

The Osteopathic Physician

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The Osteopathic Physician

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Number 2

Work and Play—Do You Do Both?

J. Deason, D.O., M.D.

To all who have not hunted big game or fished for game fish, and the other outer enthusiasts, let me urge that life is certainly worth the effort if we only learn to play while we work.

Have you ever considered the cause of this? Every week, possibly every day, you have a patient who has worked hard all of the best days of his life; has, perhaps, accumulated considerable wealth, but has passed the time when he can enjoy it. He has either forgotten how to play or he is so thoroughly worn down physically and mentally that he simply cannot enjoy the beautiful things which nature has in store for him. Why should this be? Hold a silver dollar or a quarter or a dime at full arms length and look at it against a beautiful natural back-ground. You can see the coin and still see the beautiful things in nature about its periphery. But bring it closer and closer and soon it obstructs all of the beautiful things, and even the faces of your friends, and you see nothing but the coin. This is usually the answer.

I know many Osteopaths who are doing this. They see ghosts, jack-o'-lanterns, illusions of all kinds merely because they refuse to do some "clear seeing and clear thinking," as John Burroughs would say. And by the way, have you ever read Burroughs or Muir or Mills or Roosevelt or any of the other American naturalists who write about our great out-of-doors or do you find time only for books on "diseases and how to treat them?"

Health, happiness and professional success are really not measured by wealth, nor does one need great wealth to have frequent and long vacations. For a truly successful out-of-doors vacation, however, one does need something that cannot be purchased by money and that is a full understanding of and a love for the beautiful things which nature has in store for him. The rivers and lakes, the trees, the rocks, the birds, the fish and all the animals with their histories, lives and habits are things wholly foreign to most of us who like to consider ourselves "educated." "Ma" nature would certainly have her hands full if she found one of us lost in the woods, because we are so ignorant, so helpless, away from our trodden paths.

Let us define education as the training of our special senses, brain included, to such perfection that we can enjoy to the fullest extent all that nature has in store for us. True it is that we can read interesting books, we can look at artificial pictures and listen to grand opera which, as a noted humorist has said, "may not be as bad as it sounds;" we can argue and disagree about science, art, philosophy, politics and spiritualism. This is about all we have over the "lower animals." But say, boy, the animals and birds and fish certainly "have it on us" when we go a-woods. Compared with the acuity of their special senses we are all deaf, dumb and blind. They out-see, out-hear, out-smell, out-guess, out-run and out-kid us. Any city chap who goes hunting with the idea that he is going to have a lot of fun with the game

is all wrong, because the game is sure to have a lot more fun with him than he does with them.

Just recently I followed a deer all over the province of Ontario from Millard to Mason and back to Church. No, I didn't even get a shot at him and I know he was watching me all the



Dr. Geo. M. Laughlin, President of The Laughlin Hospital, President and Patron of the Andrew T. Still College of Osteopathy and Surgery, his gift to the Profession.

time while he wasn't hunting four-leaf clovers and waiting for me to catch up.

There is certainly nothing better for sense training than hunting and one never realizes just how poorly he can hear, see, smell, feel and think until he goes a-woods. I am convinced that animals have a lot of special and general senses that we have not or at least have never developed.

The Best Time for Vacation

Anytime of the year is fine in the woods. I've fished in the spring and summer, hunted in the autumn in warm and temperate climates and I've hunted in the winter north of the 53rd with two feet of ice on the lakes and a temperature of 45 degrees below zero and it's all wonderful. There is no best time—all time is good, but some months are better.

September, October and November, which includes Indian summer and some of the cold weather, is my choice for vacation time. At

this time of the year, all nature is most beautiful and the fishing and hunting seasons are open.

During July and August, fish don't bite well and game should not be killed, but in the north, bathing and canoeing are fine sports and one can usually get enough fish to eat, so these months, too, are good. May and June in the northern states and in Canada are often bad months for mosquitos and flies, but this time is also best for fishing. We have never found mosquitos or flies troublesome at any other time of the year. During January and February, except in the south or in California and Oregon, it is too cold to hunt and the ice is too thick to fish, so these months are not so good for most out-of-door sports, but these are good months for ice boating, snow-shoeing and wolf hunting and with a cabin having a big fireplace, these months are fine; and so we see that all times are good for vacation.

Length of Vacation

Here is the important point and I am very much in earnest about it. I have found that for the business or professional man that at least two weeks is necessary for him to completely relax and forget about his office duties. After this he really begins to enjoy his outing and after three or four weeks he has just learned enough to make himself efficient in studying and enjoying nature. Then, if he stays another two or three weeks, he doesn't want to go back. At least a month, and better two months or more, is really essential. This is exactly why most people never enjoy an outing. They don't stay long enough to learn enough about the big out-of-doors. Ask my double, Paul Peck, or my old partner, Jack De Shazer, Art Brockway, "Happy" Flory, "Fisher" Upton, Bas-orino Conklin or even Harry Bunting, because they know that. There are those who insist that they can't afford the time.

Frankly, I believe that doctors, particularly, cannot afford to miss such rest, because it makes them more efficient in every way. I take at least a month in the woods every year and usually much more than this. I also take a month of post-graduate work, along the lines of my specialty, every year. This method means more efficient work during the nine or ten months that I devote to practice. "Fisher" Upton and "Jackfish" Brockway do this also, and if we three can do it, it certainly ought to be easy for any Osteopath. It would seem far better to work with ambition, energy, and enthusiasm nine or ten months of each year than to struggle along with a grouch, doing only half-efficient work twelve months out of every year.

Cost of an Outing

Here's where you are all wrong. The cost is very little. If any one will agree to pay my office rent and see that my nurses don't starve while I'm away, I'll guarantee to tell him how to live well in the woods for fifty dollars (\$50) per month or less and have the best of chuck and a wonderful time. Just get out of the city and avoid the grafting hotels where most tourists and vacationists go. That's all. A good tent with stove or a cabin—that's all you really require, plus some knowledge of the arts of

"Where There Is No Vision the People Fail"



Landing at Portage to Lake Mirror. The buck lying on the sand in front of the launch was our first kill of the season.

fishing and hunting and a love for nature. If you have, or will develop the latter requirement, the others are all easy. It is a fact that from two to four persons can live exceptionally well on from fifty to one hundred dollars per month and have absolutely everything for luxury, including chewing gum and tobacco, for that amount.

To satisfy expensive appetites and habits certainly does not mean pleasure in the fullest sense of the term. The simple out-of-door-life, with the thorough contentment that it brings and the strengthening of character and of one's whole make-up morally, mentally and physically, are worth so very much and really cost so little! The train fare won't be more than \$100, round trip, unless one makes an unusually long trip. Duffle and camp clothing, guns, fishing tackle and bathing suits, every one should have; so we may say that an outing of two months could easily be made for from \$100 to \$200 including all expenses.

This you must understand does not mean "roughing it"—that is, it does not mean living in a brush "lean-to" or sleeping on the ground. (I often do this to reach the best game regions but I confess I don't care for it.) This expense means that one can sleep in a good bunk where it is dry and warm and have good chuck such as sour-dough hot cakes, fish and venison, that is if he can fish and hunt successfully.

If one wants to go for big game, a guide and considerable equipment is necessary and this costs much more, but there are yet many places where big game is quite plentiful within easy reach of your office and pocket book.

If you are worrying about the expense just remember that every month in the big out-of-doors adds a year to your life; that pockets in shrouds are not deep, and that the big tall tomb stone that you are saving your money to buy will only keep the sun off the grave, making it so much colder.



What can be nicer than a canoe trip after some golden pike?

Perhaps the greatest mistake we are all making is that we want to be big without the willingness to be little. We think we must take an extended and expensive tour or live at some fashionable and expensive resort, after the fashion of some of our wealthy patients. Such things may be all right for those who like it, but it certainly does not accomplish the results, namely, complete rest and relief from responsibility, as does a good out-of-door vacation.

The worst things in life are often the most expensive. The uster-be champagne headache; the rich food gastritis; the obesity that results from too much service; the laziness and inefficiency from the lack of self-reliance; the bad disposition that results from too much catering to one's wishes and the lack of interest in life in general due to various causes, some of which are given above.

On the other hand, many of the best things in life cost very little or no money. To be able to use all of one's special senses to their maximum efficiency, that is, to hear, see, smell, taste, feel and enjoy all that is happening in one's environment, is certainly the acme of physiologic perfection of any animal organism. Barring osteopathic lesions and very rarely a focal infection or surgical condition, the animal organism will take perfect care of itself if only we would live more natural lives.

A three or four mile walk after some kind of game or a canoe trip after black bass, a good swim in cold water or just a cruise over the lakes and through the woods with camera and binoculars and wide-open eyes, will make one hungry for good food. It will make his system able to digest and assimilate. It will bring sound sleep and relieve his various grouches.

