The Osteopathic Physician

April 1921

Vol. 39, No. 4

Reproduced with a gift from the Advocates for the American Osteopathic Association (AAOA Special Projects Fund)

May not be reproduced in any format without the permission of the Museum of Osteopathic Medicine, $^{\mbox{\scriptsize SM}}$

Published on the 15th of Every Month by The Bunting Publications, 9 S. Clinton St., Chicago, Illinois. Subscription Price: \$3.00 per annum. Copyright 1921, by The Bunting Publications. Entered as Second-class matter April 7th, 1903, at the Postoffice at Chicago, Illinois, under the Act of March 3d, 1879,

Volume XXXIX

CHICAGO, APRIL, 1921

Number 4

The Passing of Michael Angelo Lane An Appreciation

The profession was greatly shocked at the sudden death at Kirksville of Professor Michael Lane. March 19th. Death was probably the result of dilatation of the heart and occurred about 9:30 o'clock Saturday morning, in the office of T. I. Reynolds, which adjoins Professor Lane's private laboratory in the Odd Fellows' Building at the northwest corner of the town square.

The stroke came to Professor Lane without warning after he had engaged in a heated argument over socialism and world politics with J. W. Varner, an ex-service marine, a stranger to the professor, with whom he chanced to meet up in Mr. Reynold's office. As is well known to the friends and students of Professor Lane, he held very pronounced tiews on the theoretical rights of the proletariat and the present so-called capitalistic form of society, and upon occasion could be beguiled into a very strenuous and sometimes picturesque argument about present world tendencies. Mr. Varner had formed his own opinion of these matters in Europe and clashed with Professor Lane's views in toto. The discussion got so strenuous that Mr. Reynolds finally took Mr. Varner by the arm and lead him out of the office, explaining in the hallway the professor's well known love of an argument, and asked him not to pursue the talk further. He had scarcely returned to the office when Professor Lane muttered something about "sick," leaned back stiffly in his chair, stared reachtly—and was gone. Lane died as he lived—a fighter for the faith that was in him.

Doctors said demise was probably due to a dilatation of the heart from emotional stress rather than to a stroke of apoplexy. Dr. Lane had been in excellent health. He had breakfasted with Mrs. Lane at his home that morning and was in fine spirits. He was known as an inveterate worker. He had lectured to his classes as usual the day before. He held the chair of professor of biology, pathology, immunology and diagnosis at the American School of Osteopathy where he had been a teacher for

Professor Lane was a research man of profeund attainment and had an international reputation in the field of biology and pathology. His blood researches conducted in the laboratories of the University of Illinois and University of Chicago resulted in discoveries of new facts about the cell composition of the Islands of Langerhans which were discussed at the meeting of the International Society of Anatomists at Budapest the year following. This achievement brought Dr. Lane membership in the American Anatomical Society, a body of research men, which meant that thereafter any work he might put out as original would have the attention of the research men of all countries working in the biologic field.

Professor Lane got his classical training at St. Louis University and his scientific training at the University of Chicago where he obtained the degree Bachelor of Science. He was a disciple of Bensley and Keyes and was held in great respect by these research masters for the powers of his mind and the cleverness of his technique which he exhibited when working as a fellow for three years in the University of Chicago research laboratories. He had taught physiology in the University of Illinois and been an assistant research professor there. He taught histology in Loyola Medical School,



The Late Michael A. Lane, Sc, B., D.O.

Chicago, and Immunology and Infection at the Chicago College of Osteopathy.

It is not generally known among his former students that 20 years ago Dr. Lane made quite a stir in the ranks of the sociologists by contibuting an original work entitled "The Level of Social Motion," published by D. Appleton. It was regarded as a noteworthy piece of research in the field of sociology and was even more highly praised in Europe than in this country. Yet Professor Lane never referred to this achievement except among his intimates. It was the present writer's privilege to have read much of this work in its early manuscript form before it found a publisher. Dr. Lane's achievement in this field was doubtless softpedaled by him because it was not in the field of pure science, of demonstrable science, with which he wished to be identified and by which he expected to be remembered; so after attaining eminence in biology he came to regard his early excursions into sociology as more a flight

of pure fancy than as anything which was definitely provable. Therefore he put sociology very much lower down in the hierarchy of sciences. Any devoted friend and disciple of this lamented educator would no doubt thank us for putting him in touch with this little known but remarkable book which represented the workings of the Lane mind in the period of its growth between the 24th and 28th years.

Burial Was at St. Louis

Burial of the mortal remains of Michael Angelo Lane took place the following Monday at St. Louis in the burial plot of the Lane family. In the funeral party from Kirksville accompanying the casket were the educator's widow, Mrs. Dorothy Engelhart Lane, her mother, Mrs. George Engelhart, and her sister, Miss Engelhart, and the Misses Lane, sisters of the deceased, all of Chicago. Dr. George A. Still represented the college and George Kahler represented the student body. There was no school on Monday. The student body paraded as an escort to the funeral cortege from the educator's late home to the Wabash depot.

The Lane Home Life Ideal

Dr. Lane was ideally happy in his marriage and home life. Mrs. Lane is a graduate of Bryn Mawr and being a cultured student of science and deeply interested in all her late husband's research problems afforded Professor Lane an intellectual comradeship of which he often spoke to the present writer with the greatest enthusiasm and appreciation. The blow is therefore a crushing one to the widow who will doubtless break up her home in Kirksville at once and return to her mother's home in Chicago.

How Romance Came to Lane

Dr. Lane met Mrs. Lane while lecturing in the Chicago College of Osteopathy in which the young lady had registered for some advanced physiological chemistry under the professor. One day the professor wrote the formula of animal albumen on the blackboard from memory, or reason—as the case may be. He became from that very hour a hero in the eyes of the young Bryn Mawr graduate who had made food chemistry her major.

When Professor Lane turned his glance back toward his class from the blackboard he that a pair of lustrous gleaming eyes that he had never noticed in class before—as he himself recounted to the present writer—and he saw that the person who looked at him through those eyes understood him and was following his elaboration of the intricate albumen formula with appreciative attention. Love struck its shaft at the heart of Lane that instant as he realized it had never done before. When he went to Kirksville next September Mrs. Lane went with him, and the present writer had the honor of serving as best man at the ceremony which made Michael truly blessed. He was ever as tender and chivalrous as a lover as he was valiant and militant in advocacy of what he stood for in science.

The Shift at ASO

The lecture work of the late Professor Lane is being handled for the rest of this school (Continued on Page 23)

"GET the VISION!"

"Osteopathy-It Shall Be Known!"

A Stimulating Personal Letter from An Old Timer
Who Suddenly Got Young

Dr. F. C. Lincoln, Buffalo, New York

My dear Harry:

It did my heart good to get that piece of real "hand scratching" from you the other day. I like to hear from my old classmates, and especially because you started out by saying "dear Fred" instead of the formal "My Dear Doctor". As I read that letter it seemed as if you had just dropped into my office, sat down and we were having a real good heart-to-heart talk.

The great idea of Rotary, the calling a fellow by his first name, is the spirit of the day, and I like it. Right here let it be said that Rotary has done more to bring men of the right sort together, and start them boosting for themselves, and everything that is good, than any other organization existent.

Well, Harry, you asked me to tell you about my new vision, that led to my success in practice, and the new life it has made possible.

As you know, we graduated back at old A.S.O. in June, 1900. Within a short time my name appeared on an office door announcing, "Osteopathic Physician." It has been there ever since, and I intend it shall remain there at least ten years more.

Well, I struggled along in that good old office for about 15 long years, practicing simon-pure osteopathy. To be sure, I had patients from the beginning; I paid expenses, and made a living. I had much idle time which I put into study; that has stood me in good hand since. Of course as time went on, expenses increased materially, business and income some, but not as it should have done. Not as it would have done, had I known what I know now.

I fully expected when I graduated that all I had to do was open an office, hang out my shingle, and patients would flock in to me like sheep over a stone wall. I truly had dreams that in a short time I would have the practice of a George Helmar, a Joe Sullivan, a Walter Steele, and a few other celebrities of those days. But in vain did I wait, and I might still be waiting, had I not changed my sails. Along in those early days of the great world war, when H.C.L. was all the talk, and soon was more than talk, a stern reality, I suddenly awakened to a realization of the fact that I was falling by the wayside. It suddenly was apparent that it would be necessary to apply present day methods to present day propiems. The activities of our government in selling liberty bonds, taught me the meaning of that wonderful and now magnetic word, publicity. My hobby is publicity.

I immediately adopted a slogan of my own, viz. "It shall be known!" This was suggested to me by the famous words of the French, "They shall not pass," and they didn't! By this slogan I intended that osteopathy should be known to my patients. I determined to educate them in osteopathic ideas and thoughts and standards. And I also intended that they should know that I had the ability to administer it. How was I to do this?

It was then that the arguments of the leaders of our profession, who publish osteopathic literature for educational purposes, began to sink into the convolutions of my brain and take root. It was then I got busy, and began educating every one of my patients, and all those whom I wanted to serve. I followed it up in a regular and systematic way.

And right here I want to say that you can have the kind of people you want as patients, if you go after them in the right way, and that right way is to educate them, sell them the osteopathic idea. It is education, propaganda, and publicity, first, last and all the time that wins a practice nowadays. I have used Osteopathic Health, Woodall's books, Webster's books, Kansas City Williams booklets, and leaflets of one kind and another.

I sent the Osteopathic Magazine to a list of patients and prospects some 200 in number for two years. I have received the thanks of patients in person, and in writing, for all the osteopathic literature I have ever sent out.

It is a mistake to send for booklets and

It is a mistake to send for booklets and expect that you are going to hand or send them out yourself. You simply do not do it, and a certain amount are tucked away, and soon become shopworn and dirty, and unfit for future use, even if they are not out of date. The best way is to send in your lists to the publishers, and let them send them out. It's the sure way.

I never missed an opportunity to appear in the lime-light, when ever it was legitimate and proper, and I took an intensified training in public speaking, and was taught how to talk more convincingly to my patients and friends. And I made use of it.

Immediately business began to boom, practice began to jump up, and it has been going up ever since. I soon found I had created a desire for my services, and had to adopt methods to conserve my time. The more patients I had, the more quickly and better could I handle them.

Now comes the best part: Naturally the increase in demand for my services gave me the opportunity to increase my fees, and I did it. Even the increase in fees seemed to create more demand for my service. A wheel within a wheel, you see. It seems that when once you get started on an upward flight, it is easy to keep going.

To all who would get started right away, take my advice, make that magic word, "publicity" your pass word; Think it, eat it, sleep it, create a demand for your service, and you can make your income almost what you will.

This is of course on the supposition that you have osteopathy in your brain, and the physical ability to apply it.

A beginner should put more into publicity material than in office equipment, if he hasn't enough for both.

He ought to spend at least one-fourth of his first three years' expense, to educate his prospective clientele. Then keep doing it. Our hangnail competitors are where they are, because of publicity.

I am now at the limit of my physical endurance—still I am learning how to broaden that some, and keep doing it all the time.

Well, Harry, I am going stronger on OH as soon as I can arrange to take care of the additional business I know it will bring.

Wishing you the best of health and success, Yours old classmate,

Lincoln.

"Sometimes charity kills friends—charge 'em something."—Waldo.

- TECHNIQUE -

Advanced Technique Used on the McManis Table

By J. V. McManis, D. O., Kirksville, Mo.

If the instructions in this article, (The Care of Your Table), are carefully read and closely followed, the life of your table will be lengthened and it will work more easily and smoothly. After having examined any number of McManis tables now in use, the writer has come to the conclusion that practically all tables, after once being installed, are never touched again except when used for treating purposes.

The McManis table is like any other piece

The McManis table is like any other piece of machinery; it needs attention. A little oil once in a while and occasionally a dusting

would not hurt.

When you receive your McManis table and have it set up for operation, examine it closely and find all the oil holes. Just below and between the middle and swinging sections of the table are four or five such holes. One will be found on the spring tension crank. are several more. Using a good light lubricating oil, place several drops in each hole. not use so much that it will run out upon the different parts of the table. Oil the threads of the large traction screw at the foot end of the table. The best way to do this is to dampen a cloth with oil and rub the same over the screw. Oil the threaded bolt found on the screw. Oil the threaded bolt found on the spring tension crank. Clean off the long, round sliding rods upon which the swinging section of the table moves backward and forward. Dampen cloth with oil and wipe off the full length of the rods. When opening and closing the split head section, several small sliding rods will be found. Clean these off with oily cloth When lowering and raising the middle section of the table an occasional squeak is noticed caused by the sliding surfaces of the device which control the action of the leaf. these surfaces with the same cloth. All of this should be done when you first receive your table and should be repeated at least once every three months.

Your table will work easier, will not wear so quickly and will not squeak.

Do not forget to dust your table. The table top is naturally kept clean, but there are other places where the dust cloth seldom reaches. Remove the middle section of the table and notice how much dust and lint has collected. Dust the large perpendicular springs and the adjacent mechanism. It is an easy matter to neglect these parts of the table and then the first thing you know they are covered with dirt. It grinds into the joints and sliding surfaces of the table, creates friction and wears. Keep the dirt out.

There is only one part of the table that does not need cleaning. It is the cylinder of the hydraulic lift. Keep the dust cloth away from it. It keeps itself clean, if the lift is used. By using the dust cloth particles of dirt get down into the lift, and if enough accumulates, it will interfere with its action.

With your table came a can of metal polish. This is for the nickle and brass parts of the table. Apply a thin coat of polish three or four time a year and after it has dried, rub off with a cloth. This keeps your table looking like new all the time.

Cleanliness is one of the most important considerations in the doctor's office. Do not stop cleaning before you reach your table. By keeping it well oiled, cleaned and polished it will last longer, look better and give better service.

"Eleven hundred Medics gave \$250.00 each in Washington to pay a D. O. goat-getter."—Waldo.

Xiphoid Klan May be Called the Eastern Osteopathic Association

At Present It's the Four States Osteopathic Society

Doctor Dear:

On the Pacific Coast, where people are as progressive as synthetic milk, as we used to say in the workhouse, there is an osteopathic organization which includes several states. In this association has been established a Circuit Clinic which works this way: About once each month a technician or clinician of repute and worth goes to each center in each State and spends one day examining cases, outlining and demonstrating treatment, and lecturing to the public in the evening. Diagnosis, technique, publicity, and public education, the sine qua non of osteopathy, are thus brot into every community at small expense. A post graduate course is provided and baffling cases are cared for without recourse to the allopathic ranks. Such a scheme is all to the mustard, isn't it? Why not have one right here where we live?

We shall! and this is the first step. On April 29th and 30th the osteopaths of Pennsylvania, Maryland, New Jersey, and New will meet at Hotel Pennsylvania, New York City for the purpose of welding into permanent form such an organization. A fine two-day program has been provided under the auspices of the Osteopathic Society of the City York whose guests we will be. A banquet, with speakers of unusual prominence, will be held the evening of the 29th—a dance

will follow the banquet.

The name for this new organization has not been selected and a prize of five years' dues will be awarded the person first suggesting the name finally selected. You tell 'em, Old Dictionary, you've got the words. Send as many names as you wish to Dr. C. R. Rogers, 341 Madison Ave., New York City.

The slogan of this new organization will be

Diagnosis, Technique, Publicity, Public Educa-

tion. Could there be a better one?

Diagnosis

First-Any and every case must be diagnosed and, no matter how good a diagnostician you are, there is something new to learn.

Second-Technique is the very foundation stone of osteopathy and once a scientific, accurate technique is learned there will be less talk of adjuncts, less unrest, less dissatisfaction with osteopathy as a complete system of healing. The great majority of your failures are due to the lack of ability to fix what you find is wrong-it is your failure and not the incompleteness of osteopathy. Remember! technique is not the imitation of movements it is the understanding of mechanics. Once you are grounded in the anatomy and mechanics of the spine you quickly recognize how it must be fixed.

Publicity

Third—If you are to demonstrate your worth as a practitioner you must first attract the attention of the public—you can neither earn a living nor cure a disease unless you have the patronage of the people. The notice of the clinical circuit meetings in your community, together with the story of the work to be done for the sick, will be live news, not old stuff full of jaw-breaking Latin terms, and the papers will eat it up. This is not fancy, it has been

Public Education

Fourth-Publicity and successful treatment will not necessarily make a complete success: public education is necessary for your future as well as for osteopathy. The public must be educated to the breadth and scope of osteopathy, to the end that they will understand it as a complete system of therapy. Many times you have cured a case of lumbago and been chagrined when later the same patient called an allopath when afflicted with tonsillitis. The trouble entirely was lack of knowledge as to the scope of osteopathy. This will be cared for by the public lectures given in connection with the circuit in your community. More ammunition for the papers in this, too.

Later we can bring to the yearly meetings the distinguished men of our profession who live at great distances; such luxuries cannot be indulged in by smaller organizations. Many phases are not mentioned here but the plan is sure an apricot for every one. Can it be put over? Surest thing you know, and it will be some ruckus if you are a partner.

Osteopathy has been pretty well unionized, you either joined the union, by affiliating with several organizations, or you were frowned upon. That's unionism, isn't it? Do you believe in unions labor or osteopathic but not including

This organization is not a union, membership does not depend upon your joining the AOA, a State Society, or a District Society. Irrespective of creed, sex, denomination, age, color, or without question as to whether you use two fingers or ten, you may join this organization if you graduated from a college recognized by the AOA and possess a license to practice in the State in which you are located.

Fact is, this new organization is to be a haven, an asylum, for those who have never been identified with osteopathic organizations. Every practitioner's influence is needed, and sought, for the common good. Thru this amalgamated influence we can accomplish purposes never before within the individual's reach—we can make the power of the many accrue to the protection of even the "weakest sister." Could you have a better weapon for the negation of the efforts of Mr. Allopath?

Remember! There are a thousand osteopaths in the four States concerned and, in a pinch, we can join forces with hundreds more now in the New England and Middle Atlantic organiza-There is no limit to the possibilities unless you wish to make one.

There will be no clique running things. The humblest backwoods practitioner is eligible for the presidency; politics will be barred and the whole dingus run by an Executive Committee elected by the members and equally representing the States. No one can sulk and say "They ain't no room in the president's chair for me." The care and feeding of the exchequer will be on a modest scale, the dues will be but \$2.00 per year and no assessmentsthe cost minimum, and efficiency maximum. Can you beat it? You can't.

Let's get off on the right foot by having a whale of a meeting in New York when we organize. A spiffy program is provided and the social features are to be most prominent. To get to know your fellow practitioners is one aim of this baby society—to know them is to rub elbows with the people who are doing things, the real Whosewho. Even a doctor is average flesh and blood when you learn to call 'em Bill or Maude. Get acquainted!

Your first step is to plan on being away April 29-30th, then write for reservations at the Pennsylvania. The program will be along in about a week, if your mouth does not water now it will then. O, Girl! I'll say it will.

Yours for a Regular One, Dickery Doc.

To the friends of Bunting who believe in his work:-Buy a Bond!!

Iowa Wins Complete Legislative Victory

Iowa osteopaths are shouting Eureka! After twenty years of fighting they have secured an independent osteopathic law which is regarded as satisfactory in every respect. The new law
—based on the AOA "model" bill—passed the
House on February 23rd and the Senate on March 21st. The favorable vote was remarkable for its strength. The roll-call in the House showed 101 to 2 (the two adverse votes were cast by M. D.'s). This decisive, clean cut victory gives Iowa osteopaths all they wanted and the bill is regarded as one that will stand

The "model" bill of the AOA was modified slightly to conform with the Iowa code, but there was no change whatever in the intent of the bill. Some things were added which give Iowa osteopaths even wider privileges than the "model" bill. For instance, there is a clause reading to this effect: "Wherever the word physician, regular physician, medical physician or medical schools or colleges appear in the Iowa statutes it shall be read as tho the words osteopathic physician, or osteopath or osteopathic school or college, were written therein." This clause takes away all the little discriminations that have existed in the laws of the state and does it in one fell swoop.

This legislative enactment gives osteopathy in Iowa wonderful new prestige and opportun-We extend congratulations to the profession in Iowa and trust it will now take on new vision and ambition and move forward to great-

er achievements than ever before.

This victory in Iowa should also give new courage and inspiration to osteopaths in other states where new osteopathic legislation is needed. It shows that the AOA "model" affords a right foundation on which to work and that it gives great promise of victory when backed by the whole-hearted, united action of the profession of a state.

Once again congratulations to Iowa and may

other states follow her example!

Educating to Make Them Stick

I want to make a few observations in regard to the support "Osteopathic Health" has given to my own practice. Some years ago, during the war, it was evident that people were doing business easily and making money because of the mass of business they were doing and it was evident to my mind that there would come a time when efficiency would count instead of the happy-go-lucky manner in which people were doing business so easily, and it occurred to me that the closer one could draw people to him, even in a time like that, the more closely they would stay with one when times were not so easy. Time has proven in fact what was then in my mind a theory. Times are harder now, that is, in the general sense of the term, and I find that the people who have been receiving "Osteopathic Health" these many months are sticking to osteopathy closer than ever before. I am keeping in close touch with my patients and ex-patients in one way and another and the fact that they are considerably interested in my profession is proving a factor of assistance to me in my legislative campaign work .- F. A. Englehart, D.O., Oklahoma City, Oklahoma.

Don't Dally with Suspicious Tumors

Why are some of our good brethren so optomistic in dealing (and dallying) with suspi-cious tumors of the breast? Have just come from a radical breast operation for carcinoma -diagnosed (and treated) a year ago as a breast tumor due to menopause. This woman has lost a year of very valuable time. Her chances for life then were 50% better than -C. L. McClelland, D.O., Ontario, Cal.

