is coming into its own; that is, osteopathy getting more public support than ever before. Our organization is going to hold a constitutional convention at Chicago June 27th and 28th to draft new ones. Osteopathic hospitals are being founded all over the country and we are passing more comprehensive laws in many states and clinics and other public activities are being organized everywhere.

SILENCE UNTIL YOU'VE MADE IT 100,000

Come to the front, delinquents, and make your report to Dr. Geo. W. Riley the number of "flu" and pneumonia cases you treated. Dr. Riley is going to have a count on his own within ninety days and you will be sorry if you don't help him and get in on it before it is too late. In my experience, the public are not interested in the number of person and number in talking about patients. Why should this be so? Rarely a letter or contribution comes in to any of our columns that gives proper credit to the medical profession. We are moved to say almost that, to the average practitioner, "flu" and pneumonia and the articles were excellent. Another issue emphasizes the value of systematic physical exercise as a therapeutic agency. The February issue was devoted entirely to college and educational considerations. The March number was devoted to valuable general articles. So there is always good variety. The contributing staff, of course, reach throughout the entire profession. The journal is not in any sense geographically exclusive in its interests or confined to the affairs of our west coast profession, but, while naturally emphasizing all local interests—as a west coast publication should—it is full of the general concerns of the profession and would be a valuable visitor to any alert practitioner.

THOSE CALLIP hồ are PREPARE A GREAT LITTLE JOURNAL

We are very pleased to note what a fine paper our friends of the Pacific Coast are giving the profession in The Western Osteopath. It is really one of the profession's proud achievements. Dr. Riley has a round of 100,000 cases to report. Of course, the old classic bull, "lay the patient on his back" is a compound atrocity of grammar which was the name, how many of them own that back?" While its companion piece, "lay the patient on their back" would not fast, "lay the patient on this or her back?" Yet, in years ago we have heard successful and wise college teachers say such things.

Another breach of good form in speech comes from really trying to be too exact. It runs to the type that makes the following statement: "Lay the patient on his back." It is quite needless to differentiate genders this way in speaking in mixed genders. Since English language has for both male and female singular, "his" is used generally when referring to sexes when speaking in the singular person, but, referring to the sexes indifferently, "Lay the patient on his back" is understood to mean that if the patient be a woman she is to be treated similarly. We are conscious that it does not quite sound right and yet, this is the best our poor English tongue can do.

These are perhaps little matter to the busy doctor who feels that he is chiefly concerned with results, and yet there is nothing much more important in the healing art than clear thinking. This is barely no thought at all, unless it be accompanied by clear and grammatical expression, for there is really nothing thinking and you must think before you can put your hearts in, and so we wish you nothing better for your own pleasure than to give this article your heed and put it to work for you. It shall prove possible to consummate this organization. Ultimately a means of taking the League work to a national level. Disease is getting more public support than ever before. Dr. Francis Cave is the man who has devised a means of getting this support, and it is getting more public support than ever before. This organization should be perfected in every way possible to consummate this organization. There is a surprising tendency among doctors of all schools to mix up person and number in talking about patients. Why should this be so? Rarely a letter or contribution comes in to any of our columns that gives proper credit to the medical profession. We are moved to say almost that, to the average practitioner, "flu" and pneumonia and the articles were excellent. Another issue emphasizes the value of systematic physical exercise as a therapeutic agency. The February issue was devoted entirely to college and educational considerations. The March number was devoted to valuable general articles. So there is always good variety. The contributing staff, of course, reach throughout the entire profession. The journal is not in any sense geographically exclusive in its interests or confined to the affairs of our west coast profession, but, while naturally emphasizing all local interests—as a west coast publication should—it is full of the general concerns of the profession and would be a valuable visitor to any alert practitioner.

THE OSTEOPATHIC PHYSICIAN

Museum of Osteopathic Medicine, Kirksville, MO
“Osteopathic Health” Standard Literature

We offer the following brochures, all of which are standard numbers. It is a good plan to have a varied assortment of literature on hand at all times. One can never tell when a prospective patient will make inquiry regarding some particular ailment. Be prepared for such an inquiry.

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.

Please Order by Number

No. 2 A.T. Still, Scientist and Reformer: The first of the now famous brochures by Professor M. A. Lane, of Kirksville. Supply very limited.

No. 3 Bursitis; Glass Arm; Brachial Neuritis; Flat Foot and "Broken Arches"; Hay Fever Cured by Osteopathy. This brochure tells how "foot troubles" are associated with spinal and pelvic lesions. Also how baseball pitchers are cured of "Glass Arm." A fine story about osteopathy and Hay Fever, telling importance of early diagnosis and prompt treatment.

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, e.t.c.

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."

No. 12 How "Bad" Mechanism in Our "Joints" Makes Sickness: A splendid illustrated brochure dealing in detail with lesions. Shows how sub-luxations may cause pressure on nerves and how the free circulation of blood supply and nerve force is interfered with. One of Dr. Bunting's most valuable brochures which has been through several editions.


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 make it worthwhile 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" Published by The Bunting Publications, Inc.

9 So. Clinton Street, Chicago
Do You Need an Assistant This Summer?

The Osteopathic Physician has made arrangements with the various colleges whereby the students and recent graduates who desire to act as osteopathic assistants during the summer months may advertise their qualifications without cost to them. Several ads are listed below.

If you are an osteopathic assistant, here is your opportunity to take a vacation or cut down your working hours during the warm weather. Also it is your duty to help the coming osteopathic physicians in their struggle to make a success. If you employ any of the students whose names are listed below please notify us so that the ad may be stopped.

If you are a student at one of the colleges or a recent graduate with a desire to act as an assistant during the summer months send in your ad at once. We will gladly publish your want ad of not over 30 words free. Be sure to write your name and address clearly.


Recently discharged soldier, 1917 graduate, desires assistantship, or will take complete charge of practice for summer months. Licensed in Ohio and Iowa.—Charles M. Davis, Box 15, Des Moines-Still College, Des Moines, Iowa.

Wanted—A position as assistant to an osteopathic physician during the summer months. I lack one semester of finishing my course at D. M. S. C. O. State wages.—Oscar Casey, 827 West Prairie Ave., Decatur, Ill.

Would like to assist some osteopathic physician for several months during the summer. Preferably in Minnesota.—Grace Kramer, R. 3, No. 60, Ashland, Iowa.


Student in senior year would like a position as assistant for the summer. Was a trained nurse before taking up the work. Address James H. Carrs, 829 14th St., Des Moines, la.

The above list is only a start. We hope to publish a full column or more of good ads in our June issue. If you are a student send in your ad at once.

Ohio D. O.'s May Now Qualify as Surgeons by Examination

Governor Cox, of Ohio, on April 22 approved the bill of Representative Jones, of Franklin, which had passed thru the legislature granting osteopathic physicians the right to practice surgery upon passing examination.

Montana Raises Educational Bars to Chiros

Montana professes to have a hand-picked class of chiros or none at all. A new law has been enacted which requires licenses to have had a four-year high school course and be graduates of a three-year school of chiros with terms of nine months. The law was opposed by the chiros. Governor Stewart signed the bill March 19th.

Was This Automatic Rib Adjustment?

