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That Problem of Raising Fees
A Symposium by the Profession

We sent out this text for "Shop Talk" to several hundred osteopaths last month:

Dr. R. E. Andrews, Rome, Ga.

Didn't notify any one and had no complaints. Don't ever expect to charge less as people think more of the man who charges for his services.

Dr. L. K. Shepherd, Cincinnati, Ohio

I have raised my fees three times since 1915. The last raise was made the first of this year at which time I raised fifty cents. To the best of my knowledge I lost no business, but business seemed to increase each time. The charges of the other local osteopaths vary from $2.00 to $3.00.

Dr. Vernon W. Peck, Pittsburgh, Pa.

Have about doubled fees since 1915. Of course some are part charity always.

Dr. Fred W. Morris, Ridgewood, N. J.

Don't know what others charge. My rate has always been $2.50 and $3.00 in office and $1.00 more for near out calls; increase for distance.

Dr. G. Hart, Philadelphia, Pa.

Of course I raised fees, why not? People expected it, just as they expect better work from me than the longer 2'm in the profession. There is no middle ground on which to stand, it progresses or retrogrades. My big thought has been service. The payment for that, within reason, is easy for any one, whether it be for treatment or something else.

Dr. Mary S. Croswell, Farmington, Me.

My income has increased $1,500 the last twelve months on the old basis. I have increased examination fee $1.00 and charge $3.00 instead of $2.50 per out of office calls in city limits this year. My office and other expenses have not been increased sufficiently to actuate me in raising prices more.

Dr. F. A. Webster, New York, N. Y.

Yes, I raised; not difficult, but lost some practice for me. I announced raise to patients as they came in. Other osteopaths charge more and more—majority, more, I think. No attempt to co-operate with M.D.'s. Making less money, nil, than in 1914.

Dr. H. C. Jaquith and L. E. Jaquith
Toronto, Ont., Canada

Yes, in 1917 we raised our fees. They are now—office, $2.50—$3.00; calls, $5.00. No trouble experienced. We lost no patients by it. Simply told each one we must make a raise. We have no co-operation with M.D.'s.

Dr. Walter S. Grow, Indianapolis, Ind.

Yes, I raised fees in July, 1917, 50 cents. No trouble at all. Not very much shrinkage in practice. What I did lose I was glad of it. It was announced by letter. Now get $2.00 and $2.50. As to M.D.'s, no co-operation from their side.

Dr. N. Gaylord Husk, Bradford, Pa.

On July 1st, 1919, raised office treatments from $2.00 to $2.50. Had no trouble in so doing. There are, of course, exceptions to this rate wherein it would be a hardship for one to pay the regular rate. Think I lost but little, if any, whereas I gained hundreds in the year ending June 30th last. Had card printed and placed, in treatment room stating that after July 1st, 1919, office treatments would be $2.50. About the only comment given was they wondered why it had not come before. I am unable to see how we could possibly continue to do business on the same income we had four or five years ago.

Dr. Charles H. Whitcomb, Brooklyn, N.Y.

In 1918 we raised our fee to new patients from $4.00 to $5.00. In most cases. In 1919 we raised (the same raise) to a larger number and to some old patients and in 1920 we have raised it to even a larger percent of our old patients, merely telling the selected cases that the fee would be raised from a certain date. In some cases we have raised to $8.00 (only a few cases). It was not difficult and it has not lost us any practice that we know of. Possibly a few may have gone elsewhere, but our practice has increased tremendously. One other D.O. charges $6.00 but I believe most of the others charge $4.00, $3.50 and $3.00. I almost know that every one could easily get $4.00 and a few could easily get $6.00 if they would get their nerve up and make the raise. We have no co-operation with M.D.'s in any way and do not know what their fees are. We raised fees for house calls from $5.00 to $6.00 and up, according to cases.

Dr. P. W. Gibson, Winfield, Kans.

We, as an association of three, have raised our prices as follows: We used to charge $25.00 for 10 treatments at the office, with reduction to $20.00 after 20 treatments. About two years ago we made it $20.00 straight at office. House calls used to be $2.50 for single calls. January 1st, 1920, we raised house calls to $3.00 or $2.50 a call for more than one call a day. Office treatments, still $20.00 straight. June 1st, 1920, we raised to $2.50 straight at office; $3.00 straight at house. Night calls 9 p.m. to 7 a.m., $3.50 to $5.00. We told our old patients this change was coming and posted our price list in office. A few dropped out, not many.
Dr. A. B. Caise, Marion, Ind.

Yes, I raised fees April 1st, 1920, to $2.50, office; $3.00, residence, and $1.00 per mile out of city, whereas, before I had received $2.00, office; $2.50, residence and 75 cents per mile. Now I get extra for night calls, depending upon distance. It was not difficult. All I did was to have a card printed for the reception room and office, stating the fact. Lost no business. None noticed the difference. Other D.O.'s here get $1.50 and $2.00 office, with higher rates for visitation at residence and country. I do not compete with M.D.'s where possible. No trouble.

Dr. Geo. H. Carpenter, Chicago, Ill.

Yes, we raised our fees in 1918-19-$3.00, office; $4.00 to $5.00 for residence calls. No trouble experienced making the increase. No trouble with patients, no change in the number of patients. They are still seen. The practice has increased. I believe we can handle our cases to a greater satisfaction if we receive an ample fee for our work.

Dr. F. W. Olds, Milwaukee, Wisc.

Raised fees March, 1920, $2.00 at office, $5.00 at residence. Very little difficulty—patients expected it. Sent out announcements to clientele. Think most of the D.O.'s in Milwaukee have raised fees. Do not know what local M.D.'s did about their prices.

Dr. J. M. Shellenberger, York, Pa.

It wasn't difficult to raise my fees, most of the patients expected it. I believe in making a proper charge for the services we render. I believe we can handle our cases to a greater satisfaction if we receive an ample fee for our work.

Dr. J. W. Riley, Norwich, N. Y.

Charge $2.00, office; $2.50, residence. Old fee, $1.50, office; $2.00, residence. Date of raise, July, 1919.

Dr. A. Pettefer, Springfield, Mo.

Fees in 1915, $1.50, office; $2.00, call. All local osteopaths agreed to raise May 1st, 1920, to $2.00 in office and $3.00 a call. Put notice in paper to that effect thirty days in advance. No appreciable loss in practice. This meets the local schedule of the M.D.'s fees. We have a local chiro college here.

Dr. F. C. Leffring, Waterloo, Iowa

Increased fees January 1st, 1920, to $2.50 office; $3.50 residence—50% increase. Noticed no loss, in fact increase, although I don't think this was the case for the services we rendered. It was rather to increased prestige from our "fix" reputation. Announced raise by rubber stamp on bills sent out. Think at least one of the other osteopaths raised likewise. Did not make co-operation with any one else.

Dr. W. T. Thomas, Tacoma, Wash.

I raised my fee from $2.00 to $2.50 in the office, and from $2.50 to $3.50 for calls, September, 1918. It was not difficult and I lost no practice that I know of. I placed a card giving the new rates in the waiting room. They are now $10 and up for examination, $5.00 and up for office treatment. It was not difficult. Do not know I lost much, if any, practice. Explained the reason to them verbally and they responded splendidly. The M. D.'s raised the fees first. New York is so cosmopolitan it is difficult to act as a body.

Dr. G. B. Wolf, Long Branch, Calif.

Up to leaving Ottawa, Kansas, 5 years ago, I got $1.50 office, $2.00 house. Here I am getting $2.50 and $3.00 office, and $3.50 to $4.00 house calls. I started in here January, 1919, with $2.00 office and $3.00 house, but raised to above prices soon after. It has been expensive starting in but am gradually gaining ground.

Dr. W. M. Hatfield, Moscow, Idaho

Yes and no. I have raised only 50 cents on the first treatment. The rate I get the old price, only for special or local treatments, that is $2.50. For blood pressure and urinalysis, $5.00. The fee for the service was very well and so far as I know did not lose very much, if any practice. I would raise more, but it is time to drop now as everything else will. I would advise you not to raise.

Dr. Clarence B. Utterback, Tacoma, Wash.

Sure I raised my fee and in three months my practice jumped 400 per cent. Patients will pay what you demand if you give them what they are looking for.

Dr. W. L. Laslett, West Roxbury District, Boston, Mass.

Never since beginning practice have I had a set fee regardless of the treatment given. For patients coming for regular treatments I have had the following as a basis for charges: About 1915 I started with a minimum $2.00 to a minimum $5.00, for a first visit. For further regular office treatments I advanced from a minimum $2.00 to a minimum $3.50. For the past year I added $1.00 to these fees for treatments given from 7 to 9 p.m. As far as possible I make my office appointments between 9 a.m. and 5 p.m. For house calls I charge from $4.00 to $10.00. Special work as nose, throat, ear, eye, etc., are all extra. I do not lose any practice. I have increased my fees higher than theirs. I experienced no difficulty.

Dr. Frank H. Avery, Oakland, Calif.

Has raised 25 per cent since 1915. Ordinary fee, $2.50; single treatment $3.00, office only. Noticed no difference or any objection on the part of patients. Several voluntarily raised my prices for me to that increase, saying the service was worth more money. Am now going into rectal and colon work where fees are very high. Have increased the income and reduced hours of work.

Oh, Yes! Bunting Building Bonds Are Now Ready to Deliver to You!

Dr. A. P. Kottler, Chicago

I raised my fee to $3.00 (office treatment) about a year ago for first visit $5.00. Laboratory fees (diagnostic) extra. I put to the home of a patient for $4.00, $5.00 or $6.00 and some of them paid that amount. Others charged $6.00 and others charged $7.00. In 1920 we increased our fees. I raised only 50 cents on my fee in 1919. I have raised my fee since 1915 and although I raised in 1920 and 1921, I have not added as much "per" they are paying. I find people are paying more. I have not added as much "per" they are paying. I find people are paying more.

Dr. A. C. McDaniel, Oakland, Calif.

Yes, I raised in my fees two years ago. From $2.50 to $5.00 in the office and $3.00 to $5.00 in the office. Simply told old patients I had to do it and no one knew what I did. I lost nothing but maybe a few. Other boys here charge the same as I do. I experience no trouble. This is a good field for our work and we feel proud of our osteopaths for the good work they do in this city. I believe they are better compensated. All I do is to notify the M.D.'s to the M.O.'s I know but little. They have been kind to me and let me have my way. Tell the field members not to stand back. Charge what the work will stand and be not afraid.

Dr. C. M. Bancroft, Canandaigua, N.Y.

I increased my fees 25% in August, 1919. The increase was not sufficient but I believe that in a small community the reaction to high prices will be more than in the larger place and I can continue my increase for a number of years after inflation is over—if it is ever over! I hear no difficulty and did not lose patients so far as I know. The number of patients seen each year has been greater than the preceding years. No notice was given to patients and the only explanation offered was to the effect that I had to keep pace with commodity prices. I do not know that the M.D.'s charge, and I believe it to be a good plan. I charge the same as any one else and charge greater fees than you do in the same community. If you are as good or better than the rest, then get busy and catch up and charge for it. No one will get greater fees than charges and no man can charge more than he is worth and get away with it. Some of our people seem to insist that they are worth little and charge accordingly.

Dr. Louise M. Jones, Portland, Maine

I raised my fee $1.00 for an office call, set $2.00 for an outside call until 9 p.m.; now after that. Had no difficulty at all, and lost no practice in so doing. I simply told my patients of the increase.

Dr. Edwin W. Tate, Newark, N. J.

I have raised my fee since 1915 and although I did lose a few patients, my income has been larger than it was previously, and the major of my patients said they were expecting me to raise my fee. The announcement was made by placing a card in each treating room stating that my professional charge was increased a dollar. I was overloaded and other local osteopaths are charging, nor do I care, as it is our business and not mine. My belief is that my practice has been all for the best, and we should charge accordingly. This last I do feel that those who cannot afford to pay the regular fee per treatment. They thus never know how much "per" they are paying. I find people rather expected the raise, in most instances I do not know of any cases I lost for this reason, excepting some went to a cheaper charging D.O. That doesn't worry me any.

Help Us Put It Over by Christmas! You Can Do It by Buying Your Bond Today!
Your Bunting Building Corporation Bond
Is Now Ready for You! Get It!

THE OSTEOPATHIC PHYSICIAN

The Profession Stands Behind Us in Our Bond Enterprise!

The profession is with us!
They are buying our bonds.
At the rate subscriptions are pouring in at present the whole flotation promises to be completed by Christmas!
And they are writing us hundreds and hundreds of letters—letters that are letters—real "mash notes" and love letters, friends—letters that warm the cockles of the heart and make us glad we are alive and proud to be in the service of spreading the light of osteopathic healing among men!
Friends of the profession, we appreciate it, we assure you, one and all—we are touched greatly by your generous outpouring of friendship, loyalty, co-operation and support. It shapes up in our minds as a dandy sort of celebration of our twenty years of wedlock to our advertising service. And while they usually give folks only crystal souvenirs on their 20th anniversary, in our case these tokens of your good will and appreciation are gold dollars, mint fine, such as usually embody only fifty-year nuptial blessings!
Well—your good wishes and co-operation are not misplaced, friends of osteopathy, and the extension of our field literature campaign for osteopathic recognition which we plan to issue from our new plant at Waukegan will, we predict, bring back to you in-vestors (and to the whole profession) a much richer income than the 7 per cent per annum interest money which your Bunting Building Corporation Bonds will pay at your bank.

We are glad to report that you collectively have now bought 50 per cent of our bond issue. That is to say, $25,000 of our flotation is now placed. About a month ago we had reached the 33 per cent mark—we were one-third along our way to the goal—and we knew then that success had crowned our efforts, that the complete issue would be absorbed by the profession about the end of the year. We are just over the hill. Our ambition to have the profession subscribe the issue is now a sure success.