Diagnoses Versus Error

The Diagnosis of Gallstones and Cholelithiasis

By S. L. Taylor, A.B., M.D., D.O., Surgeon-in-Chief of the Taylor Clinic, Des Moines General Hospital.

I have emphasized the "case history" in many of my articles, but notwithstanding this fact, I do not apologize or hesitate to repeat, for of all necessary procedures in the diagnosis of a case, nothing is of more importance than a thorough case history. This, I believe, many physicians do not appreciate and they consequently skip over the early history of the case thinking that they can find out what the trouble is by physical examination and possible laboratory analyses. They may be able to do this in most cases, but it is in the exceptional case that they make their lamentable mistakes and it is just for that reason that we insist on a careful taking of the case history.

In making a diagnosis of gallstones it is so necessary to get the manner in which the attack begins. We want to know the character of the pain, whether it is sharp, cutting, shooting, boring, or whether it is a dead ache producing more or less nausea and possibly vomiting. We want to know how long these attacks endure and whether or not there is a repetition.

Gallstone attacks nearly always repeat themselves and the manner of the on-set is often very similar to previous attacks. Frequently, however, after the first attack the pain settles down to a steady "misery" in the right hypo-chondrium or in the epigastrium. We also want to know what the condition of the patient is ordinarily before the attack and after the attack, for a gallstone patient is ofttimes very well both preceding and following the attack and goes on with his usual duties without much inconvenience. These cases are to be studied for the history of jaundice. While jaundice is not pathognomonic of gallstones, yet it is a frequent accompaniment. In the majority of cases, however, it is not well marked and can only be seen by the most careful examination. We always want to know whether these patients have suffered from biliousness, that is, periodical spells of nausea or vomiting, digestive disturbances, headaches and depressions. It is important to know how the appetite of the patient is and whether or not the patient suffers pain after eating and particularly if the pain is in relation to eating, for if it is the stomach which is giving the trouble the probabilities are there will be a modification of the pain after eating, either an increase or decrease of same. However, if the patient can eat one, two or a half-dozen light meals without pain and then on eating a heavy meal, one of the typical attacks of pain in the stomach occurs, in all probability it is not the stomach which is giving the trouble, but the gallbladder.

We want the history of the presence or absence of gas after eating, for probably nothing is quite so typical of gallbladder infection of the chronic sort as the presence of gas in the stomach. We like to have a history of the color of the stools, also character of same, for frequently the stools have a lighter color or show bile.

We also like to know something about the temperature that the patient runs during these attacks and for the day or two following. If they have a temperature of 99 to 101 it is very suggestive of the presence of gallstones with a possible infection.

The pain in the region of the stomach gives us no grief for in the history of these cases the pain is almost always referred to as being in the stomach and we like to have this fact brought out in our case histories. Often the patient gives a history of pain under the shoulder blade and this is a very important sign. It is strictly a reflex pain, but it is of interest, for it is rare that we find any other trouble

or disease causing a pain under the right shoulder blade.

We want to take into consideration whether the patient is male or female, for the female suffers from gallstones five times as frequently as the male. The age of the patient should be noted for we find that 75% of gallstone cases occur in people after the age of 40. They do occur very frequently in people under 40 and even in children which is generally not suspected by the average physician. It is undoubtedly true that the incidence of gallstones increases with the age of the patient. There is one thing however that the average physician seemingly does not recognize, namely, that the cause of the trouble takes place mostly in childhood and youth and that the gallstone formation proceeds with the growth and age of the patient. During youth the stones mostly remain latent and only under rare circumstances do the typical gallstone attacks occur.

I have just said that gallstones remain latent. I doubt whether they are ever latent or produce no symptoms even in any case. The probabilities are many of our little pains and aches, digestive disturbances and depressions of childhood and youth are due to gallbladder infections and the formative processes of gallstones. We often speak of these conditions and attacks

as biliousness.

Some think that a history of heredity may rightfully play a part in the diagnosis of gall-stones for undoubtedly people inherit what may be called a bilious temperment. I think that heredity plays but little part in the history essential to the making of a diagnosis, and in the study of cases it is the rarest thing that the family history is emphasized. Because the mother or father had gallstones is no indica-tion that the son or daughter may have gallstones. There is this feature of heredity I think, which ought to be more emphasized than tissue inheritance, namely, that certain families have certain mental attitudes toward thera-Ofttimes we find the father and mother refusing to have the teeth cared for or neglect to do so, also refusing to have the tonsils of their children removed on the grounds that they were born with them and that they want them to die with them. This mental attitude necessitates the retention of the focci of infection in the teeth or tonsils and at length may contribute to infection of the gallbladder, kidneys and other parts of the body which is a necessary preparation of the ground for gallstones. In this way you can see how gallstones might run in families. Truly there would be no gallstone inheritance but it would be mental attitude and lack of family appreciation of the harm which sources of infection such as have been mentioned may do to affect the gallbladder and other organs of the body and bring about conditions suitable to the development of gallstones.

After we have finished our case history, then it becomes necessary that we shall differentiate gallstones from other diseased conditions which may exist in the abdominal cavity and which may confuse the picture of a typical gallstone attack. Again and again, have we emphasized the necessity of differentiating between gallstones and gallbladder disease and digestive disturbances. I have known doctors to "cure" hundreds of cases of acute indigestion; as a matter of fact I have known them to become stomach specialists and to make reputations for the treatment of stomach diseases, when in fact they would not much more than get a case cured than the patient would return with another case of indigestion and thus they would

keep the poor unsuspecting patient running to and from their office carrying medicine or seeking osteopathic treatments, the patient thinking all the time that he had a wonderful doctor. The facts are the stomach is seldom the seat of disease other than cancer or ulcer and is seldom free from some kind of reflex disturbances in duodenal ulcers, gallbladder infections and innumerable other conditions in the abdominal cavity. The poor diagnostician attributes these reflex disturbances of the stomach to disease of the stomach.

Acute indigestion or chronic indigestion of the stomach due to such conditions as catarrhal gastritis or to neuralgia or hyperchlorhydria are the rarest of facts. I do not mean to exclude ordinary cases of over-eating which are frequent occurrences, but what I have in mind are real types of severe acute or chronic in digestion The stomach is a very tough and substantial organ. Its function is to act as a reservoir and it is well prepared for that duty and is seldom therefore diseased, for if you take the multitude of instances in which it is charged as being the source of trouble I am very sure in my own mind that not more than about 1% of cases charged as stomach disease by the average practitioner is really not due to the stomach at all but only a manifestation of disease elsewhere. Therefore it becomes quite a problem to make a differential between gallstones or gallbladder disease and actual and imaginary stomach troubles. Fortunately the imaginary troubles are quite easily eliminated by the case history. If a patient can eat a few meals without pain or distress, as a rule it is not the stomach, but if he can eat no meals without distress then in all probability the stomach is the seat of the trouble. We are fortunate, however, in having additional aids in making our differential. There is the study of the case by x-ray. By using the barium mea and locating the exact tender spot in the due denum or in the stomach by notches and irregularities associated with extreme points of tenderness, we can make out the presence of ulcers. Sometimes we can distinctly see them under the x-ray. We are equally fortunate in a good many cases also in the study of cancer in a similar way. Ulcers and cancers also have quite a typical symtomatology. It is the rares thing that we have hemorrhages in gallbladder disease, but not an uncommon occurrence in ulcers of the stomach or duodenum and it is the common thing to have blood in the stomach contents and in the feces from cancer. The cachexia or nutritional changes from ulcers and cancers are very markedly different from those of gallbladder disease. It is only in the last stages that we have fever as a rule but in gallbladder disease we frequently have fever ac companying attacks. Occasionally in cancer we can palpate a tumor; this of course is only in the later stages of the disease and it is always more or less perceptible in the epigastrium, whereas in gallstones it is the rarest thing to find a tumor of any sort, for in gallstones the tendency is for the gallbladder to be reduced in size rather than to become enlarged sufficiently to be palpable. Thus ordinarily the differential can be easily made.

It is difficult to differentiate gallstones of

It is difficult to differentiate gallstones or gallbladder disease from appendicitis, particularly from the chronic sort, as nausea, vomiting, loss of appetite, periodical attacks and emaciation occurs in chronic appendicitis. The pain is often referred to the epigastrium similarly to the pains as referred in gallbladder disease and it is only by a careful examination using the opaque meal and x-ray and a study of the white corpuscles that one is able to make a differential.

Kidney stones give us grief ofttimes for like gallstones the x-ray may not show them. If the stone is small and purely uric acid, the x-ray may not show it. If it is of the heavier salts it can be shown by the x-ray. The pains are

We Move Bag and Baggage into Our New Plant at Waukegan This Month!!!

Only 39 One-Hundred Dollar Bonds Left! Have You Yours?—



Well, friends of osteopathy, our new absolutely fire-proof home is about finished! How do you like the looks of it from the last photo taken? We assure you it's fine! And we are profoundly grateful to you, our bond buyers, who made this new building possible to us at this time by buying our. mortgage bonds.

Just one year ago we suddenly decided to set about realizing our long-cherished dream of building our own printing plant and office building. We first announced our plans only last May. intended then to begin building in this present month of April and hoped to be able to obtain occupancy by next Christmas. But you know how we do things, once undertaken! We began to pick up speed from the first minute and have kept on driving faster and faster from the first minute and have kept on driving faster and faster from that moment until this hour. Now our new plant is 'really finished by the date we set a year ago to begin it. Speed, you know, is largely a matter of "stepping on the gas." We stepped, all right, and you, generous readers, have been indulgent with us and haven't minded, while our good bondbuyers have helped us buy the gas.

Result: We shall move our general offices from Chicago to Waukegan and take possession of our building this very month. That's going some. We're proud of the achievement. The publication printing plant will be installed some time later in the year.

We Almost Made It By Our "Goal Date".

We tried to close out our bond issue of \$50,000 in toto by March 31st, and almost did so. We came within \$3,900 of succeeding in this ambition. We had sold \$46,100 of bonds by that date. There remains, therefore, the small margin of \$3,900 of these excellent 7 per cent securities to sell before our moving date which is April 26th. Have you bought yours?

Volunteers Wanted.

Now we want one osteopath with \$3,900 and the eye for a good investment to take all this remaining portion. Or—what is probably easier to find—39 osteopaths with a hundred dollars each to write the words "finis" and "100 per cent success" on this financial undertaking.

Will you take one bond of this excellent investment? Take several if you have the money. A year later, the experts say, there won't be any such good 7 per cent bonds obtainable. Your aid will be greatly appreciated now at the finish, for along with moving and fitting up new quarters we need this last \$3,900 even worse than any portion at any time since our building work began. We believe there are 39 osteopaths on earth who have the money and will take care of us. It will be a pleasure to them, we are sure, to aid our proper ambitions for osteopathic publicity and ourselves and at the same time obtain 7 per cent income with safety on their hard-earned money.

To Those Who Are Slow on Installment Payments

We also have out \$4.175 on installment payments which we are anxious to collect as fast as payment dates arrive. Please let us exhort our friends who bought bonds on this plan not to delay installments as they fall due, and if any one can pay his balance earlier than he promised it will be real assistance to us to do so. You can see for yourself that this last \$8,075 to be brought in is needed to pay for work already completed. The cement roof is on and paid for—now we are paying up the steam fitters, plumbers and glaziers and, oh boy! it's some bill.

Our Acknowledgment to Our Loyal Friends

To one and all of our loyal friends, customers and co-workers in osteopathy who have bought our Bunting Building Bonds and made this glorious record possible in a rather trying year we extend this formal acknowledgment of appreciation and thanks. We have only begun to advertise osteopathy. We expect to do many fold more for you and for the profession in the new building this year than we ever were able to undertake before.

Gratefully yours for service,

THE BUNTING PUBLICATIONS. Inc.,
THE BUNTING BUILDING CORPORATION
THE BUNTING PUBLICITY SERVICE FOR OSTEOPATHS
and BUNTING & ARNOLD, Personally.

so very similar and a temperature ofttimes very similar that from those alone we would not be able to make our differential but when we have reached the point of a thorough study of the case and some confusion exists before we operate, we make a thoro examination of the entire urinary tract, make analyses, do ureteral catheterizations, and make a radiograph with the ureteral catheters in position.

With these facts before us, the case history, and the character of the attacks, we usually can make our diagnostic differential. Dietl's crises due to kinks, partial obstruction to the ureteral outlet, gives a symptom complex which bears some resemblance to gallstone attacks, but here too, a careful study of the urinary tract as outlined above will usually make the diagnosis

Another condition which sometimes confuses the picture and makes it difficult to reach a diagnosis is malaria. Here we have digestive disturbances, headaches, rigor and temperature. These attacks are very similar to gallbladder attacks with infection. It is only by the study of the periodicity of the attacks, the history of the case, location and travels of the patient and a microscopic study of the blood that we are able to come to a conclusion.

There are other conditions such as neuralgia, ulcers of the intestines, obstruction of intestines, pancreatic infections, nervous phenomena as arise from tabes or tumors of the central nervous system, gumma and cancer which may help to confuse the picture and make diagnosis difficult but these are not the ordinary diseases found and usually there are accompanying symptoms which enable us to make our differential before operation.

We have now before us our case history and in mind the various diseases which confuse the picture or which simulate to a large extent gallstone attacks. With these facts in mind we begin the physical examination of the patient. The nutrition of the patient with the general appearances is the first point of observation. We examine the sclera,—palate and skin for jaundice and the secretions and excretions for bile. In many cases we can detect bile absorption but it is by no means clearly manifested and requires careful examination to detect it. Palpation over the right hypochondriac region is almost sure to bring out soreness. This has to be done however with certain technique. The left hand posterior to the lower ribs, the right hand at the margin of the 9th rib in front; the patient is asked to take a full breath and as the abdominal wall recedes with the expiration a rather quick movement of the right hand inward and upward brings the index and middle finger in close approximation with the gallbladder which maneuver will elicit tenderness in most every instance in which the gallbladder is infected or contains gallstones. There is more or less rigidity of the right rectus muscle. Pain thus elicited will simulate the pain of the gallstone attacks,-quite a confirmatory observation. If the attack is an acute one or a recurrent one the physical examination will detect the increased temperature of the body. There is certainly not an increased rate of the heart according to the rule for increase of temperature, if anything the tendency will be for a slowing up of the heart, particularly when there is considerable absorption of bile. This syptom is denied by such men as Moynihan and De Costa, but not withstanding such surely we can say that the heart authors, action is influenced to some degree.

After we have finished our physical examination we then submit the patient to a careful and complete x-ray examination. By this means in a percentage of our cases we can demonstrate the presence of stones by a definite shadow. If we are not able to make out clearly the presence of a stone by the x-ray study we are at least enabled to determine the exact location of tenderness, whether it is associated with the

gallbladder or whether there are any adhesions around or about the gallbladder and duodenum. This enables us to get a clear picture of the pathology as it exists in a given case. Much can be learned which cannot be clearly put on paper from the study of the x-ray and we here give the typical findings in the study of a case.

Report of Mrs. Blank

PATIENT REFERRED BY DR.-PHYSICAL EXAMINATION BY DR. S. L. TAYLOR. CASE HISTORY BY DR. JOHN J. SCHWARTZ. FAMILY HISTORY: NEGATIVE.

HISTORY OF PRESENT DISEASE: Patient age 40. Has complained off and on for the last 20 years. Has never been strong since the birth of her first child. Has had three other children; all are living, youngest is nine years old. Patient complains of much gas in the stomach and bowels and a feeling of distress in the epigastrium. Occasionally has intense and localized pain in the right hypochondrium associated with nausea, occasionally vomiting, headache, backache and general depression. plains of pain under right shoulder blade if she is on her feet a good deal and especially after much walking. Has history of a severe attack, seemed to be different from others, associated with high temperature and intense pain in the lower right side with suppression of urine. She was confined to her bed for ten days but finally recovered. Patient is ordinarily able to eat almost anything. Cabbage usually causes distress. Appetite usually good. Patient is somewhat constipated. Has never jaundiced but skin becomes sallow after attacks. Has no history of lung trouble. Complains some of shortness of breath. Has no trouble which would indicate disease of the kidneys. Periods regular and apparently normal.

Physical Examination

General appearance good. Does not show any emaciation or cachexia.

EYES: Reflexes normal. Accommodation normal.

NOSE: Negative.

MOUTH: Teeth, some absent. Marked inflammation of the gums.

Tongue, slightly coated.
Tonsils, reddened and inflamed. Right tonsil ragged, large crypts filled with caseous sub-Left tonsil normal.

NECK: A few palpable lymph glands were

present. Thyroid normal.

CHEST: Expansion fair and equal. Percussion note clear thruout front and back. Auscultation negative thruout front and back.

HEART: Mitral blow, other sounds normal. LIVER: Normal in size, extremely tender on deep palpation over the gallbladder. Some rigidity of the right rectus over the gallbladder.

STOMACH: Somewhat distended with gas, otherwise negative on palpation and percus-

SPLEEN: Normal in size and position.

KIDNEYS: Not palpable. Some tenderness

in the iliac region.
-SPINAL EXAMINATION: Shows general scoliosis, dorsal and lumbar. No especial tender spots

REFLEXES: Patellar and muscular reflexes normal.

RECTAL EXAMINATION: Negative. LOCAL EXAMINATION: Slight perineal lacerations. Uterus normal in size and position. No evidence of abnormality of the adenexa.

Radiographic Examination of the Teeth

By Dr. F. J. Trenery, Roentgenologist. THE UPPER RIGHT THIRD MOLAR is absent.

There is evidence of extensive alveolar absorption about the necks of the UPPER RIGHT FIRST AND SECOND MOLARS with a considerable deposit of scale on the posterior surface of both teeth.

THE UPPER RIGHT SECOND BICUSPID shows a well developed pocket both anterior and posterior.

THE UPPER RIGHT CUSPID IS ABSENT and there is a well defined alveolar pocket both lateral and mesialy to the upper right lateral incisor. There is also evidence of infection of the peridental membrane extending to the apex.

THE CENTRAL INCISORS both show considerable alveolar absorption. The alveolar process surrounding the UPPER LEFT LAT-ERAL INCISORS shows marked rarefaction.
THE UPPER LEFT CUSPID is apparently

normal except for the absorption on its anterior surface. There is a well developed pocket between the UPPER LEFT BICUSPID and extensive alveolar absorption between the UPPER LEFT SECOND BICUSPID and THE UPPER LEFT FIRST MOLAR.

THE UPPER LEFT FIRST AND SECOND MOLARS both show considerable alveolar

absorption.

THE LOWER RIGHT THIRD MOLAR is absent. THE LOWER RIGHT SECOND MOLAR shows considerable alveolar absorption.

THE LOWER RIGHT FIRST MOLAR has a deposit of scale on the posterior surface of its The alveolar infection has extended under the tooth and there is a considerable area of rarefaction at the bifercation of its The peridental membrane also shows

evidence of infection.

THE LOWER RIGHT SECOND BICUSPID shows a slight roughening on the posterior

surface of its neck.

THE LOWER RIGHT CUSPID shows extensive alveolar absorption especially marked between it and the lower right first bicuspid.

THE LOWER INCISORS all show extensive alveolar absorption. The LOWER LEFT CUSPID AND FIRST BICUSPID show consider able alveolar absorption. There is marked evidence of alveolar infection about the lower left bicuspid and first molar.

RADIOGRAPHIC EXAMINATION OF THE GALLBLADDER REGION, showed a distinct shadow of the gallbladder, normal in size and position. There was no evidence of stones with-

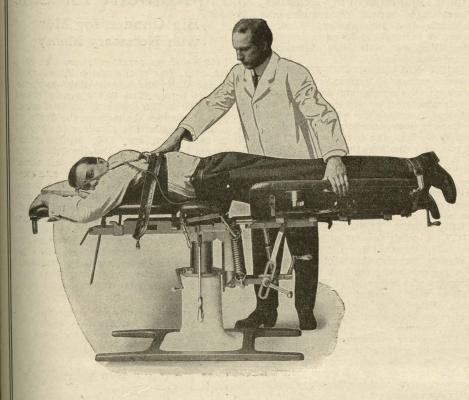
in the gallbladder.

RADIOGRAPHIC EXAMINATION OF THE URINARY TRACT showed both kidneys normal in size and position. There was no evidence of calculi in the pelvices, ureters or urinary bladder. There was a marked scoliosis thru the entire lumbar region. The bodies rotated to the left. There was also evidence of a sacroiliac lesion. The left innominate appeared to

FLUOROSCOPIC EXAMINATION OF THE CHEST. Thoracic contour normal. Thoracic expansion limited. Costo-phrenic angles were clear. The apices were equally illuminated. There was no unusual peribronchial thickening. The mediastinal glands showed a slight increase in density. The heart was somewhat large and there was evidence of hypertrophy of the left ventricle. There was no evidence of

abnormality of the great vessels.
FLUOROSCOPIC EXAMINATION OF THE GASTRO INTESTINAL TRACT. The stomach was considerably dilated. The greater curvature dropped to the level of the anterior su The pyloris was held markedly perior spines. upward to the right. Peristalsis was somewhat sluggish at first but after about ten minutes took on its normal rate and appearance. The duodenum showed a sharp angulation between its first and second portions. Manipulation of the duodenum and stomach with the patient in the upright position showed evidence of a transduodenal band, the "cap" was markedly deformed. The deformity was no doubt due to the presence of adhesions, as no especial tenderness could be elicited by deep pressure over this portion. However, downward traction on the stomach produced the characteristic

ARE YOU SATISFIED—with the results you are getting?



Are the results you obtain in proportion to the amount of heavy work you do?

You may think so now, but with a McManis table in your office for three months you will realize the difference.