[From the Newark (N. J.) News]

Atlanta, Ga.: (A. P.)—Private Rickenbacker of Orangeburg, S. C., who was made practically dumb from a shell explosion on the battlefield in France, regained his speech yesterday during a wrestling match at Camp Gordon. His opponent got a tight grip around Rickenbacker's chest and the latter cried out in pain. His friends said last night he has been talking naturally since that time.

The Osteopathic Health Office Assortment Number X.

10 copies each of 10 different numbers of "Osteopathic Health." 100 copies in all.

Price $2.75

No Envelopes and No Imprint.

This assortment is made up of the finest standard field literature obtainable. It is just the thing to put in your waiting room.

When you order these magazines be sure to specify "Office Assortment Number X." Otherwise we cannot guarantee to give you the advantage of the very low price offered.

The OP Co. 9 S. Clinton St. Chicago, Ill.
Chico Hot Springs
Sanitarium and Hospital

Located in the heart of the Rocky Mountains at an elevation of 5000 feet. Open the year around.
The Mineral Water baths and drinking is second to none for Rheumatism, Skin Diseases, Gastro-intestinal and kidney troubles.
Hospital is completely equipped with Laboratories X-Ray and operating facilities.
Special attention to surgical cases.
G. A. Townsend, D. O., M. D.
Surgeon-In-Chief
Emigrant, Montana, Post Office

OSTEOPATHY and OPTOMETRY
Have you thought of this as a profitable combination?
Have you observed the need among your patients of an intelligent and competent correction of the errors of vision?
Can you give them this service?
Are you willing to put in a few hours preparing yourself to perform this service for your patients, and the many who need that service but do not think that they need you, NOW?
Our Home-Study Course fully qualifies you for the most exacting work in the Science of Refraction and the Fitting of Glasses.
Ask for our literature and special offer—today
American School of Optometry
28 World-Herald Building Omaha

The Perfect Sight Restorer
Dr. Cole's
For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision in far sight, near sight, Astigmatism, causes absorption of Cataracts, relieves attacks of vertigo, sick headache, nervousness and other conditions which are due to eye strain. The P. S. R. is made of polished hard rubber, cannot wear out nor liable to get out of order. Guaranteed to give satisfaction if used according to instructions.
Write for descriptive literature.
PRICE $5.00
PERFECT SIGHT CO.
Dubuque, Iowa

OSTEOPATHS in WAR SERVICE

Dr. Waldo S. Howe, Who Had Both Feet Shot Off at St. Mihiel, Is Home

[From the Syracuse (N. Y.) Post-Standard]

CARTHAGE, N. Y., April 26.—Corporal Waldo Howe is stationed at General Hospital No. 3, New Jersey, having been transferred from the Grand Central Hospital, New York City, where he was placed after his arrival from overseas.

Coralper Howe is the son of Superintendent of Schools and Mrs. Sherman L. Howe, is 24 years old, a graduate of Carthage High School, Colgate University and the American School of Osteopathy at Kirksville, and the possessor of unusual talent as a violinist.

Dr. Howe left Carthage with a draft contingent April 30, 1918, for Camp Dix, New Jersey, was assigned to Company C, 311th Infantry, and sailed for overseas May 20. After arriving there he was sent to northern France, and then to the Argonne Forest. In the battle of the St. Mihiel sector he suffered the loss of both feet from a German shell. He was unconscious for a short period, and when he recovered he discovered his feet lying on the ground near him.

If he had been unconscious for any length of time he would have died from the wounds, but on his recovering consciousness he took the strap he was wearing and also one from his comrade near him and strapped the wounded legs.

He also received a shell wound in the thigh, which made an operation necessary. He was operated upon in October and in four weeks' time was discharged from the hospital overseas.

He is now fitted with temporary artificial feet, which he uses with wonderful dexterity, although they have no ankle joints, as the permanent pair will have. He can walk fairly well with the aid of a cane. Aside from his feet he is in perfect health and maintains remarkable cheerfulness.

While abroad his violin was laid aside, but since his return he has taken up his music again; and the following poem was received by Dr. P. D. Holloway, D. O., Memphis, Mo., April 24th.

A Tribute to Osteopathy

The following poem was received from Dr. P. D. Holloway, of Memphis, Mo., from one of his patients in whose family he had successfully taken seven (the entire family) thru the "B.C." OSTEOPATHIC HANDS

(Beautiful—The Useful)

Beautiful hands are they that do
Work that is noble, good and true;
Sympathy for one distressed;
Recognized by the strongest minds
To save the dying. Too bad! Too bad!
Mortality reduced by more than half
By the skillful hands of an Osteopath.

Beautiful hands so smooth and white,
That gets results—gives health.
Simple words convey but half
How tenderly they can express
My gratitude to an Osteopath.
Dr. Waldo S. Howe of Carthage, N. Y.
Dr. Ralph E. Utley, Oak Park, Ill., Back from Service

Dr. Ralph E. Utley, of Oak Park, Ill., has returned to active practice after being in the service of Uncle Sam. He was with the Medical Corps as First Lieutenant, stationed at Camp Funston, Texas. During the latter part of his service he was promoted to the position of Commanding Surgeon of the Medical Unit, 6th Regiment, 3rd Division. Dr. Utley was not permitted to make use of his osteopathic knowledge or treatments and says there was no opportunity for him to have done so, even if he were allowed to use his discretion, as he was kept busy all the time on special work. Many of his observations and experiences were interesting and he may write something for publication in The OP. Dr. Utley has resumed practice in Oak Park, one of Chicago's best known suburbs, at 160 S. Oak Park avenue.

HEART to HEART TALKS from the FIELD

This April OP at hand and contents devoured like a piece of pie by a hungry boy. I have to chronicle 41 cases of "flu" without an accident. Am sorry for Dr. Blank of good old Missouri, that he is too busy in his office to go out and give relief to the suffering and to save the dying. Too bad! Too bad!

Am enclosing a few lines I received from a grateful patient whose family, seven in all, were brought thru nicely by osteopathy while under medicine they had been growing worse. I feel that the poem is worthy a nice reading because it shows how grateful people are for the thing that gets results.

The word "beautiful" is used as an equivalent for "The Useful" hands of the osteopath.

Yours for the better way.

—P. D. Holloway, D. O., Memphis, Mo., April 24th.

OSTEOPATHIC HANDS

Dr. Charles E. DeLario Made the Supreme Sacrifice

Dr. Charles E. DeLario, a member of the Texas Osteopathic Association, was killed by shell fire during the great drive in the Argonne-Verdun sector in France, November 3, 1918.
Dr. Alexander Smith Gives His Side of the “Law of Joints” Affair

Referring to my letter in your issue of December, Dr. J. V. McManis (February issue), in rude and blustering fashion, entertains himself with abusive language, questions my veracity and makes statements which I regret to say have no foundation in fact.

Leaving out of the question the possibility of a lapse of memory on Dr. McManis' part, the following may account for his indulgence in such language. It will not, however, justify its use.

On one of the many occasions on which I visited Mr. J. F. Janisch of Kirksville, to whom I owe my introduction to Dr. McManis, I discussed with the latter in September, 1913, the following statement printed on the cover of a pamphlet advertising the “Twentieth Century Treating Table.”

(A) “The mobility and activity of a spinal joint determines the sufficiency of the blood supply to the joint and segment of spinal cord in relation thereto.”