Arnold concurred in the diagnosis.
The receipt of subscriptions in the ensuing time which jumped our bond sales from $17,000 to $25,000 is making good that prophecy. So, we are now well on the way—more than half the journey has been covered—and we ought to be able to write success on our bond selling campaign by Christmas.

However, good friends—they are not all sold yet! Don't hold back your looked-for subscription because you suppose there are no bonds left! There are bonds to sell yet—$25,000 of them. They are ready to deliver now. Don't get the idea you are too late—"you really aren't!" And unless you come in now and by doing your share in this enterprise help us advance our "goal day" from March 1st to Christmas, the job will not be finished by that date.

We want you with us!
We want you to feel that you have a part in this fine enterprise for osteopathic propaganda. We want you to have the fine reward represented by "7 per cent with safety" on your savings. And even if it is hard to squeeze out savings, or perchance if you have no savings you can use and may have to borrow money to buy your bond—as a lot of our loyal friends are doing—we still confidently expect you to do your part and are sure you will get more pleasure from doing it just because it is hard to do and may require some immediate sacrifice. A cause that is worth sacrificing for is worth supporting.

Send in your reservation today—you do not need to pay cash—buy on the monthly installment plan, if it is more convenient—many are doing this, including both the buyers of one $100 bond and the buyers of $1,000 bonds. Help us achieve our goal by Christmas! That goal will be a victory for osteopathic propaganda as well as Bunting.

[See a representative bunch of our Bond Buyers on page 28]
THE OSTEOPATHIC PHYSICIAN

Dr. C. B. Hunt, Omaha, Nebr.

Last spring the Omaha Osteopathic Association decided to raise the local rates from $2.00 to $2.50 and up for office treatment. A number changed to $3.00 for office consultation, the patient receiving just the price of his treatment. Practice increases.

Dr. H. H. Trimble, Moultrie, Ga.

 Been in practice since June, 1911. Office treatment has never been less than $2.00 per hour. House calls (day) never less than $2.50 per, even if so many as three are made in one day to the same patient. Night calls, extra, according to time required. Prices raised July 1st, 1919, to $3.00 per. fishing calls (day) $2.00 per; night calls, $5.00 per; country calls, $2.00, 50 cents extra per mile, up to five miles; over five miles, straight charge of $1.00 per mile. Many of the local osteopaths have the above rates printed on a card to be hung on the wall. There were some objections while a number was pleased so surprised with it that we had not raised them before. I raise my fees every year.

Dr. C. A. Dodson, Little Rock, Ark.

Before an osteopath increases his charges for treatment, he should make his services worth more. People are willing to pay him all that he is worth. Time required, knowledge and skill of the D.O., and the financial ability of the patient to pay should determine the fee to be charged. Charge all that you are worth, but be sure that you are worth as much as you charge. I have frequently been told by patients that they preferred to pay $5.00 for a good treatment, to giving $2.00 for a poor treatment. I have no trouble at all in getting the price of my outside calls from $3.00 to $5.00. This raise took place early last spring. Of course there was a little kicking at first, but that was soon over. I noticed no falling off of the day work, but there certainly was a lessening of the night work—a much to my joy! I inserted an ad in our daily paper, saying that after a certain date the fees would be raised as mentioned. The fees of all osteopaths in the county are the same. We did not cooperate, as we were not needed. I understand the patients and know what they need. I raised the price of my outside calls from $2.50 to $3.50 per, and the cost of the cards for the above $2.00 to $5.00. This increase was a lessening of the night work—much to my joy!—and the raising of the office fees. Many of my patients have written to me that they went to the price I had charged them for the treatment, or I should, have lost a number of patients. But is is my best advice to osteopaths to live up to what they expect of us, and practice in a manner that no one will be able to criticize. Others are raising in the same manner.

Dr. D. L. R. Parkery, Portland, Ore.

I raised my fees to $2.50 and $3.00 the first of this year. Very little objections—no noticeable loss of practice—some other osteopaths still maintain the former rate of $2.00 and are doing less business than we who have raised. I use OH magazines instead of business cards—they don’t cost much more and are more effective. You have done remarkably well with us in keeping the price where it was so long—we can’t have much of a kick coming. We should use more magazines to increase our practice and forget the increase in cost of our advertising. That’s all.

Dr. G. E. Thompson, Peoria, Ill.

I raised my prices August 1st, 1920, from $2.00 to $3.00 straight. Calls from $2.00 to $4.00 minimum. I had cards printed announc ing the changes in prices to take place August 1st, which I placed on the door of my office, and on August 1st I placed cards in each room with the established prices. I use these prices as a minimum, according to the case. Occasionally, $5.00 and up for extreme cases and first services rendered. I have lost some patients, but it has weeded out the undeserving. There are few patients that do not appreciate the value of osteopathy; some have gone to chiropractors. Expect my income to be larger and may have spare time for study. Above prices should be higher.

Dr. Nettie M. Hurd, Chicago, Ill.

You have done remarkably well with us in raising the price of our treatment, and I have lost some patients, but it has weeded out the undeserving. There are few patients that do not appreciate the value of osteopathy; some have gone to chiropractors. Expect my income to be larger and may have spare time for study. Above prices should be higher.

Have You Bought Your Bunting Building Bond Yet? Your Aid is Needed.

Dr. LeO. Page, Newport, Vt.

When I located in this town, 1917, (population 5,000) osteopathy was new and the M.D’s were low (50 cents for office calls, in an instance of house calls, $3.00 at offices and $2.00 for house calls. In February, 1918, I raised each 50 cents, as did the other osteopaths in the state. It was some time before my total income equalled what I had before, but in four or six weeks the adjustment was made. There is no hospital here and M.D’s rates are much lower than in most places which would make a further raise difficult. I announced the raise as a state measure to standardize the price of treatments. In surrounding towns which I go to, the price is $2.00.

Dr. G. Washington Moore, Philadelphia, Pa.

One year ago I raised to $5.00 for examination and first treatment, and $3.00 per treatment, except to a few. I have received $25.00 since 1915 for many. It is not difficult to see why there is no other osteopath or M.D. even in my community who gives such valuable and personal service to his patients or makes such valuable and personal service to his patients or makes such valuable and personal service to his patients or makes such valuable and personal service to his patients or makes such valuable and personal service to his patients.

Dr. C. O. Fogg, Lakewood, N.J.

On account of Lakewood being more of a resort town, I have had two prices, local and transient, i.e.,—Old price, local, $16 at office; $25 at house; $3.00 out calls; $5.00 at office; $25.00 out calls. Price September 1st, 1919, local $3.00 at office; $5.00 out calls; transient, $4.00 at office; $6.00 out calls. Applying prices to all newcomers and old patients returning. Carrying a few at old fee, but they have got to come to it.

Dr. A. L. McGowan, Dayton, Ohio

Am attaching a card which I mailed to the middle of March to all my patients. Self explanatory. I didn’t want to insult their intelligence by explaining why. I find most of them expected it even sooner. I increased over one-third after the raise. The M.D’s in this building have a fee of $3.00 for office consultations, $5.00 for house calls, $4.00 for out calls. I announced the raise as a state measure to standardize the price of treatments. In hospitals there is $2.00 for in treatment and $2.00 for out treatments. I have a seven-passenger Buick Sedan in Cynwyd and a big house. It is my best advice to osteopaths to live up to what you expect of us, and practice in a manner that no one will be able to criticize. Others are raising in the same manner.

Dr. George W. Perrin, Denver, Colorado

Your letter, timely and of such vital nature, It should appeal and have the unqualified support of every practitioner of osteopathy. Yes, I raised my fees to $3.00, office, and $16.00 house calls. Price September 1st, 1920. I have a number of osteopaths in the state.

Your Money Will Bring 7 Per Cent With Safety

In a Bunting Bond Besides Boosting Osteopathy.
We Shall Begin Building Our Waukegan Plant At Once!

For several good reasons we have advanced the date of beginning the erection of our new model office and printing plant at Waukegan five months. Instead of waiting until the end of next March—work will start at once! The building will be finished by next spring instead of begun then.

First, the brisk sale of our bond issue the past month and the progress made up to this time enables us to begin earlier than we had planned.

Second, we find that the Johns-Manville Company commence the erection of 25 acres of factory buildings in the flats below Waukegan at the same time next spring that we had purposed building. This enormous operation will make demand for all the masons, bricklayers and carpenters in the county and bring trainloads of others daily from Chicago, 36 miles away, and it would hinder greatly any ordinary building enterprise that had to compete for labor at the same time. It might stop our work altogether.

Third, labor in Waukegan can be had more abundantly and cheaper in the winter, and the output per man in winter is greater than in summer.

Fourth, we find that while our general office lease at 9 S. Clinton Street runs until December 31, 1921—the time by which we had planned to be fully moved into our new quarters—we can dispose profitably of this unexpired leasehold. Also, the leasehold at our job printing plant across the street will expire May 1, 1921, and by building at once we can remove that department into our new plant and have it operating before the necessity would arise to dicker for a short-term lease extension—which might be hard to negotiate.

Fifth, on general principles when something important is to be done we like to get at it at once and do it with dispatch. As Shakespeare put it, "to business that we like we rise betimes and go to it with delight."

Lumber has declined about 35 per cent in this market, and building trades are pretty stagnant; so we can probably build as cheaply now as next summer—if indeed that Johns-Manville operation in Waukegan next summer would not prevent us building altogether should we delay.

So, for all these reasons, being fully ready for the emergency, the die is cast and we build now!

This makes all the more pressure upon us for hearing from you with your bond subscription at once. Now is the time—for every friend who intends to help at all to get in line. Help us put this roof over the presses that grind out the missionary literature for the science you practice. You will always be proud that your savings assisted this meritorious enterprise, and glad that your capital found such safe and profitable investment.

Help us complete the sale of our bond issue by Christmas and all the rest will be easy for us!

Remember the new "goal day" is Christmas—not March 31, 1921.

Will you let your money work two ways for you—make a high return with safety and at the same time help Bunting tell osteopathy to the world? Borrow the money if you have to, but at any cost get in on this enterprise with us. It deserves your support.

Help Us Put It Over by Christmas!

[See a representative bunch of our Bond Buyers on page 28]
Dr. Emma Cobb, Kalamazoo, Mich.

Yes, I have raised my fees. Last May I raised from $2.00 to $2.50 for office treatments and more for home calls, depending on distance and time of call, night or day. The profession has all done the same. I have advertised them, so they do not object to raise; so I waited awhile and then last May raised my fees regardless and cannot say just how much I did lose. Most of my former patients are with me, I think. At least, my income is steadily increasing and at a faster rate. I think I bank more cash and keep more fees each week, but a few have gone to the cheaper osteopath. Can't blame them, these hard times. Explained why I raised to each patient when they inquired for the appointment. Local D.O.'s charge $1.50 to $2.00, which is a raise from $1.00 to $1.25.

Dr. W. M. Smiley, Albany, N. Y.

October 1st, 1917, I raised my fee from $2.00 to $2.50 and the first of October, 1920, I have raised my fee to $3.00. I have never lost a fee. Should have raised sooner. No, it did not lose me any practice. I just announced to my patients that after a certain date the fee would be raised from $2.00 to $2.50 and from $2.50 to $3.00.

Dr. R. D. Head, Pittsfield, Mass.

In July, 1919, I raised my minimum office fee from $2.00 to $2.50 and outside calls correspondingly. For one month previous I posted a notice in each dressing room announcing the raise. There was no loss of any patients only to my raise in fees. They are not missed. There are five osteopaths in this town. One of the other raises fees soon after I did. No trouble in raising fees. Most people believe a doctor charges what he is worth.

Dr. E. B. Carney, Fort Scott, Kans.

We raised September 1st, 1918, 50 cents per treatment for both inside work and calls. September 1st, 1920, we increased outside calls another 50 cents. Former price, $1.50 and $2.00 now $2.00 and $2.50. —Never one complaint; business better than ever before—did not lose a patient.

Dr. P. D. Paula, Albert Lea, Mich.

I have not raised fees to above $2.00 but have cut out all discounts. I do charge more for “extras” such as gynecological and rectal examinations and treatments. I have always charged extra for these but have raised prices. This price raise should have been started earlier. Now that the cost of some articles of living has been reduced from 10 to 20 per cent and presumably can do other than go still lower, I have decided not to raise prices further except probably 50 cents on house calls.

Dr. J. G. Smith, Blair, Nebr.

We osteopaths of three counties got together by correspondence and fixed prices about March 1st, $2.50 for single treatment; $5.00 for city calls given more treatments than any year since I have been practicing (1905). I have less savings to show for it this year. Am sure with you on this price boost.

Is a Covering for Osteopathic Propaganda.

THE OSTEOPATHIC PHYSICIAN

Dr. Fred H. Butin, Memphis, Tenn.

In reply to your question, will say all of us D.O.'s here in Memphis have raised to $3.00 office, and $4.00 house. The M.D.'s are about the same, as far as I know. In 1917 I raised from $2.50 to $3.00 and it was a very welcome move and gives me a chance to charge more for special work. At present we are all suffering from hard times. Cotton off as well as other things. I put expect plenty of work after the election.

Dr. Irving Whalley, Philadelphia, Pa.

Yes, from time to time on and on new patients a raise of 50 to 100 per cent. No trouble. No lost patients. Simply stated fact, high cost of everything. I have no set charge, make the fee to suit the case—$2.00, $2.50, $4.00 or $5.00, as the case may be. I find this works better. Hope this gives you what you want.

Dr. W. L. Grubb, Pittsburgh, Pa.