WITH THE McMANIS:

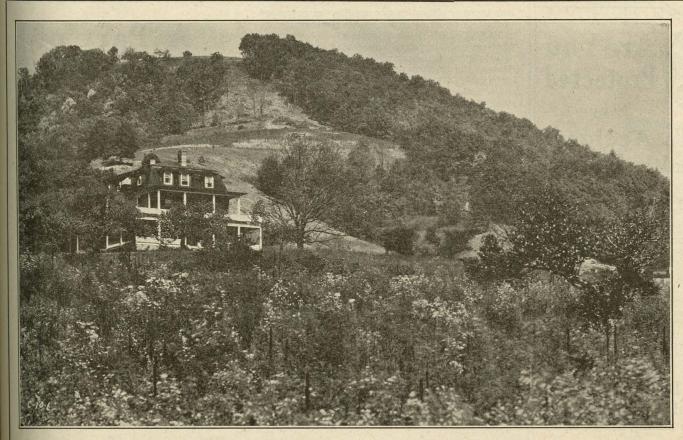
Treatments are given easier. Results obtained quicker. Patients better satisfied.

The McManis table modernizes your office and makes more pleasant your duties as an osteopath.

Write for Detailed Description

McMANIS TABLE COMPANY

Kirksville, Mo., U.S.A.



An osteopath from St. Louis says, "The reason I spend my summer in Asheville is because I do not see an electric fan from the time I get there until I leave.

"Remember this when sending your patients away for the summer. Patients at this sanatorium used blankets every night last summer.

ASHEVILLE OSTEOPATHIC SANATORIUM, Elizabeth E. Smith, D. O., Asheville, North Carolina

DOCTORS!

There is only one science that is absolutely dependable providing you keep abreast with its progress. The following books will do that for you.

H. V. Halladay, Applied Anatomy of the Spine, \$3.50

McConnell & Teall's, worth \$25.00, \$7.50—\$8.00

W. R. Laughlin, the Only Descriptive Osteopathic Anatomy on the market, \$6.50

Goetz Manual to date, \$2.00

Lane, the Founder of Osteopathy, \$3.00

And for the new and better Featherweight Folding Table that leads, and Common Tables and Stools, Blood Pressure Machines and Instruments

Address

J. F. Janisch Supply House Kirksville, Missouri



Central's Accident and Health Policy?

When you buy insurance, buy the best that can be had.

Central's Accident and Health Policy pays \$5000 for accidental death. It pays \$25 a week for total disability from either accident or sickness. The cost to you is only \$40 annually or \$10 quar-

Now, doctor, you cannot afford to be without this protection. Our company pays promptly and without red tape. Drop us a line and we will be pleased to give you further details about Central's policy.

CENTRAL BUSINESS MEN'S ASSOCIATION

Westminster Building, Chicago, Ill.

H. G. ROYER, President C. O. PAULEY, Secretary and Treasurer dragging pain. The third portion of the duode-

num appeared to be normal.
THREE HOUR FLUOROSCOPIC EXAMINA-TION. The stomach was emptying well. The duodenum, jejunum and first portion of the ileum were well filled and appeared normal.

SIX HOUR FLUOROSCOPIC EXAMINA-TION. Considerable barium yet remained in the stomach, the duodenum was well filled. A small amount of barium was found in the jejunum. The ileum was well filled throughout except its terminal segment.

NINE HOUR FLUOROSCOPIC EXAMINA-TION. A small amount of barium yet remained in the stomach, the duodenum and jejunum were entirely empty. The terminal ileum was well filled and found to be adherent to the caecum. Caecum was somewhat bound down and extremely tender. The barium column had advanced just over the hepatic flexure.

TWELVE HOUR FLUOROSCOPIC EXAM-INATION. The stomach, duodenum and jejunum were entirely empty. A small amount of barium yet remained in the terminal ileum. The barium column had not advanced in the

transverse colon.

EIGHTEEN HOUR FLUOROSCOPIC EX-AMINATION. A small amount of barium was yet present in the terminal ileum. The appendix could be readily demonstrated. It was located behind the caecum and terminal ileum. distal extremity was adherent to the terminal There was a well marked kink and considerable dilitation of the lumen with extreme tenderness on palpation. The first few inches of the transverse colon were markedly dilated and there was evidence of constriction. The transverse colon was adherent to the region of the gallbladder. A barium enema was administered at this time and the adhesions between the transverse colon and gallbladder region were readily demonstrated.

TWENTY-FOUR HOUR FLUOROSCOPIC EXAMINATION. The barium was evenly distributed thruout the colon. The constriction at the point of adhesion was readily demonstrated.

THIRTY-SIX HOUR FLUOROSCOPIC EX-AMINATION. A small amount of barium remained in the colon apparently held by the constriction which was present in the first portion of the transverse colon.

ROENTGEN CONCLUSIONS: Cholecystitis with adhesions involving the duodenum and transverse colon. Pathological appendix. Pyorrhea alveolaris.

> Laboratory Fxaminations By Dr. Byron L. Cash, Pathologist.

Blood

Haemoglobin	80%
Erythrocytes, per c mm	
Leucocytes, per c mm	
Differential	
Neutrophiles	90%
Eosinophiles	
Basophiles	
Small Lymphocytes	3%
Large Lymphocytes	
Transitional	
Blood Pressure	
Systolic	.140m
Diastolic	

Blood Serum Wasserman	Negative
Urine	
Sp. Gr	1021
Color	Amber
Reaction	Acid
Sediment	Heavy
Albumen	Trace
Sugar	
Urea	
Indican	
Acetone	
Bile	Negative

Diacetic Acid......Present

Practice, Good Will and -

Equipment for Sale

Big Chance for Man with Necessary Money

Retiring from practice, possession Sept. 1st, 1921. One of the best equipped offices in the U.S., and a well established pracin the U.S., and a well established practice of better than \$6,000 yearly. Town of 10,000 in the center of the best sugar, rice and cotton districts in the South, 10 small towns within a radius of 20 miles to draw from, only D.O. Equipment includes two McManis DeLuxe Tables, one DeLuxe stool, eye, ear, nose and throat room finished in white enamel with complete specialist's outfit, including a Sorenson compressed air cabinet, instruments of all kinds, microscope, McIntosh battery, violet ray outfit, everything needed. Library of 130 volumes, 5 Oriental rugs, 12 water color gems, office furniture up-holstered ivory wicker ware. Office includes whole floor especially arranged. Living rooms if desired. Everything com-Long lease, reasonable rent. Price, \$5,000, part cash, balance approved paper.

> Further information cheerfully furnished to prospective buyers. When writing give facts about financial resources and state bank references. Address:

S. L. L., The OP, 9 So. Clinton St. Chicago

A Part of Osteopathy

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

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

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

Ask us for opinions of other alumni

School of Orificial Surgery

Utica Building Des Moines, Iowa

CastsOccasional Hyaline
EpitheliumConsiderable Squamous
PusOccasional
Blood Negative
book
Analysis of Gastric Contents
Type of mealEwald
How obtained Evacuator
Time given
Time withdrawn7:00 A. M.
Amount300 cc
ColorGreenish Yellow
OdorNormal
MucusLarge Amount
Solid constituents
Small particles of poorly masticated bread.
General appearanceNormal
Total acidy65
Free H.C1
Combined H.C1
Free organic & acid salts
Lactic acidNegative
Datite acid

Butyric acid	Negative
Acetic acid	Negative
Rennin	Normal
Pepsin	Normal
Occult blood	Negative
Microscopical exam	Usual appearance

* * * *

The final diagnosis or confirmation of our tentative diagnosis is made by the operation. No living man can tell absolutely in a great many cases what the exact condition is in the abdominal cavity before the incision is made. However the diagnosis of gallstones by the adoption of the careful procedures as given above by trained men working in concert has become almost a certainty, for we take case after case in which we make the diagnosis of gallstones and at operation we find the stones, thus proving the efficiency of the diagnostic work done.

February 28, 1921.

Coalition?

The Chiro Problem Soluble Only by Raising Their Standards

By Byron S. Peterson, D.O., Omaha, Nebr.

Referring to communications on "Coalition" in the February, 1921, *OP*, pages 2 and 4, may I submit the following on the question—not from an angle of personal opinion or prejudice, but as a matter of justice to all concerned! The question of coalition herein is approached from a different angle, with the idea in view of adjudicating this question not only for the present, but for the future.

Granting there are three natural laws governing the human body, Chemical, Physical and Psychological, it follows there are but three systems of healing in the world—the drug or chemical system, the mechanical or physical system, and the psychological or mental system. Any healer, irrespective of name, comes under one of the following classifications.

Inasmuch as all drug healers, irrespective of name, use the chemical law as the foundation of their practice, the question of coalition can only be settled on educational qualifications. They may differ as to method, but while they may quarrel over method, they are practically speaking united, and this has been brought about by raising their educational standards until all have equal educational qualifications.

The osteopath is the pioneer in the mechanical field and has now raised the educational qualifications equal to that of the drug or chemical system. We now have the chiro, who operates under the same natural law as the osteopath. In years to come there will be other schools, whatever name they may call themselves, appropriate the same natural law (and

SYSTEM	HEALER	EDUCATIONAL REQUIREMENT		
Drug or Chemical System	Allopath Homeopath Eclectic Physio-Medic	Preliminary educational requirement. College demands 4 years high school or the equivalent. All give same college training. Legal statutes alike for all. Legal recognition alike for all.		
Osteopath		Preliminary educational requirement. College demands 4 years high school or the equivalent. College course 4 years, 9 months each. Pioneer in mechanical healing. Raising educational standard and college training equal to medical schools.		
or Physical System Chiropra	Chiropractor	Preliminary educational requirement. Colleges demand, NONE. College course, 3 terms, 6 months each. (18 months can be taken continuously.) Recognition in 11 states. Leading school graduates in 12 months with privilege of finishing other 6 months any time within 5 years.		
	Other Mechanical Healers	Training or standards, NONE.		
Mental System	Mental Healers	Training or standards, NONE.		

what is to prevent them taking this natural law and founding a school of practice?) the result being that the mechanical school will be constantly in legislature asking for recognition and laws. Like the chemical schools, they may differ as to method, but the only way for the mechanical system to solve this problem is to do just as the chemical system has done: i. e., force the chiros and others that may follow to raise their educational qualifications equal to that of the osteopathic profession.

There is no question but there will be a division in the mechanical school, just as there is in the chemical school, the division being on method or practice and not on principle; and to be just and settle the question for all time to come is for the followers of the mechanical system to force equal educational qualifications.

The same logic applies to the mental system operating under the psychological law. There will be different schools of practice using the same natural law as the foundation for their practice, yet differing only as to method; yet they should also have an educational qualification equal to the chemical or mechanical systems.

Referring to the above table you can readily see the chemical system has equality and all are treated alike.

Notice the chaotic condition in the mechanical system. What will you do with other mechanical healers when they are trying to gain recognition?

The time is coming when the same difficulty will have to be answered for the mental system.

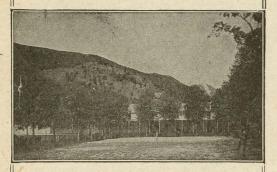
"You may have a medical friend but don't expect him to work for you."—Waldo.

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



Chico Hot Springs

Sanitarium and Hospital



Located in the heart of the Rocky Mountains at an elevation of 5000 feet. Open the year around.

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

Hospital is completely equipped with Laboratories X-Ray and operating facilities.

Special attention to surgical cases.

G. A. Townsend, D. O., M.D. Surgeon-in-Chief

Emigrant, Montana, Post Office

Complete, Comprehensive and Convenient

Coffee's Case Cards

Entire Financial and Case Record on one 4x6 Card. \$1.00 per 100-\$9.00 per 1,000—\$15.00 for Steel Case Outfit. Samples and Literature on Request.

Collingswood Case Card Co. Collingswood, New Jersey

"Shall We Join with the Chiros?" "No!"

By M. F. Hulett, B.S., D.O., Columbus, Ohio

Censuring the medics and their coterie of allied organizations for their present congressional attack upon drugless schools, and the query, "Shall we join the chiros?" warrants the use of strong language and vigorous action. In other words, "Are we justified in groveling in the dirt?" or "Shall we climb?" We have sometimes been badly treated by the medics; no one will deny that. But would we gain by taking the poisonous chiro asp into our bosom? Is any advantage attained by combining with thieves or impostors? Is osteopathy a "limited practice" and to remain as such, or shall we continue broadening into full physician standing, competent to meet the M.D. in every field?

Judging from the chiros' appeal for legisla-

tive recognition, he is willing to remain in narrow limits. See definition in bill pending in the Ohio legislature at this writing: and science of the analysis and adjustment, by hand, of the spine and tissues related thereto, for the removal of the cause of disease." Are we willing to shut ourselves in like that? If I read the signs correctly, there are few who will submit to it. The general practitioner is doing well, and the osteopathic specialists are competing successfully with the M.D. in every field. All seem glad to qualify for the greatest service.

We will have opposition from M.D. political quarters, of course. But what of it? Dr. Still had. Did he weaken? Not on your life! If he

The refusal of hospitals to admit us is a mere incident. Meet that by demonstrating our worthiness. It will take a few years probably. Build osteopathic hospitals; no better advertisements anywhere. Go to legislatures with bills compelling all hospitals, wholly or partially supported by public money, private subscriptions, or claiming any tax exemptions on account of charity work to admit all licensed physicians on equal terms (nearly all hospitals have some tax exemptions). Legislators readily see the reasonableness of such demands.

We have climbed to a remarkable height in a few years. Let's "keep on a-keepin' on."

From a Mercenary View Point By E. K. Stretch, D.O., West Hoboken, N. J.

Consider the attitude of the osteopath toward the chiropractor and medical man from a purely economic standard.

First, we would not notice or pay the slightest attention to the chiro, would totally ignore him,

if it were not for the fact that he is taking away business from the osteopath. Let any one imitate, abuse or make fun of osteopathy and nine out of ten would treat that person with silent contempt, out side of a scientific explanation of the points involved. But infringe on our practice and instead of protecting our interests against the common enemy (medical legislation) we start to fight and according to reports of the various colleges, we relatively are losing.

What are Our Interests?

We have made great inroads on the happy hunting ground of the medics. Yes, the hardest blow ever delivered to the medics was the osteopath taking away, rather curing, the medic's patients. That means that the medics will not rest until the medics. will not rest until osteopathy is crushed, no matter how long it takes, if that be possible. The medics have only associated with us at such times as they thought that by doing so other competitive practitioners could be wiped out. So the medics are against the osteo and chiro for the same economic reason.

Then our interests lie in uniting with the chiropractor and fighting for medical freedom.

From a purely mercenary stand this union would be desirable.

Professional Qualification

We have a strong tendency to mimic the medics by denouncing the chiro for his meagre professional training. Pot calling the kettle Twenty-five years ago when old blackie. studied medicine the course was two years and many of the best men in the medical profession today studied for only two years. To be honest, do we do it to protect the public, or ourselves? Do not be afraid of the public. They will protect themselves from the unfit practitioner, no matter what may be his label, unless forced by class legislation.

We are apt to brag about curing this or that patient, giving the names of every local medic and every noted specialist that has treated such patients, notwithstanding the fact that these medical men had studied from two to four years more than we had, not to speak of their years of practice. Do we brag about the patients we know have gone to chiropractors and supposedly continue to go because the patient is better satisfied? Confess brothers. Is this not true? Please explain how the chiropractor holds his practice if it is not in supplying something the public needs, even if he studied only one year.

The whole matter seems to hinge on an economic basis and if the chiropractor is wiped out it will surely shorten the time necessary for the medics to wipe out the osteo.

UNITE WITH ANY PERSON, ORGANIZATION OR CREED THAT FIGHTS FOR MED. ICAL FREEDOM!

Quit Knocking and Pull for Medical Freedom

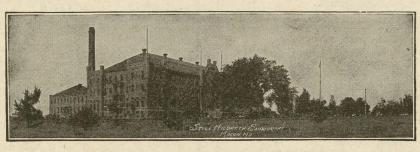
By F. E. Wilcox, York, Pa.

We claim that the reason we want the Fess Bill killed or amended is because it is taking away the individual's right to choose the physician he wishes. The M.D. doesn't care what physician the Dear Public chooses so long as he has to choose an M.D. The D.O. doesn't care what physician he chooses just so he chooses an osteopath.

But how about this Dear Public we are so solicitous about? He wants results, cures and medical freedom, and he doesn't give a damn what school gives them to him.

If we want public support let's be honest and join in with the bunch, who are honestly striving for medical freedom.

After we get it, the best school will preval and all ignorant imitators and pus-puncher will fail. We have no cause to fear any school,



STILL-HILDRETH OSTEOPATHIC SANATORIUM

MACON, MISSOURI

A. G. Hildreth, D.O., Supt.

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

The

AMERICAN SCHOOL of OSTEOPATHY

After nearly thirty years of successful operation, is enabled to offer to prospective students the advantages of

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

Students of the American School of Osteopathy are in charge of experienced physicians and teachers, who devote their entire time to the school work.

Next Class Will Open Monday, September 12, 1921

For Catalog and Literature, address

The American School of Osteopathy

Kirksville, Missouri

The Last Word in Iridology IRIDIAGNOSIS

-By-

Henry Lindlahr, M. D.

The science of reading internal conditions of Health and Disease from Nature's records in the Iris of the Eye. Profusely illustrated with Charts, Drawings from Life, and a Color Plate displaying color signs of drug poisons, psora spots, nerve rings, lymphatic rosary, scurf rim, radii solaris, etc.

From the artistic and the scientific standpoint these illustrations are the best and most accurate ever produced. For the first time, they make it possible to acquire a practical knowledge of Iridology from a text book.

Cloth binding. \$2.65 postpaid

ORDER TODAY

Literature descriptive of Dr. Lindlahr's new works sent on request. Four volumes of the LIBRARY OF NATURAL THERAPEUTICS now ready. I. PHILOS-OPHY; II. PRACTICE; III. DIETETICS; IV. IRI-DIAGNOSIS.

LINDLAHR PUBLISHING COMPANY

523 So. Ashland Boul. Chicago, Ill. if we will quit knocking, saw wood, practice osteopathy and advertise.

The chiro today is numerically and financially stronger and getting stronger every minute, very largely through our knocking.

The M.D. knocked osteopathy, made us raise our educational standards and helped osteopathy materially.

opathy materially.

Now we are trying and succeeding quite nicely to do the same thing for our imitators. Let them alone and they will hang themselves. Let us by our own works and advertising show the public what osteopathy really is, not what the other fellow is not.

If you really want to queer the other fellow ignore him, but knocking only advertises him—you can bet on that. The chiros should pay some of you a salary for your excellent help in their advancement.

You might even be thankful that there are chiros to get the people out of shape, they will then have to come to us real osteopaths to be put right!

Join any one who is working for real medical freedom and the cause of humanity; and after we have real honest-to-goodness medical freedom, merit will win out and it won't be the other fellow, if you leave him alone and stop

Proper Advertising of Osteopathy Will End Our Main Trouble

By A. H. Sellars, D.O., Pine Bluff, Ark.

As the big bugs of our profession from time to time have expressed their opinion relative to the chiro, I thought perhaps you would like to have a little bug's opinion, especially from this neck of the woods.

What's the matter with osteopathy? Why have we as a profession been asleep? What can we do with the chiropractics? Why are the chiropractors climbing ahead? Coalition and a score other things I could mention, seems to me can be answered in just three words "Failed to Advertise". We as a profession have been trying to sell the public something they didn't know was on the market for sale, that is our services for this disease and that disease. They don't know we treat any thing except nervous troubles, rheumatism and constipation. Have we as a combined profession told them from year to year that we treat any disease that is curable, with the exception of a few I could name but the profession knows them with out my naming? How much have we told them? One of the main things that the chiropractors

One of the main things that the chiropractors are taught is to advertise and tell the public what they have and what they can do, and you can rest assured they do it, especially down here. Why, if a chiropractor tried to live on ethics as we osteopaths do, they would turn him out of their associations for failure to advertise "the science of chiropractic".

here. Why, if a chiropractor tried to live on ethics as we osteopaths do, they would turn him out of their associations for failure to advertise "the science of chiropractic".

"Coalition? "Shall we Hang Together—or Hang Separately?" That is the easiest question I ever had in my life to answer; and that is, hang separately! Never combine with the chiro for any thing, that is, in a professional way. If there is any combining to do, let them come up to our standards; then ask them to join us in the drugless healers' fight for suffering humanity. If we joined them at the present, we would be stooping mighty low, and that would be hard for a tall fellow like myself.

We as a profession have been sleeping for 28 or 30 years; but it is not too late to wake up, wash our faces, clean our hearts, burn old man Ethics, role up our sleeves and fight. By fighting I mean ADVERTISE, and when I say that I mean every osteopath that is in actual practice in the bounds of these United States of America.

We as a profession are so full of what we call Ethics, that we are mummified to the core. The laity has been taught to believe that the M.D. has some thing to give them for every pain-

— Standard —

Laity Brochures

\$6.00 Per Hundred Express Prepaid

No. 8—Osteopathy in Inflammatory Diseases.

No. 16—Osteopathy Potent Where Serums and Vaccines Fail.

No. 18-A. T. Still as a Medical Thinker.

No. 34—How a Case of Sleeping Sickness Found a Cure.

No. 36—Most Diseases Are of Spinal Origin.

No. 37—Osteopathy as a Science.

No. 48-Philosophy of Osteopathy.

Stocks Limited.
Sample Set 25c.

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

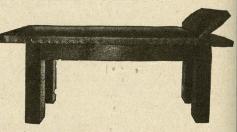
FASTING and MAN'S CORRECT DIET

A new book on the treatment of disease through purely Sanitary measures. Total immunity to germ action can be obtained by reducing putrefication in the digestive tract through fasting and dieting until the excretia is odorless, as described by Horace Fletcher. Germs are only scavengers in the body, as elsewhere in Nature.