And outing must always be taken seriously. The out-of-doorsman must study to become efficient in getting the most out of Nature. A few books on geology, botany and especially on birds, animals and fish should be in our libraries and there should be a few small handbooks for camp use. If one will observe, read and think while he has his outing, the interest and actual value of his vacation will be increased ten-fold. In a little while he will learn enough to enjoy the big out-of-doors, will grow to dislike some or many artificialities of city life, and he will want a cabin in the woods where he can go oftener and stay longer. A cabin with its furnishings costs but little. Uncle Sam will furnish a beautiful building site for practically nothing and the rangers will look after it in your absence. Thus it may be seen that many of the best things in life cost but little and pay wonderful dividends in real health and pleasure.

Where to Go

The vacation country is not so important as one might think. I've fished and hunted in

nearly all of the western states, many of the central states including Minnesota, Wisconsin, Michigan and Arkansas, and in two provinces of Canada and have concluded that "There ain't no best place." Select the location to suit the season and the purse, but be sure to go where fish or game may be had.

A good river or lake where there are nice woods and then some fish or game and that is all that is really required. One doesn't need to go far. A vacation trip should be a little more extensive than the "last two tours of Europe" made by "Our Great Originator," but most of us live within a twenty-four hour train ride of some good camping spot.

Why Go to the Woods for Vacation

Most professional and business people are "nerve tired" because of their constant strain of too many people, too much noise, too much responsibility, too much dress and social requirements. Therefore I urge, "go to the woods and leave no mail address." One may worry a little for the first week or two about how the office is running, or whether the other fellow is getting all of one's practice; but soon a fellow forgets this and in another week or two he doesn't care whether he ever has any practice! He soon forgets the various little "grouches" that he holds against the other fellow, because he finds so many things that are far more interesting. There is something about the big world of nature that makes men feel more kindly to all fellow creatures. I frequently leave for vacation with an awful grouch and resolved to "get even" when I return, but then it's too late because I have forgotten what my grouch was about. There is also something about the out-of-door life that makes men honest and charitable. We never lock our cabin and never have anything stolen. Any time we chance upon the cabin of a hunter, trapper or fisherman we are asked to eat and they never accept pay. Several times on our last trip we came upon cabins about meal time and often the owner was away. Our guides simply went in, made themselves at home, cooked our meal from the other fellow's flour barrel and venison, washed the dishes and we went our way. Once the owner came home while we were eating at his table. He at once took the meat plate from the table, threw the



This is Jack De Shazer, D.O., the man who first interested me in Osteopathy. He now urgently advises me to quit practice and go for the woods.

contents away saying "that venison is old and tough and not good enough for wolves." Then he brought two ten-pound lake trout and said, "try these." I firmly believe that if some of our specialists would spend one month in the woods, they'd come back and tell the truth about their results with "finger purgery."

Experience Necessary to Success

Sometimes the city chap calls the man from the country a boob, but of all the boobs one can hope to see, the boobiest boob is the city dude who goes woodsing. I once saw a fellow put on a new pair of kid gloves to take a bass off the hook and I can prove that by Art. Brockway, D.O., the "Jackfish Kid" from Waukesha. I heard another chap ask an old woodsman which end of a rifle the trajectory fitted best. While on our last trip a city chap asked a trapper, "Which is warmer, snow-shoes or moccasins?"

Some four years ago a member of the faculty of the Chicago College of Osteopathy, while "admiring" one of my pet rifles with a half dozen big game notches in the stock, asked, "Does this gun shoot shot or bullets?" Some days ago I was telling a D.O. friend that one evening we had two venison and two moose hearts baked for dinner, and he asked, "were they really good to eat?" Once a highly cultured city chap, a senior in a certain Osteopathic College, dissected a wall-eyed-pike to determine whether it had a "slipped innominate," because he had seen its tail turn more to one side than the other. I can prove that by Dr. J. H. Baughman, the old Elk hound. On our last trip a "pill carpenter" from Iowa got lost in broad day light at noon with the sun shining brightly. He was only a little way from camp, couldn't tell which was south and stayed out over night. I can prove that by Mr. Duryea, my hunting partner. This chap had shot a nice fat grouse and a snow-shoe rabbit. He was very hungry but didn't know how to cook the meat because he had no salt. He didn't know that hard-wood ashes made good salt for fresh meat,—some chemist!

It will probably require several camping trips to render one efficient in the thorough enjoyment of an outing trip. One must learn how to live a successful camp life before he will thoroughly enjoy it and this cannot be learned quickly.

"A certain degree of culture has to be reached before we find beauty in these quieter things." —*Burroughs.*

Success Necessary to Pleasure

If one only wants to see the country, some excellent horse back trips may be had in the

West at from \$10 to \$30 per day, everything furnished. The scenery is great and the grub is good, but not that for me. I want to get game. It is really surprising to realize the enthusiasm and satisfaction gained from a good catch of fish or some good game that one gets by his own self-reliance. On my last vacation (1921) I made one ten-mile trip from the home camp, stayed four nights in a spruce-covered "lean-to," slept on the ground and there was cold, snow and ice everywhere, but this was not so bad as the fact that I had gotten no game. On the fifth day I started the long walk home. I was stumbling over wind-falls and trying to recall all of the various possible complications of the Smith operation for cataract when suddenly there came a chance to level the old 8 m.m. on a running deer. Missed the first two shots but the third—Oh, boy! I wasn't tired any more; my pack-sack was lighter; the sun shone brighter and my feet didn't hurt a bit during the rest of the trip to the home camp.

It must not be understood from the above that I am a "game-hog." None of our party ever exceed the legal limit and seldom shoot as much game as the game laws permit, even where game is plentiful. Last year I passed up six good shots at deer after securing my legal quota of two. In fact, when there is plenty of camp-meat on hand, I prefer hunting with camera and binoculars because I get far more pleasure from observing and studying the habits of and photographing "the wild folks" than from killing game.

The Health Value of a Vacation

A famous lawyer referred to me seven years ago by Dr. Roberta Wymer-Ford said, "A business or professional man can do twelve months work in ten months, but he can't do it in twelve months." Meaning that every one who does such work should have at least two months of vacation. This gentleman was in my office recently. He has practiced law more than fifty years, and is still very much of a man both mentally and physically, because he finds plenty of time to play every year.

I have seen the "tired business man" who had to "take pills" every day for chronic constipation, go to the woods and forget about the pills. I have seen a man who, as the result of a complete "nervous breakdown" couldn't walk more than three blocks, build up in the course of three outings so that he could walk fifteen or twenty miles a day in the roughest country. I have seen marked improvement in all of the special senses. I have seen men who couldn't drink a cup of coffee or smoke a cigarette without lying awake all night, take a complete rest in the woods, drink two cups of strong

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coffee for supper, smoke three pipes of tobacco and sleep ten hours without waking. I have seen those who couldn't eat the smallest piece of meat without suffering from severe gastritis, eat three big meals of venison and moose meat and never know they had a stomach. I have measured blood pressure, heart-beat and respiration and have seen these physiologic functions greatly normalized from the effects of a good outing. So, from these observations, I have concluded that if all of our patients could—I mean "would" go for a two month's vacation in the big out-of-doors every year, we doctors would soon have to "take to the woods" ourselves because there would certainly be much less need for our services.

Conservation of Health

We believe in the use of all natural methods of conserving and building those normal physiologic forces which mean resistance to disease and which add to our health and happiness. When the physician's services are required, we believe in the use of conservative methods of treatment, conservative surgery and in every way complying with Nature's methods because:



This demonstrates the result of fighting. These bucks locked horns, fell into the lake, drowned, and were frozen into the ice where wolves had started to make a meal of them when we found them.

"Nature is always prompt in taking her toll for the violation of her natural laws and on the other hand she pays big interest to those who invest in her bonds of health."

The AVOCATIONS of OSTEOPATHS

Dr. L. A. Bumstead Woos the Democratic Art

I am a republican, even though somehow I have always voted for a democrat for president until last fall. You see, I acquired the habit of voting for democrats while neighbor to William Jennings out Lincoln way. I always boost for home folks; hence my vote and rooting for Warren who lives but twenty-two miles from my house.

So, when I say "democrat art" I do not refer to politics.

Music is the universal art. It has always been the "Volapuk" of language. Through it all peoples have been able to communicate their emotional experiences to others. The war song of the savage is readily understood by his foe



A salmon stream in northern California where we hunted bear and mountain lion.

and is able to get a response in kind. The love notes of the birds in spring are easily understood by the dullest human mind.

Wagner, through his big, overpowering harmonies helped to stir the souls of the Germans to believe in themselves as the supermen.