Yes, I raised my fees April 1st, 1920, making uniform rates. No, it was not difficult. It actually gained practice for me. I announced it verbally. I do not know what other osteopaths charge. No, I did not consider the attitude of M.D.'s at all. I am going to make another raise in my rates between now and the end of June. Not $3.00 per treatment, but more for them. It takes a lot of hard work and believe thoroughly in it have no trouble to raise their fees, or anything else that has any practice. I advertise comprehensively as a rule, who has weak and shaky knees. Faith in your ability to deliver the goods and a willingness to work like the devil to this end—these two things make success.

Dr. A. M. McNicol, Dixon, Ill.

Since 1915 fees have been raised in Dixon twice. Previous fees at the time I came to Dixon in September, 1915, were: House calls, $2.00; office treatments, $1.50 or fifteen office treatments for $20. Nearly two years ago we raised rates to $2.00 for single treatments at office, house calls we left at $2.00, and we gave twelve office treatments for $20 when paid in advance. Six months ago we raised the house call fee to $2.50 and gave six office treatments for $11 or eleven office treatments for $30 when paid in advance. The former patients finished their course of treatments at the old price, but when paid in advance, single office treatments were charged as to making the raise.

Dr. John L. Ralston, Glencoe, Ill.

I am glad you are opening this subject. Have raised my fees 50% during the last two years. No complaints, and practice has increased very much. The only difficulty is in the doctor's own mind. The people expect a raise and respect the doctor who charges more.

Dr. A. F. McWilliams, Boston, Mass.

Raised fees? Yes. When? Sixteen months ago. Raised to? $4.00. Difficult? No. Announced verbally. I do not know what other osteopaths charged. The new patients paid the new price. The former patients finished their course of treatments at the old price, but when they began again to take treatments, they paid the new raised price also. My explanation was, “I cannot keep soul and body together, during these hard times. I times on the present prices. Will have to ask you for more money or quit. They smiled and paid the raised prices willingly and very naturally. We do not have any other "local osteopaths" in this town. Waverly first charge what others charge. I also do co-operate with the medical charges. Whatever they charge, I charge. The good doctor always gets the patients regardless of out competition.

Dr. Edith Trevitt, Monroe, Wise.

Yes, our rates came up July 1st, 1920. Office work, $2.50, formerly $2.00. House calls $3.50, formerly $2.50. Night calls, $5.00. Not difficult. Have had more than I can do since. Let me add $2.50. Announced through the paper and cards put up in office. No other osteopath here. Local M.D.'s will not co-operate in any thing.

Get a Bond Today and Help Us Pay for Some of Those Shingles.

Dr. Van B. Smith, Lincoln, Neb.

Previous to this date I made no extra charge for house calls but limited my outside work to sick bed or confining illness. I used this card: “Announcement—After January 1, 1920, a charge of $1.50 for all resident calls—Van B. Smith, D.O.” Very little “disturbance” was caused by this announcement. Previous to this date, April 1, 1920, my rate was $2.00 at office and $3.00 for residence calls; for night calls (after 11:30 p.m.) an amount proportionate to the time required.——Van B. Smith, D.O.” This announcement caused even less comment than the previous one of January 1, 1919. I do not co-operate with any one regarding rates, either M.D. or D.O.

Drs. George A. and Helen C. Bridges, Providence, R. I.

Although Dr. Helen and myself graduated in 1919, January, we at once charged $3.00 per treatment and have had no trouble in getting it and all the patients to treat, so we both feel that we owe a lot of our success to “OH.”

Dr. F. W. Sheldon, San Francisco, Cal.

In 1915 I was charging $2.50 per treatment and in 1918 raised the price to $3.00, which I have since charged, and am at the present time, just raised the price and so far as I have never lost a patient from it. Most of our local M.D.'s are charging the same, although some are on the "old standard of $2.00."
Seven Per Centum Per Annum, Safety, and Sound Sleep

Over $90,000 worth of property at Waukegan, Illinois, will be held under mortgage as security for the $50,000 Real Estate Gold Bonds of The Bunting Building Corporation. This security is back of the bonds collectively and individually. At the end of ten years the holder, even of any single $100 unredeemed bond, will have a first mortgage on the entire $90,000 worth of security.

Furthermore, all through the ten-year period of the life of the bonds the collective security will be steadily enhanced in two ways. First, by the contemplated retirement of bonds at the average rate of $5,000 per annum; and second, by the increase in value of the property mortgaged. The first mortgage on the entire property remains unchanged in the hands of the trustee (the Chicago Title & Trust Company) all through the ten years, notwithstanding retirement of any part of the issue prior to expiration. Thus it is plain that the buyer of these bonds not only has ample security at the outset but his security tends constantly to increase.

This does not take into account at all the profits and net worth of our publishing business which constitute additional but unscheduled security.

As to the return on the investment: 7 per cent per annum guaranteed by a first-class First Mortgage Real Estate Gold Bond is a high return, even in these days of temporary excessive demand for capital. 7 per cent interest on these bonds, while a high rate, nevertheless represents an economy to us when compared with our down-town renting costs. An advantageous leasehold, covering even a longer term of years than that covered by the bond issue, insures payment of both capital and interest to our investors.

Time was, not long ago, when bonds offered at 6 per cent were shunned or at least regarded with suspicion because they were not properly standardized or could not have sufficient security back of them. Four per cent, or at most five per cent, was considered extremely attractive on a first-class bond investment. That time will come again in the not distant future, say all the leading financial economists. When business has had a chance to readjust itself and recover from war's after-effects the excessive demand for capital of today will subside and then offerings of first class 7 per cent guaranteed bond investments, as all financiers agree, will be a thing of the past. The holders of these 7 per cent securities purchased today will then be reaping a harvest and their 7 per cent bonds will command a premium over face value.

Do you realize the increase in capital that 7 per cent per annum will produce? Seven per cent per annum on $1,000—that is $70 saved and compounded at 5 per cent, will yield at the end of the tenth year, $838, or a total (with the original $1,000) of $1,880. So, $5,000 invested now in Bunting Building 7 per cent Gold Bonds could be made to return to the investor $9,400 at the expiration of the tenth year. It amounts to an almost doubling of capital. Surely, a very satisfactory way to save and accumulate for competence in later life; and the beauty of it is that it can be done with absolute safety and assurance as to outcome. Speculative stocks may promise great allurements but the risks involved usually cause constant and grave worry, and in many instances, unfortunately, the venture goes wrong, so there not only is no "profit" but the original capital itself is lost.

Put your surplus capital into the First Mortgage Real Estate Gold Bonds of The Bunting Building Corporation and you can bank 7 per cent per annum on it and enjoy sound sleep at nights through the knowledge that your capital is safely secured.

At the same time you will be showing proper regard and appreciation for the services of the man and corporation whose joint efforts to advance osteopathy through twenty years have been acknowledged as real factors in both its scientific and professional betterment. Support those who support you! It pays richly in the end. Have you bought your bond? It is ready for you.

[See a representative bunch of our Bond Buyers on page 28]
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THE OSTEOPATHIC PHYSICIAN

Dr. Clinton D. Berry and Dr. Gertrude Seeley Berry, Rochester, N. Y.

We have raised our prices. We raised from $2.00 to $2.50 two years ago and again from $2.50 to $3.00 one year ago. Our practice was better after we raised. It seemed to help us in getting away from the chiro—put us in a different class from them. We are making a complete examination on nearly every case, charging $5.00 for it, and we postpone treating the case until after we have had opportunity to analyze the urine. We had no trouble in speaking of in raising the price. A very few persons said they could not pay the advance, but not many. Generally it was a person who would only take about two treatments. We would say to the objector, "Are you buying anything now at the same figure you did one, two or five years ago?" Of course they always said "No." Then we said, "Why should you expect us to work at a less price than everyone else?" and the goose was cooked. We have in each town a number of osteopaths and we all raise in February. The ones who had not been cheated but came back later expected six or eight inches long and about five inches wide—in a neat little frame, with our prices. The patient is bound to see and read this and so is posted. We all raise the same prices here. In fact we have always held pretty closely to a line of prices. A few are treating at a lower figure than the others, six or eight of the patients. But I observe that the "feefull" fellow has more time to sit down than the one who raises his price, works and earns it, and is perfectly independent. We do not co-operate with the local M.D.'s as to raise in fees but as a rule we are getting better fees than they do. In fact, I have made calls in the same houses, on the same dates and even treated the same patients, where we got $1.00 more for the call than the M.D. received.

Dr. Esther M. Bebott, Akron, Ohio

Yes, I raised fees in February, 1920. No difficulty. The raise added 50 cents per treatment. No, not much loss of practice. I told the ones I was in a town in Iowa. He asked for a good osteopath. Somebody said "we have a cracker-jack right here," so he went in and the osteopath "went over him a little." When he got through he asked "what do I owe you, doctor?" and he said "$1.00." My patient handed him $3.00 and said "go back to school." (This doctor had been in practice a long time, though.) I report it as my patient reported it to me on returning.

Dr. A. C. H. Esser, Chicago, Ill.

I raised my fees several years ago, making $2.00 treatments $3.00, $4.00 and up as the case may be. The people seemed to expect to pay more. Some even said "you charge a dollar more than so and so, but I like your treatments better." The raise added 50 cents per treatment—"so much per treatment"—but charge for what we do. Here is the experience of one of my patients who travels from coast to coast. He was in a town in Iowa. He asked for a good osteopath. Somebody said "we have a cracker­jack right here," so he went in and the osteopath "went over him a little." When he got through he asked "what do I owe you, doctor?" and he said "$1.00." My patient handed him $3.00 and said "go back to school." (This doctor had been in practice a long time, though.) I report it as my patient reported it to me on returning.


I am right now in the transitional period—just sliding over to the $3.00 rate. I started my raise the first of September, 1920. My rates are as follows: Office treatments, $3.00; de­nudence, $4.00; beyond community limits, $6.00 plus mileage; night calls, $5.00. We have raised mon in some cases as much as from Missouri in the Fall of 1918 and maintained the old rate ($2.00) until practice built up. Would have raised even sooner if I did not first explain to the local M.D. that my expectation was held to the old rate. I believe now the rate here is more uniform. In instituting the new price it is not paying to sign any of the three rates above mentioned is hung on the wall. Old patients taking courses continue at the old rate, explanation is made that the old rate expires at end of course which may run three days or three months longer. All new patients pay the new rate. So far as I have heard of no complaint in the community of charges made by osteopathic physicians. If my own practice I have had no noticeable diffi­culty in changing the prices. One new patient remarked that he didn't see how we made ends meet at the old rate. Another said the price was perfectly satisfactory to him. So then you are! One local M.D. has signs on his wall giving the rates: Office calls, $2.00; house calls, $5.00. I calculate that if the medics can get away with those prices that osteopaths as members of the profession can change the rates to $3.00 and $4.00 rate. The very fact that the purchasing power of the dollar is but 42 cents should be sufficient reason for increasing the rates of osteopathic services. The cost of foodstuffs household necessities, medical supplies, war­ring apparel, land and real estate, in fact every­thing is from two to three times what it used to be. Osteopaths have to pay the extra price for these, why should they not increase the rates in proportion to the extra which they must pay? Let's have the rates raised all over the country commensurate with conditions.

Dr. H. E. Hastings, Winnipeg, Can.

The Manitoba Osteopathic Association went to raise fees. This went into effect November 1st, 1919. I was on the committee which moved the increase. The new rate is: Exam­ination, $5.00; office treatment, $2.00; house calls, $4.00; special work, eye, ear, nose, throat, etc., from 50 cents up, depending upon what done. Special rate for special cases, depending upon their circumstances, income and if not serving of special rate. Clinic (free) is to be commenced to take care of those who can't pay. We notified our patients as they came in, all raised in February. The ones who had not been cheated but came back later expected six or eight inches long and about five inches wide—in a neat little frame, with our prices. The patient is bound to see and read this and so is posted. We all raise the same prices here. In fact we have always held pretty closely to a line of prices. A few are treating at a lower figure than the others, six or eight of the patients. But I observe that the "feefull" fellow has more time to sit down than the one who raises his price, works and earns it, and is perfectly independent. We do not co-operate with the local M.D.'s as to raise in fees but as a rule we are getting better fees than they do. In fact, I have made calls in the same houses, on the same dates and even treated the same patients, where we got $1.00 more for the call than the M.D. received.

Dr. P. E. Underwood, Middletown, Conn.

Raised fees September 1st, 1920, from $2.00 to $2.50. Most people expected it and offered no objection. Local practice by printed notice in treatment rooms. Other local osteopaths charge $2.50 in small towns: $2.50 to $3.50 in larger cities. I certainly do not co-operate with local M.D.'s as to raise of fees.

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Dr. J. W. Parker, Kansas City, Mo.

On March 14th, 1920, in my settlement with uncle Sam, I found my surplus was very much below what it should be, and realizing that many things I bought had advanced in price, I immediately informed my patients that treatments were $3.00 instead of $2.00. I lost one patient. All the others said they were surprised the raise had not come before. It fairly shocked me some to say $3.00, but I find it just as easy now as $2.00 used to be! It's cheap at the old stand, and I work better.

Dr. M. Mary Jodon, Lincoln, Nebr.

When did you raise? Last spring. How much? Office, $2.00 to $2.50; calls $2.00 to $3.00. Was it difficult? Only in my own mind. Did you lose much, or any, practice? Not that I know of. How did you announce the raise in your field? By cards printed and placed conspicuously on office wall. What do other local osteopaths charge? Various prices but not enough. Other D.O.'s charge $2.00. No cooperation with M.D.'s.

Dr. W. L. Burnard, York, Nebr.