I pointed out a want of accuracy in the use of terms such as “mobility,” “activity,” a looseness of application of the word “sufficiency,” and held that the statement was not clear and definite. After some discussion Dr. McManis fired the parting shot, “Well, you make one.” The next day I handed to Mr. Janisch, his partner, who was present at the discussion of the day before, the following statement, requesting him to hand it to Dr. McManis:

(B) “In the degree that the flexibility of a joint falls below normal, so will the blood supply to that joint and adjacent tissues be diminished.”

Writing from Chicago I expressed my opinion on these alterations to Mr. Janisch, the manager of the McManis Table Co., and later received a letter from Dr. McManis, dated- Dayton, Ohio, May 7, 1915, reading:

“Dear Doctor Smith: Mr. Janisch sent me the letter you wrote him on April 21. I have read it with no little interest. I see that you have been somewhat aroused by the changes we have made in the law of joints. If I could talk with you perhaps I could explain better why these changes were made. The word ‘impaired’ is much better than the word ‘diminished’ for the following reason: When the joints of the spine become rigid there is not always a decrease in the amount of blood.

Referring to the use of the word “activity” in addition to “flexibility,” Dr. McManis says:

“Our reason is this: the word flexibility does not convey any idea of functional use of the joint; it merely states a fact that the joint is limber enough to permit of function, provided the occasion should arise for it to function. It is just as essential and really more so that the joint perform its function as it is that it be capable of function.”

Surely the Doctor’s thinking cap was awry when he wrote this. In the face of such fallacious reasoning further discussion was useless. It might be asked how long would a joint be capable of function if it did not perform its function?

Coming back to page 13 of your February issue, the statement which I criticized, or as Dr. McManis puts it, “went after rough shod and tore it all to pieces,” was statement (A), and that criticism prompted his challenge which I accepted and wrote statement (B), later to be baptized “Law of Joints.”

I am curious to know something of that other “law worded differently,” which Dr. McManis says he didn’t like. I have no knowledge of it.

Has the Doctor?

On November 12, 1917, I wrote to Mr. Janisch as follows:

“Many thanks for yours of October 8, with information on the McManis table. . . . You enclosed a copy of the beautifully printed Law of Joints” which I have seen before. The thing I can’t understand is that J. V. McManis should claim its authorship. Nothing Dr. Mc-

(Continued to page 26)
CALIFORNIA osteopaths have won another great victory over their medical oppressors who were seeking to strangle-hold the College of Osteopathic Physicians & Surgeons through rules of the state board that amounted to unfair competition and were clearly designed to eliminate osteopathic competition in the healing art by closing up its college.

The osteopaths, as recounted in our last issue, went into the legislature with four bills seeking relief, the texts of which we have published in full. A grand battle was staged between osteopathy and allopathy and osteopathy won.

Three of the four bills passed both chambers, viz.: Bills 844, 402 and 933. Assembly bill strikes out the words "Approved by the Board" from the present law, thereby making it impossible for the Board of Medical Examiners to close every college in this state excepting those teaching regular medicine, and if any bill were passed the board would have the power to establish one system of medicine in that state or virtually create a medical monopoly or medical trust.

No wonder the medics were licked on such a barefaced piece of effrontery. This bill was amended in the committee on medical and dental law as follows by its passage:

Sec. 1. The board must approve every school which shall comply with the requirements of section ten of this act and must admit to the examination every applicant who shall comply with the requirements of sections nine and ten of this act. Nothing in this act shall prohibit the board from considering the quality of the course of instruction outlined in section nine. Any school should be disapproved by the board or any applicant for examination rejected by it, then such school so disapproved or such applicant so rejected may commence an action in the superior court against the board to compel the board to approve such school or to admit such an applicant to examination or for any other appropriate relief. In any such action, the court shall have full power to vindicate all facts and without regard to any previous determination of the board thereto. Such action shall be speedily determined by said court and shall take precedence over all matters pending therein and except criminal cases, application for injunction or other matters to which special precedence may be given by law.

Assembly Bill No. 933.—This bill corrects an injustice to the osteopaths of this state, which the legislature intended should be done in previous amendments. Representatives of other systems of other systems have not been required to take additional examinations when standards have been advanced. We are asking for the same treatment as has been accorded others.

Governor William D. Stephens is expected to sign these bills making them law. It appears that the fourth assembly did not pass. It was, viz.:

Assembly Bill No. 932.—The allopaths, homoeopaths and eccentrics each were now given an examination in their own system of practice. The osteopaths have so far been compelled to take an examination in one of the other three systems. This bill provided that osteopathic graduates shall be given an examination in their own system of practice, and not in some other system, or that all applicants of all systems shall be given the same examination in therapeutic measures common to all schools.

"This is a great osteopathic victory," writes our Los Angeles staff representative, Dr. C. B. Rowlington, "and is due largely to the tireless efforts of the president of the California Association, Dr. Charles H. Spencer. Praise is also due to Dr. George F. Whitehouse, Dr. W. W. Vanderburgh, Dr. Henry F. Miles and Dr. Norman F. Sanders.

We congratulate the west coast profession on their near victory and hope the governor "comes through clean."

ARKANSAS has amended its osteopathic law, viz:—

Section 2. That all laws and parts of laws in conflict with the provisions of this act shall be void and that this act shall take effect from and after its passage.—Approved March 28, 1919.

Dr. Charles A. Champlin writes, "We will now as soon as possible arrange with other states for reciprocal relations."

Osteopaths annex victory.—[Los Angeles (Cal.) Express, April 17]

The osteopaths finally won the assembly passing Merriam's bill providing for new state licenses to those of that form of therapy who were granted license between 1907 and 1913, which, by a recent court decision, were revoked. The fight against the bill was very bitter, the opponents claiming that it was an attempt to have undereducated practitioners of osteopathy but 1916, who are on equal footing with medical practitioners. Here is the way one Senator expressed his view:—

"Whether it is osteopath, homoeopath, allopath, or any path, speaking by and large, the various paths lay in the same place in the end. And, say, what difference does it make whether the osteopath, who is kneading your spine or rendering other parts of your anatomy knows a transitive verb from a personal pronoun? What is the difference? In Samuel Geewhittaker Hill difference does it make whether he can spell what you've got if he can only cure it? The sick party doesn't care a hoot in shoot about how many scholastic medals adorns his chest."
Resolution Adopted by the Maryland State Board of Education, April 20, 1919

No school, college or institution shall be established, maintained or operated in the State of Maryland, or in any city or county therein, where the instruction is given in osteopathy, or chiropractic, or any other medical science having as its object the teaching of the science of medicine licensed by the medical profession of the United States, or its sister nations.

Dr. Fryette's Position Re Independent Boards

Personally, I like either law that you have proposed. The one under the Composite Board or the one suggested by Dr. Howell where he puts in the clause to "practice osteopathy as taught in legally recognized colleges of osteopathy." I want to make myself clear on the Independent Board proposition. I favor Independent Boards when they can be had. However, I do not feel that we should make the Independent Board idea at the expense of complete recognition. If you can get complete recognition of the Florida Osteopaths, train your independent board, I think it would be wise to do it, and I am quite sure that our recognized colleges of osteopathy teach everything today that an osteopath cares to practice. I am glad that you are making every one who practices the healing art have a four-year high school education and a four-year professional education. This will cut out our imitators.

Inside Facts About That Washington Law

By Levi Kelcy Cramb, D.O., Yakima, Wash.