Music is my hobby. It is my avocation. I would rather wield a baton before a volunteer choir than wave a sword before a brigade, in so far as recreation and pleasure are concerned.

Osteopathy is a science. Its application is an art. To be an artist one must have emotions. Music is distinctly an emotional art. Besides that it is essentially rhythmical. Nature works in rhythmical measures. Day and night, the seasons, tides, etc., all demonstrate the rhythm of nature.

The Osteopath must "tune up" the human body. A sense of musical rhythm is a wonderful aid in the practice of Osteopathy. At any rate it adds to one's enjoyment of his profession. It does to mine.

A few hours spent in some kind of musical stunt each week is necessary for my well-being. —L. A. Bumstead, D.O., Delaware, Ohio.

Trees Dr. W. R. Bairstow's Hobby

Your editorial in December *OP* on "Avocation" struck a responsive chord here. There are a large number of D.O.'s among my acquaintances who, when questioned, have no apparent interest in life outside of their office walls. They are successful, osteopathically, every one of them, but—there is a heap in life aside from that.

My own hobby is trees—in any shape, form or species. I have made a collection of the native woods of Pennsylvania, complete, with the exception of varieties which grow in the extreme southeastern section, and which I am to go down and collect this summer. My collection of 157 specimens is a beautiful sight—showing the bark, cross-section and straight grain—all highly polished. I have been at it for 17 years! The collection has been on display in connection with the Scout work several times and I have been called upon to speak on trees and woods many times. Besides the interest and instructiveness incident to finding each variety in its wild state, it has kept me out doors, climbing mountains and wading swamps, until I have the habit *bad*, and every Thursday afternoon, irrespective of weather conditions, I get out in the open and walk—with some goal in view.

The result is, I am healthy—which is our most valuable earthly asset, and it is wonderful how a day in the big woods will clear away the brain cobwebs and free the old grouch. There is a big lecture in elimination right there.

I see no end to these hikes either, as I have two small persons who are already clamoring to go trout fishing—and the opening day still three and one-half months distant!—W. R. Bairstow, D.O., Warren, Pa.

A Regular Walton Is Dr. R. P. Baker

An avocation? Why certainly Bunting—but wait a minute—not just AN avocation, but THE avocation. I don't want to be misunderstood about that, because—well—just because. Now listen:

Up in my study in a nice case, built especially for it. I have a rod, the unenlightened would call it a fishing rod—the ordinary angler would call it a bait casting rod and the expert Waltonian technician would call it a one-piece bait casting rod and admit that it is almost as nice as his own. To expect him to admit more than that would be useless for he is prejudiced. The more expert he is, the more obvious will be the superiority of my rod, its length, its weight, its mountings, its grip, its finish, its balance, and its resiliency are all superior to his own but he is unable to judge fairly. He is narrow, he is biased and often stubborn on this one subject. In every other way he is invariably the finest kind of a fellow—I can't understand it.

Now this rod— — —I have others, but I want to tell you something of this one — — — It is 68 inches in length, weighs 154 gms., has a double cork grip handle with finger hook and rubber cap, agate guides and tip mounted in german silver, red and green silk windings and one black winding 11 inches from the ferrule, 8 coats of the finest varnish and every one of them rubbed on. It is hand-made and home-made and a beauty. You have heard of the one man watch and the one man dog? Well—this is a one man rod, and I am the man.

On this rod I use a Pfeuger Supreme reel with 75 yards of King Fisher braided silk line, 12 pound test and my favorite plug is a Dowagiac Crab Wiggler.

Give me this outfit and a boat on a small cold fresh water lake with some good bass feeding ground in it and — — — well, now what's the use to go into all that? It just gets me all riled up and excited n'everything and this is only January and its a long time till Spring and I may not get to go anyhow, so doggone it, I'm not going to even think about it — much.

But say, Bunting, it sure is THE avocation.—R. -P. Baker, D.O., Delaware Springs Sanitarium, Delaware, Ohio.



Dr. J. Deason about to add a fat buck to the camp larder.

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Holders of Bunting Building Bonds are requested to clip their coupons that were due Dec. 1, 1921, and deposit them in their respective local banks for collection, if this has been neglected.

The semi-annual interest payment due on that date has been on call with the Chicago Title & Trust Co., since Nov. 25th.

You are losing interest on your money, friends, if you have not collected interest on your bonds, and it is no accommodation to us to let your interest stay in the hands of these trustees since we paid it over long ago.

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If you didn't get your allotment of those excellent Bunting Building Bonds you are still in time to get some Bunting Preferred Shares (the stock of this publishing house) which pays 1 percent higher interest (8 per cent) and which, when recalled, will pay a bonus of 5 percent additional. This is a safe and profitable investment and we recommend it to our friends and customers heartily. Besides, your investment in Bunting shares helps make the wheels go 'round.

"MOST DISEASES ARE OF SPINAL ORIGIN"

Which originally appeared in 1901 as Volume One, Number 1, of Osteopathic Health and became the prototype of all popular presentations of Osteopathy that followed after, has now been issued in the form of a "Standard Laity Brochure" (undated and without the "OH" title plate on front page).

This luminous classic states Osteopathy's fundamental principles for the understanding of lay readers in a way that no other writer has ever equalled. It is the mechanical side of Osteopathy, defined in vivid pictures of anatomy, physiology and pathology. It presents Osteopathy as it was taught at the parent college in 1898-1900, having been written and published by its author the first year after his entrance upon practice.

Dating, as it does, from 1901 this brochure has become our best historic document for the science of Osteopathy, establishing in brief compass and clear-cut definition the fundamental parts of osteopathic theory and practice in a way peculiarly serviceable to the profession in this day when the shameless "chiropractic" thief is abroad in the land setting up his claims as "the original spinal adjuster." This historic publication—which was copyrighted and extensively disseminated all over the United States and Canada by the osteopathic profession in 1901 and periodically at intervals since—constitutes one of the best proofs obtainable of the chiropractic conspiracy against truth.

"Most Diseases Are of Spinal Origin" has been more widely circulated than any osteopathic writing ever published. Most every prominent member of the profession at one time or another has delighted to do it honor by words of praise and by using it for the good of his practice.

Doctor A. T. Still in 1908 pronounced it "from start to finish the most literary and scientific production" that he "had ever read from the pen of any writer on the principles and philosophy of Osteopathy"! Surely, this is high praise—enough to embarrass any author. We reproduce the "Old Doctor's" fac-simile tribute on this page.

Will you take Dr. A. T. Still's judgment for it?

Is what he endorsed as field literature good enough for you?

"Most Diseases Are of Spinal Origin" is now a permanent "Laity Brochure" and will never appear in Osteopathic Health pages again. Will you use a thousand of them? Do

you believe that such merit should have your generous support? Then give it!

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What Dr. A. T. Still Said About the Merit of "Most Diseases Are of Spinal Origin"

American School of Osteopathy

Kirksville, Missouri

March 1st, 1908..

My Sunday Sermon

Well, Bunting,

My old Friend—

Fool or Philosopher?

Allow me to give vent to what I am thinking about and intend to say whether you like it or not.

I have just read your article in March, "Osteopathic Health," and without any flattery, I want to tell you that from start to finish it is the most literary and scientific production that I have ever read from the pen of any writer, on the principle and philosophy of Osteopathy.

I am proud of the production. I am proud of the Man who is not afraid to peruse and acquaint himself with all the branches pertaining to the subject of human life, the form of the body with all its parts and functionings, when in normal or abnormal condition.

Go on with the good work. I am glad to have one man who compromises with nothing, not even Truth itself; a man who is ready to offer and stand to the truth without apology.

Please send me a dozen copies, and bill for same.

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. T. Still

Dr. McCole's Postulate

a. The spine is, from the osteopathic point of view, composed of muscles, long and short; ligaments, long and short, and very flexible; a vast system of throbbing arteries carrying new blood in and soft-walled veins carrying used blood out; a vast net work or system of nerves carrying messages in and carrying controlling impulses out.

b. Here we find nerves of temperature sense, both heat and cold, touch sense, muscle sense, secretion, nutrition, muscular control, gland control, blood formation and circulation. In fact every physical activity of the human body is controlled by nerve fibers passing to the tissues, membranes and organs from the many controlling nerve centers in the spinal cord.

c. In addition there is inserted into it a series of bones called the vertebrae whose function is to protect the delicate structure from injury and also to form a supporting structure for the up-right human body.

This above described spinal organ, or system, is the center of all physical life in the human body. Therefore, the Osteopathic Physician turns to this wonderful and intricate system of control when he looks for the cause of disease and also to cure it. He considers it only good judgment and common sense to look here first and to see that the controlling organ of the body is first put in adjustment.

It is interesting to know that of all the tissues in the body the spinal cord nerves and nerve-centers are the most resistant of any of the body tissues to organic disease. They are least frequently attacked by disease and they are the last affected in starvation or severe malnutrition.