Raised, 1918, from $2.00 to $3.00. Not difficult. No loss. Notified field openly. Other three D.O.'s charge $2.00. No cooperation with M.D.'s.

Dr. Nannie B. Riley, Rome, Ga.

Yes, raised in May. Would have done so sooner but the man would not then. $2.50 office; $3.00 out, and night in proportion, and takes about all of it, with a little more, to meet the cost of living.

Dr. B. L. Blocker, Chattanooga, Tenn.

I will answer your inquiry in regard to fees at once. I don't know how the other osteopaths in our city are faring but I have just been able to make a living since coming here, 17 years ago. Some who have a practice among the rich, who take treatment as a fix, just like they go to the beauty parlor, make money, I suppose. My practice is among people of moderate means to whom $2.00 seems quite an item. I have tried to raise my price on new patients to $2.50 and have had them call me up to know why I was overcharging them, saying that Dr. — charges only $2.00. I have lost three desirable patients recently for that reason. Two dollars more would be enough, I feel, if I had a large practice.

Dr. B. P. Shepherd, Portland, Oregon

On September 1st, 1919, I raised my fees from $2.00 to $2.50 for office treatments and from $2.00 to $2.50 for residence calls on January 1st, 1920. There were few complaints, though I feel that I lost some patients to the chiro who gives 12 adjustments for $10.00, and some people cannot see that it sets them more to take a dozen adjustments at $1.00 an adjustment, and get fixed up right. The M.D.'s charge $3.00 per call in day time; $5.00 night call, and $1.00 per mile additional for country calls. I simply told my patients of the increase of price after January 1st, 1920.

Bunting Building Corporation Bonds Are Delivered Just as Soon as You Pay for Them.

Dr. Carl Kettler, Washington, D. C.

I have reason to believe that I command the largest fees of any member of our profession, which indicates that I have not in any way cheapened osteopathy but have put it upon a higher plane, commanding the attention of a large number of intelligent influential people here in Washington. I am getting these fees in the face of something like 600 "competing" chiropractors all around me. There is a school of chiropractors here that turns out 200 or more graduates a year.

Dr. I. F. Yeater, Altoona, Pa.

There must certainly be something wrong with the stalwarts who are in despair because of need of money. I have been in practice almost fourteen years at the same stand. I made expenses the first month I opened my office, and have treated as high as forty-one patients a day this week, and many of these acute cases, house calls. The past two years I have cut out my obstetrics in order to reduce my work; have turned away as much as $25 worth of work a day. Now if these fellow practitioners who are on the ragged edge of despair because of the h. c. 1. will throw off their coats and go to work and "produce the goods", get results, and charge just what their communities can afford to pay, there is no question about their financial and professional success. I am wearing out my fourth automobile now; and my whole trouble is to keep from working too much, and I am satisfied with my income. However, I will answer your questions in order. Yes, I raised rates August, 1918, from $3.50% to 50%. It was not difficult. I believe I lost no patients. Some patients offered me more money than asked. I did not announce it—just charged it. I am not sure what other D.O.'s charge; there are too few to know.
Dr. John M. Ogle, Moncton, N. Brunswick

I bought this practice in 1914 from Dr. Durham. His highest month before that had been $398.50. My highest has been $1,600.00 plus.

Fees raised twice since 1915. First, November 1918 from $2.00 to $2.50 and July 1st, 1920 from $2.50 to $3.00 and $5.00 for examination and treatment. There was little trouble in raising. Ninety per cent agreed that it was necessary. Practice has steadily increased since last raise. Notice to the effect that a raise would take place on a certain date was placed in each room, giving rates. No other osteopaths increased their rates.

M. D.’s raised their rates first, but got lost,

Dr. W. H. Carr, Bluefield, W. Va.

I raised my fees on March 1st, 1918, from $2.00 to $2.50 for office treatments, and $5.00 to $8.00 for house calls. It was not at all difficult and I do not believe I lost any patients. Most of our local osteopaths have since increased their fees to $2.50 and some in the small towns also.

Dr. W. Orrin Flory, Minneapolis, Minn.

Dr. L. B. Overfelt, Boulder, Colo.

I raised my fees five years ago, $5.00 for examination, sometimes $10.00, depending upon the extent of the examination, and $3.00 for treatment. First, I took a post-graduate course through the American Osteopathic Association and graduate work every year since. It is easy to get good fees if you are willing to make a really big raise. Notice to the effect that a raise would increase my income at least 1,000 per cent over what I formerly did by showing my clientele that I am wide awake and willing to put some money back into my profession. I have made no announcements of the raise in fees but to every new patient that came along and to old ones that I gave information as they came to the office, so I had no trouble with it. As to other osteopathic physicians here I think their fees are on the same old basis.

Dr. G. E. Morris, Clarksburg, West Va.

I raised my fees to $2.50 office and $2.00 residence over a year ago. At present I am thinking of making another advance. Really, $2.00 office and $4.00 for outside work is about correct. Clarksburg has a population of 28,000. No one has ever objected to an advance. Lost no practice. Merely told them my fee was increased, that I was wide awake and wanted to put some money back into my profession, and I have made no announcements of the raise in fees but to every new patient that came along and to old ones that I gave information as they came to the office, so I had no trouble with it. As to other osteopathic physicians here I think their fees are on the same old basis.

Dr. E. M. Cameron, Richmond, Mo.

Yes, I have raised my fees since 1915. I am in a small town of 1,200. Office treatments in 1915 were $1.00 and $1.50; now, $2.00 and $2.50; some offices charge $3.00 and $3.50. Country calls raised accordingly. Obstetrics 1915 were $10 and $15; now $25 to $30. I co-operate with local M.D.’s as to raise of fees in every respect, x-ray, surgery, etc. We made no announcement. Agreed and Business has been better for it.

Dr. D. M. Kline, Malvern, Iowa

Yes, I have raised my fees since 1915. I am in a small town of 1,200. Office treatments in 1915 were $1.00 and $1.50; now, $2.00 and $2.50; country calls raised accordingly. Obstetrics 1915 were $10 to $15; now $25 to $30. I co-operate with local M.D.’s as to raise of fees in every respect, x-ray, surgery, etc. We made no announcement. Agreed and Business has been better for it.

Dr. A. M. Wiles, Jerseyville, Ill.

Raised slightly in 1918. Five per cent. No difficulty. No loss of practice. Made announcements verbally only. I am the only one here.

Dr. C. W. McCurdy, Brandon, Ont., Canada

I still keep $2.00 or $2.50 straight cash office fee, or sometimes $25 per month, when I want to raise. I have no trouble at all. I can read results—but, my examination fees are separate. Never less than $5.00, cash, more often $10. Always $5.00 and up outside office in city, and sometimes $10 to $15 when I go on a special call. I have collected $30 or $35. This is a farming district, scores of patients come 100 miles in autos for treatment. My office expenses are light compared to Philadelphia, New York or Chicago, or even Winnipeg, but I keep my fees even with the M.D.’s.

Dr. Ira F. Richardson, Fremont, Neb.

One year ago the medics raised call fees to $3.00. We (two osteopaths) raised accordingly; a third osteopath was asked to come in but would not agree to do so. We get $5.00 for examining, $2.00 for treatments, straight. Any extra work that used to go in free we now make a charge for. We considered raising treatments to $3.00 but have not done so. Many indications, now is not the time to do so. Any osteopath that can’t make living without it will have to make money and save it. Collections are easy—98 per cent of our earnings. Life here is easy, climate invigorating, cold from December to June, but remarkably warm, the air is so dry one does not feel the cold 40 degrees below zero, I have worn 20 quilts in Philadelphia and did not suffer as much.

Dr. C. B. Atzen, Omaha, Neb.

It is my personal opinion that the osteopathic profession is in better condition, financially speaking, than any other like profession. I have increased my fees 25 per cent over the former fees, a little over a year ago. It has no effect on the amount of my practice. I treat about 1,000 cases a year. I feel certain that any one who has his heart in the game need not suffer financially in our professional labors, even though the cost of living is much higher.
ASO's Vision Is 98% Realized!

The American School of Osteopathy enrolled 196 students in the new freshman class. We had dreamed of matriculating an even 200. The actual enrollment therefore realizes just 98 per cent of our top-notch ambition. We call that a high batting average, as success goes in professional and business planning—don't you?

The new class is the finest and best prepared by preliminary work and life experience that ever entered our school—not excepting your class, Doctor! The proportion of men is much greater than usual. A large share of the men have seen army service—hence will be fighting men for osteopathic therapy. This class will be heard from in our professional history.

We wish to express our gratitude to the many practitioners who have sent us students and made this splendid incoming class a reality. We appreciate your loyalty and cooperation and will keep faith with you by giving these men and women the best scientific and osteopathic training obtainable.

Faithfully yours,
Geo. A. Still, M. S., M. D., D. O., President,
American School of Osteopathy
Kirksville

P. S. We have other classes to be recruited. Please line up some more recruits for that next matriculation.
Drs. Nowlin and Curry, Farmer City, Ill.

We located in Farmer City, Ill., January 30th, 1903, population then 1,607, now 1,700. Osteopathic rates had previously been $1.00 per and osteopathy was, so to speak, practically dead. We made a rate of $1.50 per adults and $1.00 to children under 12; in 1910 we changed rates to $2.00 per, first ten treatments, and $1.50 thereafter, and regular $1.00 rates to children under 12; in 1915 we made a straightforward $2.00 rate; no children's rate: in April, 1919, began charging $2.00 extra for examination; in August, 1920, we added $2.00 for examination and $2.50 per treatment. Obstetrical rates were $10 in 1903 and are now $25 plus mileage in the country. Medical doctors have raised their rates some but we have always raised our rates before they did. We told our patients we must have a living fee for our services or quit practices; they never objected and we have lost practically no patients because of our advanced rates. We could have raised to $3.00 per if the other D.O.'s near here would raise their rates too but we have always raised our rates promptly accordingly for those who deserve them, and we have had no trouble at all. No trouble at all.

The Osteopathic Efficiency Course is given twice a year in the months of February and August. We posted four signs supplied by M. O. A. announcing increase in rates. On August 1st these new rates went into effect. Raising from $1.50 and $2.00 at office to $2.50. House visits were raised from $2.00 to $2.50 which rate applies from 7 a.m. to 9 p.m. After 9 p.m. the rate is $3.00. Country rate the same as city plus $1.00 per mile and up, according to road. It was not difficult to raise for the people were expecting it and we were surprised we had not raised long ago. We did not lose any practice; in fact, I did more. I think other osteopaths could report the same experience.

In 1912, Dr. W. D. Chisum, my practice was $210.50, raised to $378 in 1920, which represents an increase of $167.50 due to increase in rate. In other words, I would have done only $252.50 on the old rate basis. A nice increase, isn't it? In September, 1915, practice was $210.50, raised to $278 in 1920, which represents an increase of $67.50 for same increased rate reason. There is $170 increase in practice in two months, due to a 50 cent raise in rates. Three other osteopaths here in this county charge the same rates. We pay no attention to the M.D.'s prices. We sell our services for what we think is a fair price. They do the same. All of us here have some charity work. Some work is done free while others are charged $1.50 for our services who cannot afford to pay the increase. We had an understanding here among us that we would need to do some charity work at lower rates.

This is just the subject I have wanted to get off my chest. After my return from government service, Spring of 1919, I received $2.50 at office and $2.50 (locally) for residence calls. One frank prospecive informed me that this charge was "highway robbery"—her mother-in-law is a chiro-quack—this! This made me mad, so I decided to go over the top, and October 1st, 1919, my rates were raised to $2.50 office, and $3.00 residence. No difficulty whatever. May 1st, 1920, office rent boosted 50 percent—therefore my present rates were raised promptly to $3.00 office, $5.00 residence, first call, and $4.00 residence for each succeeding call. No course of treatments given. Special rates accordingly for those who deserve them, and they appreciate this special favor. All old patients gladly "adjust" themselves to these new rates.

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Located in the heart of the Rocky Mountains at an elevation of 600 feet. Open the year around.

The Mineral Water baths and drinking is second to none for Rheumatism, Skin Diseases, Gastro-intestinal and kidney troubles.

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Special attention to surgical cases.

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Your Money Will Bring 7 Per Cent With Safety
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Dr. Howard J. Juvenal, Maryville, Mo.

When I came here in 1918, three other osteopaths were getting $1.00 and $1.25 for office visits and $1.50 for house visits. I started in for $1.50 and $2.00 house visits. Along about the middle of July, 1920, I posted four signs supplied by M. O. A. announcing increase in rates. In August my rates went into effect. Raising from $1.50 and $2.00 at office to $2.00, $2.50. House visits were raised from $2.00 to $2.50 which rate applies from 7 a.m. to 9 p.m. After 9 p.m. the rate is $3.00. Country rate the same as city plus $1.00 per mile and up, according to road. It was not difficult to raise for the people were expecting it and we were surprised we had not raised long ago. We did not lose any practice; in fact, I did more, and I think other osteopaths could report the same experience.

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Dr. Clifton A. Crosby, Chicago, Illinois

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Thus Following the Vision of Andrew Taylor Still for the Scientific Development of Osteopathy

At the College of Osteopathic Physicians and Surgeons the significance of the osteopathic concept as it is understood by the laboratory expert is made clear to the student through daily contact in the laboratories with trained technicians and through individual experimental laboratory work which he is required to conduct.

Beginning this year the course of study has finally been put on a complete laboratory basis, in truth and fact—not merely “on paper” as is the case in so many schools. The laboratory facilities are most satisfactory. In the laboratory instruction the floor space actually utilized allows more than one hundred square feet of floor for each student engaged in laboratory work. In physiology in particular the College of Osteopathic Physicians and Surgeons—by comparison with most other schools, including even some of the best Class A medical schools—is unusually well equipped. Practically the complete assortment of apparatus made by the Harvard Physiological Apparatus Company has been installed and in sufficient amount so that in a great deal of the work in animal experimentation students can work in groups of two and three. Thus all students have ample opportunity of actually manipulating the apparatus and of becoming skilled in its use.