---Read----

Fasting and Man's Correct Diet (now in press, \$1.35 postpaid)—by

R. B. PEARSON, 19 South La Salle Street, Chicago



OUR NEW CATALOGUE

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

Dr. George T. Hayman

Manufacturer

Doylestown,

Pennsylvania

and the Saybolt Viscosimeter

THE Saybolt Viscosimeter is the universal standard apparatus for testing the viscosity of Petrolatum Liquidum.

It was invented by Dr. George M. Saybolt, for many years head chemist of the Standard Oil Co. (New Jersey).

Dr. Saybolt also established the uniform high quality of Nujol.

In determining the viscosity of Nujol absolutely pure Liquid Petrolatum of every viscosity from a water-like fluid to a jelly was produced.

The viscosity of Nujol was fixed only after exhaustive research and clinical test and is in strict accord with the opinions of leading medical authorities.

Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.



Nujol Laboratories	, Standard Oil Co.	(New Jersey),	Room751,4	4 Beaver St.,	New York.
Please send me boo	klet marked:				
- " " "	CHECK A COLLEGE	ATTOM		7 0 17	01 1

"AN OSTEOPATHIC AID" (Especially prepared for the Osteopath)

☐ "In General Practice"
☐ "A Surgical Assistant"

Doctor—

I have a case record system that will meet your needs. Duplex system for financial and case records-concise, convenient, time saver. Let me show you. Drop postal.

Dr. L. K. CRAMB

Yakima, Wash.

ache or ailment, which they have, but how many specifics have they? You can count them on one hand. But, any way, just something to "take" and their minds are satisfied. We as osteopaths could satisfy both mind and body, but the laity as a whole don't know that, and it is because we have failed to instruct or educate them; but the chiropractors saw their opportunity, grasped it and are now swimming on top, and in some communities fast ahead of the osteopath.

When I came here eight years ago, there were two lady osteopaths and one chiropractor; since then one other chiro has cast his net among us, and we are all making a living. Personally, I have made more than a living, for practice last year ran over the \$7,000

mark. I have advertised osteopathy ever since I have been here and expect to continue as long as I am in the practice and have to mingle with what I would term "just people". One born every minute, so get busy and educate him! Several years ago our people down here got so ethical I began to get nervous thinking I would be turned out of our state and national associations, for being too unethical. I have always thought and still believe that ethics don't buy clothes and put bread and butter on your table; so I have been a vigorous advertiser of osteopathy and have had both food and clothes since locating here, if I didn't while in A.S.O.

Every state should have a publicity or advertising man to advertise osteopathy in that state, and every practicing osteopath should donate so much towards that fund and not be eligible to membership in our associations unless he works in the harness.

If there is a D.O. in the profession who has a specific treatment for a combination of people suffering with Ethics, or Yellow Atrophy of the Pep gland, apply to Dr. Waldo our President, and perhaps he may be able to give you a job.

It's Dream Stuff

the chiro it's not only going to hell in a hand basket but it's already gone.

The Wonders of Chiropractic

[Testimonial in the Michigan State Journal.]
A letter received a few days ago reads as llows: "Dear Doctor—Before taking your Chiropractic and Electric Treatments I was so nervous that NOBODY could sleep with me. But after taking six treatments ANYBODY can sleep with me."-B. L. T. Chicago Tribune.

By Robert W. Rogers, Somerville, N. J.

The birds that are advocating joining forces with the chiros had better stop drinking Glover's Mange Cure and other prohibition likker. This is a question that can be met in only one way. Under no circumstances should osteopathy cooperate with the chiros. It's a measly shame that osteopaths who are supposed to know better should suggest such an impossibility. There's been an underground movement along this line for a long time. Officials of different eastern state associations have advocated cooperation with the chiro-quacks and a lot of nincompoops have fallen for their line of chatter. B. J. Palmer has already lined up a bunch of suckers for his "Post-Graduate Course for Osteopaths". When osteopathy reaches the point where it's necessary to fall in line with

WHERE PEGASSUS BROWSES

A Patient's Point of View

Blessings on thee, Osteopath, Object of the Druggist's wrath, With thy mighty slaps and whacks, With thy sudden turns and twists On our poor disjointed wrists. With thy healthful, healing punch On our half digested lunch. With thy quick spasmodic jerks On our poor internal works. With thy rubs that feel so fine Up and down our aching spine. I am yours to thrash at will, am here because I'm ill. Tug away at all my toes Knock the "Roman" from my nose. Put your thumbs in both my eyes Prv a little on my thighs. Then the climax of it all, Charge five dollars for the call.

How one of my patients describes a treatment.—Clarence B. Utterbach, D.O., Tacoma,

258% GAIN

KANSAS CITY COLLEGE of OSTEOPATHY and SURGERY

had the above student gain for 1920-1921. Nearly tripled its enrollment and now starting for a more remarkable record for 1921-1922.

It's "The Aggressive College"

2105 Independence Avenue Kansas City, Missouri



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

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

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

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

SOUTHWESTERN OSTEOPATHIC SANITARIUM

Blackwell, Oklahoma

The COLLEGE of OSTEOPATHIC PHYSICIANS and SURGEONS LOS ANGELES, CALIFORNIA Our Ideal—The true esteepath is the true physician. He must be fitted to do the best thing possible under every conecivable circumstance of human suffering. The Keynote of Instruction—"All organisms contain within themselves the inherent power to recover from disease," but it must always be remembered that integrity of structure is essential to normality of function. Scientific Pundamental Training Assured — Over half the time in such subjects as anatomy, physiology, bacteriology, chemistry, and pathology spent in the laboratories. Laboratory space, over 10,000 square feet; laboratory apparatus, adequate for students themselves to do their own experimental work. Abundant Practical Experience is work. Abundant Practical experience is work. Abundant Practical experience of property and the creation of buildings which will provide the College with an attractive, carefully planned equipment desirably located for the carrying on of the educational and clinical work of the institution. Temporary Quarters now occupied—Administrative Offices, Clinics, library, recitation rooms, entire third floor, San Fernando Building. Laboratories, 121 East Fourth Street. The College aims to build its student body from among those who have had some college training in science in addition to a high school course. It solicits the profession to refer to it their young friends who have bad these better clueational and savantages. For full information address The College of Osteopathic Physicians and Surgeons 300 San Fernando Building, Los Angeles, California

The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month by THE BUNTING PUBLICATIONS, 9 S. Clinton St., Chicago, Illinois. Edited by HSB and the Committee of 500 of the Profession. Price in the United States \$3 per annum. In Canada \$3.25. In other foreign countries \$3.50. Advertising Rates on Application. Copyright, 1921, by The Bunting Publications.

Entered as second-class matter April 7th, 1903, at the Postoffice at Chicago, Illinois, under the Act of March 3d, 1879.

EDITORIAL

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

Vol XXXIX

April, 1921

No. 4

BOOST THAT NEW EASTERN OSTEO-PATHIC ASSOCIATION

Elsewhere we are glad for a second time to print news about the proposed new Four State (or Many State) Osteopathic Society which will be formed April 29th and 30th at Hotel Pennsylvania, New York City. This is a splendid enterprise, quite in harmony with the recommendations of the AOA at Chicago last summer to build up district associations, and we have no doubt that the new inter-state organization will move swiftly to realize much the same useful and brilliant work now being done for the west coast and Rocky Mountain country by the Western Osteopathic Association.

The Western Association has given a wonderful impetus to the cause by the institution of such original features as its "Clinic Circuit," "the Associated Osteopathic Press Service", etc., and if only a part of these benefits were to be brought upon the practitioners of the east by the new eastern interstate group it would have justified itself many times over. There is no reason we can see why the new association cannot do just as big things for osteopathy, east, as has been done west by the now famous Sun God of the Pacific, as the enthusiasts call their western organization. Whatever it has touched it has vivified and fructified. That surely can be done on the east coast, too, by pursuing the same unique methods of organization and propaganda.

You can see, friends, this show is well worth attending at New York City the last of April.

The OP strongly advises all its readers who

can get there to go to this organizing meeting. Sit in the game and let's see what a good live district association for the eastern states can hatch. We have as good brains and energy in the east as our western domain has exhibited. This new activity will register how well they work for the advancement of the osteopath in practice east and the solution of his biggest practician problems.

Come to this opening meeting. See the first gun fired. You'll never regret it.

CASH OFFERED FOR GOOD "OH" MANUSCRIPTS

We are always in the market to buy accept-ole manuscript suitable for "Osteopathic able manuscript suitable for "Osteopathic Health" and would like correspondence with writers who have original ideas and are interested in the problem of "selling" osteopathy to the public by artful language.

We buy two kinds of help in this line, both finished manuscripts, ready for the printer, and also good ideas only partially worked up that require polishing and finishing. We pay for

each proportional to its value.

If you feel the appeal of this invitation, suppose you get in touch with us and see if we cannot arrange to use some of your writings.

JUST WEIGHTS AND MEASURES

Secretary of Agriculture Wallace expressed the opinion that if, instead of trying to bring about a return to pre-war price levels, a level about 70 per cent higher than that before the war would prove better for all concerned.— Washington despatch in the Chicago Tribune March 13, 1921.

Let's see: A \$2.00 treatment of 1914, commuted into present day currency, should cost \$3.40 to preserve the paraties.

"How can you charge less than \$3.00 per

treatment and live?"

Would you accept cloth measured out to you on a 21-inch yard stick? Where's the difference?

Abdominal Work in Heart Failure

The importance of thorough abdominal treatment in cases of advanced heart failure, insuring easy return circulation taking a load off the tired heart .- A. B. Twadell, D.O., Iola, Kan.

Higher Educational Standards

What we must have if osteopathy is to live: A good number of honest and efficient scientific workers; well equipped laboratories; and high grade hospitals.-Lester R. Whitaker, D.O. Boston, Mass.

FICIENCY in PRACTICE MANAGEME

The Efficient Osteopath

By Dr. C. C. Reid, Denver, Colo.

III

Practice

When a young doctor locates in his first field. the first thing that concerns him after locating, is practice. Many are the schemes and great is the camouflage that is frequently worked in order to get practice by the young doctor.

The thing that concerns most vitally a number of osteopathic physicians who have been practising for many years, is practice. There seems to be something lacking. It is said that there are now working on the street cars of New York City, one hundred physicians who graduated creditably in recognized medical colleges, but they have failed to arrive when it came to getting practice and taking care of it properly. It is said there are over fifty physicians in New York City clerking in stores on small salaries because they did not have the personality or the good common sense to go out and put into operation the things they had learned through the medical college.

We all know of the wandering osteopath and the fellow who stays in a town for a few months or a year or two, running his course and then seeking new fields. We also know the fellow that stays in one place doing a little practice, making his living partially out of his profession

and partially out of business activities.

Practice, then, is of vital concern to the young osteopath and also to experienced osteopaths who continue in business. Practically all that will be said in future articles in this whole series will have its bearing upon this all important subject.

Welcome to Patients

It has been said that "Business goes only where it is welcomed and leaves when ill treated."

I have visited many osteopathic physicians in their offices from one end of the country to the other. I have stepped into offices where the atmosphere was so chilly as far as business connections were concerned that I felt like stepping out as soon as possible, even though I was there to investigate the very thing which I ran into-the atmosphere as well as the arrangements of the osteopathic office.

We do not have to speak sharply nor give them the icy stare to make them feel a lack of welcome. We may want them and no doubt most every one does, as the office is there for business, but there is a failure to arragne properly the reception room and the connection which is made from the inside office to the patient who steps into that reception room. The very psychology of the doctor, the things he has been doing for the last half hour before a patient comes in, the way he feels, looks and acts, all have their bearing on the new patient's feeling when he comes into the office for the first time.

Some doctors make a very good connection with the patient when he first arrives. After he makes his examination and the patient has started in with considerable enthusiasm and confidence with his treatment, after awhile, the case becomes common to the doctor, the newness wears off, and the patient is soon neglected or feels neglected because of lack of little attentions which are the civilities. Then his ardor comes off, his psychology goes bad and soon he feels that it is not worthwhile and does not come back to the office. Not only is that patient lost, but his circle of friends and his influence as well are lost to the office.

Many doctors do not keep any help in the outside office. People come in and wait and are frequently lost because of a lack of promptly meeting someone who is interested in the office

There is an old adage that the men who rule the world are they who teach it. Every osteopath should teach his patients the principles of osteopathy, the logic on which his practice relies, if he is going to make a good showing at holding practice. Plenty of good osteopathic literature should be around the office all the time and should be used continuously. After a patient has been in the office many times, many physicians think that the patient is well inform ed in the principles of osteopathy and there is no need of further educational propaganda This is a great mistake. If one is going to keep his practice actively interested and alive to his own interests, he should continue to spread educational propaganda among them.

The mistake is in the old standard way of doing and thinking, when people have been trained from childhood up to think they must take something internally when they are ill Then there is all kinds of medical propaganda going on through newspapers and magazines People naturally imbibe it from the literature of today, papers and various kinds of reading also social and economic influence. The osteopath with his new line of philosophy and treatment has a good deal to overcome. The instincts of the race through past ages have to be overcome by intensified educational propa-ganda as well as present day medical methods

If osteopathy is to bring about the wholesome reform in the world which all of its votaries desire for it, and which all of us know would be a tremendously advanced form of improvement for humanity, we must persist-ently educate. Too many of us use osteopathy merely to make a living, to have something to do in order that we may make money to go on the next hunting trip or take the next vacation. If osteopathy is going to furnish us a means of going hunting or taking vacations, we should be interested even from the selfish standpoint of spending something to educate the people to understand and believe in the science; but if we can get a higher conception and see the great reform we can bring about in the world and appreciate the great service we can render humanity by causing them to understand what opportunities for the race are in this move-ment, then we would be willing to sacrifice much in order to benefit the people as well as ourselves.

No man would start to build a house without a definite plan, if he expected to build much No osteopath should start in to house. practice and try to run along year after year without very definite plans as to what he is going to do and keep on doing toward building up and maintaining his practice.

Ideas

The daily work should be planned. Every season should be planned, and each year should be planned. When one gets his plan in mind, the first thing to do is to reduce it to writing, then he can bring his mind to bear on it more definitely.

He should compare his plan with the methods of the most successful men. He should go over his plans time and time again and criticize them to see where their weak points are. Then he should start in to put his plan in operation, continually driving it until he has carried it through without a breakdown. Plans that are of a daily nature or yearly nature should be carried out until they become almost automatic, after which a more complete structure in organization may be worked out and completed. Every plan, of course, should be subject to revision.

Selling Osteopathy

Every man who has goods or service to sell should study the principles of salesmanship as applied to his particular goods or service. Some of the fundamental principles underlying salesmanship as applied to osteopathy are as

The first is knowledge. Osteopathy is a service to be rendered to people. A man who is ignorant of the principles of osteopathy naturally cannot make a very good application in selling this service to the public. Native ability may carry him along to some extent, but the he knows about osteopathy and all the allied branches his ability for selling his service to the public will be greatly enchanced and the value of that service which he renders will likewise be greater and more definite.

The second is confidence. Reference has been made to the large number of medical graduates working on street cars and in stores in New York City because of lack of ability to sell themselves to the public along with their service. The fear in their hearts had a lot to do with producing a state of lack of confidence which contributed largely to their failure.

One must not only have knowledge of his science, but he must have confidence in osteopathy as well as in himself if he is going to sell it to the public in alarge way. Confidence does not need to be over done as in a few cases. I would prefer, however, to see a man full of conceit and aggressiveness than to see one possessed of a fear and lack of confidence. Confidence in osteopathy, confidence in the service rendered, confidence in himself and his ability, should possess every successful physi-

Some Doctors' Offices

Personality.

John Barr, D.O.

henever I enter an office furnished in austerely good taste in austerely good taste, with an oriental rug on the floor, two or three severely simple pictures on the wall and a single flower artistically posed upon the reading table, I know that I am about to encounter a Personality. The above formula has been developed from many meetings and missings. As a matter of practice, it is very near perfect as it stands. Any one of the items listed may indicate nothing but a happenstance. Any group of two may well arouse suspicion which, however, may easily be mistaken, but all three taken together almost invariably point to Personality with a large P

I will never forget the first personality I met in the osteopathic profession. still remember him clearly as I do his office. In addition to the classical three already enumerated, his office boasted long, rich silk curtains or drapes at the windows. He is very successful, professionally and financially. He cures people without number but some of them are very odd specimens.

There is another friend of mine. He

looks like a distinguished doctor; he has the social connections of a distinguished doctor; he has the reputation of being a distinguished doctor and he has withal every ear-mark of the eminent physician. Still, as a matter of personal opinion, he gives a very worthless treatment.

Not so many miles from Chicago, is an exquisitely furnished office. Reed furniture throughout, with the exception of the treating table. Pink and white drapes, French gray walls, a placid marine for the picture and like as not, a single stem of lily-of-the-valley in the silver and glass receptacle. The doctor, without description, may be called a perfect lady-in all save sex.

George R. is one of these dominating individuals. All push and go, rather loud of voice, dogmatic and always right. His office hits you in the eyes, until you hear him and then you forget your eyes. He

diagnoses by a rare sense of intuition and treats on a hunch. He gets the money in advance and says that everybody is satisfied. He has a great many patients. He has to have for over a fairly long acquaintance, I have rarely seen the same one twice. His wife is small and mild and yet the only time I have seen George when he was quiet was, not when he was asleep, but when he was at home.

The ways of Personality are multitudinous and mostly nefarious. I know a little town which is the home of a big doctor. He is sincere, earnest, well-educated and of vast experience. To it all he adds a brusk, overbearing personality. If I were really ill, I should like to have him near, and yet not long ago I heard a man say he wouldn't have him treat his dog. That time the personality got in the way of

There happens to be a lady among my travelled acquaintance, physician by profession, beautifully dressed and with lovely grey hair. What there is under it or back of it, I have never been able to make out, which may be only a characteristic masculine failing. At any rate the women think she is wonderful and their husbands go on paying the bills.

Not far South of my home town is a dark little office furnished in yester-year walnut and many, many books. A little dried up individual presides within, poring over his many manuals. All he ever learned, came from a book. Yet people go to him because he knows so much.

Not a one of these uses the printed paeans of publicity to increase his prac-tise. It isn't necessary because of the overshadowing publicity of his own personality. Nevertheless, with the excep-tion of the one who couldn't help h Nevertheless, with the exceppersonality and so let it get in his way, all these have one common characteristic. They never heard of ten-finger Osteo-pathy and about all they practice is their Personalities.

The third is enthusiasm. I have met many able physicians who were letter perfect in their orthodoxy and who had much confidence in their methods, but they were as cold as an ice-berg. With all their ability, they make only a mediocre success.

The emotional side of one's nature should enter into all of his work if he is going to reach any heights of success worthy of note. He must be enthusiastic. You will not many men, even though they have mediocre ability, will enter so enthusiastically into whatever they undertake that they are most always, successful. I have seen young physicians of very moderate ability always bubbling over with enthusiasm and interest in their work making a tremendous success.

The fourth is work. One who enters osteopathy and expects to succeed must not be afraid of hard work. There is much in efficiency that will help him to save himself from a tremendous amount of work after he knows how to give the treatments in the best, easiest

and quickest way, but there is no way mapped cut by efficiency to give osteopathy to the people without work. I have heard youg osteopathic physicans say they wanted to get into surgery or medicine or some other special line where they could make lots of money and get away from hard work which was demanded from them in order to do anything with osteopathy.

There is no way in this world in the professions that I have ever seen or heard of where one could reach the highest success in any of the lines without lots of hard work. It is true that in some of the specialties the mental service predominates more than the physical. In these professions, however, the nerve wrecking responsibility produces trying situation so much that the trial of one's vitality is just as nerve exhausting as it is in many of the other One who does not want to work hard need not expect much success in the osteopathic profession or any of its allied specialties.

[To be continued.]

IN GOURT and LEGISLATURE

Peril in the Wisconsin Plan for Hospital Legislation

By H. C. Wallace, D.O., Blackwell, Oklahoma

I notice in the last OP the article by Dr. Oium relative to Hospital Legislation in Wisconsin, which strives to remedy the situation in which osteopaths find themselves relative to most of the hospitals of the country. I also note your suggestion that these be used as model amendments in other states.

This is a matter which needs remedying and the need is urgent in some localities. I do not wish to discourage efforts being made to accomplish the desired end, and if there is any way we can bring the hospitals of the country to a place where they will give osteopathic practitioners their rights I think we should do so, either through legislation, courts or otherwise. However, the proposed amendment appears

to me to be ill advised for several reasons.

I would interpret the words, "ANY licensed physician" to make it imperative that the hospitals should admit patients of ANY physician regardless of his schooling or reputation. In states where chiropractics are licensed they would have the same right as any educated physician. Any advertising "quack", criminal abortionist or any old thing, so he had a license to practice, could force his way into any hospital. More than that, the section says, "Shall not in any manner discriminate between reg-ularly licensed physicians for any reason." I would construe this to mean that any physician licensed could treat his patients in any way he saw fit, could practice surgery, obstetrics or any other specialty which any other physician was practicing in that hospital. In states where chiropractors are licensed they could assume the rights of any other physician, so long as the license they held did not prevent, and the hospital would be helpless to protect either the patient or the reputation of the institution.

It seems to me these amendments go to a very dangerous extreme in attempting to correct the evil which we earnestly desire should be corrected and such extreme measures, if put in force, will bring about conditions in the hospitals which will react to our very great

disadvantage.