On the other hand it is extremely important to know that these same nerve centers are the first places to be affected in a functional way. That is they are immediately affected by strains, injuries, twists, falls, contractions, overwork, worry or exposure.

They are daily subjected to the results of the vicissitudes of our daily impacts in the struggle for existence.

This gives rise to what we call spinal cord or nerve center insufficiency. It may be chronic, coming on slowly and insidiously; it may be acute, coming on quickly or with violence; it may be localized in one small area of the spine; or it may be general over the whole length; it may be what is called traumatic, meaning from blows, severe twists or strains; it may be toxic from poisons in the blood; it may be neurotic or from nervous tension; it may be auto-static or from the body held in a strained position until the spine becomes stiffened.

—George M. McCole, D.O.,

Great Falls, Montana.

Spondylotherapy

[Albert Abrams, M.D., San Francisco, in his magazine Physico-Clinical Medicine.]

My distinguished friend, Dr. J. Madison Taylor, contributed to the Medical Record (July 30, 1921,) a significant article on "Vertebral Deformities." This contribution is of special importance because it brings into prominence some recent work done by Dr. Henry Winsor, of the University of Pennsylvania. Careful dissections were made of over fifty bodies to determine what anatomic evidences exist of alterations in

structures of the spinal column in disease. He is evidently amazed at his findings, for he discovers undoubted evidence of rheumatoid arthritis with vertebral distortions on a line of the same sympathetic segment as the viscera which are diseased.

He does not know whether the distortions are primary or secondary to visceral pathology. The essential factor is, that vertebral distortions

are more frequent than we are wont to believe, and thus the *raison d'etre* for the back-bone cults is suggested.

The chief duty of a consultant is to examine the rectum, for the reason that it rarely is examined. Dr. Taylor deplors the non-recognition of the vertebrae as a factor in disease by the average clinician and the burden of his plaint is, *examine the back!*

It is useless to discuss the problem of subluxated vertebrae, for it only eventuates in logomachy (a strife about mere words.) Such discussions are akin to the vagaries of the sophists who, teaching that all was mind, denied the phenomena of nature. There is no such thing as motion, they argued, because no object could move where it was not; therefore, there could be no motion.

It is useless for Dr. Winsor to say, although in a theoretic sense he may be right, that reduction of a subluxated vertebra is impossible because the vertebrae are so immobilized by disease that only by boiling, and even then with difficulty, can they be separated. The essential question is, does spinal manipulation by the Osteopath and chiropractor benefit the patient? This may be answered with an emphatic YES, and results are often achieved which baffle the understanding of the educated physician. The writer has endeavored to explain the results in his "Spondylotherapy" by the elicitation of reflexes.

The patient doesn't give a tinker's imprecation about what is the matter with him. His chief concern is to get well.

The writer proposes a new department in medicine which should be called, *Pragmatical Medicine*. The pragmatical method accepts an idea whether true or untrue by its practical results. Rationalism only concerns itself with logic. In other words, the medical pragmatist asks only for results, and ignores that stupendous superstructure of theories which poses as classical medicine.

If you were intrigued by Dr. McManis' story in the January issue about

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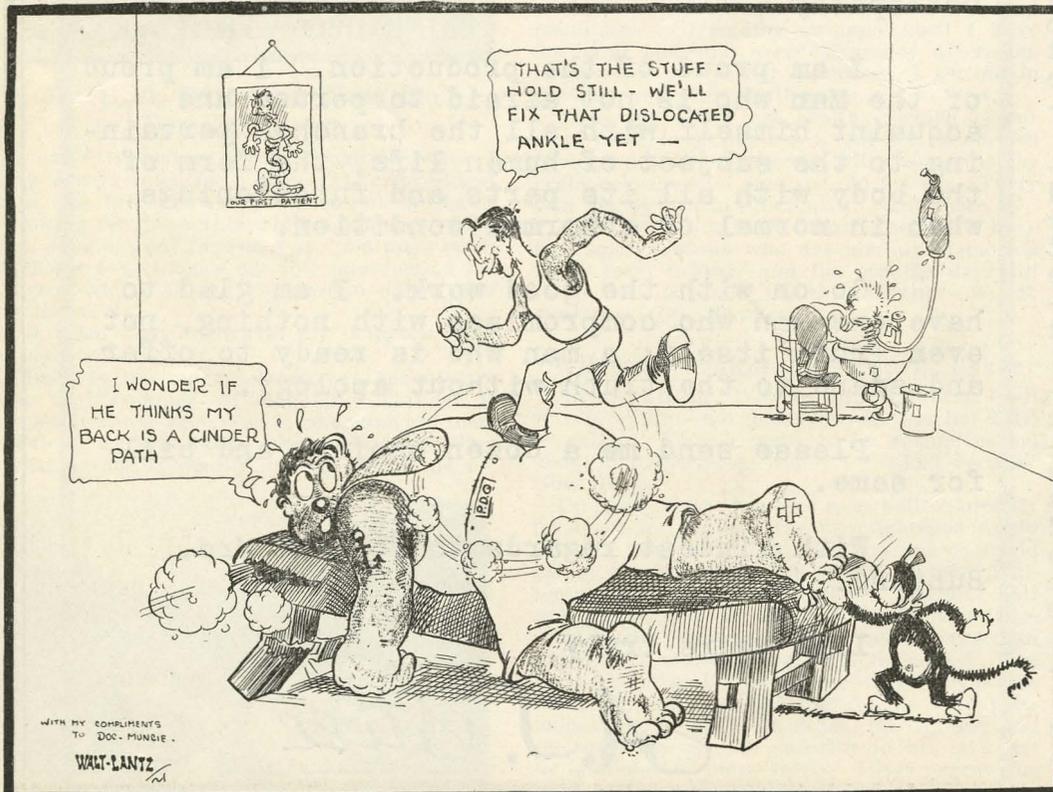
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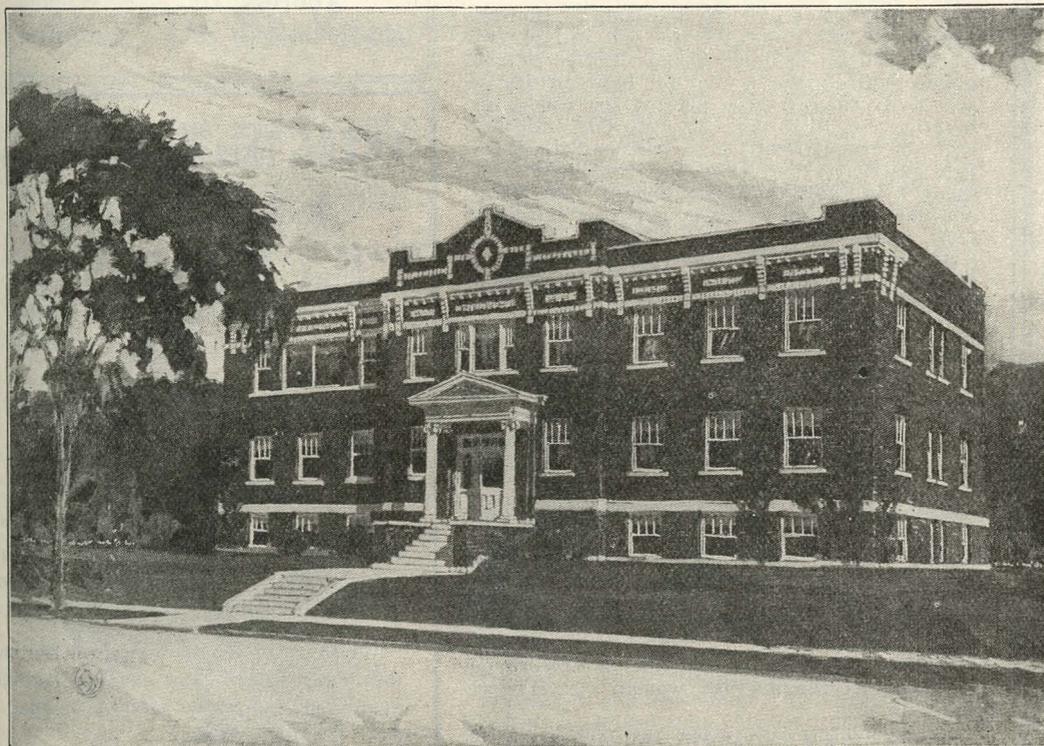
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Little Stories of the Clinic

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

Story No. 36

Case of High Blood Pressure

About two years ago—towitz—March 4, 1920, Mrs. T. came for treatment for high blood pressure. An M.D. had declared the pressure as being over 200 M. and he advised limitation of activities and restriction in diet, especially the elimination of meat.