In pathology the course this year has been put upon the broadest sort of an osteopathic foundation, and there has been incorporated in the work of this course special laboratory study by the student of the bony lesion and its effects.

It is the life purpose of the Faculty of the College of Osteopathic Physicians and Surgeons (operated under the supervision and control of the California Osteopathic Association) to make out of each student an intelligent, highly trained, fully qualified, efficient osteopathic physician. The faculty is composed of practicing physicians, each one a teacher of highest capacity distinctively fitted for his work by temperament, knowledge and experience. Theory and practice are harmoniously blended and the native ability of the student is sympathetically considered and encouraged.

The clinics maintained by the College of Osteopathic Physicians and Surgeons and conducted by the teaching staff are the best organized and most extensive enjoyed by any osteopathic institution. Clinics are conducted at the college at various local hospitals and at Los Angeles County Hospital. The practical value of the experience gained by the student in these clinics is inestimable.

The co-operation of the profession at large is earnestly desired and will be fully appreciated. Pick out among your acquaintances the young men and women of right character and inclination and urge them to consider the practice of osteopathy as a life work. Send us names and addresses and we will render all possible assistance in supplying information and facts for the benefit of the prospective student. If you can use some of our catalogs to good advantage, write us; we shall be pleased to supply you.

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Get a Bond Today and Help Us Pay for Some of Those Shingles.
Dr. Wendell W. Fessenden, Beverly, Mass.

Prices for 1915: Office examination, $3.00; office treatment, $2.00; house call, $3.00; more than two miles, $5.00. Prices for 1918: Examination, $5.00 to $10; office treatment, $3.00; house treatment, $4.00; more than two miles, $7.00 to $10. It was not difficult to raise prices—people expected it. Lost a few of the poorer patients, but did twice the amount of business of previous year. I charged new patients advanced rate without explanation. Told old patients that I would have to charge more on account of high cost of living, etc. Other D.O.'s charge $1.50 to $2.00 for office; $2.50 to $3.00 for house. I find the patients are glad to pay for service given—"Value given, value received."

Dr. G. R. Starr, New York, N. Y.

Yes, I did raise my fee from $4.00 to $5.00 in 1917. Found no complaint from any one. It seems to have increased my practice. I certainly lost nothing. Just told my patients individually. Others charge about the same. No co-operation with M.D.'s.

Dr. C. T. Kyle, Menomonie, Wisc.

Your question "Raising Osteopathic Fees" is one of serious consideration. In my case it had to be done! Of course some kicked; I expected it. On the whole most of my people were reasonable and made no complaint. My prices were not excessive. In fact, I didn't raise in proportion to h. c. 1. Raised from $2.00 to $2.50 per treatment. Those taking regular treatments, three times a week, charged them $25.00 for a course of 32 treatments, when previously I gave 13 for $25.60. Made this change only about 10 months ago. Should have changed years ago. It did down some grumblers from me, but they may return.

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This is the book that makes people think of their bodies in terms of mechanics.

Buy them by the hundred.

Give one to each patient.

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Pre-publication Price, $5.00 cloth binding; $6.00 half-morocco.

Send for Circular of the History and for samples of Health Information and Clinic Record.

Sample set of 10 numbers of Health Information, 50 cents.

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Special Treating Rooms for Patients Not Living in the Sanitarium

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Its support to the shoulders is as firm as that of any plaster of paris, leather, or iron ribbed jacket, while yet it is flexible and yielding, and light in weight.

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It is durable and efficient, and is made to order only to individual measurement for each case.

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**Osteopathy for Putting Efficiency into Industries**


About sixty three cold evening late in November, 1917, I was standing at the corner of Wood Street and Fifth Avenue, Pittsburgh, waiting for a street car to take me home when I glanced about and saw a man coming up the street—a neighbor, in his closed automobile. He was stalled in traffic (you know Pittsburgh!) and the driver, a Mr. Parker called at the front of the car and stepped to the side. He turned and greeted me—"Hello, Doc— you are just the man that I want! Can't you come home with me for dinner? I want a treatment and want you to look at a couple of the children."

I thanked him and said I would go with him. He said: "Well, we just have two things going, Wm. Penn and a couple of Clover Clubs. We did. You can't publish this, [oh, yes, you can—it was before July, 1919. Do you know me two? Oh, those good old days!—Editor.]"

On our way out Mr. Parker, who is president of the Columbia Steel & Shaking Co., the shipping clerk of a kind of the McKID and others assembled for a staff luncheon on Tuesdays. "Jay" runs the presses and "Alhberg" is the "O. H." business manager of the "The Museums of Osteopathic Medicine, Kirksville, MO"

Dr. Walter Brown, an osteopathic doctor to despair of the science perfected by Still-words by A. Ahlberg, office boy and shipping clerk.

Mr. Parker had been on the hospital to see Mr. Parker when he the right knee—six months standing. He been in the hands of several Orthopedic surgeons, had the usual casts, etc. Was diagnosed as tubercular. Was going on cruises, in a month had a cough when the crusts are and is in splendid condition now.

A prominent Pittsburgh attorney inquired about our service at the plant. Mr. Parker said, "Dr. Hansen is on the job and no one has had under treatment under any time.” (That was prior to Nov. 1st, 1917.) He treated a case of good insurance." Mr. Parker replied, "I consider it so."

Our service is for the office force only a prearranged time. Mr. Parker's car did not have at any time more than one feet of them under treatment but I go through the office every day and take the cases on under treatment. Mr. Parker is a very progressive and broad-minded man, very enthusiastic about Osteopathy, but also friendly toward medical faculty. The right knee to the line, let chips fall where they will.

"I have a man out at our plant, the superintendent of traffic, who is on the verge of a nervous breakdown. I can't get along without him just now and have been trying to get him to see me but can't somehow. I want you to give him a receipted statement for about $100 worth of treatment and perhaps we can get him in to see you that way."

I answered, "No, Mr. Parker, that is not the way to do it. I must see him and talk with him in order to break. Your plant is working at high speed on war work. Your business has tripled in Osteopathy, but also friendly toward medical faculty."

He said: "Doctor, I like the sound of that. I am going to New York tomorrow night for a few days and I will take this up with you on my return."

The following Sunday morning he called me up and asked me if I could go to the plant with him and look over it. I went and met several of the men and the doctors. He showed me the plan over and they were enthusiastic over it. We fitted up the room and Dec. 17, 1917, I made my first trip. At first we had to use some persuasion and education with cold feet but several of the boys had had treatments before and two of them were patients of mine and who treated them. I soon had the confidence of the bunch and they were all enthusiastic over the arrangement very soon.

An interesting incident was the case of the superintendent. He had a very bad liver and suffered considerably with indigestion, being off duty every other month for two weeks. He feared for his life and was afraid of treatment. He said a brother of his had taken treatment and his neck was injured. I was called to a man who had recovered from the first this time. An osteopath and later I found I was right about it. We finally convinced the osteopath and he was my best patient.

I was told by some of the girls in the office, about 60 in all, through the strenuous times of the war and I am still on the job. Not a single one lost a day from illness, except this superintendent and he took influenza while I was off duty with it myself. I contracted pneumonia the 12th of October and was not able to practice until the 12th of November and the superintendent took the job for me.

The first time I saw him he said was "If Doctor Hansen had been on the job I would not have this.” The same superintendent 37 years later in the May, "The last two springs are the finest in years that I have been laid up with a severe attack of liver and I attribute to these treatments."

One of the girls had a very bad bursitis in the right knee. She had not had any treatment and you have to send him a receipted statement for present and about 6.0 are under my care. I have not the history of them under the Act of March 6th.

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No Raise in Rates of These Offices

Dr. John F. Morrison, Ogden, Utah

I am an excellent osteopath but a poor business man. If osteopaths were as good business men as their profession warrants I am sure we all would be charging double the fee we now do. Altho my prices have always been $2.00 an office, and $3.00 home I have in many cases discounted bills. That is all past. Cases that are too poor to pay the full price I accept no fee at all. As to raising my prices my business education has been so neglected that I am a moral coward.

Dr. F. C. Dymond, Jackson, Minn.

No, I have not raised my fees but I find that I made a serious error in not doing so two years ago when the people would have taken it as a matter of course. As long as business was brisk I got by all right and made a little money and thought I was flourishing; but lately the trend seems to be a general tendency on this section to economize; business is not so good as it was; and I find the old fees inadequate to pay the full price I accept no fee at all. As to raising my prices my business education has been so neglected that I am a moral coward.

Dr. Edward Sluyter, Alma, Michigan

Haven't raised. Chiro competition. Nevertheless, I ought to.

Dr. H. Olson, Rochester, Pa.

With the exception of confinement work, fees same as 1915. Do not co-operate with M.D.'s as to rates.

Dr. H. H. Walpole, Lancaster, Pa.

Here's a thought: Many patrons come from walks in life that have suffered most financially, such as teachers and ministers—fixed families, etc. Shall we make their burdens greater? You may be doomed for a certain term to walk the night.

Dr. George L. Lill, Allentown, Pa.

No raises.

Dr. Arthur T. Hoffman, Augusta, Maine

No raises in our rates. Two dollars, the usual charge here. No co-operation with M. D.'s.
The hospital stands for only the best in hospital care and treatment. Purely Osteopathic. Chartered on "non Profit" basis.

The future of osteopathy demands that the profession shall have creditable institutions. Are you doing your part to make such institutions possible?

This hospital is classed A-I by Oklahoma Department of Charities. Training School for Nurses. Best Course of Study. Registered by State Nursing Board.
Pupils wanted. Expense allowance given.

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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, cures 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.

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The pioneer Osteopathic Institution of its kind on earth created for the sole purpose of treating mental and nervous diseases, an institution that has already proven the value of osteopathic treatment for insanity.

Write for Information

Dr. W. E. W. Waldo, of Seattle, president of the American Osteopathic Association, was the guest of osteopaths and their wives of Whatcom County. Skagit and San Juan counties last night at banquet held in the private dining room of Hotel Leopold. Dr. Waldo gave an excellent informal talk on the condition and progress of the osteopathic profession in Washington and throughout the country. His remarks were followed by a general discussion. The physicians present were W. E. Waldo, Medical Director, Bellingham; Dr. C. D. Hall, Bellingham; Dr. F. W. Cooper, Bellingham; Dr. S. J. Wall, Seattle; Dr. H. H. Stiff, Bellingham; Dr. J. M. Wall, Bellingham; and others.

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Dr. Chas. C. Hazzard said:

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is the first consideration in the treatment of infected wounds. It is not difficult to kill most of the ordinary germs. The real difficulty is to kill the germs in an infected wound without at the same time injuring or destroying the bodily tissues. With Dioxogen, however, it is easy to accomplish this, for

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is a selective germicide. It seems to discriminate between the bad and the good—the agencies of abnormality and disease, and the forces of nature and health. Through its liberation of a large volume of pure oxygen, Dioxogen oxidizes—burns up—harmful and pathogenic bacteria and stimulates the physiologic activity of the tissues.

How different is the action of bichloride carbolic and similar bactericides. With these the higher their germicidal potency, the greater the harm they do to the tissues. Dioxogen, however, exerts even greater antiseptic power, but instead of harming the tissues, gives impetus to the processes of healing and repair.

Dioxogen is like sunlight and pure air. It is a foe to germs and septic material, but a friend to the tissues of the body.

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Help Put a Roof Over the Presses
That Grind Out Osteopathic Success.
Little Stories of the Clinic

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

Astonishing Results in Pulmonary Tuberculosis

Mr. Charles Taylor, aged 61, was a plasterer. About four years ago he was overtaxed with long hours, and worked when he was compelled to breathe great quantities of dust. He began to have a cough and progressively grew weaker, till finally three years ago he became incapacitated from working, and for two and a half years he lay around the house, with cough, expectoration and fever.

Six months ago he went to the great Woodman open air sanitarium near Colorado Springs. At first he seemed to improve, but later progressively grew worse, and came to Grand Junction July 31, 1920, and I began giving treatments. He weighed 136 pounds, normal weight 155. He was sleeping only three or four hours out of the twenty-four. He had marked pain and tenderness in the lungs; was hoarse; coughed a great deal, with some expectoration. Could walk from the street into the house and that was about all he could do. Had fever of 101 degrees F. or a little more every afternoon. Moist rales could be heard all over the lungs. Sputum analysis, positive. He had no night sweats or hemorrhage, and there were no cavities in the lungs.

I have been treating him three times a week up to this date (September 18, 1920), using the windpipe technique, described in the Osteopathic Physician, June 1919, and have accomplished what I have been regarding as the impossible. The fever left him entirely after the first treatment. Only once the impossible. The fever left him also entirely after the first treatment. Only once since giving the windpipe technique, I have had fever to 100 degrees F. or a little more every afternoon. Moist rales could be heard all over the lungs. Sputum analysis, positive. He has had no night sweats or hemorrhage, and there were no cavities in the lungs.