DITOR OP: Your February issue contained a synopsis of the new Osteopathic Law which was recently passed by the legislature of Washington. This is probably as good a single board law as there is in the country, yet the circumstances that led up to this new legislation are not such as ought to make the profession of this state feel very proud. At the time that this bill was passed, three other bills were passed—the medical law was amended doing away with the composite features and raising the standards; a bill creating a board of chiropractor examiners was passed, and one creating a board of drugless healers. We now have in this state, instead of one strong composite board, four boards, and the thing which concerns the profession is the fact that this was the work of the medical profession—organized medicine got what it wanted, and not only that, the chiros and drugless got just about what they wanted, and the osteopathic profession got what the medical profession was willing to give them.

It may be interesting to the profession to know something of the history of medical legislation in this state, especially as it concerns the entire profession. Organized medicine adopted new tactics in its fight against osteopathy, and I have reasons to believe that these same tactics will be adopted in other states.

Ten years ago the osteopathic profession of this state was recognized by the State Board of Education as a separate board. The medical profession opposed, as usual, any recognition, but the composite board law was the result. The law passed then has been in force ten years and has worked admirably. The board was composed of seven regular physicians and two osteopaths. All applicants were examined in ten subjects and no questions were asked on state wanted recognition and wanted a separate board. The medical profession opposed, as usual, any recognition, but the composite board law was the result. The law passed then has been in force ten years and has worked admirably. The board was composed of seven regular physicians and two osteopaths. All applicants were examined in ten subjects and no questions were asked on

A Useful Accessory to Osteopathic Treatments

Strengthens anemic and convalescing patients. Easily digestible. Uniform. Reliable. Spuses the D. O.'s stand, it is used exclusively.

Horlick's Malted Milk Co.

Racine, Wisconsin

Treating Tables

Catalogue showing several styles, also samples of covers, sent on request.

Best folding tables on market $7.00. Our "S. S." tables, something NEW. Price $3.50. Write for circular.

Dr. Geo. Hayman

Manufacturer

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Pa.
OSTEOPATHIC IN THE GROUP OF SO-CALLED RHEUMATIC DISEASES

Another of the wonderful Lane issues discussing many forms of so-called "rheumatic" troubles. PRICE 84.00 A HUNDRED
Chiropractor Found Not Guilty of Violating California Medical Law

[From the Los Angeles Times, May 1st]

D R. E. BERNARD HUBLEY, a chiropractor, was found not guilty by a jury in Police Judge Chambers' court yesterday afternoo

d. The trial was held before the California Board of Medical Examiners with hearing advertised to cure the sick and afflicted without a state license.

The jury, composed of five women and seven men, based its finding upon the ground that chiropractors in this state do not come under the license laws as the latter now stand. The jury also held that the defendant's advertisement, did not offer to cure anyone of sickness. The jury rendered its verdict after a two-hour dis-

in presenting their case to the jury, Attorneys Morris and Jones for the defense, stated that the chiropractors in California have been unable to secure license from the State Board of Medical Examiners, even when able to pass examinations.

The attorneys also stated that Dr. Huleby, under the charge of advertising to cure the sick and afflicted, was not guilty as he did not advertise to cure any one of anything and confined all treatments to removing abnormal pressure upon the nerves caused by the slipping of the vertebral column.

Denied Chiro to be healing art. The Los Angeles Express said of the trial:

Western Osteopath

PROGRESSIVELY OSTEOPATHIC

Some day you will want to live in the great West. Get acquainted thru this journal.

Contributors in last journal were:


Contributors for next issue:


Brief, pointed and practical—a journal for the busy D. O. Published by the California State Association. Big value for small outlay.

Subscription Price $1.00

C. J. Gaddis, D. O., Editor
First Nat'l Bank Bldg.,
Oakland, Cal.

What Osteopathy Does for the Welfare of Women

How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy. The Journal of Osteopathic Healing During Pregnancy. This is a wonderful woman's number. Price, $4.00 a hundred.

OP Co., 9 So. Clinton St., Chicago
In his defense Dr. Hubley sought to show that chiropractic uses no drugs or instruments, that it is not a healing system and therefore the practitioner is not required to have a license. Testimony was given to show that chiropractic does not bring disease, but that it was a digital manipulation of the spine for the purpose of removing the cause of abnormal conditions.

In the case of Dr. H. B. Hubley, an agent of the state examining board had answered an address. The case is being prosecuted by H. J. Castellaw, assistant attorney for the board of examiners. Dr. Hubley is represented by Thomas Morris, former lieutenant governor of Wisconsin, and Attorney Mattison B. Jones. The attorney for Dr. Hubley has also set up the contention that since 1917 no chiropractor has been able to obtain a license for the reason that the state board refused to recognize diplomas issued by institutions where chiropractic is taught.

The case, considered a test action, has attracted wide attention and hundreds of persons interested in the outcome were unable to gain admission to the courtroom.

Chiropractic

[From the Los Angeles Times Sunday Magazine.

A BILL to establish a chiropractic board of medical examiners was defeated in the California assembly by a combination of the medical trust and the drug trust. A similar bill will be placed on the ballot next year, through an initiative petition, signatures for which have already been obtained. California is behind eastern states in this respect.

The trial of H. B. Hubley, chiropractor of Los Angeles, arrested for practicing without a license—especially for advertising—comes up on April 29, when interesting revelations are promised, in relation to the intolerable medical situation in California.

Chicago Osteopathic Hospital Entertained on May 3d

CHICAGO OSTEOPATHIC HOSPITAL entertained its friends of the profession and their patients with a social on the evening of May 3d. First a light luncheon was served. Then there was a personally conducted tour of the spacious new institution. That was followed by talks reminiscent of the "Old Doctor" by the following old time osteopaths—Mr. Paul Manis, Dr. W. E. Waldo, Dr. Arthur Hildreth and Harry Still who, in addition to their work at Kirksville, Mo., have erected a new hospital of which medicine is given to show that chiropractic does not heal disease, but that it was a digital manipulation of the spine which he founded, far flung above his grave into the blue heaven, will remain, while the world stands, his monument, splendid and unmatched.

Dr. Roy Bernard

A suggestion for appearance before you tonight in connection with this subject may be permitted to say. I was born at Kirksville, Mo., the old home of Dr. Andrew T. Still. I have all the life of Dr. Still and the life of college days there. I knew well the Old Doctor and was much under his influence. I grew up with his children and they were my playmates. His early life, his poverty and struggles while as yet he was obscure and unknown, were familiar to me by tradition.

The many privations incident to the life of the chiropractor, whether in the early day, such as his father, the Reverend Abram Still was, the long trek of the family from Virginia to Missouri, through the Indian Reservation, the dangerous and turbulent days in Kansas incident to the great struggle over slavery, all formed a dark background against which glanced the genius of this heroic soul.

Like many great men he was peculiar and eccentric in his views. He came here for health. He gave to the world a new thing.

The pen of the writer which flings over the page the beautiful imagery of words, the brush and pen which place before us on canvas and in stone the thoughts of God, the sword whose flash has blinded the eyes of an empire's foes are perhaps the most impressive things. But the hand and brain of one who, like Christ, freed thousands from the rack of pain and suffering, is greater than any things. Osteopathy in which he founded, far flung above his grave into the blue heaven, will remain, while the world stands, his monument, splendid and unmatched.