There is no question but that the standardization of hospitals as being worked out by the AMA and American College of Surgeons is of vast benefit in many ways. The requirements relative to keeping of records, technique and many other things will work immense benefit to the public. In fact the standardization of hospitals, like the various phases of public health work, contains so much truth and practical hospitals. tical benefit that the injustice being worked relative to the osteopathic school of practice is lost sight of in the public eye. All we should hope for is a fair deal in the standardization scheme as compared with the practitioners of the old school.

If we attempt to undo and condemn all the good in standardization and put the hospitals of the country in a position, where it seems to me these amendments would put them, we are only placing ourselves among the knockers and incompetents and sooner or later the reac-tion will close these hospitals tighter than they have ever been closed. No hospital can operate successfully and for the good of the patients without a board of control with some authority to decide who are worthy and competent physicians to treat the sick within its walls. To take away this right would be the ruination of the hospitals of the country. In my judgment, we had better risk our chances for a fair deal by requiring the control of such matters to be in a board of laymen, or some other means, than the drastic measures proposed.

Another phase which should not be lost sight of: These amendments are a two-edged sword. If they compel medical hospitals to admit any licensed physician without discrimination, the osteopathic hospitals must also do the same. Our hospitals have a hard enough time to build themselves up in the face of adverse public opinion. As yet, the public does not look upon osteopathic physicians as surgeons, specialists or as hospital people. We have a large educational problem along this time. Now, if we are

compelled in every osteopathic hospital (except the small ones operated solely by one or a few exclusive physicians) to admit any physician, how long can we maintain a reputable institu-tion, or even control of the situation? Every chiropractor, in the states where they are licensed, could knock at our door and we could not refuse admittance. Any states where osteopathic hospitals were started the medical pro-fession could readily strangle them by flooding them with medical patients and adverse criticism of treatment and care of patients. All the incurables and hopeless could be dumped into our osteopathic hospitals as has been done formerly in homeopathic wards in city hospitals, giving an awful mortality rate for the public to look upon. Our hospitals would be helpless to prevent such a catastrophe if these amendments were a law, while the medical hospitals would not be subjected to this danger because of the comparatively few number of osteopaths.

Understand I am intending this as constructive criticism. I think we should do what we can to secure our rights, although I am rather pessimistic as to ever completely solving the problem except by the establishing of purely osteopathic hospitals. However, there may be ways of bettering the present condition of affairs; but I believe the method proposed in these Wisconsin amendments will ultimately fail to reach the desired end and are positively dangerous to our own hospitals.

Impressions of An Osteopath Gleaned at Battle Creek Sanitarium

By Hubert Pocock, D.O., Toronto, Canada

Just returned from Battle Creek Sanitarium after enjoying their hospitality and services for the past three weeks. I thought that you would be interested in knowing the impressions of an Osteopath in an institution of that kind.

The thing that struck me most forcibly was the fact that they had so many natural methods which would be of assistance in an Osteopathic Sanitarium. Their method of diagnosis is so thorough and after going through it, you wonder how it is that the average practitioner in private practice meets with the unique success that he does and has such splendid results, in spite of the fact that he has not the advantage of putting his patient through a general examination, such as the following:

7-8 A. M.—Special Blood Chemical, Serological 8:30-10—Colon (Men)

11:00-1-Regular Blood Count and Blood 11:00-1-Alveolar CO2 Tension Test (Acid-

osis.)

11:30-12:30—X-Ray Fluoroscopic of Heart and Lungs 12-1—Tonsil, Nose and Throat

12-1—Vision and Accommodation (Eye Test) 11-1—Mouth and Teeth

By Appointment-Strength, Weight, Anthrop-

Urine—Save specimen 7 A. M. to 7 A. M.

Stool—Save specimen.

After you get through this the reports go in to the physician to whom you have been assigned, which depends entirely upon the conditions with which you are suffering and he directs his treatment accordingly. All these reports kept by the Institution and a copy of same is given to the patient if so desired. As you possibly will observe, after going over this, there is one type of a physician which I believe would be of great value to the Institution; that is, an Osteopath.

While in the institution I had opportunity of addressing 100 of the patients at a banquet. Sir Horace Plunkett and Bishop Blake, the Methodist Bishop of Paris, France, also spoke. I informed them of the fact that Sir Horace Plunkett's physician had advised him not to

speak on account of his health and that I had been asked to speak in his place. As I did not know anything about the conditions in Ireland, I spoke to them on my favorite topic, " and Posture", for ten minutes and then I ham-mered home the importance of proper posture being assumed by people who were trying to get well.

The following day several physicians in the Sanitarium approached me in regard to Oste-opathy, I found that they were open-minded on the subject and very anxious to learn all there was to know about the work, particularly the nose and throat and colonic departments. found them using osteopathic technique in their nose and throat department for the treatment of whooping cough, and admitting it. (That is, post-pharyngeal pressure).

I had the pleasure of an interview with Dr. Kellogg, the man who made his dream come true. I found him rather hide-bound and in the course of our interview, I told him that he did not realize the number of patients that were sent to his institution by osteopaths. He replied "But they have no place else to send them." I informed him that the reason that patients were sent there was because the osteopathic profession was of the impression that they were not using drugs to any great extent, which he admitted was true. I told him that they needed a good osteopath associated with the Institution. He admitted it and said that if we would change our name, as the medical profession had such a prejudice against it, that he would be very glad to have one. I asked him what he would suggest. His reply was "Oh, change it to Physio-Medicine or something like that". Needless to say I did not get very far with him on that score. Quite a number of patients in the Institution are taking regular treatments from Osteopaths.

had the great pleasure of observing Dr. Hugh Conklin at work. The splendid Social Service rendered by him to the town people as President of the Rotary Club and Chairman of the School Board of that city for some five or six years, has added great prestige to Osteopathy, as well as in turn reflecting on the man.

Osteopathy and Research

By Leon E. Page, D.O., Newport, Vermont.

It is generally conceded that osteopathy as a profession is in a precarious state. The medical profession by raising educational standards excessively, assuming absolute control of public health, and promoting a plan for state medicine, is bringing great pressure to bear on the profession. The imitators who already outnumber the osteopaths have become a menace. The question has arisen as to the best and surest method of forestalling these dangers. Among the remedies suggested are more publicity, better organization, institutions and the removal of legal restrictions. These measures are all necessary but none of them is directed primarily at the cause of the present situation.

In the effort to establish osteopathy as a profession, osteopathy as a science has been forgotten. The word osteopathy should stand for a body of proven scientific facts instead of merely meaning a method of treatment. Before osteopathy can become established it must be scientifically demonstrated. This must be done by research. Newton did not establish the law of gravitation by collecting objects to let them fall to the ground. He had to prove by formulating known mathematical rules why an object will seek a lower level. In like manner osteopathy as an established science will materialize only when we can demonstrate why osteopathic treatment will cure disease.

The object of research should be to collect all possible data of a strictly scientific nature that will prove the osteopathic assertions. At present there is no large amount of strictly scientific proof of osteopathy. If a scientist of repute having heard of osteopathy should decide to look into the matter, to ascertain its worth, he would ask for proof. We have no

end of evidence. Every successful physician is evidence that osteopathy is an efficient method of treatment, but where would the scientist go to get the scientific explanation and proof of the evidence offered by successful physicians? He would go to the research institutes where the principles of osteopathy could be demonstrated by accurate measured experiment, with every element of chance and error eliminated. A given case, no matter how spectacular, means nothing to him, nor do statistics gathered promiscuously have much weight. He must be presented with proven facts.

It is a fact that while osteopathy is gaining ground among the people in general who have received benefit, it has received almost no notice from the leaders of scientific thought. It is also a fact that before osteopathy can assume its rightful place that it must receive the sanction of the scientific world. The problem is difficult because science is under the influence of medical theories. But no body of scientists worthy of the name will disregard a proven fact. If we tell them that spinal lesions will cause disease they may smile tolerantly, but if we offer them proof they will give attention.

In half a century the revolutionary idea of evolution has become permanently established

In half a century the revolutionary idea of evolution has become permanently established and is no longer contested from any scientific source. But it is likely that among the general run of people more will be found who believe in osteopathy than who accept evolution in its entirety. Evolution with all its implications is an accepted fact in all scientific circles of the day, 60 years after it was first propounded by its originator, Darwin. Osteopathy from a scientific standpoint is practically unknown 45 years after it was announced by its discoverer,

A. T. Still. Evolution is the leading scientific doctrine of the day. Osteopathy is fighting extinction. Why? Osteopathy has as much scientific warrant as has evolution and is of vastly more practical importance.

The reason is that, because if its theoretical nature, the doctrine of evolution was brought immediately for trial before the court of science. It was opposed more strongly than osteopathy could be, yet it survived because it possessed the qualifications demanded of a scientific theorem, viz, it formulated and depended upon known and demonstrable laws of nature and the evidence was conclusive. Facts must be accepted wherever found; theories may be disregarded.

On the other hand the practical side of osteopathy has been emphasized and an imposing array of evidence has been accumulated, but osteopathy stands today crushed between the discarded theories of the medical profession and the psuedo-science of the imitators.

If osteopathy stands for facts and truth as we all know it does why is it embarrassed by these forces of empiricism and guesswork? Why does not this same scientific court sanction osteopathy as a revolutionary movement in medicine which has scientific warrant and which must, in the very nature of things, compel all healing to conform to its principles? The answer is that we have failed to fulfill the other requirement. We have not shown the

The answer is that we have failed to fulfill the other requirement. We have not shown the connection between the observed results of osteopathic treatment and the laws of physiology, pathology and immunity. We have ample evidence but the proof and explanation has not yet been sufficiently presented.

If we say that the mortality of pneumonia as shown by statistics is 10% under osteopathic treatment and 20% under medical treatment the general public may be impressed and our business increased. But osteopathy as a science has

A Wonderful Little Book of HEALTH AND LIFE

A New Way to Get Health Without Medicine or Exercise

Describes the Partial Fasting Method in detail, giving all particulars of this really marvelous way to restore Health without expense. Will benefit in almost any known complaint. Its effects show in a few days—with such relief and comfort that it seems almost like magic. It is a wonderful improvement on the widely recommended system of total fasting and proves its excellence at once and its freedom from the expense of medicine or special foods. Its benefit is immediate in Stomach complaints, Nervousness and Diabetes. Gives facts about cure of Diabetes from a very famous Physician who used this method.

Tells how Food can give Disease or Health. Tells all about modern discoveries about Food and its relation to Health. About Raw Foods. About one simple vegetable that if eaten raw and freely eaten gives most remarkable benefit in many complaints. Banishes Rheumatism even in the joints. A powerful Tonic. Invigorates. Is harmless and nourishing. Just a common vegetable found in every fruit store—but only known or used sparingly.

Tells also of other Modern Methods of Health, including the well known Olive Oil System. Its benefit in Constipation and Gall Stones. Tells of a little known kind of Pure Cold Pressed Olive Oil of unusual delicacy and especially adapted for invalids use. How to obtain it.

Methods of Exercise and Development. Many other interesting facts. How to nourish and restore the Hair without dyes or drugs. Prepare it yourself. How to have a beautiful complexion without cosmetics. The Book is of great value to anyone suffering from Constipation (immediate relief). Stomach and intestinal complaints. Weakness, Wasting, Run Down Conditions. Gall Stones, Diabetes, Nervousness. Tells how to gain flesh or to safely reduce weight. Guaranteed to suit you or your money back at once. We trust to your honor and ask you to trust to ours that we are offering you something unusual and of great value to you.

Ask for Health and Life. Price \$1.00; postage paid to your address. Sold only by

GEO. CALLAHAN & CO. Established 1887 212 Front St., New York

Please understand you are absolutely guaranteed against loss. If this Book is not what you want or in any way does not suit you, you get your money back without question and at once.

Vaginitis—Leucorrhoea

usually require treatment with astringent, antiseptic, soothing and healing agents which must be brought and held in close contact with the affected areas.

Micajah's MEDICATED WAFERS

are easy to apply, prolonged in action, pronounced in effect. Not irritating, not toxic, tonic to relaxed tissue, stimulate cell activity, disinfectant and styptic.

Originated by a practical physician, they are used to a steadily increasing degree by progressive doctors.

Send me	JAH & CO., War e samples, literature, 's Wafers.	ren, Penn. case reports of
		D. O.
WE SE	in bettied not the	de san dire, con
(E)		The state of the s

MICAJAH & CO. Warren, Pa.

Doubters Made Believers by Reading

"SOMETHING WRONG"

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

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

"SOMETHING WRONG"

Price List:

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

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

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

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

hardly advanced at all. As a system of healing it has progressed in popular favor. But what of its standing as a scientific proposition? The imaginary court will say that if we can demonstrate through the laws of physiology, pathology, and immunity the proof that osteopathic treatment will reduce the mortality of pneumonia the evidence will be accepted; otherwise it will be dismissed.

If we would settle our problems as a profession, once for all, we must make every effort possible to prepare in definite form a proof for our claims that shall challange the attention of the scientific world. We may then convert the multitude at our leisure and fear nothing from medical prejudice or imitative endeavors.

If a body of scientific men should decide to investigate osteopathy would they consult the Spanish prince or any of the others who have received benefit at the hands of osteopathy? No. They would go to the research institutes and ask for the data which upholds the claims of osteopathy scientifically. This is a publicity which is of more vital importance than the forms which we are preparing to carry forward. The problem which confronts the profession is how to go about this scientific recognition of osteopathy. Any problem which confronts the profession also confronts every possessor of the D.O. degree. What we must have is facts; theories and evidence there are a plenty.

Naturally every physician cannot forthwith forsake the treating table and rush to the laboratory. But every physician can do his share in furthering the endeavors of our research workers. The work to be done consists in establishing the relation between physiology, pathology, immunity and osteopathic treatment. Until this is accomplished and we know the ultimate why of osteopathic treatment we shall remain a weak, buffeted profession, casting envious eyes toward the great medical research

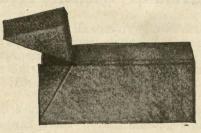
But when we can produce in concrete and accurate terms the reason why osteopathic

principles of treatment are scientific and therefor true, we shall assume our rightful place and may confidently expect that certain large donations now given for medical research will be proffered to us. It is not meant that the evidence of case reports, statistics and successful institutions is useless. The good work must go on with more energy than heretofore but in addition we must get behind our research workers with moral and financial support. Every dollar the profession can devote to research will be an insurance against future extinction.

The truth of necessity will conquer. present we are the possessors of the truth. But if the Rockefeller institute, for instance, should "discover" the principles of osteopathy, what would become of our profession? Shall the name of A. T. Still become forgotten while we prosper on his discovery and allow the medical profession to prove his theories and claim them for their own? True, we have not been altogether idle but the realization must come that our future as an independent profession depends upon the work of our research institutes. The medical research workers with their vast resources are hot on the trail. Drugs are largely a thing of the past; vaccines and sera as a class are disappointments. How soon will they "discover" that the body can be used to produce its own cure? Here is the knife that dangles by a thread over our head. "Hospital exclusion," poor legislation, imitation of method are but trifles compared to this very imminent danger. Osteopathic research must be pushed to its

Osteopathic research must be pushed to its uttermost limit. A scientific proof of Dr. Still's theory will be offered to the scientific world in the near future. Is it not our right as his immediate successors to be the bearers of such proof? The people in general can have but little weight in the decision. It lies with the scientific thinkers of the day and they must not only have evidence but they demand proof. Shall we survive or perish?

The Kimono Problem Solved —— BY M. C. KIMONO BOXES and CABINET ——



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

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

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

Price of M. C. Kimono Cabinet, golden oak finish:

With base and one dozen kimono boxes\$24.00

Cabinet and one dozen kimono boxes, without base. 20.50

Cabinet without base or boxes . . . 14.00

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

Michigan City Paper Box Company

Michigan City, - - Indiana



C

HOW I TREATED MY OWN CHILD

(Name to doctors on request)

Fergus Falls, Minn., Nov. 5th, 1920

The Dionol Company, Detroit, Michigan.

My 4-year-old boy, Frederick, pulled the cord of our electric heater and tipped a pan of boiling hot water on his arm and hand. My wife used the best dressings she had but the poor boy found no relief. She could no longer endure to see him suffer so frantically with the pain, and phoned for me. I applied Dionol and in about ten minutes the pain stopped, and there has not been any pain since.

This burn was very deep, and of course we thought it would leave a big scar, but do you know there will not be a sign of one? It is all healed up and one would never know that he had been burned at all. We obtained all these results in less than three weeks. I never saw such results in all my prac-

tice. Me for Dionol every time. I am surely grateful that such a remedy is on the market.

Dr.....

Another Case

Philadelphia, Pa., Feb. 8th, 1921.

The Dionol Company:

Within the past week I have had an opportunity to test Dionol in an aggravated x-ray burn case which was referred to me by a brother physician who had stopped his treatments owing to skin sensibility. I wish to compliment you on your splendid preparation. I have the burns under control and am now continuing treatment without fear of further inconvenience to the patient.

Dr.....

DOCTOR: Don't forget that Dionol gives equally positive results in local infections, wounds, leg ulcers and ulceration generally, and wherever local pyrexia is present. Try Dionol also for tampon treatments, piles, etc. It is exceptionally effective.

THE DIONOL COMPANY, (Dept. 12) Garfield Bldg., Detroit, Michigan

"DELICIOUS! BEST 'COFFEE' WE EVER HAD!"

So writes one of the many enthusiastic Physicians who are using, endorsing and prescribing

DELISCO

Trade Mark Registered U.S. Patent Office

"THE CUP THAT DELIGHTS"

Letters are reaching us daily assuring us that DELISCO *looks* like coffee, *smells* like coffee, and *tastes* like coffee, yet has no injurious effect. The Profession is finding DELISCO "both delightful and satisfying". It is considered "as near a perfect coffee substitute as possible" which "may be taken at night without causing sleeplessness".

DELISCO equals in AROMA and FLAVOR the finer brands of coffee, and while possessing great food value, is also a most appetizing and acceptable drink.

Have you tried DELISCO yourself, Doctor? If not, do so at our expense. A full sized package for your own use, and samples for your patients will be sent, postpaid, upon request. Many physicians have referred us to their grocers, in order to have a constant supply available for their patients. We want DELISCO to tell its story to YOU, Doctor.

BOSTON HYGIENIC INSTITUTE, Inc., 12 Huntington Ave., Boston, Mass.

Little Stories of the Clinic

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

Story No. 26

Mr. H. G., seventeen, injured his lower jaw eight years ago, rooster fighting. During all this period he experienced a feeling of pain or discomfort any time his attention was directed to the jaw. Very frequently it would "catch" while masticating so that he could not move it, and it required considerable time and effort to get it to going again. His conversational ability was not impaired, though he was unable to open his mouth to a normal extent.

Physical examination revealed the right ramus projecting outwardly, while the left ramus extended inwardly. The teeth on the right side extended outwardly beyond the upper teeth, while those on the left side extended inwardly. I began using the technique described in the A.O.A. Journal, December, 1920, and in addition thereto placed my right thumb firmly against the inner side of the left molars and pushed strongly outwardly and forwardly, while the left hand on the right side around the angle of the jaw cooperated in the movement. In a few moments there was a distinct clicking sound and the jaw was placed in normal position, and the patient was able to open his mouth to normal width, and he had a distinct sense of relief from discomfort and the condyles and teeth were in normal position. I did some stretching of the muscles around the condyles and some rotary movements about the articulations to relax muscles and ligaments. days later on reporting for a second treatment, he said that the jaw "was just as bad as ever" a few hours after the treatment. I gave the second treatment and a few days later a third second treatment and a few days later a third like unto the first. A month later he reported that he had had no particular difficulty since the second treatment. There was no pain or discomfort in the jaw, nor had it ever "caught" while he was masticating. Once in a while there was a slight clicking.

Comment No. 1

The treatment described in December, 1920. A.O.A, Journal was worked out by a study of the skeleton, without clinical verification.

hesitated about offering the article for publication without such verification, but I felt sure I was right, so I went ahead. In years past I have had some of these cases, and attained only a partial success in some of them, making clear to me the importance of understanding the key weakness of the joint, and the exact character of the lesion.

Comment No. 2

In A.O.A. Journal, February, 1921, page 355. Dr. M. E. Clark emphasizes the importance of "repeated passive motion to assist in absorption of exudutes" in capsular ligaments of displaced joints. Dr. Clark's idea is correct, and yet I believe too many of the profession are relying too much on this "passive motion" to restore alignment. Dr. Harry Still is quoted as saying, "Just loosen the joint". This case shows permanent alignment after only three treatments, though severe trauma caused the displacement eight years ago.

Osteopathic Surgeon Saves a War Victim Abandoned by Medics

Just how well our profession is progressing in developing surgeons, specialists, hospitals and sanatoria is indicated from time to time by the news reports of the sincere and clever work these men are doing. From the Living-stone (Montana) Enterprise of Feb. 25th we glean this gratifying victory of an osteopathic surgeon over navy and civilian "regular" sur-

geons.

Ensign William E. Gibbons of Livingston, operated on by Dr. G. A. Townsend at Chico Hot Springs Thursday for a fracture of the skull, a tumour and a blood clot, is doing nicely and has gained steadily since the operation, local relatives were informed yesterday.

The Chico physician discovered the nature of the injury suffered by the naval officer during the war when a big gun exploded, after some of the most prominent surgeons in the country had declared they could do nothing for the injured man. An X-ray showed the injury and Dr. Townsend removed the clot and the tumour and eased the fracture in an operation so delicate that part of the brain was exposed.

In less than a day after the operation Ensign Gibbons recognized his brother and informed him that he could go home as he intended to live and show some of the physicians who had examined him that he could pull through. Doctors in the navy, at Portland, at Rochester and at the government hospital at Miles City held out no hope for the injured man after examining him, according to his relatives. "This is the 8th day after the operation," Dr.