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I give some spine and rib treatment. J. Henry Hook, D. O., of this city, examining Mr. Taylor at my request, found a middle tuberine hypertrophy and against the septum, with retained secretions above this contact. Appropriate treatment with nasal douchees has brought relief and benefit. Before giving the windpipe technique, I have him move a plate of upper teeth. I then insert the whole hand below and back of the epiglottis. Sometimes I first pull the hyoid bone forward, and then can slip the fingers easily beyond the epiglottis. I then place the fingers firmly just above the larynx and against the base of the epiglottis and pull forward. This creates a great expulsive effort. Sometimes I make him cough four or five times before I withdraw my hand, when the slime comes pouring out in great quantities. At the present time I have to pump but a few expulsions. Sometimes it helps to push against the larynx or to the space just above with the outside hand, while traction on the epiglottis is made by the inside hand. One day I made twenty insertions of my hand, while the patient made 150 expulsion efforts or coughs. I would suggest standing behind the patient as illustrated by the photo of Mr. Taylor taking the...
EVERY DAY DIONOL RESULTS

Small wonder that doctors everywhere use DIONOL more and more. The results are decidedly unusual. Send for literature giving scientific rationale. Further results equally gratifying are given.

**Third Degree Burn**

Send for reprint of this remarkable case which Dr. L. voluntarily sent to a prominent Medical Journal, after healing these unusually deep burns with DIONOL. Many other well known remedies were used in vain for months.

**Varicose Ulcer**

Dr. M. writes: "Where can I procure DIONOL in Philadelphia? Have just cured a case of Varicose Ulcer with same."

**Chronic Leg Ulcer**

Dr. C. writes: "I have completely cured a chronic ulcer of the leg in six weeks with DIONOL. Several other doctors failed in this case. Never saw a nicer result."

**Carbuncle**

Dr. W. writes: "That case of Carbuncle I ordered DIONOL for cured it in great shape, and I received the fees and many bouquets. Thanks to DIONOL."

**Infected Wound**

Dr. C. writes: "A shrapnel wound in the foot of a Canadian soldier had failed to heal under any other treatment. Naturally I had little hopes of helping him. So gave him some DIONOL temporarily, with instructions. Sometime after he came in and showed me that DIONOL had healed the wound completely. No use saying I was surprised."

THE DIONOL COMPANY (Dept. 12) Detroit, Michigan

Wonderful Year for the Laughlin Hospital, Kirksville

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

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


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

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

Buy a Bond Today and Help Us Complete Our Flotation by Christmas!
treatment. I believe the retained secretions is the greatest bar to recovery of tuberculosis, and this technique will prove a great revolution in securing drainage of the focus of infection. I hope the profession will excuse this presentation of a case before complete recovery, but I beg that you all try it out and let me know results, as millions are dying of the great white plague, and if this treatment is valuable the sooner we begin to use it the better.

Your Bunting Building Bond Is Ready—Send for It!

"Normalizing Pregnancy" Still Under Fire

That article by Dr. J. S. Baughman of Burlington, Iowa, "Osteopathy in Tubal Pregnancy, in July O. P., was a crime. The writer is in a class all by himself, and its publication has by this time, no doubt, done harm enough to osteopathy to take years to overcome. How could any thinking man or woman believe such a thing? Why, I don’t believe you could convince even a second year student nowadays that such a thing were possible. Burlington, Iowa, is a town of about 25,000 I believe, and I don’t know how many physicians there are there; but if Dr. Baughman has had three cases in what appears to be a period of about two years (one child is reported as now 4 and the other one 2) he certainly had more than his share of tubal pregnancies. Statistics wouldn’t allow him that many in ten years unless he does nothing but obstetrical work and has a large clinic to draw on for material.

A fertilized ovum, the first requisite of pregnancy, attaches itself to the inner surface of the tube and grows fast, and from this site the placenta grows, and it also is fast to the tube. Does Dr. Baughman expect the reader to believe that a three-months fetus—the placenta has formed by that time—can be worked loose from the tube wall, forced into the uterus and then made to re-attach itself to the unprepared walls of the uterus (unprepared because the patient has not menstruated for three months) and continue to grow, there being no let-up in the foetal circulation, and at the end of a total of nine months be delivered as a normal child? Where did the good doctor study his embryology? It’s in exact science, not given to us by medical men, but by scientists.

Why, there would be exactly as much sense and reason to say that one could manipulate a pyloric cancer from its site, have it fall down and lodge in the rectum, and, at the end of nine months, by setting an innominate cause, the patient to be delivered of a full-grown cancer which at the present time is four years old and perfectly normal and healthy—and the mother is well, too! Perhaps we should have aided the delivery in the hypothetic case by a liberal dose of Pluto but not for mine—I’m osteopathic to the core! I do hate to have the profession I love so admire subjected to ridicule and made fun of because of the written word of some unthink¬ing men. Dr. Baughman should take a good course in diagnosis. That’s where his troubles lie. I’ve no doubt he cured these cases—they were NOT TUBAL pregnancy! Sorry it takes up so much space, but I just had to get that off my chest. Am I right?—Oseor B. Losee, D.0., Hackensack, N. J.

Dr. Baughman Stands to His Gun

Editor OP: I have been somewhat amused at the attempt at criticism of Dr. Hill’s article on “Normalizing Tubal Pregnancy.” “There are none so blind as those who will not see.” The doctor evidently hangs on to numbers of medical lore for his guide, though every decade necessitates a change. I have no apologies to make on terms used, and it seems hard for the doctor to be able to read “neck or cervix” instead of the word and as a typographical error. He will find that I used both terms he designates in the article; so that as far as being familiar with the use of the words collected in expressing my thoughts in the English, I dare say my reader will be able to follow the thought and be benefitted thereby.

Beg to advise that I am now treating another
Private Joseph Highsaw's Cure Like Skeyhill's

By Drs. Chauncey A. and Elta E. Skeyhill

Joseph N. Highsaw, age 30 years; native of Beaumont, Texas. While carrying a heavy load up the stairs at Manila wharf, he began to stagger and finally fell in an unconscious state. Consciousness returned partially on third day, with a sensation of rolling as though on left side of bed. Sight in left eye was severely affected as if it were bursting. Left arm and leg were numb and could only be moved with difficulty. Slight in left ear was almost lost. Deaf in left ear to tuning fork of 2,000 or more vibrations. Mentality dull. He was sent home to Beaumont, Texas, because of his inability to concentrate for study. In November, 1919, he applied to the Federal Government for medical aid, and was sent to Major Holt, who referred him to Dr. Ray Kirchenbally, who brought him before the Harrison County Medical Society at Houston, Texas, December 11th, 1919. They advised rest from work and had no other means of support. His attacks were accompanied by a blind, band-like, transverse space, like an abyss. This never entirely disappeared during his best days. Objects, when seen at an angle with left eye, were very indistinct and at an angle of about 70 degrees. Vertigo gave the sensation of falling to the left and at his worst times would occasionally fall in a semi-conscious state.

Mr. Highsaw visited me for osteopathic diagnosis and treatment May 21st, 1920, at which time he stroked "pay dirt." Talk of national advertising on a lone $50,000 white chip—oh, heck! If Woodall had $50,000 to turn loose in Birmingham, no might stir it up, but even then he would not have farther to go than around the block to hear some one say: "Osteopathy. Osteopathy—what in the heck is osteopathy? I never heard of it!" Pardon my effusiveness, but I had to get just this off my chest.—Wm. A. Settle, Peterborough, Ontario, Canada.

Comment on the Woodall Advertising Plan

I have just read your criticism of Dr. Woodall's publicity scheme and agree with your main argument fully. I, too, took issue with Dr. Woodall about this scheme not long ago and I don't think he liked it very well. It takes a bit of courage to oppose some of the members of our own profession, but, we have a few very enthusiastic people who would certainly get us in bad if they were not held back once in a while. It is too bad that we have to hold some of these people back because the vast majority of our people need to be stimulated and not inhibited. In the whole, we need to be clear and irrefutable. What he says is "cold blooded fact," as anyone who knows his work will say. Wm. Wrigley hit Broadway with $100,000 and never saw a trace in return; he hit it again a "echo" from his hard dollars: still later (of course, in your story) the Delaware Springs Sanitarium.

The Delaware Springs Sanitarium

Emphasizes Diagnosis, believing that a condition accurately diagnosed is one half cured. All modern facilities for diagnosis, as well as treatment, are found in our equipment. Our institution has been inspected and endorsed by many of the best men in our profession.

THE DELAWARE SPRINGS SANITARIUM

Delaware, Ohio

NO ADVANCED PRICES

Weissfeld's Brand. Washable Costume for Dentists, Doctors, Lawyers, Osteopaths, Jewelers, etc., made to order or ready made. Seventy-five different materials to choose from. Write for styles, materials and prices, free upon request. Padded Postage prepaid (applies to the world).

Buckskin Jackets, Dressing Gowns, Bath-Robes, and Hospital Uniforms in special or tailor-made forms of every description.

345 W. Broadway, New York, N. Y.

How Much of This Load Will You Share With Us?

$1,000? or $500? or $100? Be Just to Your Boosters!
time I discovered and adjusted atlas lesion in about five minutes. Headache disappeared at once, but left the left half of face and scalp numb. This wore away gradually during the next three days.

Sight of left eye began to clear and print to take natural form and position. Dark angle puboration alone.

5 Doz. Lots - 30.00
2 Doz. Lots - 13.50
5 Doz. - 30.00
100 Lots - 46.00

You Can't Get a Better Investment Because It Pays 7 Per Cent and Boosts Practice for You!

THE OSTEOPATHIC PHYSICIAN

Skeyhill Lets Loose for Osteopathy in Chicago and Elsewhere

Tom Skeyhill is swinging around the circle preaching osteopathy, and world peace, and making a tremendous hit wherever he appears. He made a three-day campaign in Chicago recently, appearing first at the Illinois Theater, Chicago, Sunday, October 10th at 5 p.m., along with Alma Hayes Reed, concert soprano, of national fame, in a benefit for Chicago Osteopathic Hospital. He then delivered his oration, "Rebuilding the World". Alice Baker Blackman was Miss Reed's accompanist.

On a return engagement he spoke through three days at the Chicago College of Osteopathy, Morgan Park High School, the Press Club, Washington Park Woman’s Club, Austin Woman’s Club, Austin High School, Chicago Literary and Writers’ Club, Carter Harrison Technical High School, Hamilton Club, Chicago South Side Woman’s Club, Lake Technical High School, Lake View High School, Senn High School.

Wednesday night, October 20th, at Medinah Temple he electrified a big audience. Mr. Perry S. Patterson presided. Dr. James M. Fraser was Chairman of the Promotion Committee in charge of this work. The enterprise was a tremendous success.

Skeyhill stimulates interest in osteopathy wherever he goes on this special mission. His appearance in Chicago, the city he made his home, as Director of Publicity R. K. Smith has pointed out, ought to be promptly followed up by a vigorous campaign of explanatory literature in order to utilize the interest which Skeyhill stirs up for educating the people about osteopathy. The value the profession gets out of Skeyhill will depend very largely upon the value they put into his visit and lecture, the way they advertise his house and follow up his work with a campaign of education after he is gone.

President Waldo is Stirring Up Things

Let's All Pull Together and Help Him Get 1,000 New Members

I have set my heart on securing one thousand new members for the A. O. A. the next year. For many, many years our efforts have been hampered for lack of support. It seems that now, since the profession has decided as a united policy and has outlined a program that everyone can get behind, there isn't any excuse for one not doing his share.

"Every Member Get a Member" has been adopted as a slogan, and if every member will get a member, my ambition will be more than realized. But it is not for interest that I am asking them to join. It is for themselves and for their own benefit that I would urge them all to do this. The satisfaction of feeling that one is doing his "bit" is worth more than the cost of membership. May I count on you and your facile pen to get behind this movement?

I visited Bellingham lately, as you will note per the enclosed copy. After talking to them about State and National matters I adopted as a slogan, and a united policy and has outlined a program that everyone can get behind, there isn't any excuse for one not doing his share.

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Osteopathic Women's National Association

The sentiment which has been growing among our women practitioners during the past few years, for an Osteopathic Women's National Association, was crystallized into action at the recent Chicago Convention during the Sunday afternoon of the Women's Bureau of Public Health.

During the conference, the report of the survey of our women was given, showing that the replies received were practically unanimous in favor of such an organization.

With the established precedent of all groups, which have nation-wide definite aims and organization, to advance our program and to cooperate with other organizations in this public program for the welfare of women and children, the only course which seemed clear to our women, in order to secure effective machinery, to promote these objects, was to effect a national association.

Discussion followed upon the advantages of a national association to our women for broader service to humanity, for larger opportunities in advancing our program, and for recognition and representation among organized womanhood throughout the country, and in other states. Each is to have its own President and other officers, just as in every large city and in the District Societies, and organized in Los Angeles and Chicago, be organized in every large city and in the District Societies, where possible. The line of organization recommended would eventually lead from local clubs to State Associations, all federated into the National Association.

To the local clubs should be added the Affiliative membership.

The securing of Student membership among women in our colleges is to be stressed with a desire to assist these students in preparing for public welfare work among women and children.

A large number of the women present at the convention became members of our Association, following the adoption of our Constitution. Our slogan is 100 per cent membership. Will you help complete full membership in your state, effect your state organization and secure your refund, that our splendid program of activities may not be interrupted? Please send in your application for membership at once to Dr. Katherine McL. Scott, Secretary, New First National Bank Building, Columbus, Ohio.

New Chapters Forming In the Osteopathic Women's National Association

By Dr. Fannie E. Carpenter, Chicago, Chairman, Press Committee

"Our slogan is 100 per cent membership. Every woman in the profession a member of the O. W. N. A. Memberships keep coming in from all parts of the country, but we want you, Doctor, and your loyal support and co-operation. Send in your application for membership today to the Secretary, Dr. Katherine McL. Scott, New First National Bank Building, Columbus, Ohio."

Bunting Building Corporation Bonds Are Delivered Just as Soon as You Pay for Them.
Osteopathy Founded on Bed-Rock of Science

You know that osteopathy works in harmony with the laws of Nature and in accordance with principles of science; but would you not like the public to know and appreciate these facts?