Her symptoms were what she described as a "roaring sensation in the head," mental confusion, profuse and frequent bleeding of the nose, and a hot sensation appearing at times over the left cheek. She was not conscious of much of any physical weakness, and the bleeding of the nose was the symptom that so alarmed her as to cause her to consult a physician.

Following the M. D.'s directions seemed to allay the symptoms for a time, but later the nose bleeding and other symptoms began to appear as bad as ever. No medicine was prescribed.

At her first visit to my office, I found the systolic pressure to be 206M. I found a tilted pelvis with head turned to the right on the atlas, and great impactions among the dorsal vertebrae.

I advised a raw diet for a week, followed by a week where shredded biscuit was added to the bill of fare of raw food.

I treated her every other day for four days, followed by a week in which two treatments were given, then for a few weeks she was treated once a week and since then she has been treated once in two weeks, up to the present time, January 14, 1922.

She reported that the raw foods for the first two weeks consisted of milk, prunes, dates, figs, oranges, apples, cabbage, carrots, celery and a few other fruits and vegetables.

She found no particular hardship in limiting herself to this diet. At the end of the two weeks, and up to date she has limited herself almost entirely to the diet for hyperacidity as specifically named in a printed list appearing in Story No. 16 in Aug. 20, 1920 *OP*. She has been the best patient I have ever had to adhere to a restricted diet. She has eaten almost no sugar, being able to satisfy herself with honey and dates. She has even gone so far as to can fruit with honey.

She limits herself to the diet when visiting a friend. Sometimes at a public dinner or supper she will take her lunch along.

At the first treatment I corrected the tilted pelvis and the occipito-atlantal lesion. Have had to correct these lesions frequently during the past two years, though I find they are more frequently in position than out of position. At every treatment I separate the ribs and vigorously strive to secure greater mobility of the spine.

At the end of the first week of treatment and raw diet the pressure went down from 206mm. to 170mm. At no time since has it been more than 172mm. and it frequently is as low as 158mm. She has had no nose bleed since the first treatment, no confusion of mind, no "roaring sensation," and but little of that hot sensation over the left cheek. She is able to be as active as the average woman of her age, which is 52.

I take her pressure every two weeks and if it comes too near 172, she understands that she is to be a little less strenuous in her activities and then she is to have a larger percent of raw foods in her diet.

Comment No. 1. This is the best patient I

ever had to obey directions, and I think she has been well rewarded.

Comment No. 2. I would advise an examination and treatment once every two weeks the year around, in all cases of high blood pressure.

Comment No. 3. I have had no case of high blood pressure, where a week's raw diet failed to reduce the pressure. I furnish the patient a printed list of raw foods as follows:

Bananas, dates, raisins, figs, prunes, peaches, pears, plums, apples, apricots, cherries, oranges, grape fruit, pineapples, and other uncooked fruits; celery, lettuce, onions, turnips, artichokes, radishes, carrots, tomatoes, cucumbers, cabbage and water cress, beans, unground wheat, uncooked oatmeal, milk, eggs, cabbage, cheese, butter milk, melons and nuts.

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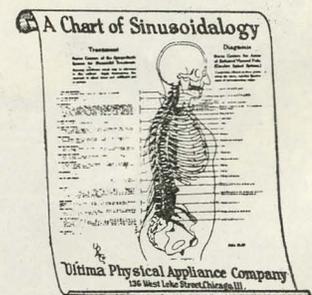
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C. J. Gaddis, D.O., Editor

Is Mr. Gray to Become Osteopathy's St. Paul?

F. E. Johnson, D.O., Colorado Springs, Colo.

Mr. Philip H. Gray of Detroit, visited with and talked to the Colorado Springs Osteopathic Association on a recent visit west. Mr. and Mrs. Gray were spending a week in Colorado, during which time Mr. Gray made missionary journeys to talk to the Denver association, looked over the Rocky Mountain Hospital there, visited several offices, met with the Colorado Springs Association, and incidentally, with Mrs. Gray, enjoyed numerous trips into the mountains of Colorado.

Mr. Gray in his address at Colorado Springs told his auditors a lot of things every Osteopathic Physician should hear, and think about, and act upon. He told of his experiences in other places, and pointed out some of the things that are the greatest drawback to the profession. Most of these, he said, are within the profession itself. Lack of co-operation, failure to support our own specialists, contentment of some of the profession to work in their very limited sphere, failure to attend the conventions, lack of interest in our osteopathic publications, are some of the things he mentioned as hindrances to our progress.

"From the layman's viewpoint, it is staggering to me when I think of what an Osteopath ought to know," Mr. Gray said. "I am overwhelmed with the field of osteopathic knowledge he ought to have. Think of those who are contented not to grow; contented to use the same methods and manipulations year after year, with no idea of improving themselves. How many never look beyond the four walls of their own offices? A proper nourishment of an osteopathic ambition cannot be found within those four walls.

"We find the indifferent Osteopath," Mr. Gray continued, "the man who takes no interest in conventions, post-graduate work, osteopathic literature, or the other members of his profession in his city. He has a comfortable place for himself, has a good income; he has learned enough in the far past to enable him to build up for himself a good practice. He has no outside interest. In such a man we find a very large note of selfishness. This is the hardest object Osteopathy has to overcome."

Mr. Gray talked on the problems met in the establishment of the Detroit Osteopathic Hospital, and the problems met in other places; the opposition of the American Medical Association, and the short-sighted M.D.

"It does not seem possible in this age of enlightenment," he said, "that in a profession such as that of the healing art, some members take the view that they do toward anyone else in the profession. It is a pity and a tragedy. You need a hospital here only because of the short-sighted M.D.

"There will be a reaction. The day is not far distant when the public will demand for you equal rights with the medical doctor in all hospitals. In an osteopathic hospital you must have the very best of everything; it costs money, but it is thoroughly justified. In Detroit the osteopathic hospital has proven to be the magnet that has drawn many Osteopaths outside themselves. It is enabling the profession there to pull together.

"Osteopathy is on the threshold of a tremendous contribution to humanity," Mr. Gray concluded. "Dr. Still's theory is sincere, honest, thorough, and reasonable. It marked the birth of a new school that will continue to grow, not one that will live for a few years and then be swept off the map. You need never apologize for Osteopathy. It is bigger than any man in it."

Truth and falsehood are ascendant in eternal alternation, like day and night, and there can be no existence and no culture without incessant compromises.—Gabriele Reuter.

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VI

THE OS MAGNUM CONTACT
(Contact Os Capitatum)

Definition: Os Magnum contact, made with the large, elongated wrist bone that runs lengthwise of the hand, lying distalward of the semilunar; consists in placing the former bone

directly upon the projecting spinous tip that calls for adjustment.

Synonyms: Os Mangum Contact; The Heel Contact.

Use: This contact is made with a posteriorly prominent dorsal or lumbar spine where the lesioned spine is unusually large, and the semilunar contact does not fit snugly.

It is also made with a posterior superior iliac spine in adjusting Posterior Innominate. To adjust typical flexion subluxations, where

the spinous process lies anterior to the surface line of flexure, contact is made with the prominent spine immediately above or below the point of involvement. To adjust typical extension subluxations contact is made, *not with the subluxated spine*, but usually with the one immediately cephalad of the extension lesion. To overcome anterior conditions of the dorsal or lumbar spine, contact is made in employing this method, *not with the anterior spine*, but with the most prominent spinous process, or *the one representing the keystone in the backward arch*, or miniature kyphotic curvature compensating for or counterbalancing the anterior or forward displacement. To supple the dorsal spine, three different adjustments are made, one in the upper, one in the middle and one in the lower dorsal region, a prominent spine in each region being the contact point. If practicable, at each subsequent adjustment, or attempted correction, different spines are selected for contact.

1. *Position of Patient:* The patient lies prone upon an operating table about twenty inches in height equipped with a flexible abdominal support; the axillae one inch and a half below the edge of the support for the sternum, the trochanters three and one-half inches above the edge of the pelvic rest; the patient's head turned to one side unless the head rest has an opening for the mouth and nose, in which case the face points straight downward.

If for any reason a table as above described is not available, correction can be made with the patient placed upon a couch, providing the latter has unusually strong springs to support the patient. Weak springs will not do at all. Pillows placed underneath the patient, one or more under the pelvis, one under the sternum, will assist in correction.

2. *Position of Adjuster:* The adjuster stands on either side of the patient, ready to palpate; if on the patient's left he palpates the spinous processes with the right hand; if on the right he uses the left hand.

3. *Placing the Contact Hand:* Before placing the contact hand, the adjuster determines which direction it shall point, whether cephalad, toward the patient's head, or caudad, toward the patient's feet. The tip of the middle finger of the palpating hand rests upon the malaligned spinous process.