Townsend writes, "and all convulsions and most of the local symptoms have cleared up, including those of speech and eye."

Congratulations, Dr. Townsend, and also congratulations, osteopaths of Montana, at having such good surgical backing within your own

profession in your home state.

What would it mean to osteopathy to have such an institution and such surgical assistance available in every state of this Union and in every dominion of Canada.

A Few Waldoettes as Scattered Over the Western Circuit

"Look at your dirty office, ragged rug, 10-cent store pictures,—be charitable to yourself, call up the Salvation Army."

"If there is something you don't know, take a post-graduate course in an Osteopathic College. If you know everything, go home—rest is what you need."

"Get 'nuts' on your profession."

"Keep your brain clean, office clean, and you will have patients to send the new man."

"Cut the 'T' out of 'I can't' and 'we can't'—Tea is not good for you anyhow."

"Don't simply 'hang on' and gum up the works."

"You may never know that only three neurasthenic old ladies attended your funeral—what could you expect?"

"Don't be misled by your own opinion of yourself-it may be bad."

"Change your destructive mood to a receptive mood-what you want now is a goat, not a leader."

"Hang up a 'Cash in Advance' sign, but don't ru and take it down when you hear someone coming."

"Let your fee tell your patient that all has been dome that can be done."

"Tell the big fellow about your sacrifice for charity and he will pay for it." "We want more and better students, not few and better."

"Do you stay away from meetings to get the other fellow's patients, who goes regularly?"

"The public lecture is the most powerful vehicle in public education."

"Some who are 'called' to be surgeons merely heard a buzzer." "The medical doctors are afraid to tell anyone he going to die, he might call in an Osteopath and live"

"If you have anything to sell, sell it to yourself first."

The several schools of Therapy are a fake on earl other."

"Be big among big people."

"Knock your profession and you will go out back

"Get Osteopathy right and stick to what you know."

"You must sacrifice to grow-I was married in 1915."

"Fall in love with your work."

"Don't be a pouter, be a shouter."

"There are many among the public who believe more Osteopathy than you do."

"Don't have your feelings out where anyone can sta

"Did somebody get your goat?—then go get it."

"Knocking is an irritant, growth is the result."

"Let the Medics have laws, but get freedom for our selves."

"Horlick's

The Original Malted Milk

ALWAYS RELIABLE

For the feeding of infants, invalids and convalescents.

VERY USEFUL

For patients requiring a prescribed diet, as in the treatment of nervous, anaemic and digestive disorders. Refreshes and invigorates the operator after tedious treatments.

Avoid Imitations

The Passing of Michael Angelo Lane

An Appreciation

[Continued from page 1]

term by Dr. Norman McDonald, graduate in both science and medicine of the University of London, and by one of his assistants, Mr. Holt. Dr. Lane had given his special work to all but five of the students who were entitled to it for this year. Dr. Betts, his assistant, will finish up those five.

The Gap Will Be Hard to Fill

The passing of osteopathy's most expert research man, most highly gifted teacher and most vehement, invincible and ever militant champion leaves a void in our ranks that no one else can fill. Lane was easily the most militant osteopath that ever lived. He stood ever ready at the drop of the hat to rush to the vindication of Dr. A. T. Still's theories of pathology and therapeutics. He never found anybody in "regular" medicine who would attempt to stand up in front of him or answer his challenges in writing oft put forth.

In a way we regard Lane as the second most important osteopath that ever lived—second only to Andrew Taylor Still, discoverer of our system of therapeutics. Dr. Still apprehended the truths of our science, practiced them, proved them, and stated them for the most part in popular speech so that average people. not schooled in science, could understand them. He made his appeal to his own neighbors and patients-not to the pharisees of drug medicine who were consumed with their own theories. We, his disciples, followed him and worked hard but often futilely at the problem of restating his philosophy and practice in more scientific verbiage so that the scientific world might, if it choose, understand and accept Doctor Still's revelation. But as a profession we made much better progress in the practical work of carrying on the practice than we ever did at articulating the osteopathic system with the hierarchy of general science. Indeed we still spoke much as amateurs. We shared the spoke much as amateurs. We shared the master's vision, but we did not know how to amplify or utter it in terms of pure science. We seemed unable to express it, except in the lingo of our own nomenclature and this having started out purely as popular speech, and at a time before the group of modern biological sciences had had their present development, our osteopathic talk and writings were highly dogmatic and did not disclose the essential truths that underlie our system of practice. As a result we seldom talked osteopathy except in terms of dogma. The shining gems of truth were there inherent in the system that we practiced—we knew it, we proved it by tests innumerable until our own faith was made whole, but still there was needed a scientific lapidarist who would cut and polish A. T. Still's gems of truth with precision of pure science until each shining facet would reflect the light and glorify it with the prismatic beauty that meant its ready comprehension by any scientific mind that sought to understand it. science also has its lingo, and osteopathy had not yet found the way to state itself in the other fellow's idioms.

We felt this great need as a profession keen-"Who will state osteopathy so the men of science will understand it and approve it? we asked vainly and ceaselessly. There seemed to be none who could answer.

Then at the Put-in-Bay Convention of the AOA we started the A. T. Still Research Foundation. Our ideas of a research institute in that day were rather vague. We expected that the fruits of such a fund were to be, first, the conception and statement of osteopathy in terms of biologic science so that we could show that it stemmed from the living tree of pure science and was not inconsistent with any of the facts of nature, now known or later to be discovered; and second, we expected research to discover new facts which somehow would aid us in diagnosis and treatment. These two steps we conceived of as "proving osteopathy" and being already a going and workable system of therapy, osteopathy needed the first service even more than the second. We needed the service of a profound, impartial man of science who would pass upon the fundamentals of our system and adjudicate between our tenets and claims and those of drug medicine. We wanted to prove that we were scientific. The stage was thus set for one who could formulate our ideas for us, rationalize them as might be needed and thus make of himself a leader indeed in the osteopathic profession.

Enter Lane. That was about ten years ago. Lane came prepared. We already had dreamed for a dozen years of "a research man of international reputation." Lane filled the bill. He was it. He had no illusions about drug therapeutics to handicap him. On the contrary his researches in pharmacology had made an absolute drug nihilist out of him. He had the true research man's inevitable and ineradicable contempt for the pseudo-scientific limitations and hypocrisy of drug doctors.

Doctor Still in his prime shared this same contemptuous feeling but only now and then would give way to pillorying it with merciless invective and sarcasm. As an usual thing, though, Dr. Still was exceedingly tolerant and gave the medic credit for doing the best he knew how.

Once subscribing to a conviction Lane seldom, if ever, relented. He knew the shallowness, the illogicability, the untruth, the wrong, the danger of giving drugs, serums, vaccines, etc., generally to mankind and from the hour that the light of this truth first illumined his mind (along about 1905) until the day of his death this Son of Pure Science and shiningly consistent and unfaltering follower of A. T. Still denounced the abuses of drug medicine with all the might of his high-powered intellect and all the force of his masterly invectivecould be really frightful. Lane could abuse the drug system on the public rostrum until he made even the osteopath shudder. Only a man of pure science, absolutely sure of his ground, and only an individual in whom there was the most violent reactions to truth and falsehood could take the stand he did and smash at error as he did in the battle to emancipate mankind from the Drug Demon. This was no pose that Lane took up for his job's sake. It was like a religion with him, and he was never stronger in his denunciation of the fallacies and crimes of the ancient and honorable profession of allopathic medicine when speaking before a sympathetic audience of osteopaths than he was in his utterances five years before he came to espouse the cause of osteopathy.

The very vehemence of his osteopathic militancy depreciated Professor Lane's real power and worth in the eyes of many osteopaths. This has been a matter of keen regret to the present writer. But it is no doubt true that had "he mildlier spoke" he would have "manlier wrought," as Sidney Lanier puts it in his wonderful poem the "Crystal." Yet knowing Lane's nature, as the present writer did, he could make all due allowance for this. It was only the defect of his many qualities. He was a forthright, outspoken, unbribable investigator of the Truth, and when he found it in the Temple of Science he, too, was moved to such righteous indignation at all untruth, imposture and time-serving that like the Man of Galilee he laid whipcords on the backs of the trading and trimming knaves whom he found polluting Temple of Truth and drove them abashed out into the street.

Lane was a reformer born. Often his excess of zeal led him astray.

But after knowing Lane's picturesque temperament intimately for nearly 30 years there is now for the present writer a much more understandable and human note in the splendid

denunciations of the Scribes and Pharisees by the outraged Jesus. "Woe unto you, scribes and pharisees—hypo-

crits!"

"Ye devour widows' houses, and for a pretense make long prayer: Therefore ye shall receive the greater damnation.

"Ye fools and blind. * * "Ye blind guides which strain at a gnat, and swallow a camel.

"Woe unto you, scribes and pharisees, hypocrits! For ye are like whited sepulchres, which indeed appear beautiful outward, but are within full of dead men's bones, and of all uncleanness.

"Even so ye also outwardly appear righteous unto men, but within ye are full of hypocrisy and iniquity.

"Ye serpents, ye generation of vipers, how can ye escape the damnation of hell!"

As the present writer recalls the very words of this matchless invective of the erstwhile gentle Nazarene against the cant, hypocrisy, fraud, formalism and crushing prestige of the high priests and lawyers of the beginning of the Christian era and beholds the verdict of history that the rebuke was wholly just and true, there is a better understanding of Michael A. Lane and of the picturesque denunciation he leveled at the profession of medicine from the stage of a theater in Columbus, Ohio, at the time the AOA Convention was held there.

Was it impolitic? Surely. Was it intem-Absolutely. But was it true? Was it just? Well, many osteopaths felt that it was not; but Lane, the man of pure science who knew all the facts, said it was God's living truth, and that the doctors were poisoning to death countless thousands of human beings daily, and that they ought to be pilloried and jailed until they stopped.

Such a man was Lane. We shall not see his like again.

L' Envoi

Vale, Michael! We have had our thousand happy hours together. You were the finest intel-lectual stimulus I ever knew. What men call your faults were interesting and picturesque to me. In much we did not agree. In world politics we were at antipodes. In religious thought we were in fellowship. In osteopathy we were in absolute unison. It is the proudest achievement of my work for osteopathy that I won you to its standard. You have done much to justify my faith in you and make me proud of the introduction. It will ever be my lament that in the ten brief years you were available for osteopathy's service you were not given a research laboratory of your own to follow your own bent and have no other duties but pursue the truths of osteopathy as your light led you. That I planned for you. That you wanted to attain above all the other things in life. It was not to be. But your students, Michael, will carry on! Some of them will follow through. The research laboratories of our midnight dreams will yet be built and your "boys" will delve, as you yourself expected to. You will ever hover near. Inspire and guide their efforts. May you live in their

Michael-farewell! Henry Stanhope Bunting.

Shoulder to Shoulder

Let us be men, we osteopaths of the U.S.A., and march shoulder to shoulder in our drive to rid the world of mysticism and "dope". Let our motto be "Eat to live and not live to eat." Osteopathy ever broader! For everything is osteopathy that cures by eradicating the etiology. Even mind over matter cures. osteopathic management are what we want—but, remember, people come to us for drugless cures, so "dope" in any form lessens their estimation of osteopathy. We treat all their estimation of osteopathy. We treat all diseases, we ARE NOT specialists.—David H. Hardie, D.O., Galena, Illinois.

SHOP TALKS on OSTEOPATHIC AFFAIRS

Real Service

Last night at 9 p.m. I relieved a man of hiccough of 14 days duration after 7 medics had failed. He has now been sleeping for 21 hours continuously. As I skipped out through the door a member of the family said: "That's real service."—E. S. Bendix, D.O., St. Peter, Minnesota.

Hiccough Cured

Saw patient seventh day. He had hiccoughed for six days for periods of one hour, with a cessation of about twenty minutes between attacks. Had three medics who administered chloroform, ether and nitro-glycerine. Stopped entirely by correction of lesion at 9th and 10th dorsal.—E. E. Wicker, D.O., Virginia, Minn.

The Diagnostic Duty

In disease, to know what the lesion is, and that which is not the lesion. To discriminate between the real cause and that which appears to be the cause. To pass by the apparent cause, often due to inherited deficiencies in composition of structure, which permits deviation of structure without corresponding interference of function, and to seek the less apparent and real cause of disease—that is our duty.—Frederick W. Treshman, D.O., Brooklyn, N. Y.

Osteopathic Horizon Widening

The parapatetic Post-Graduate Lectures we are getting through the Western Osteopathic Association are surely fine. Dr. Waldo's lecture made me feel about ten years younger, and gave me new courage, inspiration and vision for success-building in practice. I wish every osteopath in the world might share this feast.—W. S. Maddux, D.O., Pueblo, Colorado.

Why Fear Medical Boards?

I stood the regular medical examination in Virginia at Richmond in December and have just received my license. This makes three regular medical board examinations I have taken and have had no trouble in passing any of the three, and can see no reason why any osteopath should be afraid of the medical examination if they are permitted to take it. Out of a class of more than one hundred taking the Florida board, I got the honor of making the highest general average. While I favor the separate examining board as we have in North Carolina, I see no reason why the osteopathic graduate should hesitate to go to a state that has the composite board, or only the regular board if he is permitted to stand the examination.

I am glad to say that osteopathy is still forging to the front in the "Old North State" and that we are hoping for the right to practice major surgery through an amendment to our present law.—Fraternally, A. R. Tucker, D.O., Raleigh, N. C.

Apply Psychology Also

Remember that the human being is a psychic as well as a mechanical being. Failure to get the desired results follows too often because we fail to recognize and apply this funamental fact. Mechanical adjustment is the fundamental of osteopathic fundamentals; but adjustment, our one therapeutic principle of cure, is universal and this fact should be kept in mind at all times and our percentage of cures will mount higher.—Geo. W. Reid, D.O., Worcester, Mass.

Insurance for Osteopaths

There is an Accident and Health Insurance Company which recognizes Osteopaths, says so right on the face of their policies. They have written a lot of insurance in this territory and they settle their claims promptly and fairly. Osteopaths should give such companies their support. It is the Mutual Benefit Health and Accident Association, Omaha, Nebraska. Lets hear of others like them.—Drs. Watters and Watters, Conrad, Mont.

Selling Osteopathy to Osteopaths

The thing we need most is to make osteopaths appreciate their own profession more. We can't cure everything or everybody, but the thing we forget is that the other fellow can't either! Where osteopaths fall down is on that last point; too many give the M.D. credit that he is not entitled to. We can't get away from the teachings of the past 100 years. Too many of us don't call in another osteopath when our loved ones are sick; the first man we call is an M.D. It's wrong!—C. W. Mayhugh, D.O., Atchison, Kansas.

Only Team Work Wins

The greatest thing osteopathy is up against today is lack of cooperation of the profession in carrying out the plans of the Associations. Practitioners lose sight of the fact that we are a democracy and that the majority should rule. If the plans of the association do not suit them, they take themselves to their own little backyard and sulking, holler about how things are going, instead of pulling off their coats and working to further the interests of all. They do not realize that they owe anything to any one but themselves.—C. B. Root, D.O., Greenville, Michigan.

One Board Advocated

In my opinion it will be a great mistake to have separate (osteopathic) examining boards such as are planned in our outlines for future legislation. Our college courses are thorough enough to enable the ordinary graduate to pass the examinations given by the "medical" boards of any state. Demand for a separate board would lead to the inference that they are not. If we have an osteopathic board we will next have a chiropractic board, then napropathic, etc., until a license will be worthless. One board for all is our safety.—Henry C. Sands. D.O., Chicago, Ill.

This Letter Was Not for Publication

"The idea may be worth discussing" writes a practitioner. "Often times we have a little controversy, wife and I. I contend that any doctor of any school should not tell his wife any thing about his cases. She contends wife like, that she has a right to know all about my professional as well as private affairs. I contend that if my clientelle knew that I or any other doctor told any one about his cases his practice would last as long as a snowball would in—II. I think that the office girl or the nurse even should know as little about the personal aspects of the case as possible to do their work. Please advise me. Get the opinion of some of the others if you think best. I think that I am right, though."

Undoubtedly you are right, doctor. You should hold all professional confidence as strictly sacred. You have no business violating this rule of ethics. No matter how sagacious one's wife is, violation of the right and expediency of this rule is attended with danger.—Editor.

Use the Word "Physician"

One thing that grinds my nerves is the words "Osteopath" and "Osteopaths" instead of osteopathic physician and osteopathic physicians. That "physician" belongs there.—Clyde Gray, D.O., Horton, Kansas.

Why Always on the Defensive?

Maybe I am a bolshevist, but why should we always fight a defensive battle? Every little while there is an urgent call for funds to defend our state law. Of course we have to do it. It's a matter of utmost importance. But why wait till the other fellow has a strangle hold on us? Let's put a few toe-holds on him. Maybe he won't be as keen to come back. I'm for attacking the state-supported medical schools and hit 'em hard in every state in the union. Why should the public support sectarian medical schools if they can't stand alone? Let them fall! Probably the best move would be to get information on the present costs per graduate and let the public know how dear it is.—H. E. Eustice, D.O., Beloit, Kansas.

Advanced Fees at Idaho Falls

The following rates went into effect in my office January 1st, 1921: Single treatment \$3.00; six treatments, if paid in advance, \$15.00; single treatment on Sundays and holidays \$4.00; house calls \$3.50; house calls after 9 p. m. \$5.00; normal labor cases \$35.00. I am the only osteopath out of five here that charges more than \$2.50 for office treatment or extra fees for treatments on holidays and Sundays. I will let you know if I starve to death. Practice was slow through December but is now very much better.—George A. Aupperle, D.O., Idaho Falls, Idaho.

Good Work at Macon

At the Still-Hildreth Sanatorium, Macon, Mo, osteopathy is again measuring up to the full in producing a record that our profession has always made in all fields wherein it has had a fair chance throughout its entire existence. It is proving the correctness in this much needed field of usefulness of the principles that Dr. Andrew Taylor Still gave to the world. The deeper we go into this work here in the study and treatment of mental disturbances the greater my respect grows for the man whose great brain gave to the world our splendid science. This work here simply proves that each year only adds to our knowledge of the great breadth and scope of our wonderful usefulness through osteopathy.—A. G. Hildreth, D.O., Macon, Missouri.

An Osteopathic Camp for Boys

In reading over The *OP* I notice that the Drs. Wood have an Osteopathic Summer Camp for Girls. I am in this field myself with an Osteopathic Camp for Boys, and am very glad that some others are at work along this line. Our camp is located in the south central part of Michigan and is called Algonquin Camp.

Last year we had 40 boys in camp and are looking for more this year, as each year the camp increases due to boys getting others to come and share the good time at outdoor sports.

Algonquin Camp is located on 25 acres of land. Ten acres are woods, where the tents are situated, and the rest open field, which is made into a good base ball field, tennis courts, basket ball courts, and volley ball courts. Running tracks are also used in track meets among the boys. All this, besides corrective gym work and of course swimming and canoeing.

Any Doctor having a son or patient that would be helped by this camp's work, can get information and camp folders.—Fraternally yours, M. A. Prudden, D.O., Fostoria, Ohio.

Hard on Country Mothers!

Recently there appeared in a daily paper in this county an article from an M.D. explaining why he and his fellows would not agree to attend confinement cases more than a mile out of their village in the winter time! The country people had criticised the medics very severely, and in explaining their position on the subject the M.D.'s made some statements which seemed to leave openings for osteopathic publicity, so we proceeded to take advantage of it in the local newspapers .- Jane B. W. Hall, D.O., Caribou. Maine.

Should Study Throughout Practice

How many of our problems as osteopaths could all be solved by constant and painstaking study! So many doctors after they finish college just seem to take it for granted that all is finished when in reality they have just learned how to study well. Another thing: How many of the old two-year graduates have ever taken any further work? Entirely too few of them, I believe. However, if these who have Dr. A. T. Still's works and standard textbooks on all phases of our science they would keep somewhat up to date.

Now I have not been asked to say this additional thing, but I believe it, and so will give vent to it. Too few of our doctors of osteopathy are taking osteopathic publications. Why, it seems to me that a preacher had just as well try to get along without the Holy Bible as for an Osteopath to get along without three or four publications put out by members of our profession. At present I take nearly if not quite all osteopathic periodicals, but these magazines are as welcome to me as the sun is after a night of pain and anguish.—Theodore Paul, D.O., Tarkio, Mo.

Advocates "M.D.O." Degree

There are so many questions put to the profession through The *OP* that I thought you would be the proper one to ask this one, why does not the osteopath use the title "M.D.O."? M.D.O. signifies Doctor of Osteopathic Medicine. We are doctors of a system of medicine but the public is thrown off the track by our title, and osteopathy and chiropractic often seem all one thing to them. There are really so many ways that the standard of the osteopath would be raised that it would take up too much of valuable time to go over them. As a member of the medical board I would be glad to sign M.D.O .- A. L. Vincent, D.O., Salt Lake City,

AOA Bid to Philadelphia in A. D. 1926

Whereas, the preliminary steps have been taken to hold in Philadelphia in 1926 a "World's Fair" to commemorate the 150th Anniversary of American Independence, and

Whereas, Philadelphia distinguished in colonial history—The cradle of Liberty—The first Capitol of the (Nation) with its innumerable places of historic interest will be the MECCA to which not only the United States, but the whole world will pay homage in 1926,

RESOLVED, THEREFORE, in Executive session of the Philadelphia County Osteopathic Society to extend to the Executive Board of the American Osteopathic Association, to the profession at large, the invitation to hold the annual Convention of the Association in 1926 in Philadelphia.

ALL ROADS LEAD TO PHILADELPHIA IN 1926!