Expert testimony as to the facts from a recognized authority is at your command. Listen to this!

A. T. Still: Pioneer Immunologist

Long before Behring, or any other bacteriologist, worked in this line, Dr. Andrew Taylor Still, the founder of osteopathy, began to treat infections on the principle that the body itself contained the cure, which was virtually the announcement of the theory of immunity; and Still will ultimately be given credit for this original thought in the future history of medicine.

We make no stupid, ignorant or undeniable claim when we say that osteopathic treatment quickly stops the growth of many pathogenic germs in the human body, especially when the infection is treated early in its course. The earlier it is given the treatment the better the results. All osteopaths know this to be true. Now this is precisely what Behring found to be the case with his antitoxin treatment for diphtheria, and it is the one important consideration in the application of the antitoxin in human diphtheria. When the powerful and highly fusible toxins of the diphtheria organism have destroyed beyond repair vital organs of the body, neither antitoxin nor osteopathy can reconstruct them. But if the treatment be given while there are as yet comparatively little toxins in the blood and the tissues, the antibodies—that we must now name are made following osteopathic treatment—which lowers tissue tension along the spine, caused by the toxins, and thus releases the nerves—these antibodies, we say, quickly neutralize the toxins, just because there is but a small quantity of them as yet present. In other words, it is easier to repel the small advance of an invading army than it is to save the country after a horde of the enemy have ravaged and sacked it and killed half the population—From “Osteopathy Potent Where Serums and Vaccines Fail,” by Professor M. A. Lane.

This is only a small part of the splendid testimony to A. T. Still and the Science of Osteopathy which appears in the brochure “Osteopathy Potent Where Serums and Vaccines Fail,” Price $4.00 per hundred, with envelopes, express prepaid. Don’t you want to preach this to your field?

OSTEOPATHIC HEALTH
9 S. Clinton Street, Chicago

Are You Ready to Deliver To You!

THE OSTEOPATHIC PHYSICIAN

First National Bank Building, Columbus, Ohio.

Already our women are falling in line with the organization plan of the Association. The formation of local clubs and State Associations. Colorado leads out with the organization of the first State unit. The officers of the new Colorado Osteopathic Association are:

President, Dr. Janette H. Dolles, 1457 Ogden Street, Denver.
Vice-President, Dr. Amy Schoenmaker, Burnett Building, Colorado Springs.
Secretary-Treasurer, Dr. Clara S. Richards, 310 Masonic Temple, Denver.

Where is the next state to follow Colorado’s lead?

The first city to organize a local unit since the Chicago Convention is Omaha. A most enthusiastic meeting was reported last month, at which Dr. L. Van H. Gerline was the guest, and made the address. Dr. Florence Mount was one of the women who furnished the inspiration and initiative in the organization of the Omaha Club.

We want you to know the officers of our local clubs. If you are making plans for organizing in your city or state, and feel you would like the advice or suggestions of groups already organized, we are sure you will find a ready response if you write to the President or the Corresponding Secretary of these clubs.

Osteopathic Women’s Club of Omaha
President, Dr. Florence Mount, 305 Leffing Building, Omaha.

AMONG OUR OSTEOPATHIC INSTITUTIONS

Organizational Work at the Los Angeles College of Osteopathic Physicians and Surgeons

By Edward S. Merrill, D.O., Chairman Publicity Committee of the Board of Trustees of the College of Osteopathic Physicians and Surgeons.

Reorganization of the Board of Trustees: Under the efficient management of Dr. T. J. Budge, the new President of the Board, there has been a complete reorganization of the Board of Trustees together with the election of some new members. The Board has been divided into committees and this year instead of the old haphazard and careless way of calling meetings, which have never been on time, and which never did business, they are now on time and the work of the Board will be done largely at the Committee meetings. The Board being only called together to OK or to refuse to OK the action of the several Committees.

The several activities of the committees will be headed by men who have had much experience in the undergraduate department, the postgraduate department and the hospital committees all being officered by men who have had the best training in their line.

The Business Department: The College has just received word from Mr. Edward H. Light of San Diego, that he will accept the position of Promotion Secretary to take the place of the present Business Manager, resigned. This is a big step toward solving some of the educational and business problems which are confronting the College.

Mr. Light has been for eleven years Promotion Secretary of Beloit College, Beloit, Wis. He is a graduate of Denver University and later postgraduate of Beloit College and is a member of the Beta Theta Pi and Phi Beta Kappa Fraternities. In his official capacity at Beloit College he cemented the Alumni to the College and succeeded in financing $100,000, two years ago, from the Alumni of that Institution for the College endowment. He has had charge of the Alumni and of the student activities, has controlled the dormitories and boarding places, has installed an organization for the internal working of the College itself and has doubled the number of students in the College by his faithful work and in coming in contact with the High schools of the Middle West.

The Clinic: Dr. Edward Abbott, who had his internship from the Los Angeles County Hospital, has been drawn from the private practice to take charge of the clinical department of the College. He is now surrounded with a large group of clinical instructors which will supplement the work of full time paid professors in the science department. The patients will be handled in the clinic as they are in some of the big diagnostic clinics of some of the major hospitals in the country. The attending physician will take the patient to his particular department which seems to be indicated from the original complaint and then he will be routed from one specialist to another until he has all of the examination that are necessary including the laboratory work, and then all of this material will be summed up and he will be put in the hands of the students for appropriate treatment.

In addition to this method a large number of practitioners around Los Angeles have signed their intentions of coming into the clinic and taking over the actual treatment of the patients and working with the students giving them their ideas. In this way each student will have the benefit of having some thirty forty physicians over him showing him his particular methods, over the course of a year. With the work in the County Hospital and the Receiving Living Wages Department and the out patient work of the last year which is provided for in the curriculum, the student is getting second to no instruction in America, today.

Educational Department: Under Dr. Lois...
C. Chandler, the new President of the College, and a man who is thoroughly up in educational work by reason of his connection with educational institutions throughout the country. The work of the College has been divided up into departments with a head of each department who shall stand as organizer and who shall stand responsible to the president for the work in the several branches under him. By this system (the old inco-ordination which has hampered the growth of the institution will be done away with), it is believed that the student is given the benefit of the latest medical and dental researches.

The New Dean: Dr. Henry S. Miles who comes to the College from Sacramento is eminently fitted by education and temperament to carry out his part in this new work as dean. He already has the confidence of the students and his character, loyalty and wide experience in osteopathic circles makes the Board feel that the relationship between the student and the faculty will be well taken care of this year.

Dr. Styles Added to Des Moines Still College Faculty

Des Moines Still College has a new teacher and clinician. He is Dr. John H. Styles, Jr., who is known to a large number of the profession as one of the biggest and best natured of the brethren. (He says he has to be, for he is too fat to fight, and can't run.)

Dr. Styles, who is a graduate of the Los Angeles College of Osteopathic Physicians and Surgeons, returns to active professional work after an absence of about three years, spent in the service of the National War Work Council of the Y. M. C. A., and as a rural work specialist and sex hygiene lecturer for the State Committee of the Young Men's Christian Association in Iowa.

The Doctor is a graduate of the Willmar (Minn.) High School. His preparatory college work was taken at Macalester College, St. Paul, where he spent three years. The first two years of Dr. Styles' professional training were obtained in the American School of Osteopathy, at Kirksville, Mo., and at Los Angeles, where his course was completed in the C. O. P. & S.

After graduation, and a period of special post-graduate work, the Doctor went to Portland, Ore., and located for practice. He continued in practice there until the war came, when he returned to Kirksville, (where he now lives), and began graduate work at Los Angeles, where his course was completed.

For the past year and a half Dr. Styles has been engaged in the work in Black Hawk County. During this period he has lectured extensively over the state, and has held personal conferences with over fifteen hundred boys and girls on matters pertaining to their sex lives and problems. In this work, as well as in the quare regular types of rural activity, the Doctor has established an enviable reputation for himself throughout Y. M. C. A. circles. But through it all the osteopathic urge was insistent and strong, and Dr. Styles has been ready for some time to return to the fold. Then the call from Des Moines Still College came, and he decided to return to professional life.

Dr. Styles is a man of wide experience and professional attainment. He is, in addition, a library man of parts. He has had a real newspaper experience, and is the author of many widely known poems. While engaged in active practice in Portland, Dr. Styles was a frequent contributor to several of the magazines of the profession. It is understood that he plans to resume contributing to the literature of the profession. It is also to be understood that he is the possessor of a large and comprehensive campaign of the new and comprehensive campaign for sex lives and problems. In this work, as well as in the quare regular types of rural activity, the Doctor has established an enviable reputation for himself throughout Y. M. C. A. circles.

The New Enrollment: With a week still to go, registration there are already thirty-five new students enrolled with prospects of more than fifty in the freshman class. In view of the delection of several of the older members of the faculty and the Board and the consequent slowness of reorganization, even to the point where no catalog has yet been issued by the College, this is a remarkable tribute to Dr. Ruddy and to Dr. Chandler in their reorganization ability. With the optimism and the enthusiasm which will come, not only to the student body but to the profession in the state, from the new teaching order and the installation of true osteopathic ideals, the outlook for the College for this year and for the future is very rosy.

Dr. John H. Styles, Jr., Des Moines-Still College of Osteopathy.
WHO BACK US UP!

Dr. Ralph Kendrick Smith, Boston, Mass.:
"Enclosed please find check for Bunting Building Bonds. I am glad to feel ashamed of myself if I wasn't in on this deal. Team play is the only thing that is going to win in osteopathy. We've all got to boost each other. We've got to have that spirit that is worth boosting. Osteopathy is not going to win by everybody playing a lone game. No single force in osteopathy has been more persistently, everlastingly at it, than you have and, personally, it makes me feel kind of good all over to have a few of my dollars participating in your cooperation in osteopathy. More power to you."

Dr. Arthur G. Hildreth, Macon, Mo.:
"I wish you every success in your bond flotation and to the plant building plans and will be glad to give you any aid that I can."

Dr. George W. Riley, New York, N. Y.:
"I am glad to back up your building enterprise; you deserve support by our profession; and you may put me down for $500 or $1,000 of your 7 per cent security."

Dr. O. J. Snyder, Philadelphia, Pa.:
"It is a real pleasure to recognize the good work that you have done for the osteopathic profession for so many years as publicity and promotion expert —especially by as profitable a form of recognizing you as investing in your 7 per cent First Mortgage Real Estate Gold Bonds. I enclose my check for $500 and may take more of the issue later."

Dr. George A. Still, Kirksville, Mo.:
"Such enterprise as your wonderful 'Osteopathic Health' propaganda for the science and profession, not to add The OP's constructive work as a newspaper, are worthy of all encouragement by the members of our profession. I am glad to send you my check for $1,000 for an equivalent amount of your good building bonds."

Dr. Harry W. Gamble, Missouri Valley, Ia.:
"Those building plans for putting a roof over the head of osteopathic propaganda look good to me. The bond proposition you offer is likewise so excellent for a selfish business point of view. There is therefore both good business and deep sentiment argu'ng in favor of making investment in your security. I could not for the world imagine a bigger slice but for having had a hard experience with smallpox in the family, practice shot to pieces for a time on account of it, etc."

Dr. Hugh R. Russell, Buffalo, N. Y.:
"I glory in your enterprise, my brother, and am glad to say that, put me down for a substantial investment in your attractive First Mortgage Real Estate Gold Bonds. I'll leave it to you to say whether I'll take $500 or $1,000 worth."

Dr. A. A. Bashline, Grove City, Pa.:
"You are deserving of all the appreciation and encouragement for your valuable services to osteopathy that I can give, and I am glad to place my subscription for a $500 bond. I enclose the name of W. F. Roslyn and also one of my patients, each of whom likewise want a $500 bond."

Dr. Hugh Beaton, Danville, Ill.:
"Every osteopath ought to subscribe for these bonds. They are ready for delivery and I will send cash for three bonds."

Dr. R. E. Tuttle, Hixtows, O.:
"Please find check for four Bunting Building Bonds of $100 denomination—two for myself, and two for my mother."

YOUR MONEY WILL BRING 7 PER CENT WITH SAFETY

In a Bunting Bond Besides Boosting Osteopathy.
Fine for You—November "OH"

Five pages of short editorial paragraphs on osteopathy, health and disease with opening feature of "Osteopathic Health". You will like this feature. Your patient, your field will like it.

But there are only 3,500 copies to sell, over and above contract orders, so there is no use in boosting it very hard. It will sell itself and be "all out" in the course of a month, just as every other number has since January, 1920—except September, with its illustrated "Philosophy of Osteopathy" (4,500 left), and the August issue on "Children's Diseases" of which we have but 800 copies left. We, of course, are still selling October, "Every-day Osteopathy." This November installment of our Public Education Service for the Profession is entitled "Osteopathy and Various Nervous and Blood Disorders." Good wigwagging title for flagging public attention, eh? Surely.

"Rheumatism", Gout—simple, Exophthalmic, etc., Diabetes and Constipation are the four main topics of discussion. Dr. Carl P. McConnell reviewed the manuscript of the "Gout" article and said it is essentially modern in its method of presenting this interesting subject in which osteopathy is now demonstrating such a remarkable percentage of cures. You will like it.

You see this November issue is well balanced between acute and chronic conditions.