If the region involved indicates that the contact hand point toward the patient's head, as in the middle or lower dorsal region, the adjuster himself turns facing cephalad, and puts the middle finger of the free or proximal hand upon the middle finger already placed, withdrawing the underneath or distal finger. The middle finger of the proximal hand remains upon the displaced spine.

At this juncture the distal hand, the fingers arched and separated, is pointed cephalad and brought into position, the Os Magnum bone pressed firmly against the nail of the palpating finger. If the contact seems insecure, the adjuster straightens the fingers, flexing them upon the metacarpal bones instead of arching them. In either case the finger tip of the adjusting hand, and the distal phalanx of the thumb, press into the tissue of the back to steady the hand. This being accomplished the middle finger marking the spinous tip is withdrawn, so that Os Magnum contact with the malposed vertebral spine is securely made.

Now to go back to the beginning: If at the outset the adjuster decides to point the adjusting hand caudad, as in upper dorsal involvement, he does so immediately after placing the palpating middle finger. He does not substitute another finger for the first one placed, as he did when the adjusting hand pointed cephalad. Instead, he turns facing the foot of the adjustment support and proceeds with the same precision, step by step, making contact in the manner as when the fingers pointed the opposite direction.

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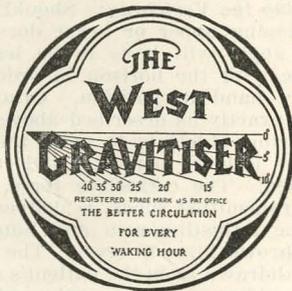
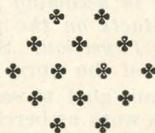
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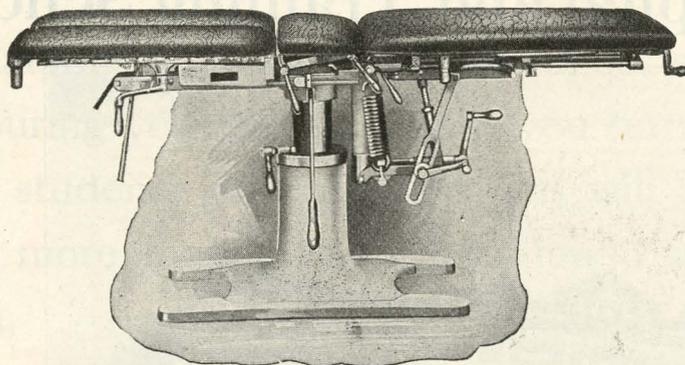
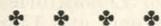
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three fingers and thumb of the reinforcing hand grasp and hold the adjusting forearm firmly, the little finger encircling the wrist just below the styloid process of the ulna; with the ulnar edge of the reinforcing hand pressed firmly upon the dorsal surface of the contact hand.

5. *Shifting Patient's Body:* If the position on the flexible support is not comfortable the patient's body should be shifted until it is comfortable.

6. *Final Preparations:* The adjuster stands as close to the patient as possible. It is important to remember this fact, for the corrective force cannot be delivered effectively in this contact with arms out of plum with the patient's body.

Whether the adjuster stands facing the patient's head or feet, his own feet are so placed well apart one in front of the other, knees locked, that his elbow-locked adjusting arm meets the patient's spine at an angle of ninety degrees. The adjusting shoulder, the extended arm and the patient's spine all lie in the same vertical plane. The adjuster may turn his head and sight down his arm to determine whether or not it is correctly placed.

By holding the adjusting arm and shoulder rigidly fixed in their position, and dropping the other shoulder, the final preparations for adjustment are complete.

In dropping the other shoulder, the force delivering shoulder is virtually forced upward as far as possible out of the socket. To do this the adjuster may or may not have to bend the knees and shift the weight onto the forward foot. Merely a twisting of the body, a settling of the spine upon the pelvis, may suffice. The height of the adjuster, not only, but also the height of the adjustment support must determine this matter. The all important position, however, for painless correction, has to do with forcing the adjusting shoulder upward, and in dropping the other shoulder downward, ready for the sudden spring into the erect posture.

The point of contact in the lesioned vertebrae is the point of resistance, receiving the impact from the upward spring. The transmitted shock, and the rebound, relieves the tension holding the vertebrae malposed.

7. *Moving the Vertebrae:* Should the lesion lie in a sloping upper or lower dorsal region, the force angle will have to be less than a right angle with the horizon in order to keep the contact hand in position. Otherwise the position is exactly as described above.

If the prime object is to move the articulations of the lesioned bone, the object is easily accomplished. The corrective force, merely a suddenly transmitted shock, is delivered entirely with the adjusting arm and hand, as the adjuster throws himself erect. The adjusting hand is withdrawn from the patient's spine with lightning swiftness, enabling the spine to rebound, the involved tissues taking up the recoil as the malposed vertebrae slips painlessly into position with an audible click.

The corrective force in this, as in each of the subsequent contacts described, when delivered deftly and swiftly accomplished its purpose practically without pain.

But if the adjuster has not acquired the necessary skill and control, which come only through persistent, determined, rightly directed effort, he should omit the sudden downward drive. He should make satisfactory contact as though he were going to deliver a downward force. But instead, he should make downward pressure of perhaps 10 or 20 pounds, depending upon the condition of the spine and of the patient, holding the pressure steadily for a few seconds. When suddenly, like a flash, the hands dart straight upward from the patient's back, permitting the spine to rebound.

The therapeutic effect of moving the spine in this fashion is all that could be desired. And in bedside cases this form of treatment is often all that is indicated.

Let me repeat that Direct Leverage Adjust-

ment With Speed to be effective must be painless. And until the physician has every reason to believe that the adjustment will have no untoward effect upon the patient he has no right to undertake it. In this as in all technical operations, practice makes perfect. And the man or woman who is not willing first to devote hours, day after day, to diligent, painstaking effort in becoming proficient, before trying these contacts on the patient, is unworthy of the name Physician. Such a person is merely a bungler of the worst sort.

But I am glad to say that those who have taken this work as herein set forth, have shown commendable interest. Many of them have already become expert technicians in Direct Leverage Adjustment With Speed.

(To be continued)

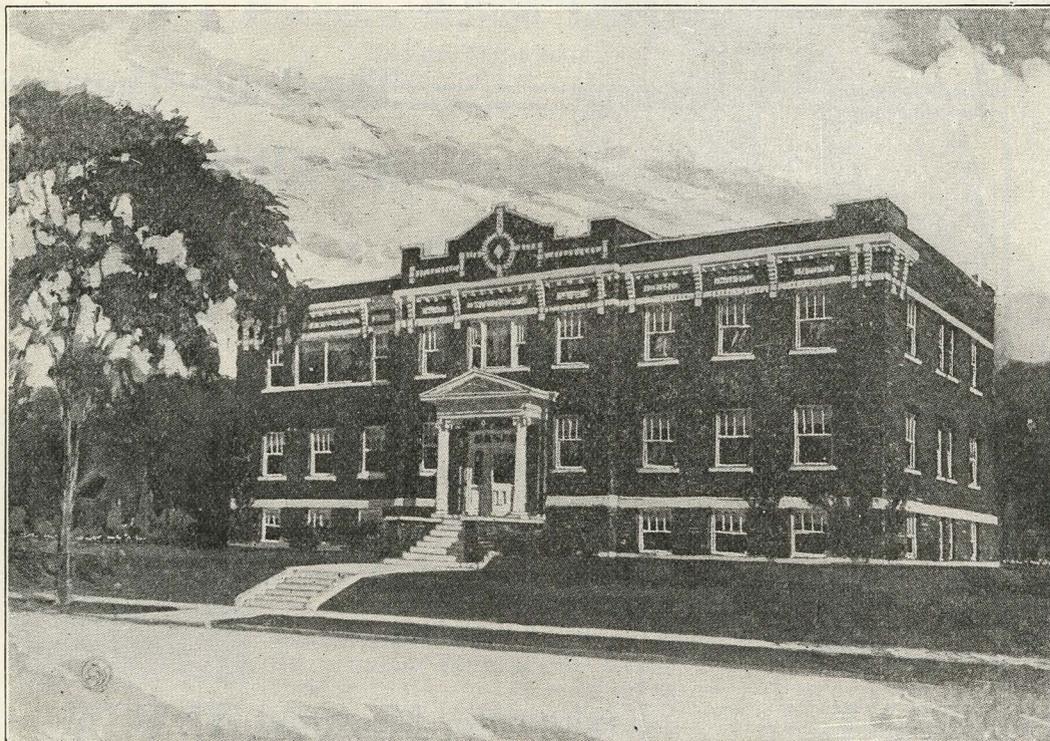
See It in Leslie's

I wish all the members of the profession would read, and urge their patients to read the article by Severance Johnson in *Leslie's Weekly* of Jan. 7th entitled: "Is it Chiro-quack-tic?" This article will do more than a great many of our attempts in the past have done to set the public right on this subject. I have already written the author urging him to investigate Osteopathy and gave him certain facts to work on. More will appear in Leslie's later and I wish the profession would follow it closely. Yours for progress.—Charles M. Brown, D.O., Altoona, Pa.