Like many other men of genius he was no organizer and was unable to express in concrete terms the gospel which God had intrusted to his hand. Like many others he was unable to get there was needed a St. Paul. For Socrates, a Plato. So at the side of this prophet Providence placed, partly of his own family and partly others, who organized his thought and work so that it could be brought into touch with suffering humanity.

So the cunning hand transfers to canvas or manuscript the meditations of the Master, to be read not only by those now living but by millions yet to be.

In particular I wish to make mention of Drs. Arthur Hildreth and Harry Still who, in addition to their work at Kirksville, Mo., have erected a hospital of which medicine is given to show that chiropractic does not heal disease, but that it was a digital manipulation of the spine which he founded, far flung above his grave into the blue heaven, will remain, while the world stands, his monument, splendid and unmatched.

Osteopathy's Need of Hospitals

I have been in hospitals which ranked among the greatest of the world and have listened there to many famous surgeons, clinicians and pathologists. I have come to realize that there is an undercurrent that has interfered with the progress of osteopathy and is gradually placing the D. O.'s at a disadvantage.

Most cities have not an osteopathic hospital and the hospital of the regular school, I am told, ordinarily will not allow an osteopathic admission. Which fact adds to the loss of the osteopathic physicians of Washington state as to whether or not this provision stopped them from using Osteopathic Health imprinted with professional card. The problem was a self-created one and arises in the minds of those it troubled—not in the minds of state officials.

In a letter from Dr. W. E. Waldo of Seattle, Washington, April 24th, he tells us that the attorney general of the state of Washington has just ruled that osteopathic physicians can send out any public a publication of regular serial issue—such as Osteopathic Health—with professional card imprinted on the back cover.

This is a very satisfactory ruling and, as Dr. Waldo says, there is now no reason whatever for any osteopathic physician in Washington state to feel in any way disgruntled about this phase of the new law, as far as the medical are concerned. Of course, do not care what they think about it.

Dr. Smith Talks Law of Joints

"The Sins of the Fathers Shall Be Visited Upon the Children"

GEORGE HOY of Lagrange, Mo., had a piece of bone from the leg of a sheep he came upon the next Sunday morning at the A. T. Still hospital, Kirksville, by Dr. George A. Still, to bring about the repair of an ununited fracture, and after he had sheep rammed Mr. Hoy over the port bow and broke both bones below the knee of the man's leg. He became innocent kind of a then old buck—Ahern's name, born Christmas, day, was brought with Mr. Hoy to the American School of Osteopathic Hospital. He was killed in fulfiIlment of the words of holy writ as above quoted to furnish bone to repair the break. The next day Mr. Hoy helped George A. eat of the hopeless kid's succulent flesh. George A. is to have a pair of ear-muffs made out of the pelt. The operation, by the way, which is the main story, gives every sign of proving wholly successful.

Takes Name of Denver Polytechnic and Post Graduate College

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

WE have secured a special place for holding the post-graduate courses and we have turned it into the Denver Polytechnic and Post-Graduate College. We are equipping everything right up to date and will have the latest and best apparatus. The osteopathic physicians have to fit all of the osteopathic physicians who come and take our courses for the best service to humanity and the best satisfaction in their own practice, saving their back and nerves and keeping them from breaking down, training them in the ideas of personal efficiency.

The next course will begin the second Monday in August, lasting four weeks.

Attorney General of Washington State Sanctions, Use of OH With Professional Card

IN the osteopathic law of Washington state recently adopted there is a provision restricting the use of advertising material. There has been some doubt in the minds of a few osteopathic physicians of Washington state as to whether or not this provision stops them from using Osteopathic Health imprinted with professional card. The problem was a self-created one and arises in the minds of those it troubled—not in the minds of state officials.

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Do not hallucinate. THE OSTEOPATHIC PHYSICIAN
Seyh Praise Makes Effort Worth Wishing every intelligent citizen of this broad health against criticism. We set

A Survey of the Territory Jusly Medical and Osteopathic

September, 1913

THE OSTEOPATHIC PHYSICIAN


27

The editor of Osteopathic Health offers one good and stimulating article in this issue. It is

This little magazine ought to go into every home in the country. .

Bunting has surely been giving the profession

THE OSTEOPATHIC PHYSICIAN

My contention. I would be glad to have a few

time of answering challenges to our own system

We are proud of your valuable little paper. Each

This editorial has addressed itself to this task

We see here the Sturms, the white-uniformed, with their

Each brother is, in my opinion, a mighty good thing, that we have a

We disagree with the number of members of the

We receive more comments from our patients

We are to meet and to vanquish, to face and overcome, to

They are, of course, fair, impartial, and helpful,

its viewpoint is scientific impartiality. We set

Dr. Bunting has surely been giving the profession

The profession—especially the

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The Taylor Clinic—Diagnosis Vs. Error

By S. L. Taylor, Surgeon-in-Chief, Des Moines.

THE Taylor Clinic has for its object diagnosis and treatment. No effort is spared to find out why a patient is sick, and when the cause is discovered, the most scientific treatment is applied.

Too many physicians are indifferent as to diagnosis, and it follows also, as to treatment. We desire to help raise the standard of the profession and we feel there is no better way to do it than by issuing these papers. By them we show the actual steps taken in diagnosis and treatment.

1919 SERIES.

Case No. 3800.

Mrs. V., Age 48.

Family History.

Father died of Bright's Disease; mother living and in good health; no children.

Previous History.

Has a history of some menstrual disturbance some years ago and was operated for fibroid uterus. Made an uneventful recovery and seemed to be quite well until about seven years ago when she complained of pain of an indefinite sort in the back and more or less throughout the abdomen. The pains did not come on suddenly but more or less gradually. She went to different physicians at various times and number of diagnoses were made; but strange to say, no one seemed to suspect that the kidneys were involved. The pain later developed more like that of gall stones. It often came on rather suddenly, was very severe and radiated to the back and to the right shoulder blade. Gall stones were suspected and a more complete examination ordered. The laboratory and X-Ray findings as reported back are given below.

Physical Examination—

Patient carries good flesh, color good.

Pupils: Reaction to light and accommodation.

Mouth: Clean.

Neck: Normal.

Chest—

Lungs—

Inspection: Symmetrical, expansion good and equal.

Pulmonary: Normal.

Percussion: Normal.

Ascultation: Normal.

Heart: Normal.

Abdomen—

Liver: Normal; some tenderness over gall bladder.

Stomach: Negative.

Spleen: Negative.

Kidneys: Right kidney palpable; left kidney negative.

Pelvis: Negative.

Rectum: Normal.

Spine: Slight lumbar lardosis; no special lesions.

Laboratory Findings—

Urine: Quantity, 1,300 cc. Light yellow with considerable mucin and sediment. Slightly acid in reaction with a specific gravity of 1020.

Albumin: Negative.

Sugar: Negative.

Chlorides, Phosphates and Indican: Normal.

Urea: 1.9%. No evidence of blood.

Microscopic Examination—

Few pus cells, coarse, granular.

Casts, negative.

Large epithelial cells from the bladder.

Flat and cuboidal from the ureters.

Uratcs, of sodium variety, and a few oxylates.

Otherwise negative.

X-Ray Examination—

Radiographic Examination of the Gall Bladder shows an indistinct shadow which cannot be determined.