If you don't enjoy our regular promotion service of Osteopathic Health you ought at least to order the magazine sent to you on an individual subscription ($1.00 per year) so you can review these excellent articles as fast as they come out. Then you could order such numbers as win your enthusiastic admiration, in the month's issue undoubtedly will. Of course it is real wisdom to use this plan of "patient getting" instead of also in terms of "patient educating" and friend-making for the science. Of course, for the young man in practice—the young chaps who stars with nothing and has a clientele to build up—"Osteopathic Health" is indispensable and serves a different purpose wholly. It puts him on his feet. It serves him as a medium for advertising osteopathy and bringing patients to his office, thus giving him a chance to demonstrate his ability as a real osteopathic physician before he starves out waiting to be discovered.

WOULD A COPY OF "OH" MONTHLY HELP YOU?

It is very advantageous for those who order field literature on their own prescription (that is, buy what they like irregularly) to place a monthly order. There is a right way to do everything. For your practice-promotion, this plan is it. You can't beat this plan. Adopt it. Why not have and use the best?

Order today.

THE BUNTING PUBLICATIONS, INC.,
9 So. Clinton St., Chicago.

SUCCESS CREATES ADDED NEED OF POPULAR LITERATURE

Some osteopaths occasion ally express the idea that if there were greater efficiency in technique in the profession the results from osteopathic treatment would be so much improved that the circulation of popular literature about osteopathy would be unnecessary. The thought intended seems to be that if osteopathic practitioners uniformly produced A-1 results for their cases, the good word about osteopathy would be spread so enthusiastically by word of mouth that there would be no need of printed explanations.

Well, of course, the more uniformly successful in curing his case an osteopath is the more his reputation will become known to his clientele, but that does not in any way mitigate against the use of popular literature. The more successful osteopath is and the more famous it becomes, the greater the demand for and the need of good, popular explanatory literature.

As a matter of fact, the two are entirely separate factors in osteopathic progress. While entirely distinct, yet they are intimately related. One is as necessary and essential as the other if we are to make real progress in winning the world to an understanding of osteopathic principles and to spread confidence in osteopathic therapy. Each works in its own way. Both co-operate fully.

In the long run, osteopathic popular literature cannot be used successfully by a man who cannot give a good account of himself as an osteopathic physician in the treatment room.

On the other hand, the bigger a man's practice grows as a result both of his efficiency in diagnosis and treating and the use of popular explanatory literature, the more he needs such literature to do his explaining for him. The bigger he is, the more he needs him. Thought and energy for actual definite practice, and the more valuable to himself becomes the literature which does his explaining and provides machinery for giving help to efficiency in one's practice, isn't it, to serve patients who have a sympathetic and intelligent understanding of osteopathy? This, in brief, is the testimony of all consistent patrons of Osteopathic Health—patrons who have been using this literature service year in and year out, for ten, fifteen, or twenty years running.

Because the value of this feature of "Osteopathic Health" service is not so generally appreciated as it ought to be, many osteopaths who could use it to the utmost advantage do not do so. They think of it only in terms of "patient getting" instead of also in terms of "patient educating" and friend-making for the science. Of course, for the young man in practice—the young chaps who start with nothing and has a clientele to build up—"Osteopathic Health" is indispensable and serves a different purpose wholly. It puts him on his feet. It serves him as a medium for advertising osteopathy and bringing patients to his office, thus giving him a chance to demonstrate his ability as a real osteopathic physician before he starves out waiting to be discovered.

Dr. James D. Edwards
Osteopathic Physician and Surgeon

Originator of FINGER SURGERY
in Hay Fever, Catarrhal Deafness, Glaucoma, Cataract, Tonsil and Voice Impairment. Practice Limited to Eye, Ear, Nose and Throat Diseases.

Over Five Thousand cases treated, 90 per cent of the patients responding to this new method of treatment.

Referred cases given special attention, and returned to home osteopath for follow-up treatments. Hospital Accommodations.

408-9-10 Chemical Building
St. Louis, Mo.
The Osteopathic Physician

Dr. Goode Examiner for State Boxing Commission
Dr. George W. Goode, of Boston, Mass., has been appointed Examiner by the State Boxing Commission of Massachusetts.

Good Practice Open in Pulaski, Tennessee
Dr. C. Franklin Rowland, of Pulaski, Tenn., for a number of years announces that he is leaving to Memphis and that he leaves a good practice in Pulaski, though not entirely satisfied with his present location. For particulars get in touch with Dr. C. N. Bruckett, 554 Lyceum Blvd., Memphis, Tennessee.

Dr. Edgar S. Comstock Talks to Medical Liberty League
The American Men's Medical Liberty League held its second annual meeting at Hotel Sherman, Chicago, October 25th, 26th and 27th. Dr. Comstock was among others, by Dr. H. W. Pierson, editor, and Dr. Edgar S. Comstock, of the Chicago College of Osteopathy.

Fire Damages Home of Dr. J. H. Maxfield
Dr. J. Harris Maxfield, of Newark, N. J., suffered damage by fire at his residence, Berkeley Heights Park, October 21st. Carpenters had been at work in the upper part of the building. A fire broke out and before it could be got under control, the roof and this floor of the residence had been destroyed. The loss fully covered by insurance on the building itself as nearly all the furniture was rescued.

Dr. Thomas C. Morris Joins Chicago College
Dr. Thomas C. Morris, A.O.O-1900, of Spokane, Wash., has been put under contract by the Chicago College of Osteopathy as professor of Osteopathic Technique, Supervisor of Clinics and General Physician. He has reported for duty and is now on the job. Many attendants at the Convention of the A.O.A., including Dr. Morris' brother, were on hand.

Dr. H. C. Atwood, D.O., P.O. Infantry, of Orlando, Florida.

Dr. T. J. Ruddy
Eye, Ear, Nose and Throat Refered cases solicited Grove City, Pa.

Dr. Frank J. Stewart
Diseases of the Skin and also Genito-urinary and Venereal Diseases
Room 151, 7 W. Madison St., Chicago

Dr. C. C. Reid
Eye, Ear, Nose and Throat
Adjoining Suites with tiled and specially equipped "in surgery" department
501-10 Interstate Trust Bldg., Denver

Dr. Benoni A. Bullock
Consultation and Surgery
Specialist In Ophthalmic Surgery
223 St. Clair Bldg., Detroit, Mich.

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**The Osteopathic Physician**

**October 1922**

**Editor, Editor**

**Acute and Chronic Infections**

**REFERENCE CASES: CONSULTATION**

**Detailed diagnostic report and complete instructions as to advisable treatment returned by mail to physicians.**

**OH Job Lots at Bargain Prices**

Occasionally we have some accumulated, assorted piles of OH for sale as “Job lots” at bargain prices. Some bear a professional card imprimatur on them and are offered as osteopathic in first class condition. Others are slightly damaged or soiled. Mixed amounts of these three classes “as is” and taken just as they run without selection, are priced at $3.00 per hundred. Reduced price when any large accumulations are taken. Our job lots are now made up in quantities and sold in minimum multiples without extra charge. If interested in obtaining these job lots, write giving the address from which we have

**OSTEOPATHIC HEALTH**

**South Clinton St.**

**Chicago**

**West Virginia Meeting**

The West Virginia Osteopathic Society held a special meeting at Parkersburg, October 8th. The Legislative Committee issued a comprehensive report of the work done in the state the last two years, and also reported the laws as they now stand with the laws as they exist, since osteopaths still privilege themselves with the word “physician” when teaching school. A program to secure more osteopaths for the main state was adopted and will be religiously pressed. The formation of a new association, termed the Valley Osteopathic Society and comprising the states of Ohio, Kentucky, and West Virginia, was also discussed. A meeting was appointed to further this plan. The subjects of Publicity, Public Education, Public Clinics were discussed in some detail, and the society voted unanimously to put the “Goodly Medical Class” into effect immediately. Dr. J. H. Robt. Huntington, was chosen Delegate to the House of Representatives for the next AOA meeting and Dr. Morris, of Clarksburg, alternate. The association corresponded with any osteopaths who are desirous of introducing A.T. Still osteopathy and is seeking location of this osteopath in Anemia. Officers elected: President, M. E. Morris, Secretary, Dr. Wm. A. Morris.

**R. F. Buckmaster expects to Resign Practice**

Dr. R. F. Buckmaster, Elkhart, Ind., writes us that he is giving his practice of 30 years' standing to his partner, Dr. Wm. A. Morris. He expects to resign practice in the near future and return to school where he will study the neurasthenia and related diseases. The association correspondent speaks in high terms of Dr. Buckmaster and of all his work in osteopathy. He is a leader in the work and is a man of great influence in the profession. He is well known by all who have had occasion to come in contact with him.

**Iowa Waking Up—Has Good Meetings**

The state district association of the AOA held their annual meetings as follows: Second District—R. C. Swenson and Dr. R. C. Peterson, officers; program included Atten on “Fundamental Principles Between Schools of Fracture”; Gillmore on “Legislation in Iowa”; Kline, on “After Effects of Fracture”; Thompson, on “Red Oak, on “Nervous Disease”; also good clinics. Officers elected: President, Dr. J. R. Johnson, Newton; Secretary-Treasurer, Dr. R. C. Peterson, Newton; and Dr. L. E. Swenson, Winterset, Secretary.

**Los Angeles Society September Meeting**

Southern California has lived up to its reputation for quick and enthusiastic action, in connection with the recent meeting of the Western Association at sunny southland. Skyhill arrived in Los Angeles at 11:30 a.m., September 22. At 1 p.m., Saturday, he meditatedly took his seat in the Board of Directors’ room at the corner of Los Angeles, and was conducted to the meeting of the Los Angeles Osteopathic Medical Society. He then addressed that body, and was one of the A. T. Still “old school” osteopaths, and he had been in the profession for 45 years, and was a man all over the laze Pachance country. He made it a practice to attend post-graduate schools and clinics every year, kept alive to all the problems of osteopathy, and was one of the pioneers in this section of the country.

**St. Louis Osteopathic Sanitarium**

Dr. W. E. Blumenstock, of St. Louis, Mo., has announced that he will limit his practice to obstetrics and gynecology, including pelvic diseases, and to the treatment of acute and chronic diseases. He is already well known as a leader in his profession and will be of inestimable value in any city where he is located. He is a man of great ability and a most successful osteopath.

**The Osteopathic Physician** is getting better all the time. It is beyond doubt the publication in the field—H. H. Stewart, D.O., Crete, Neb.

**How Much of This Load Will You Share With Us?**

**$1,000? or $500? or $100? Be Just to Your Boosters!**

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**Statement of the ownership, management, etc., required by the act to which the schedules are made a part.**

The A. O. A. succeed to the property and debts of The Osteopathic Physician, published monthly at Chicago, Illinois, by the State of Illinois, for the State and County of Cook—so. Before me, a Notary Public in and for the State of Illinois, for the State and County of Cook, personally appeared H. S. Bunting, who, having duly sworn according to the laws of the State of Illinois, says that he is the editor of the A. O. A., and that the following is a true statement of the ownership, management, etc., required by the act to which the schedules are made a part:

**Statement of Ownership.**

The Osteopathic Physician, published monthly at Chicago, Illinois, by the State of Illinois, for the State and County of Cook, is owned and managed by the American Osteopathic Association, 804-806 Goddard Building, Chicago, Illinois. The publication is not owned or managed, for profit.

**Statement of Affiliations.**

The A. O. A. is associated with no other paper than the Osteopathic Physician, published monthly at Chicago, Illinois, by the State of Illinois, for the State and County of Cook. The A. O. A. is the publisher of no other paper.

**Statement of Business Interest.**

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Dr. William F. X. Dierkes has returned to active practice at Carbondale, Pa., after some months out of practice during which he was taking post-graduate work in medicine, surgery and osteopathy. Dr. Dierkes has secured his M.D. degree but he says that he is still giving his patients "osteopathy" even though he has an "M.D." tacked on to his name.

Dr. C. C. Montgomery, of Muskogee, Okla., has announced that he now has associated with him Dr. T. A. Ringer, who after the past three years has been chief examiner and attending surgeon to the A. S. O. Hospital, Kirksville, Mo., much needed assistant for diagnostic and surgical purposes. He has been added to the office. Both general and specialty practice will be handled.

Dr. J. A. Hirschman, of Kirksville, Mo., formerly of Kirksville, Mo., has completed a year of active practice at Cherokee, Iowa, where he established one of the very few clinics in the state to treat chronic diseases and has adopted osteopathic methods of practice and will take a long needed rest. He will return to practice in September, when he owns some real estate property. He has sold his practice at Cherokee to Dr. J. A. Hirschman.

Dr. C. C. Reid, of Denver, Colo., is president of the National Association of Lions' Club. The organization issues quite a substantial monthly magazine. The September issue contains a full report of the national convention for 1920, which was held at Denver and it shows that there has been a phenomenal growth in the organization and that a royal good time was given to the members at the Denver meeting.

Dr. W. H. Baker, at Navogne, Mo., and Dr. F. D. Speier, from Decatur, III. to Marion, Ill., Dr. C. J. Ridley, from El Centro, to Roswell, N.M., Dr. B. A. Hartz, from La Fayette, Iowa, to Rosewood, Calif., Dr. C. J. Ridley, from El Centro, to Escondido, Calif.

The headquarters of the A. S. O. will be moved to 309 S. Clinton St., Chicago, Ill. Dr. D. C. Tasker, at 801 W. Van Buren, Chicago, Ill., has secured his M.D. degree but he continues to give his patients "osteopathy," even though he has an "M.D." tacked on to his name.

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

Osteopathic Health for November

OSTEOPATHY Cures Various Nervous and Blood Disorders

"Rheumatism" Goitre Diabetes Constipation

NAME: _ 
ADDRESS: _ 
CITY: _
STATE: _ 
ZIP: _

If you need a magazine as an aid in your every day practice. It means more money for you. Your patients will pay for your osteopathy and desire your services. The demand for osteopathic treatment grows in proportion to the extent that the people know about it and its benefits.

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