No Free Examination

Speaking of free examinations, if your physician's opinion is worth having it is certainly worth paying for. The doctor who doesn't charge for diagnosis, generally at least, doesn't give examination. Pay as you enter.—C.B. Robinson, D.O., Knoxville, Iowa.

Laughlin Hospital and Training School for Nurses



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

Kirksville, Missouri

HOSPITAL STAFF

- DR. GEO. M. LAUGHLIN
General Surgery and Orthopedics
- DR. C. E. STILL
Osteopathy
- DR. F. L. BIGSBY, Obstetrics
Genito-Urinary and Rectal Surgery
- DR. E. H. LAUGHLIN
Supt. of Laboratories and Specialist in Heart and Lung Diseases
- DR. A. C. HARDY
Eye, Ear, Nose and Throat
- MISS RUTH STOREY, R.N.
Directress of Nurses Training School
- DR. JOHN HALLADAY
House Physician and X-Ray Lab.
- DR. L. B. OVERFELT, Interne
- DR. E. C. CHAPDELAIN, Interne
- DR. LEON PAGE, Interne
- DR. M. B. BAILEY, Interne
- DR. G. Y. WARNER, Interne
- DR. W. J. HUGHES, Interne

Our hospital has enjoyed a very prosperous, satisfactory second year, with about 40 percent increase of patronage over the previous year. Dr. Hardy has proven to be very capable in the Ear, Nose, Throat and Eye Department. His work is high class and conservative. No effort is made to do things in a spectacular way. Dr. Earl Laughlin and Dr. Bigsby have both proved very valuable in their departments also.

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

When this paper reaches you our new class will be forming, but if you have any live names there will still be about two weeks that they can get in, and if you will send us the names we will get busy and do the rest.

We look for this year to be red letter year for all the schools.

We know it will be for the A. S. O.

Thanking you for past assistance, and assuring you that as long as you furnish us students and patients, we will ask no more material support than that, I am,

Fraternally yours,

George A. Still

Talks to Osteopaths by a Dentist

Some Opinions Regarding Devitalized Teeth

M. D. K. Bremner, D.D.S., Chicago, Editor of "Dental Facts"

There are still a few men who think that all the talk about pyorrhea as a factor in causing general systemic diseases is merely a fad which will pass with time. I am therefore quoting here from an article by Dr. G. H. Curtis printed recently in the "Dental Surgeon" of England to show the "Doubting Thomas" that this "fad" is not confined to the U. S. A., but is pretty nearly universal; that the subject is engaging the attention of the best minds in dentistry and other healing professions all over the world. Dr. Curtis says in part:

In studying the effects of pyorrhea on the general system, it is well to bear in mind that the human body is like a highly complex machine, and that if one part breaks down and is unable to carry out its ordained function, sooner or later, it will impair the working of the whole system. Let us take the various parts of the body commonly affected:

1. Digestive System.—The mouth being the entrance to the alimentary canal and by means of the teeth, tongue and salivary glands preparing the food for digestion, it follows that, if the teeth and gums are so tender owing to an attack of pyorrhea, these parts are unable to function. The result is, that the food passes into the stomach in an unprepared state, together with the pus which has been formed in the affected gums. In time dyspepsia is produced and later may lead to a dilation of the stomach, with its attendant miseries. Appendicitis is very often concurrent with pyorrhea and it is quite possible that in many cases it is caused by disordered digestion.

2. Joints, Muscles, Tendons and Ligaments.—These important anatomical structures are so frequently involved and the causes of their affection traced to tissues around the teeth, periodontal disease, that an examination of the mouth in such cases should take first place. It is hardly necessary to labour the point by pointing out how frequently sufferers from

rheumatoid arthritis and muscular rheumatism, have been entirely cured by the removal of the disease in the gums and teeth.

3. Skin.—The skin of the face may be spotted with pustules. Small ulcers appear on the lips and occasionally painful fissures at the angle of the mouth. These are probably the result of direct infection from the affected gums.

4. Blood.—The change in the composition of the blood, when the white corpuscles are increased and the haemoglobin index is reduced, is known as anaemia and is due to the absorption of the toxins produced in the mouth. A more serious form called pernicious anaemia has been noted in cases of long standing toxic absorption. When the bacteria have entered the blood stream the condition is known as septicaemia and is extremely grave.

5. The Nervous System.—This takes the form of neuritis and the nerves commonly affected are those in the back of the head, neck, jaws and arms. Headaches are frequent with a general feeling of depression. Pain in the eyes with impaired vision has been noted in many cases and the condition cured by attention to the mouth. Some men are hard to convince. There are still a few who think that all the talk about focal infection at the root ends or pyorrhea is a passing fad.

Don't Kid Yourself!

Experience produced this "thought" so here it is:—If your stethoscope, sphygmomanometer, thermometer or any of your other diagnostic apparatus are only used to "make an impression" you are only "kidding" yourself. The sooner you discover the value and importance of every diagnostic means, the sooner you will get relief from worry of uncertainty and the sooner you will get the joy and satisfaction that assurance brings to every good physician.—T. Lyngholm, D.O., Chicago, Illinois.

The Chicago College of Osteopathy

5200-5250 Ellis Avenue, Chicago

The Spring Quarter begins March 25, 1922
The Summer Quarter begins June 19, 1922

The Autumn Quarter begins September 25, 1922
The Winter Quarter begins January 2, 1923

Each quarter is twelve weeks in length.

Students are admitted at the opening of any quarter, but no student is admitted after the first week of any quarter.

This College is registered with the New York State Board of Regents. This means that it maintains the high standard required by that Board. It also means that graduates of this College are admitted to the examination for license to practice in New York State and all other states which maintain the New York standard.

Students who wish to be qualified to practice in New York State should be careful to select a College which is registered with the New York Board of Regents.

For the right kind of a course in Osteopathy extensive clinical facilities are needed.

The clinical opportunities of Chicago are unsurpassed.

No prospective student of Osteopathy should overlook the importance of these clinical opportunities.

The College maintains an excellent Osteopathic Hospital.

In the Training School for Nurses there is room for a few more candidates. The Training School course is two years in length. At least one year high school work, or its equivalent, is required for admission. Tuition is free and, after the probationary period of three months, student nurses are paid \$20.00 per month during the first year and \$25.00 per month during the second year. The student nurses receive board, room and laundry free, and two weeks' vacation each year.

For further information, address:

The DEAN

OHIO'S ATTORNEY GENERAL GIVES STATUS TO OSTEOPATHY

"It will be noted that there is no limitation as to the diseases an osteopath may treat. He takes the same examination in diagnosis as is taken by the physician for the practice of medicine. He is as fully equipped under the law for the diagnosing of any disease or ailment, if he meets the educational requirements outlined by the statute, as any other person can be. The present statutes relating to osteopathy refer to the practitioner thereof as a physician, the only qualification thereto being the term 'osteopathic.' It is reasonable to believe, and perhaps apparent, that the statute recognizes him as a physician and further uses the word 'osteopathic' to designate the school to which he belongs in the same sense as 'allopathic' physician. is ordinarily distinguished from 'homeopathic' physician, 'osteopathic' indicating that the use of drugs is not permitted or desired, where allopathic and homeopathic prescribe drugs for the treatment of a patient, the distinction as between the last two being in the prescribing itself.

"From the above considerations no reason is apparent why the osteopathic physician is not included within the terms of Section 210 G.C. He is qualified and the tendency of the law to recognize him as a physician is apparent.

"You are therefore advised that an osteopathic physician who meets the educational requirements of the law, can properly sign a death certificate."

Keep your face always toward the sunshine, and the shadows will fall behind you.

—Whitman

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Kirkville - Missouri

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EXPERIENCE

in actual cases of illness counts mightily in the training of the skillful osteopath.

Through an obstetrical service for the poor of the city, through the city emergency hospital service, through the opportunities offered in a busy clinic and through observation in the Los Angeles County and other hospitals, the "Los Angeles College" offers unusual opportunities for the securing of this invaluable experience.

College of Osteopathic Physicians and Surgeons

Note the new street address

721 South Griffin Avenue Los Angeles, Calif.

The Osteopathic Physician

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

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

Vol. XLI February, 1922 No. 2

"GET THE VISION"

By J. C. Howell, D.O., Orlando, Florida

A late issue of *OP* told most interestingly the story of how Dr. W. S. Maddux of Pueblo, Colorado, got the vision and was converted from a slow-coach Osteopath into the Pierce-Arrow class. I am a thorough believer in the power of mind over matter—in other words, in "visioning" the future. Well did the prophet of old say, "Where the people have no vision, they perish."