Charles J. Muttart, Carl D. Bruckner, Arthur D. Campbell, Wm. Otis Galbraith, Jane Scott. Committee, Philadelphia County Osteopathic Society.

Special Information for Osteopaths

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

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

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

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

In response to repeated inquiries from the "fraternity", for my special

Alkaline Germicidal Tablets

I have decided to put them up in one pound packages containing approximately 450 tablets. A pound will be sent, charges prepaid, upon receipt of \$2.30, check or money order. If not satisfied, return the tablets, and your money will be cheerfully refunded. This preparation is made from standard ingredients to my own formula—

TABLETS
CONTAIN:

Sodium Biborate
Sodium Benzoate
Sodium Salicylate
Sodium Chloride

Combined with Menthol Thymol Eucalyptol and Oil Wintergreen

An ideal detergent and antiseptic preparation as spray, wash or gargle. Unexcelled as an antiseptic wash, before operations of the nose and throat. Convenient for dispensing to patients for catarrhal conditions.

One Alkaline Germicidal Tablet dissolved in ones of warm water makes an excellent spray or wash for nasal troubles and gargle for the throat and mouth. Superior to the aqueous alkaline solutions generally used—as its constituents cause it to remain longer on the mucuous surface—allowing better results from its remedial qualities.

The increasing demand for this tablet is sufficient proof of its value.

Send for a trial order today.

DR. GEORGE J. KASSMIR, D. O.

Eye, Ear, Nose and Throat

202-203 Torrey Bldg. DULUTH, MINN.

FREE An Instructive Lecture Course

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



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

PART & DECIMAND

Trade-mark Reg. U. S. Put. Office.

Ultima No. 4
SINUSTAT
A. C. or D. C. A wonderful value for the money, still at 1919 price. Mail postal today for full details. Ultima Physio Medical App. 136 W. Lake Street, Chicago, Ill.

The Perfect Sight Restorer



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

Write for descriptive literature.

PRICE \$5.00 PERFECT SIGHT CO.

Dubuque, Iowa



The Delaware Springs Sanitarium

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

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

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

THE DELAWARE SPRINGS SANITARIUM Delaware, Ohio

Don't Complain of Unfair Competition

Unless you are doing your part to smoke the imitators out. You can use "Chiropractic Kleptomania" in hundred lots at 11/2 cents apiece. It pays.

Drum-Head Resection in Advanced Stages of Catarrhal Deafness

Recent investigation has very clearly demonstrated that in advanced stages of catarrhal deafness, which have failed to respond to Fustachian dilatation, bougle and osteopathic treatment, with the following symptoms:

1. Autophony.
2. Paracusis Willisii.
3. Vertigo at intervals.
4. Abnormal membrani tympani.

Catarrhal history.

Marked bone conduction.

Schwabach's test positive.

8. Rinne's test negative can be materially benefited by partial or complete resection of the drum-head. In many instances as much as 75 per cent of the auditory function has been restored by this surgical interference.

Drum-head resection of the bad ear, with

the above symptoms, often improves the opposite and untouched ear. This is the choice procedure in these conditions.

In nerve deafness vigorous non-surgical treatment of the bad ear often improves the opposite and untouched ear. This is due to peripheral

stimulation of the center.

A series in research of over five hundred cases has demonstrated these facts. next meeting of the American Osteopathic Society of Ophthalmology and Oto-Laryngology, Cleveland, Ohio, these techniques, along with many others, will be demonstrated.—James D. Edwards, D.O., St. Louis, Mo.

Organized Publicity

magazines full of osteopathic news, as the M.D.'s and chiros do for their professions.— L. V. Read, D.O., Spring Valley, Minn.

so they will enter an osteopathic school. The superintendent has also asked me to give some practical talks on physiology. He is a booster for osteopathy and the kind we like to see at the head of a school. If this course were followed generally our schools would not be up against it so badly for want of students.—Fred W. Wells, D.O., Sedan, Kansas

We need a national advertising committee with state sub-divisions to keep the papers and

Osteopathic Specialists

High School Lecturing

schools to give a talk before the high school students on the subject, "Why I studied Osteopathy." These talks are given by professional men so as to give our students an idea about what they may want to do in life. Seems to

me this is a good way to get osteopathy before

the high school graduates and interest them

Have just been asked by the superintendent of

Goddard Building

27 E. Monroe St.

Central 3715

Chicago

Dr. Glenn S. Moore Eye, Ear, Nose and Throat

Dr. Nettie M. Hurd Orificial Gynecology — Diseases of Sigmoid, Rectum and Anus

REFERRED CASES

CONSULTATION

Detailed diagnostic report and complete in-structions as to advisable treatment returned by mail to physicians.

DOCTOR—HERE IS A HELPING HAND!



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

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

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

GILBERT BRAN-O-LAX COMPANY

Lynchburg, Va.

PROFESSIONAL CARDS

Dr. H. C. Wallace Practice limited to General and Orthopedic Surgery and Consultation. S. W. Osteo. Sanitarium, Blackwell, Okla.

Dr. Benoni A. Bullock Consultation and Surgery Specialist in Orificial Surgery Stevens Bldg., Detroit, Mich.

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

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

> Dr. Jerome M. Watters Osteopathic Physician Ear, Nose, Throat and Eye 2 Lombardy St., Newark, N. J.

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

Dr. Leland S. Larimore, Eye, Ear, Nose and Throat. Prof. Opthalmology, Optometry and Oto-Laryngology, K. C. College of Oste-opathy and Surgery. Blackwell, Okla. 601-2-3 New Ridge Bldg., Kansas City, Mo.

Dr. Percy Evan Roscoe Osteopath 410-413 Seventy-first-Euclid Bldg. 7016 Euclid Ave., Cleveland, Ohio

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

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

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

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

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

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

TAYLOR CLINIC

Des Moines General Hospital

Des Moines, Iowa

S. L. TAYLOR, A.B., D.O., M.D.

President and Surgeon-in-Chief

F. J. TRENERY, D.O. Superintendent and Roentgenologist

G. C. TAYLOR, B.S., D.O., M.D.

Eye, Ear, Nose and Throat

L. D. TAYLOR, M.D., D.O.

Consultant

B. L. CASH, D.O.

Pathologist and Cystoscopist Genito-Urinary Diseases

J. P. SCHWARTZ, D.O. E. M. DAVIS, D.O.

House Physician

Intern

J. L. SCHWARTZ, D.O.

Staff Physician

C. R. BEAN, D.O.

Staff Physician

Complete equipment for every kind of Diagnosis and Treatment.
Osteopathy—Surgery—X-ray—Radium—Clinical Laboratories.

Continuous Post-graduate Course.

Fee \$100.00 per month. Certificate granted at completion of course.

"Blackwell, Oklahoma, Talking!"

I note in The OP that the D.O's are quite numerous in Delaware, Ohio. We do not wish to detract from honors due them but Blackwell, Oklahoma, challenges their statement as to being the most populous place on earth, osteopathically. We have an average of more than one osteopathic physician to each 1,000 popula-

These facts should show to the profession the immense influence of osteopathic institutions. If we had a thousand good hospitals, properly equipped and with qualified staffs, we would have a thousand Kirksvilles, Delawares and Blackwells where osteopathy is the dominant school of practice. No city without an institution has ever become such an osteopathic centre, and a good osteopathic institution has invariably proven the greatest asset of oste-opathy in the community and enabled several times the usual number of D.O.'s. to find it profitable to locate within the influence of such institution.

A creditable hospital, however, is more than a building with a few beds and a sign on it! Money will buy these but the hard thing to get, and the thing we as a profession lack, is the hospital men and women to manage and do the necessary special work. Such training requires years of time. We could organize hundreds of hospitals now but they would be failures without properly trained staffs. More men will train for such work whenever the profession demand and support them and not until then.-Yours truly,, H. C. Wallace, D.O., Southwestern Oste-opathic Sanitarium, Blackwell, Oklahoma.

"Out of the Mouths of Babes"

Dear Doctor Bunting: -As editor of the little magazine "Osteopathic Health" I know that you will appreciate this contribution and testimonial to the wonderful healing powers of your writings.

Ardith, the 11-year-old daughter of a patient of mine, has a collection of "Osteopathic Healths"—about a dozen or so. She keeps these together with a rubber band and at night puts them under her pillow.

She was sick for a few days last week and in order to make her more comfortable her mother wanted to take them from under the

"What do you want to have all those little magazines in bed with you for anyhow? Let me take them out," said her mother.

"Please, mother, let me have them with me. You know, when you're sick, they're so comforting, cause all the people tell about, no matter what ails them, how they always get well."

Dr. Chas. J. Muttart

Specializing in

Diseases of Gastro-Intestinal Tract

Consultation and Referred Cases given special attention

HOSPITAL FACILITIES

1813 Pine St.

PHILADELPHIA,

PA.

I thought you would appreciate this personal testimonial to your powers of hypnotism, so am sending it on to you, Bunting. With best wishes. Arthur W. Brockway, D.O., Waukesha, Wis.

Personnel of that A. S. O. Band.

As Reported by Prof. Virgilio Halladayo.

organized the A. S. O. Band last fall when school opened and have it now in a pretty good condition. It is of interest in that it is the only purely Osteopathic Band that we know of in the world, being made up entirely of students at the A. S. O. In the past we have had bands here but they were augmented at times by local talent; in this case we do not need any outside assistance as we have all the necessary musicians in school this year.

Saturday, Jan. 8th, the band marched over to the A. S. O. and were given the jerseys which you will note each member is wearing in the picture. These are genuine Travelo jerseys and were made possible for the band boys thru the efforts of George Still, Gene Brott and myself.

The band plays at all athletic contests and

school functions.

Below is a list of the members, their class and home town. You will note that they are gathered from all over the U.S. Conductor

Dr. H. V. Halladay, Professor Anatomy, A.S.O.

Dr. H. V. Halladay, Professor Anadomy,
Cornets—
E. B. Johnson, June '24, Sault Ste. Marie, Ontario.
F. D. Ulrich, June '22, Lewistown, Pa.
M. L. Gump, June '23, Covington, Ky.
Roy Lilly, June '24, Charlestown, W. Va.
C. I. Pray, Jan. '24, Grant City, Mo.
R. A. Palmer, '24, Bement, Ill.
M. E. Triplett, June '23, Triplett, Mo.
H. C. Bereman, June '23, Wichita, Kansas.
Clarinets—

Clarinets—
M. W. Smalley, June '24, Miamisburg, Ohio.
W. C. Brenholtz, June '23, Flint, Mich.
H. W. Sachs, June '22, Towanda, Ill.
Rudolph Lentz, January '22, Howard, S. Dak.

Piccolo— R. J. Moore, June '23, Concordia, Kansas.

G. W. McColloch, June '24, Piqua, Ohio. E. R. Palmer, Jan. '23, Waterville, Kansas

E. R. Paimer, Jan. 25, watering, Rainess Saxophones—
R. K. Myers, June '23, Covington, Ohio.
S. J. Hearst, June '24, Warren, Ohio.
A. D. Becker, Jan. '21, Fleischmans, N. Y.
Slide Trombones—
Ray Wright, June '24, Toledo, Ohio.
Louis Sturmer, June '24, Meriden, Conn.
R. S. Licklider, Jan. '24, Piqua, Ohio.

Baritones—
A. H. Staffa, June '24, Ft. Worth, Texas.
H. G. Butler, June '24, Hebron, Neb.
N. A. Zustpann, Jan. '24, LaBelle, Mo.

Basses— C. A. Brink, June 24, Kirksville, Mo. S. M. Gould, June 23, Orlando, Fla.

Bass Drum—
H. L. Davis, June '21, Freewater, Oregon.
Snare Drum—
S. H. Cables, June '23, Rockland, Me.

When we think of the work that Dr. Halladay does as a teacher, research worker in anatomical dissection and father who now and then is up at night with sick kiddies, and then realize also that he is a star musician and band master we reflect on the old adage that "only the busy have really time to do things."

Criticizes Harris Luntz' Flaxolyn' Boosters

The osteopathic profession has recently received numerous letters and advertising matter from one "Harris H. Luntz" exploiting a prep-aration called "FLAXOLYN".

In order to get the attention of the osteopathic profession Mr. Luntz poses as an M.D., D.O. and judging from the most recent booklet of testimonials he apparently has been successful, as I note the names of four members of the A.O.A giving testimonial to the wonders of Flaxolyn.

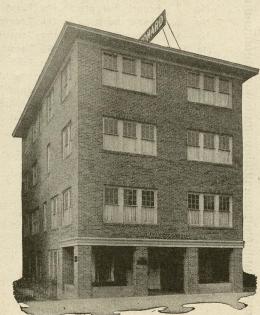
Now this man Luntz is not a legitimate osteopath, neither is he a registered M.D. in Kings County, New York, so far as I am able to learn by the records. He has been a hang nail to the osteopathic profession for several years but we have never taken direct action to get rid of him.

No doubt the legitimate osteopaths who are giving testimonial to Flaxolyn are doing so assuming that they are aiding one of their own profession, but instead they are aiding him to exploit his wares under false pretenses with the influence which their testimonials will bring to bear.

The osteopathic profession seems to be a medium of "easy picking" for everyone who has something to thrust upon the public and they all either pretend to be osteopaths; going to be osteopaths, or are the best friend the osteopaths ever had, but I would suggest that when we get literature from those posing as

Wayne-Leonard Osteopathic Sanitarium

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



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

We employ the Porter Milk Diet Method exclusively.

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

For particulars regarding milk diet and other cases, address-

Dr. L. H. English

130 South Maryland Ave.

ATLANTIC CITY

N.J.

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.

——A New Book——

DISEASES of the HEAD and NECK

Deason

Giving the Author's original methods in diagnosis and Osteopathic treatment of—

- 1. Catarrhal Deafness.
- 2. Nerve Deafness.
- 3. Hay-Fever.
- 4. Asthma.
- 5. Tonsilitis.
- 6. Voice Impairment.
- 7. Facial Neuralgia.
- 8. Facial Paralysis.
- 9. Middle Ear Disease.
- 10. Mastoiditis.
- 11. Sinuitis.
- 12. Nasopharyngeal Catarrh.

To be ready about May 1st — For sale by the

JOURNAL PRINTING CO. Kirksville, Mo.

osteopaths we first learn if they are members of the A.O.A. and if not, write the nearest one to them who is a member and learn who and what they are before assisting them.

I know absolutely nothing of the merits of Flaxolyn, but I know of Mr. Luntz as he has been in Brooklyn for some time and I do not think the legitimate members of the profession can afford to give encouragement to those who are sailing under the osteopathic banner illegitimately—Edward B. Hart, D.O., Brooklyn, N.Y.

Historical Perspective

"As we recede hills sink, mountains rise." Each day demonstrates the mountain of osteopathic philosophy, science and art rising higher above the hills of medical mediocrity. As we move down the line of the centuries Dr. A. T. Still will rise higher than the heights in world history.—Clayton B. Simmons, D.O., Milon, Mo.

A. T. Still: Founder of Osteopathy

A popular book for the home library of intelligent people. Gives the facts about the relation of osteopathy to the basic sciences of life. Shows its harmony with the laws of nature. Explains why and how it works with and helps the normal constructive forces of the body, and thus promotes life and health.

Sent postage paid on receipt of price-\$3.00.

THE BUNTING PUBLICATIONS, Inc.

—Announcing an Entirely New—

EDWARDS' SERIES

A forerunner to Edwards' text on Finger Surgery, watch THE OSTEOPATH for first information concerning this epochmaking book.

The fifteen articles listed below will be published in THE OSTEOPATH, single numbers will not be sold during the period this series is being published; annual subscription \$3.00 a year, until further notice.

- No. 1. Finger Surgery in the Treatment of Exophthalmic Goitre.
- No. 2. Finger Surgery in the Treatment of Immobilized Drumheads.
- No. 3. Finger Surgery in the Treatment of Post-operative Glaucoma.
- No. 4. Finger Surgery in the Treatment of Acute and Chronic Laryngitis.
- No. 5. Finger Surgery in the Treatment of Pocket Handkerchief Deafness.
- No. 6. Finger Surgery in the Treatment of Acute and Chronic Tonsilitis.
- No. 7. Finger Surgery in the Treatment of Myopia.
- No. 8. Finger Surgery in the Treatment of Strabismus.
- No. 9. Finger Surgery in the Treatment of Astigmatism.
- No. 10. Finger Surgery in the Treatment of Catarrhal Deafness (New Technic.)
- No. 11. Finger Surgery in the Treatment of Hay Fever (New Technic.)
- No. 12. Finger Surgery or Osteopathic Ophthalmology.
- No. 13. Finger Surgery or Osteopathic Laryngology.
- No. 14. Finger Surgery or Osteopathic Otology.
- No. 15. Finger Surgery or Osteopathic Rhinology.

Every article invaluable not only to specialists, but also general practitioners.

We congratulate every osteopath who reads this unusual series—you will be given the best thought of one of our foremost scientists.

THE OSTEOPATH - Kansas City, Mo.



Oral Prophylaxis

MOUTH CLEANLINESS is no longer merely a matter of personal inclination or desire; medical men now recognize it as an essential detail in the prevention of disease.

THE MOUTH offers an ideal dwelling place for germs; it is of just the right temperature and moisture, and unless regularly cleansed, there are always enough decomposing food particles in the deep tissue folds and around the teeth to attract and favor the retention of all sorts of pathogenic bacteria.

NEGLECT OF THE MOUTH means a constant invitation to many of the acute diseases.

A CLEAN MOUTH is, therefore, the first consideration in the modern scheme of personal hygiene.

DIOXOGEN—the best and purest peroxide of hydrogen—is an invaluable mouth-cleanser. Owing its antiseptic qualities to pure oxygen—the same agent—that makes sunshine and good air the most efficient of germ-destroyers, Dioxogen penetrates to the deepest recesses of the mouth, where it softens and detaches all accumulated material, and cleanses and purifies everything it touches.

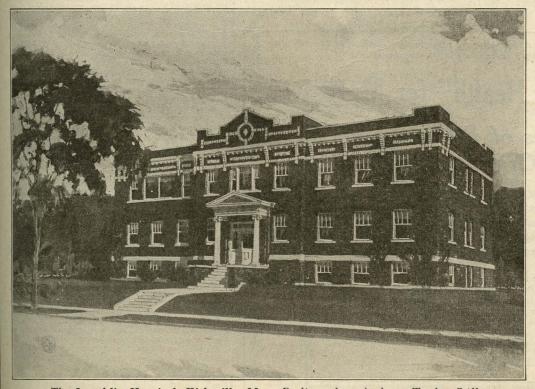
DIOXOGEN is not a mixture containing aromatic flavors or other substances to convey the idea of great antiseptic power. It is, instead, colorless, odorless and almost tasteless, with a germicidal efficiency superior to the solutions of carbolic or bichloride ordinarily used, but without the slightest toxic or irritating effect.

DIOXOGEN, in consequence, can be used as freely as necessary or desired, in even the youngest patients, with absolute certainty not only that it will keep the mouth and teeth in a clean and wholesome condition, but that it will always do its work in a pleasant and agreeable manner.

THE OAKLAND CHEMICAL COMPANY

59 Fourth Avenue New York City

Wonderful Year for the Laughlin Hospital, Kirksville



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

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

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

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

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

PUBLISHER'S DEPARTMENT

[Ready to insert in your Home Town Newspaper]

A New Way to Cure Diseases of the Stomach and Digestive System

Since ills of the digestive system are probably the commonest form of sickness, the May issue of "Osteopathic Health", the popular magazine, will have an intriguing interest for vast numbers of people. It discusses from the new osteopathic point of view the absorbing subject, "Why Diseases of the Stomach and Digestive Organs Develop." Briefly the new view is that lesions in the spine (which usually show up as "sore spots" under finger pressure of the osteopath) are one of the commonest of causes. You will find this new light of science on the whole range of stomach and digestive ills very understandable and satisfy-

Broadly speaking, this writer says, diseases of digestion, assimilation and excretion are commonly caused in two ways: (1) by abuse of function (such as improper food or overwork of the stomach), and (2) by these abnormalities of the body tissues called 'lesions' (which ordinarily means vertebrae or ribs slipped a little out of correct position, or congested muscles, and such things). A third factor which may cooperate with either of these causes is the disease germ.

It makes no difference whether diseases of the digestive system originate from the first, second or third of these causes, says the author, osteopathic diagnosis is the best way known to modern science to get at the facts of the case, and offers the most practical way to correct or cure the mischief. Now it stands to reason, if there is any mechanical disorder in the body such as a lesion which is causing the trouble, that the only way to reach and correct it is by an osteopathic adjustment. Once the

human machine has its parts all restored to position and relationship, says the writer, the common ordinary every-day ills of the stomach, bowels, liver, pancreas and other organs usually get well promptly and that with-

out taking any medicine.

So it seems that anybody who is troubled with any sort of digestive ill ought to seek competent osteopathic examination and try to have the fundamental mechanical cause located and, if once located, then to get it adjusted by an osteopath as the simplest and most logical way to overcome the trouble.

So much for theory. But the most interesting part of this article by far is the recital of eight different cases which were successfully diagnosed and cured by osteopathythem after other systems had failed to give aid. These cases included nervous dyspepsia, chronic constipation, bad livers, gastritis, pyloric obstruction, atony of the stomach and bowels, gall stones and reputed atrophy of the liver. Each of these cases was completely cured-most of them by the osteopath making adjustments of the back and neck.

Read this article in entirety. It will interest and instruct you and if you are a sufferer from any curable digestive ill it may open the door of relief for you. You may obtain a free copy of "Osteopathic Health," the little magazine, containing this article by applying to either . in this city, or to the publishers, The Bunting Publications, Inc., 9 South Clinton St., Chicago. A post card will bring it. The knowledge it gives ought to prove very valuable to any family.