Radiographic Examination of the Kidneys shows the right kidney somewhat enlarged, a little low and to the right.

Radiographic Examination of the Ureters shows the presence of a large lobulated stone in the right ureter about the level of the second sacral vertebra. Left ureter negative.

Radiographic Examination of the Bladder, negative.

Fluoroscopic Examination of the Bowels. Barium meal given with the patient in the upright position. Lower border of the stomach located two inches below the umbilicus. Stomach freely movable. No tenderness. Pylorus held upward and to the right. Duodenum held adherant in the gall bladder region. Jejunum and Ileum, negative.

Three Hour Fluoroscopic Examination showed the stomach emptying well. Barium column entering the colon.

Six-Hour Fluoroscopic Examination, Stomach entirely empty. Barium well advanced in the ileum. Column advanced slightly into the transverse colon. Tenderness expressed on palpation over the cecum.

Twenty-Hour Fluoroscopic Examination. Entire colon well filled throughout. Transverse colon very low in the abdomen. Large amount of gas present in the descending colon.

Seventy-Two Hours Later. The bladder was distended with air and another plate made showing positively that the stone was located outside the bladder and well above its upper border.

X-Ray Diagnosis: Calculus in the lower portion of the right ureter. (Figs. 1418 & 1419). Adhesions between the duodenum and the gall bladder.

The laboratory findings made the diagnosis conclusive. The history of this case is an interesting one in that so many doctors had seen the case, and so many different diagnoses had been made. In this case, as in many others, the trouble lay not in the difficulty of diagnosis, but in the indifference with which the case was handled and in the meager effort to make a diagnosis. It was entirely true that by an ordinary physical examination the stone would not be found in the ureter, and not being able to find the real trouble by that means, nothing was left to do but to make a radiogram and do the laboratory work. Why this had not been done before cannot be explained.

The Taylor Clinic does not depend upon any one man to make a diagnosis. Here we combine our efforts and keep at the case until we have exhausted all diagnostic means in our effort to find the trouble.

Treatment: Operation.

Date—February 22, 1919. Age 48.

Name—Mrs. V.

Anesthetic—Mallinckrodt's Ether.

Anesthetic Started, 11:02 a.m. Pulse, 120.

Operation Started, 11:22 a.m. Pulse, 116.

Anesthetic Ended, 11:50 a.m. Pulse, 88.

Operation Ended, 12:00 noon. Pulse, 84.

Drainage—One cigarette drain at site of stone.

Operation—Ureterotomy.

Irrigation—None.

Lavage—None.

Anesthetist—Dr. C. D. Heasly.

Operator—Dr. S. L. Taylor.

Assistant—Dr. J. W. Waggoner.

Closure by—Dr. S. L. Taylor.

Peritoneum—Plain No. 1 cat gut.
THE OSTEOPATHIC PHYSICIAN

Dr. John Adams Comstock Appointed
Scientific Director Southwestern
Museums, Los Angeles

Dr. John Adams Comstock has recently accepted the post of Scientific Director of the Southwestern Museum of Los Angeles. Dr. Comstock had been Curator of Entomology at the Museum, an office which made no great demands upon his time, so that he was able to continue to fulfill the duties of registrar at the College of Osteopathic Physicians and Surgeons, as well as to teach classes in some of the medical sciences.

By rearranging his time at the college, Dr. Comstock will be enabled to continue as Registrar while carrying on the work of his new post. He will be at the college mornings and at the museum afternoons.

The Southwestern Museum occupies a modern building of its own, commandingly situated on the eastern slope of Mt. Washington, overlooking the Arroyo Seco and Sycamore Grove. It is devoted to the archeology and natural history of the southwest.

Dr. Aiston's Views on Pyorrhea

Dr. Robt. T. Aiston, a dentist of considerable reputation in Chicago, gave a very interesting lecture to the students of the Chicago College of Osteopathy on March 19th. So enthusiastic were the students with whose discourse that a brief course in dentistry with its application to osteopathy has been added to the college curriculum as an elective subject. The topic was "Pyorrhea and Its Relationship to Auto-Intoxication." He detailed the various theories regarding this extremely important subject, and the fallacies of some of them. "The big underlying cause," said he, "is mal-nutrition due to non-exercise and improper diet. Osteopathic treatment along with proper diet is the only solution of a healthy condition of our bodies under the present unnatural ways of living," said Dr. Aiston.

Museums of Osteopathic Medicine, Kirksville, Mo.

Osteopaths—Get Right with your own Therapy—not only Use It and Get Results But Understand what you are Doing—Do you?

No agency on earth will help you as much as Professor Lane's book "A. T. Still, Founder of Osteopathy." Perhaps you misunderstand the scope and contents of this work from its title. It is not a book of biography in the usual sense of a chronological sketch, but a scientist's interpretation of the Theory and Practice of Osteopathy. Of course you need it—that is, if you want really to understand what you are about in your work and intend to know all that pure science can teach you to this hour in the education of your therapeudic practice. A thousand dollars would be a cheap price for this little book were it impossible to order a copy of the osteopathic school to get it on any other terms. It costs you $2.00 by return of postcard.

The Osteopathic Publishing Co.

9 South Clinton St., Chicago
Enclosed please find money order for one year's subscription to The Osteopathic Physician. We feel we do not want to miss a number of The OP, as we consider it one of our best publications.—Dr. P. R. & Emma E. C. Hasekohl, Jr.

Having about regained my health, I am trying to establish connection with the osteopathic world again. For the past two years I have been on the verge of a breakdown and as a consequence have allowed my interest in the osteopathic profession and things in general to lag.

I had thought that I could do without The Osteopathic Physician, but find, as I try to make connections here and there, that The OP is necessary to my catching up with the profession again. Herewith I am sending you a money order for $2.00 as subscription to The OP.—John W. Ranning, D. O., Brooklyn, New York, February 11th.

Hotel La Salle Will Be Headquarters for Iota Tau Sigma During the Convention

The annual Fraternity banquet is to be held in the Red Room of the Hotel La Salle, Monday evening June 28th, followed by a meeting of the National Alumni I. T. S. On Tuesday, July 1st, the Grand Chapter will hold its annual meeting in room 1211. The prospects are good for a large turnout of real live osteopaths.

Iowa Association to Meet

The Iowa osteopathic association will meet at Des Moines on May 21st, 22nd and 23rd under the chairmanship of hotel. Dr. T. B. Larabee, secretary of the association, states that the programs were not ready at the time he sent us this notice. He states, however, that an excellent program has been assured. Dr. H. H. Fryette, president of the AOA, will be one of the principle speakers. The program committee has arranged to give the first day of the surgical clinic at the Des Moines General hospital and also child welfare work. The program for the second day will consist of lectures and speeches by prominent osteopaths. A banquet for members and their wives or husbands will be held that evening. May 23rd will be devoted to business session and speeches.

Pennsylvania Board to Meet

The Pennsylvania State Board of Examiners will hold their next regular examinations at Philadelphia, June 24th and 25th, 1919. Applications for blanks and all inquiries should be addressed to Dr. John A. DeBack, Sec., 900 Board of Trade Bldg., Scranton, Pennsylvania.

ASO Interne Examination

The ASO Hospital Intern examinations will be held May 9th, 10th and 11th. Services may begin June 1st, July 1st, or September 15th.

The Ways of Life and Death

Drs. Griffiths and I lost three epidemic cases to the medics, one of which died. We received seventeen cases that had been under the care of some licensed M. D., none of which died.—M. J. Caron, D. O., Wilmington, N. C.

Dr. W. B. Elliott on Georgia Osteopathic Board

Governor Dorsey, of Georgia, has appointed Dr. W. B. Elliott, of Cordoba, Ga., a member of the Georgia State Board of Osteopathic Examiners, for a term of three years, ending September 30, 1921.

Vermont State Board to Meet in June

The next Vermont State Board Osteopathic Examination will be held in Rutland, June 24th and 25th. Applications should be addressed to Dr. John A. DeBack, Sec., 900 Board of Trade Bldg., Scranton, Pennsylvania.

Iota Tau Sigma to Hold Big Banquet

The Eastern Alumni Association and Delta Chapter have made plans to have a big reunion of the alumni and men who have been in the service on Saturday, May 24th, at the Hotel Walton, Philadelphia. The last banquet before the faithful July 1st, so don't fail to come.

Double Sized Mid-Year Class at Chicago

It might interest osteopaths to know that our mid-year matriculants more than double the freshman class—a class of college trained people well worth considerable attention on the part of the osteopaths. Some osteopaths fear it will be at least tripled by the prospectives who are expected next fall.—LeRoy Coombs, P. M., Freshman.

Addison Still at It!

This is the first issue of the Florida Osteopath since the November number. Again it becomes necessary to fool those who consigned this sheet to oblivion, many times and oft, and state that I have material for several more numbers already in hand. Been too busy recently to make illustrations, that's all.—The Florida Osteopath, March Issue.

Florida Association to Meet in June

The next meeting of the Florida Osteopathic Association will be held at Jacksonville June 26th and 27th. The convention will adjourn Friday afternoon, June 27th and take the night train to Chicago, arriving Sunday morning in time for the Osteopathic Sunday, the opening of the A. O. A. Convention. Following the A. O. A. Convention some of the Florida osteopathic plan to stay for the post graduate course at the Chicago College.

Nervous Prostration or Neurasthenia

(Continued)

Consistently More

Enlarged Neck Glands Treated by Osteopathy

Lambaga in a Middle-Aged Man

No. 20

No. 18

A. T. STILL AS A MEDICAL THINKER

By M. A. LANE

Professor of Pathology in the American School of Osteopathy at Kirksville

THE OSTHEOPATHIC PHYSICIAN

Missouri Rotarians Welcome Soldiers

Dr. George Still, Dr. B. D. Turman, Dr. S. S. Still, Dr. R. S. Hamilton and Dr. H. S. Hain were among the members of the Kirksville Rotary Club who went to St. Joseph, Missouri, May 4th to welcome the returning Adair County soldiers who were given a day off in that city.

Dr. Credit Relieves Dr. Barger for the Summer

"Gentlemen, for several days I have been considering the possibility of "OIL. I have taken over Dr. Barger's practice for the summer months. The past several days have handed twenty influenza cases without a fatality or the development of any serious conditions which develop under medical treatment of influenza."—L. V. Credit, D. O., Sidney, Nebraska.

St. Louis Osteopathic Association Meet

The St. Louis Osteopathic Association met in the parlors of the Marquette Hotel April 15, 1919, with quite a large and regular attendance. Among the members was that of Dr. Emma H. Edwards, who died suddenly April 19th. She was the wife of Dr. James B. Edwards, and mother of Roy Alfred and Dorothy, also the daughter-in-law of Dr. Alfred Edwards of this city.—Dr. W. M. McIntosh, Secretary, St. Louis, Mo.

Dr. Charles C. Reid and Associates Occupy New Twenty-Two-Room Suite

Dr. Charles C. Reid of Denver, Colorado, has removed his offices from the Majestic building to larger quarters in the Interstate Trade building, Rooms 301 to 302. Dr. Reid will share his room with Dr. C. L. Draper, Dr. Harold A. Fenner and Dr. J. E. Rand. The new quarters will occupy a suite of twenty-two rooms. The size of this office will make it possible for Dr. Reid to develop his osteopathic clientele in Denver. He has put his osteopathic work back in step and has developed his osteopathic clientele in Denver. He has put his osteopathic office into prominent position in the city and he and his associates are sure to be highly congratulated on the development of their profession in the splendid new suite of twenty-two rooms.

Dr. G. W. Bumpus of Denver Appointed a Member of Colorado State Board of Health

Governor Paschal, of Colorado, has announced the name of his new appointees to the Colorado State Board of Health and among them appears the name of Dr. G. W. Bumpus of Denver. The appointment of Dr. Bumpus has come at a time when osteopaths are taking a prominent position in the state. This appointment is an honor to the osteopathic profession and is also a great compliment to Dr. Bumpus. It is also a great compliment to Dr. Bumpus to secure this appointment because the Colorado osteopathic physicians of Colorado have been compelled to abide by every rule and regulation of the state board of health.

Texas Association Holds Annual Meeting

The nineteenth annual meeting of the Texas Osteopathic Association was held May 3 and 4 at the O'delop Hotel, Dallas, Texas. A very fine program was arranged as follows: Public welfare work, Dr. Mary E. Fock, San Antonio; "Infusion, Its Treatment," Dr. R. H. Price, Houston; "After Effects of Influenza," Dr. A. O. Price, San Antonio; "Physical Factors," Dr. George B. Clark, Round table discussion Lumbar Lesions, Dr. E. G. Gerard, Dallas. Afternoon session opens 1:30 p. m. Some case reports are on Differential Diagnosis, Dr. C. N. Ray, Abilene; "Efficiency in Acute and Chronic Practice," Dr. C. Marvin Bailey, Houston; "The Most Common Disturbances and Fractures, Their Reduction and Treatment, Including Improved Splinting," Dr. George J. Conley, Surgeon-in-Chief, Kansas City College of Medicine. Doctor of Medicine. D. L. K. Johnson, Houston; "The Differential Diagnosis of Brain Lesions," Dr. Erdine; "Ques­ tion Box on Surgical Diagnosis," Dr. Conley. 7:30 p. m. N. E. Texas Osteopathic Association Banquet in Adolphus Hotel. Saturday, May 3. "Diagnosis of Stomach Disease with clinics showing use and abuse of stomach pump and gastric lavage," Dr. Conley. "Eye Strain Headache," Dr. William Rody, Taylor; "The New Treatment of Acne Vulgaris," Dr. John J. Elder, San Angelo; "In­ ferior Paralysis and Its Early Treatment," Dr. Erdine; round table discussion, office problems, Dr. A. J. Tailor. Afternoon session opens 1:30 p. m. "Berridge cases of Acute and Chronic Pain of Pelvic Inflammations," Dr. Conley; Clinics and Oper­ ativc Surgery, Doctor of Medicine. Dr. W. A. Roper, Fort Worth, the General Practitioner," Dr. G. A. Cobb, Port Arthur; Round table discussion, Doctor of Medicine. Dr. W. A. Roper, Port Arthur; Banquet of Committees, Election of Officers.

We understand that a Mrs. W. H. Hidden, of Groom­ wood, Va., wants an osteopath in her town. It might be well to look into this location.