Ready for use in your home town newspaper. The "copy" below space. Have your printer follow style of composition The "copy" below is for display

'Osteopathic Health' for May=

Why Diseases of Stomach and Digestive Organs Develop

Two Main Origins of Digestive Ills; Nervous Dyspepsia from a Vertebra Out of Line; Bad Livers?; Constipation Caused by Overtense Muscles; Atony of the Stomach and Bowels; Gall Stones; Gastritis.

The above is the title contents of "Osteopathic Health" for May: A copy of this interesting little magazine will be mailed free of charge on request. It explains in clear simple language how Osteopathy gets success in these conditions. Address

DR		
Y Dayson de la Lorente		

A "Spring Tonic" 4-Page Harvester Leaflet

We are glad to be able to announce a limited run of a 4-page Harvest Leaflet written by Dr. A. G. Walmsley entitled "The Best Spring Tonic". It is good for circulation in this season of the year. It tells 'em what the best spring tonic is. You know. Price \$10 per thousand \$1.25 per hundred. You might as well use this seasonable advertising matter as not. We furnish it ready for you to use.

Enclosed find check \$17.00 to apply on my account Osteopathic Health continues to carry rays of light in the homes where osteopathic theories have never permeated before.—Roy Kerr Eldridge, D.O., Philadelphia, Pennsylvania, February 4th.

SIN

News of the Washington Osteopathic Association

News of the Washington Osteopathic Association
The laws of Washington regarding Osteopathy have
been changed as follows: The Administrative Code does
away with our examining board April 1st, 1921. A
Director of License will have charge of affairs, that is
will call the examinations and issue the license, the
Governor will appoint three osteopaths to prepare the
questions, examine the candidates, mark the papers and
make the report to the Director of License in Olympia
We have RECIPROCITY with all states who have equal
requirements. To encourage Osteopaths to come to Wash
ington Dr. A. B. Ford, President of the Washington
Osteopathic Association has appointed the present board
a committee with W. T. Thomas, Tacoma, as secretar
to answer all inquiries and give information.—W. T.
Thomas, D.O.

Dr. A. H. Paul Offers Aid to Ex-Service Men Dr. A. H. Paul Offers Aid to Ex-Service Men When Commander Galbraith of The American Legion was in Bridgeport, Connecticut, recently, he lecture before the Kiwanis Club. Dr. Arthur H. Paul was very much impressed by what he said about the men who are up against it financially and physically. So he offered his professional aid free of charge to all ex-service meanin need of attention, and financially unable to pay for it. The Harry W. Congdon Post No. 11 of Bridgeport, too official notice of Dr. Paul's offer and asked him to put it in writing, which he did, and as a result, he received a letter from John F. Moran, Post Adjutant, stating that Dr. Paul's offer had been read to the members and it was accepted with a rising vote of thanks, and that the bowere deeply appreciative and had listed Dr. Paul among were deeply appreciative and had listed Dr. Paul amo

Statement of the ownership, management, circulation etc., required by the act of Congress of August 24, 1912, of The Osteopathic Physican published monthly at Chicago Ill., for April 1, 1921, State of Illinois, County of Coeks. Before me a notary public in and for the State and county aforesaid, personally appeared H. S. Bunting who having been duly sworn according to law, depose and says that he is the editor of The Osteopathic Physician and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management of the aforesaid publication for the date show in the above caption, required by the Act of August 29.

edge and belief, a true statement of the ownership, magement of the aforesaid publication for the date show in the above caption, required by the Act of August 21 1912, embodied in section 448, Postal Laws and Regulations, printed on the reverse side of this form, to-win 1. That the names and addresses of the Publisher Editor, Managing Editor, and Business Managers are Publisher, The Bunting Publications, Inc., Chicago, III. Editor, H. S. Bunting, Lake Bluff, III.; Business Manager, Ralph Arnold, Chicago, III. 2. That the owner are: H. S. Bunting, Lake Bluff, III.; H. D. C. Va Asmus, Lake Bluff, III.; Ralph Arnold, Chicago, III. A. M. Sick, Park Ridge, III.; Ralph Arnold, Chicago, III. A. M. Sick, Park Ridge, III.; H. F. Hosley, New Yor City. 3. That the known bondholders, mortgages, and other security holders owning or holding 1 per cent of more of total amount of bonds, mortgages, or other securities are: None. 4. That the two paragraphs nem above, giving the names of the owners, stockholder and security holders, if any, contain not only the is of stockholders and security holders as they appear up the books of the company but also, in cases where the stockholder or security holder appears upon the books the company as trustee or in any other fiduciary relation the name of the person or corporation for whom suftrustee is acting, is given; also that the said two pargraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditionater which stockholders and security holders who not appear upon the books of the company as trustee hold stock and securities in a capacity other than the of a bona fide owner; and this affiant has no reast to believe that any other person, association, or corporation has any interest direct or indirect in the said stoke bonds, or other securities than as so stated by him. I. S. Bunting, Editor. Sworn to and subscribed before this 22nd day of March, 1921, Seal. Ralph Arnold (A commission expires December 5, 1923).

those "who have not forgotten the boys after the smoke of battle had cleared away". One man suffering from shell shock showed up at Dr. Paul's office for treatments shortly after the offer had been announced.

Montgomery County Osteopathic Association Meets in Independence

The Montgomery County Osteopathic Association met Feb. 1, 1921 in the office of Dr. R. Blandin Smith for its February session. Dr. L. G. Fite, president, from Coffey-ille; also Dr. J. E. Freeland, and Dr. E. C. Brann. Dr. L. S. Adams, and Dr. Mary Pearl Adams, Fredonia; Dr. H. S. Wiles, Neodesha; Dr. C. H. Chandler, Cherryvale; Dr. R. L. DeLong, Oswego; Dr. R. W. Bell and Dr. Mary C. Bell of Independence, were the members in attendance. The program consisted of a paper by Dr. Chandler on the topic, "The Business End of Practice;" also a paper by Dr. Freeland on "The Indications and Contra-indications of the Popular Serums and Vaccines." A general discussion of the above topics was participated in by those present which made the evening pleasant and profitable, Light refreshments were served by Dr. Smith.—Dr. Mary C. Bell, Secretary.

To All Nobles of the Mystic Shrine-Greetings!

An assessment has been made upon all Shriners to stablish hospitals for Crippled Children. This is a very worthy object, and one which can well be maintained by the Order. However, there are many members of the Shrine who are for Medical Liberty, for the right to consult whatever school of medicine they choose. It is their right and duty in paying the assessment to enter a protest to his Temple that this new institution or institutions be made open to all schools of Medicine, and the crippled to be taken care of shall have EVERY possible benefit of medical science and NOT that advocated by the school, Allopathy.

This is a request for all Nobles, Osteopathic, Christian Scientist. Homeopathic, Eclectic and otherwise to not only register their own suggestion and request for an OPEN institution, but to have your patients and friends ol likewise.—Noble O. C. Foreman, D.O., Chicago, Ill., January 5th, 1921.

nuary 5th, 1921.

Binghamton, N. Y., Osteopaths Hear

Binghamton, N. Y., Osteopaths Hear
Dr. Dayton Lecture
Dr. F. E. Dayton, of Escanaba, Mich., chairman of the Bureau of Clinics in the department of public affairs of the Osteopathic Association, while visiting his father in Binghamton, N. Y., was entertained by the osteopaths of that city. Various special subjects were discussed including ear, nose, and throat work, Sacro-Iliac strains, osteopathic technique, and the value of rest and relaxation. Dr. Dayton gave a very interesting and learned lecture on the reduction of Sacro-Iliac lesions under masesthesia. All were highly edified and a vote of thanks was tendered to Dr. Dayton for his courtesy and the hope was expressed that similar meetings may be held regularly.

New York City Osteopathic Meeting

New York City Osteopathic Meeting

The Osteopathic Society of the city of New York held its February meeting in the Blue and Gold Room, of Hotel Plaza, Saturday evening Feb. 19, 1921. Program: Licensing of the Osteopath, Ralph H. Williams, D.O., Rochester, N. Y., Examiner of Physiology of the State Board of Medical Examiners. Health and Housing, Dr. Royal S. Copeland, New York City, Commissioner of Health. Osteopathic Study of 875 Cases of Mental Disorders, L. Van H. Gerdine, M.A., M.D., D.O., Macon Mo., Neurologist, Still-Hildreth Osteopathic Sanatorium. Business Session: We were especially honored in having Dr. Royal S. Copeland, Commissioner of Health, New York City, to address us. Dr. Gerdine's paper on the Study of such a large number of Mental Disorders from an Osteopathic standpoint was most interesting. Dr. Williams, likewise, enlightened us on many points in which we are concerned.

North Carolina Osteopaths Defend Their Rights

North Carolina Osteopaths Defend Their Rights
The medical fraternity of North Carolina has opposed all osteopathic legislation for the past two years on the grounds that an agreed bill would be introduced at the present session of the Legislature, at which time a Board of Regents would be established and satisfactory laws would be passed regulating all the branches of the healing art. About two months before the General Assembly convened it was brought to my attention that such a bill was being prepared and we made an effort to secure a copy of it; we were assured that the bill had not been completed and probably would not be ready until the Legislature met, however, we were not consulted as to our wishes or given any assurance that we were to be allowed to even see the bill. Having participated in quite a number of legislative fights, and knowing the tactics of the medical fraternity in fighting every thing osteopathic, we began preparing an osteopathic bill granting us all the privileges as taught in the various osteopathic colleges. This bill was introduced in the House immediately following the introduction of the Medical Practice Act defined osteopathy as "rubbing, massage and scientific manipulation", thereby eliminating our privileges of minor surgery, obstetrics, etc. The Medical Practice Act was reported favorably in a joint meeting of Health committees of the House and Senate and passed in the Senate. However we had the bill amended in the House exempting Osteopathy as defined by law. The bill then

went back to the Senate for concurrence, was reported favorably by the committee and passed in the Senate with the osteopathic amendment preserving the rights of the osteopaths. The osteopathic bill was killed in the House committee but it enabled us to defeat the medical regulation of osteopathy thereby giving us a very decided victory. This, however, was not done without the hardest fight in the history of osteopathy in North Carolina and nearly every osteopath in the state did all that was asked.—Merl J. Carson, D.O.

Dr. Brigham on Western Circuit

Dr. Curtis W. Brigham is visiting the north half of the "Circuit," visiting seventeen States, via Portland, Boise, Denver and Salt Lake. The south half will not have a speaker this month.

Great is Waldo!

Great is Waldo!

If you missed Dr. Waldo's address to the Los Angeles profession, requiring one hundred and twenty minutes, during which time not one of the two hundred and fifty present stirred except to hold his ribs in the height of laughter, or while blistering the palms in whole-hearted applause, you will always have one vision before youthe greatest mistake and regret of your life. His wealth of literary gems and their logical presentation in his characteristic, inimitable way gave to us who did attend an undying inspiration.—"Team Work," organ of the Los Angeles County Osteopathic Association.

D. O. Rotarian Advocates Reorganization of Soldiers Relief Dr. C. E. Achorn, D.O., ex-President of the Rotary Club of New York and present Chairman of the Club's

"HARVEST LEAFLETS"

to Reach the Multitude and Arouse the Disinterested

Our new line of introductory and supplementary printed leaflets are designed to enable osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make easy and economical the undertaking of broadcast distributions and engineering systematic rapid-fire follow-ups where the cost of using a magazine would be felt as a deterrent factor. You can economically and speedily cover entire lists of any size by this medium and command instant attention. The harvest will be proportional to the sowing. Let us tell you how to plan and conduct such campaigns. Here is the splendid assortment of subjects offered you:

4-Page Harvest Leaflets

What Doctor Shall I Employ?
Disease Caused by Mechanical Pressure.
How Osteopathic Patients are Treated.
Getting Well All Over at the Same Time.
Building Up Weak Throats.
A Chiropractor at Work.
(George Creel in Harper's Weekly).

Price \$10.00 per thousand, with or without your professional card.

\$1.25 per hundred.

6-Page Harvest Leaflets

No.
 What is Osteopathy?
 A Word to Former Patients.
 What Osteopathic Fingers Will Do.
 Neuritis From a Slipped Rib.
 What is Chiropractic?

 (As told in Gubernatorial Veto, Supreme Court Decision and A.M.A. Journal Editorial).

 Where Chiropractors Are Made.

 (A reprint from the A.M.A. Journal).

 Chiropractic Kleptomania.
 Neuralgia and Headaches.

Price \$12.50 per thousand, with or without your pro-fessional card.

\$1.50 per hundred.

8-Page Harvest Leaflets

No.
14. An Explanation of Osteopathy.
(As stated by the London Times).
15. Why the Spine is the Basis of Health.
16. What Osteopathy Does for Women.
17. Osteopathic Aid in Pregnancy and Confinement.
25. Osteopathy in Obstetrics

Price \$18.00 per thousand, with or without your professional card.

\$2.00 per hundred.

1-Page Harvest Leaflets

Habit in Suffering.
The Osteopath's Point of View.
An Osteopath.
The Nine Modern Wonders.
Osteopathy is Not a Remedy.
Dr. Atzen's Definition of Osteopathy.
Insomnia.

Price \$5.00 per thousand, with or without your pro-fessional card.

\$0.75 per hundred.

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

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

The BUNTING PUBLICATIONS, Inc., 9 S. Clinton St., Chicago

Committee studying the needs of ex-soldiers, stated that the American Legion was right in its charges against the present conduct of the care of disabled soldiers, the work of the present government agencies being wholly inadequate. The committee, Dr. Achorn said, asked the support by the Club of the Sweet Bill, advocating coordination of the War Risk Insurance Bureau, Federal Board for Vocational Education, and Public Health Service into one agency, under one department of the Government. This bill will be brought before the next session of the Legislature. Dr. Achorn further stated that it was his opinion, and in this he thought he was voicing the opinion of the other members of the Committee, that the Legion ought to devote its entire attention towards legislation for the disabled soldier instead of spending so much time in agitating for bonus legislation.

Chiro Convicted in Wyoming

Chiro Convicted in Wyoming

I took the state board examination in February and was successful. Two other osteopaths were examined at the same time and passed. I understand that we are the first successful applicants in two years. The head of the state chiropractic association was found guilty of practicing medicine without license in the District Court March 25th. This was a test case and under the evidence and a plain reading of the law it was a just verdict. As usual the General Council for the chiros tried to evade the issue and to bring in a host of satisfied patients as witnesses. The sentence was ninety days in county jail. The chiros are now using the occasion for a lot of fireworks to arouse public sympathy with the hope of getting a law passed at the next meeting of the legislature. They had a bill before the last session of the legislature, but it failed simply from lack of merit, so I was told by a senator from his district.—D. L. L. Wade.

Ulceration

Ulceration

In considering the rational treatment of the pathological condition described as ulceration, it should never be forgotten that the underlying factor both in the production of the lesion as well as its persistence, is local inflammation. Perverted metabolism is a direct result of local inflammation, and is in turn followed by disturbance of nutrition and impaired vitality of tissue cells, all of which in spi. of abnormal efforts to repair, leads to a reverse condition, necrosis. So long as local inflammation is allowed to persist, the pathological process will continue, with perhaps some periods of partial improvement but with no chance, or at least very little likelihood, of permanent relief and cure. The Electropathology of local inflammation and its relation to these conditions is not well understood by many medical men. Nevertheless, it was thru a study of this phenomenon that this most practical agent for the treatment of local inflammation, DIONOL, was developed. Dionol is composed of hydrocarbons carefully selected and combined for therapeutic use, which are then deionized by the Dionol method. Dionol is supplied in the form of ointment for local (external) use, and as Emulsified Dionol for internal administration.

PERSONAL

Drs. H. B. Sullivan and K. F. Kinney of Detroit, Michigan, announce the removal of their offices from 213 Woodward Avenue to the Walker Building, Woodward and Willis Avenues.

The Tourist Club of Penscacola, Florida, gave an entertainment March 17th. Dr. J. S. Baughman, now of Penscacola, but formerly of Burlington, Iowa, was chairman of the committee. Also he took prominent part in the program, making the opening address, also reciting a poem "Tribute to Mother Love", and also closing the program with an address "The Cloverleaf Combination".

Dr. Bruce L. Ross, a recent graduate of The Assertion

ing a poem "Tribute to Mother Love", and also closing the program with an address "The Cloverleaf Combination".

Dr. Bruce L. Ross, a recent graduate of The American School of Osteopathy, is now located for practice at Central City, Nebraska, associated with his sister, Dr. Nell E. Ross.

Dr. Fred Thomas Hicks of Erie, Pa., announces the removal of his office from 227 West Seventh Street to 124 West Seventh Street.

Dr. Dayton B. Holcomb, formerly of Chicago, announces the opening of his office and X-ray Laboratory at 745 North Los Robles Avenue, Pasadena, California, specializing in Glenard's disease, and the resulting autotoxicosis, gastro-intestinal, kidney and cardio-vascular conditions. Special training and technic in the Pasteur Institute of Paris, and also in Vienna, in physical, chemical and x-ray diagnosis.

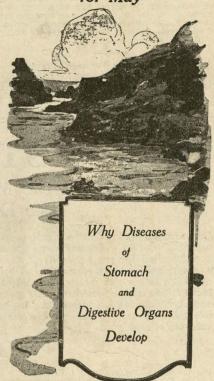
Dr. R. H. Prindle of Rocky Mount, North Carolina, has announced that he is no longer associated with Dr. Hornbeck. He has established offices at 405 National Bank of Rocky Mount Building.

Drs. Collyer & Collyer of Louisville, Kentucky, announce the removal of their offices from 526, 4th Street to the Pope Bldg., 3rd and Walnut Streets.

Dr. G. A. Gamble, Salt Lake City, Utah, announces that The Gamble Osteopathic Sanitarium, 1145 East 6th Street, South, Salt Lake City, Utah, is now open for convalescents and such chronic cases as are not contagious. Licensed physicians will be accorded special courtesies, and patients are free to call the doctor of their choice. Special attention will be given to cases which have been pronounced incurable. The highest aim will be to maintain a reputation for the Institution as "The Get-Well-Quick Resort."

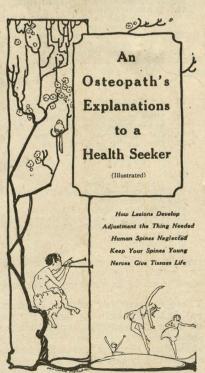
Dr. R. Keiningham of Mount Union, Pa., announces the removal of his offices from 111 N. Jefferson Street to Wiley Bldg., 16½ W. Shirley Street.

OSTEOPATHIC HEALTH for May



You will be well pleased with this popular discussion on this group of common diseases in which Osteopathy does so much permanent good. The rationality of osteopathic therapy in these cases is made very plain. The issue is ready for shipment. Send

No. 54



This very splendid discussion of Osteopathy by Dr. McCole, of Montana, won great favor when first published. This new edition is carefully revised; printed from new type and bound in pretty cover. It will make increased practice for you if you use it right. How many do you wish?

MAKKIND)

Dr. Donald Merton Lewis of Des Moines, Iowa, and Miss Velma Marie Smith, March 3rd. Doctor and Mrs. Lewis will be at home after April 1st, at 724 45th Street Place, Des Moines, Iowa.

IE(0)(4)

To Doctor and Mrs. J. H. Garretson, Forsyth, Mont, a daughter, Virginia May, January 16th.
To Doctors C. L. and Nora F. Shaw of Indianola, Ia, a 5½ pound son, Leslie Fleming, April 4th.

Mrs. Lizzie Grow, mother of Doctors W. W. Grow, W. S. Grow, and O. P. Grow.
Abie McL Teter, wife of Dr. F. B. Teter, died at he home in Davenport Thursday, February 24th, after an illness of about two years. Her husband and five children mourn her death.
George William Myles, brother of Dr. Anna Crawford Myles, student at the Philadelphia College of Osteopathy, of pneumonia complicated by tympanitis and acute cardiac dilatation.

EXCHANGE and MARKET

WANTED—To sell my practice and furniture for \$800,00, the price of one month's income. Will introduce and start newcomer this summer. Address No. 276, care The OP, 9 So. Clinton St., Chicago, Ill.

WANTED—Graduate D.O. to take charge of a gost practice in one of the best all-year-'round cities in nothern Florida for the months of June, July, August as September. Splendid opportunity for right man. Giverference. Address No. 277, care The OP, 9 So. Clinto St., Chicago, Ill.

FOR RENT—Well established practice, office and residence combined and furnished. Centrally located in on of the best cities in Iowa. Suitable for sanitarium work Man and wife preferred. Address No. 278, care The OP, 9 So. Clinton St., Chicago, Ill.

WANTED—To buy a first class practice or partneship by a capable and experienced osteopathic physicia who has the goods and means business. Address "Successful", care The OP, 9 Sc. Clinton St., Chicago.

OFFER WANTED—For one hundred dollar share d stock of the American National Assurance Company St. Louis. Address L. S. K., 415 Metropolitan Buildin Minneapolis, Minnesota.

WANTED—An assistant who can qualify to car 35,000 per annum. Must be a man of intelligence, settled habits, and of dependable and faithful charact willing to work up gradually but surely to a \$5,000 year income. The work would be mainly acute bedsip practice with some office practice at special hours, live-wire chap, smart enough to use his bruse a woman street willing to work up gradually but surely to a \$5,000 year income. The work would be mainly acute hedsip practice with some office practice at special hours, live-wire chap, smart enough to use his buse a woman process of the process of the second practice with some office practice at special hours, live-wire chap, smart enough to use his buse a woman process of the process of the second practice of the second practi