Dr. Tom Ashlock, late of the faculty of the American School of Osteopathy at Kirksville, Mo., has returned to private practice and is now located at Lewiston, Mont, where he is enjoying a very busy practice.

Dr. Edward N. Hansen and Dr. Cora C. Hansen, of St. Louis, have announced the removal of the offices from 904 Arrott building to 609 Columbia Bank building, where they have very commodious quarters.
THE OSTEOPATHIC PHYSICIAN

Dr. Charles E. Geise, from Beloit, Wisconsin, to Highland Park, Illinois.
Dr. James E. Gray, from Brooklyn, to Newton, Iowa.
Dr. Howard Kretschmann, from Powers Bldg., to Kimball Hall Bldg., Chicago.
Dr. Katherine Lawrence, from Carroll, to Katherine L. Manhart, Camden, Maine.
Dr. O. C. Mutschler, from Washington, D. C., to 129 North Duke St., Lancaster, Pennsylvania.
Dr. Ralph W. Rice, from U. S. Army, to Wright & Colcord Bldg., Los Angeles, California.
Dr. C. H. Sande, from Temple Bldg., to Bank of Hamilton Bldg., Brantford, Ontario, Canada.
Dr. Mabel Wintemute, from 28 West Lake St., to 907 Newton Ave., North, Minneapolis, Minnesota.
Dr. Charles E. Pollard, at 183 E. New York Ave., Des Moines, Iowa.
Dr. Howard H. Cooke, at 1 Bank St., Stamford, Connecticut.
Dr. Isabel Sherman, at 17 North State St., Chicago.
Dr. T. D. Jones, from 608 Mermod-Jaccard Bldg., to 239 Central National Bank Bldg., Marion, Louisiana.
Dr. Frank B. Schanne, at 571 Broad St., Newark, New Jersey.
Dr. J. E. Cady, at 320 West Main St., Anna, Illinois.
Dr. Lucy R. Peterson, at 413 Holland Bldg., Springfield, Missouri.
Dr. S. A. M. Harris, to 15 East Ave., Niles, Ohio.
Dr. John B. Weeks, from 1520 Chapp, to 166 Whalley Ave., New Haven, Connecticut.
Dr. George A. Gergie, from 7101 Tulip St., to 4642 Frankford Ave., Philadelphia, Pennsylvania.
Dr. Alexander Smith, at 300 West 101st St., New York, New York.
Dr. P. S. Bonnell, at Kimball, Nebraska.
Dr. C. E. Amsden, at 1116 Michigan Ave., Chicago.
Dr. Nathan Jones, from 2115 K Street, to 1058 State St., Westfield, New Jersey.
Dr. C. E. Amsden, from 1116 Michigan Ave., Chicago, to 1058 State St., Westfield, New Jersey.

WANTED—Assistantship for the summer; 2 years in private osteopathic practice; now in post-graduate work; 26 years old; energetic; references. Address No. 148, c/o The OP, 9 So. Clinton St., Chicago, Ill.

DR. EDWIN B. BARRETT, New York, N. Y., to $1,000.00 a month. Price $1,000.00, plus room and so Dr. Barrett has set up an independent office of his own in Suite 1204.

Dr. James W. Hawkinson, of Minneapolis, Minn., was appointed by the city council of Minneapolis, April 6th, city health officer for the city of Luverne for a term of three years.

Dr. E. G. Bricker of Winnipeg, Canada, has been elected president of the Kiwanis Club of Winnipeg. This organization is one of the busiest business men's clubs in the city.

Dr. J. W. Hopkins of Minneapolis, Minn., was appointed by the city council of Minneapolis, April 6th, city health officer for the city of Luverne for a term of three years.

Dr. Mary L. Heist and Dr. Edgar D. Heist, of Kitchener, Ontario, Canada, have purchased the Weber Bachner property at Medina, N. Y., and also have a branch office at Shaker, where they were formerly located.

We are sorry to learn of the death of Dr. Emma H. Klaasen, wife of Dr. James D. Edwards, of St. Louis, Mo. She was a graduate of A. S. 8., 1911. She died of Bright's disease and bronchial asthma. Dr. Edwards states that his wife was the inspiration in all of his discoveries.

Dr. Riley D. Moore and Mrs. Moore of Washington, D. C., recently made a trip to Philadelphia, where Dr. Moore addressed the Philadelphia County Osteopathic Association on the topic, "Surgery from New Life in Old Dry Bones." during the development of anomalies of the human skeleton.

Dr. Ella X. Quinn of Miami, Fla., is a four-year member of the Board of Directors for the Florida Anti-Tuberculosis Association. Dr. Quinn is endeavoring to get Florida Osteopaths interested in requesting the admittance of Osteopaths to practice in a hospital by becoming a member of this association, and all other public sanitarians. Dr. Quinn has also recently been elected secretary to the Woman's Professional Club of Miami.

Dr. Alice X. Quinn of Miami, Fla., is a three-year member of the Board of Directors for the Florida Anti-Tuberculosis Association. Dr. Quinn is endeavoring to get Florida Osteopaths interested in requesting the admittance of Osteopaths to practice in a hospital by becoming a member of this association, and all other public sanitarians. Dr. Quinn has also recently been elected secretary to the Woman's Professional Club of Miami.

Dr. Isabel Sherman, at 17 North State St., Chicago.
Dr. T. D. Jones, from 608 Mermod-Jaccard Bldg., to 239 Central National Bank Bldg., Marion, Louisiana.
Dr. Frank B. Schanne, at 571 Broad St., Newark, New Jersey.
Dr. J. E. Cady, at 320 West Main St., Anna, Illinois.
Dr. A. Pettefer, at 276 North Lisgar St., Ottawa, Ontario.

Dr. George A. Gergie, from 7101 Tulip St., to 4642 Frankford Ave., Philadelphia, Pennsylvania.
Dr. Alexander Smith, at 300 West 101st St., New York, New York.
Dr. D. A. Atkinson, from U. S. Army to Box 6, Berne, Nebraska.
Dr. W. Bruce Lynd Osteopathic Specialist Practice Limited to Eye, Ear, Nose and Throat 514 Ridge Arcade, Kansas City, Mo.

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

Dr. E. Burton Waters, at Winchester, Virginia.
Dr. Edna A. Craft, from Tecumseh, to Fairmont, Nebraska.
Dr. Isabel Sherman, at 17 North State St., Chicago.
Dr. T. D. Jones, from 608 Mermod-Jaccard Bldg., to 239 Central National Bank Bldg., Marion, Louisiana.
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Dr. J. S. Bubaugh of Burlington, Iowa, has just returned to his practice after taking the Denver post-graduate course. His office quarters at the Bank of Commerce,

Dr. Theodore C. and Blanche A. Corlis have taken over the practice of Dr. Della Mattsen, at Eagle Grove, Iowa.

Dr. D. A. Atkinson, from U. S. Army to Box 6, Berne, Nebraska.

Dr. George Mather Reeman, from U. S. Army to Box 26, Waynesville, North Carolina.

Dr. Charles E. Geise, from Beloit, Wisconsin, to Highland Park, Illinois.

Dr. James E. Gray, from Brooklyn, to Newton, Iowa.

Dr. Howard Kretschmann, from Powers Bldg., to Kimball Hall Bldg., Chicago.

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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.

Osteopathic Health will keep your name and profession fresh in the mind of a cured patient or prospective patient. It educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.

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.