Up to a few years ago I, too, was content to take people as they came in, sell them a month's treatment if possible or let them arrange terms to suit themselves. But either through something that I read or through reflection it was borne in upon me that that was not the best way to conduct my affairs—either for the patient or myself. Most sick people are weak willed and are ready to listen to every siren they come in contact with. You may talk to them until you are black in the face and assure them absolutely that you understand their case and can get them started on a course of treatment, and the next day they will meet some friend on the street who has just returned from Doctor So-an-So's office and in five minutes they are made to believe that Dr. So-and-So is the only one on earth that can cure them, and if you are taking patients by the treatment instead of by the case, the chances are they will not return to you.

I am thoroughly convinced that the proper way to conduct a practice is first to make yourself familiar with physical and laboratory diagnosis and insist on giving each patient a thorough scientific examination. Leave no stone unturned to find what is wrong with the patient for "A case properly diagnosed is half cured." Impress upon your patients the fact that they are either curable or incurable and that your examination will prove which class they are in.

After your examination, take your patients into a private room and looking them straight in the eye, tell them what you have found. If it is cancer, tell them so; if it is a leaky heart, tell them so; if it is tuberculosis or Bright's disease, be just as frank with them. If they have none of these incurable diseases, tell them frankly they are in the curable class and that you see no reason why they should not be cured if they put themselves into your hands and do exactly what you tell them regarding diet, rest and other procedures which you wish to impress upon them. Explain to them that there is no use of their beginning this course of treatment unless they are going to go through with it and are willing to put themselves in your hands for a month, or a year, or whatever is the time you think is necessary in order to get results.

Personally, I have found it better not to say that a case will cost \$100 or \$125 or \$200 but

I have simply taken a paper and pencil and figured out for them what I think the minimum course of treatment will be, say anywhere from twelve or fifty osteopathic treatments at so much each; examination \$3 to \$5; Radiant Heat, so much, if it is used; minor surgery, so much, if any is indicated in their case and electricity if it is to be given, so much. The whole thing is then totaled up and I tell them if they want to give me a check for the whole amount today, they can deduct a small percentage—anywhere from two to ten percent, however they wish to arrange it.

If they say that they haven't much money, then I tell them they can pay me whatever they can in cash and the balance in a negotiable note for thirty days. Very few honest people can object to this arrangement, if it is properly explained to them that it is best to make financial arrangements beforehand so there will be nothing for them to worry about on that score.

From a practice running from about \$3,000 to \$5,000 a year, three years ago, I have built up a practice that ran last year \$13,000.

All men are endowed with the creative mind. Some use this creative mind dreaming their dreams and making them come true. Others are willing to go drudging along day after day, willing to accept a slave's wages and, thereby, remain slaves. Truly did the Great Nazarene say, "As a man thinketh in his heart, so is he." If a person thinks poverty, he will create poverty; if he visionizes the beautiful things of life, the beautiful things will come to him. Emerson had the right vision when he wrote the "Law of Compensation." "Ask what you will of the Gods," he says, "and pay for it," and rest assured, we always pay. If a man thinks only of the sordid material side of life, visualizes only that, he gets only that, but, if he first seeks "the kingdom of righteousness" these other things will be added unto him. As one optimistic writer says, "Live truth, work excellence, reach toward your ideal, but trouble not your soul about the meagreness of material results, for all spiritual labors work along invisible lines to unforeseen and universal results."

"Hitch your wagon to a star," is good advice but once you have hitched your wagon to a star, don't spend all your time worrying about whether you have a flat tire or a burnt-out bearing. If a man centers his mind and soul on the bigger things of life, the bigger things will materialize.

The ideal of every physician should be to make his office, sanitarium or whatever institution he is connected with, a service station where sick and forlorn men shall receive, not only health, but hope for the future. With your wagon hitched to that kind of a star, you need have no fear but what the world's treasure house of good things will always be open to you, to take as much or as little as you can properly use.

The Howell Sanitarium.

BUNTING ORGANIZATION NOW SERVES 25,000 GROCERIES AND GENERAL STORES

HSB and his Organization have had a very substantial compliment handed them out of the business world within the past ninety days. They have been selected by The Creasey Corporation, a system of co-operating merchants, to function as their official publicity and promotion experts. This is a nation-wide institution comprising 25,000 individually owned retail stores and 50 wholesale houses who co-operate in their buying and do a combined business of \$100,000,000 a year, half in groceries and half in general merchandise. In addition the Creasey System operates food factories, an insurance company, etc. The System's own food products bear the "Urma" brand which stands for the United Retail Merchants of America. National headquarters are at Louisville, Ky.

The System was founded about twenty years ago by Mr. L. L. Creasey, of Louisville, who

continues as its active president. It is revolutionizing modern marketing methods by showing its own dealers an average saving of about 10 percent on the wholesale cost of groceries. This is enabling the independent merchant to withstand monopoly chain-store and mail-order house competition and prospers while doing it. The System is growing very rapidly and wants to grow faster. Hence it adopts the Bunting brand of publicity to make its growth come rapidly and sure.

By the new arrangement making HSB Advertising Director of the destinies of the Creasey System, the *Mercantile Co-Operator*, a prosperous bi-monthly publication ten years of age, the official and only organ of the Creasey System, has been sold outright to The Bunting Publications, Inc., and since its issue of Dec. 5th has been published from the Bunting Plant at Waukegan. Thus another strong member is added to the group of Bunting Publications, of which The *OP* was the very first put out, while "Osteopathic Health" came second in the order of establishment, having been only one month later than *OP* a-borning. The other prosperous publications of this now justly celebrated advertising group are *The Novelty News*, *Wholesale Buyers' Guide*, *Druggists Side Lines*, and *Wholesale Merchandise*.

By the way, there is still a portion of that 8 percent Preferred Stock, Cumulative, of the House of Bunting open to subscription, which will pay you about 9 percent. It is as solid as Gibraltar. Wouldn't you like a piece of this stock for your strongbox before it is all taken? It's nice to be identified with winners. Roll your own! Speak for your allotment today. Anything from one \$100. share up to ten is now ready for you. Full information to any prospective investor.

Only the *already busy* ever seem to have time to do things!

If you have a grocer friend who can't stand up against chain store competition or who wants to make more money tell him to write Bunting and he will explain the Creasey way to grow and prosper. —RA.

WHO HAS A REMARKABLE CURE TO RELATE?

We issue a call this month for brief accounts of some of the remarkable cures that help to put osteopathy on the map. Have you had such a victory worth reporting? If you have "before" and "after" photos to illustrate the victory, all the better.

See what Mr. Arvid E. Smith, a student at Philadelphia College of Osteopathy, writes in this issue about the value to all osteopathic students of reporting such cases. We are strong for the students and want to help them. We fancy news of our victories won doesn't hurt the grandpas in osteopathic practice, either. It surely does the editor good, anyhow, to get such reports as the one made by Mr. Smith and the other one by Dr. I. M. Roberts which you will find in our department "Why Osteopaths Are Strong in the Faith."

We are not asking for case reports in this department. Just human interest stories! You can tell all we really need to know about such a case on a one-cent postal card.

If you haven't had any really remarkable cure such as we solicit you must know of some. Won't you tell us of some fellow osteopath's case that we can run down and have reported? Come across with this help if you want to do a fine thing for our student talent and help them become valiant practitioners one day. —HSB.

Examine the Prostate

Examine the Prostate in all male neurasthenics over forty. Look for hypertrophied sphincter-ani in all cases of chronic constipation.—R. M. King, D.O., Minneapolis, Minn.

"Where There Is No Vision the People Fail"

What the Press Bureau Is Doing for Osteopathy

Hugh W. Conklin, D.O., Battle Creek, Mich.

Osteopathy needs to be advertised. You can't ethically advertise a science and a profession exactly as you would advertise a business. Nevertheless it must be done somehow; and part of that somehow is by means of furnishing to the press material which has news value, material which interests the public, material of such popular interest that newspapers feel they want it, that it's good stuff.

Osteopathy "through all the years has had the goods" and osteopaths "could deliver the goods," but it has seemed as if we couldn't acceptably get the matter before the public. But haven't you heard comments lately on the quality of our newspaper notices? Haven't you yourself noticed the newspaper prominence given to osteopathic items? We've never before had such effective publicity as right now.

We have a Press Bureau that's right. Let's give it support. Just now it needs financial support, and the need is imperative. Dr. Ralph Kendrick Smith can put out the right material if he only has the money to do it, but he must have money and at once.

I don't need to present all the advantages of favorable publicity. You know them. I was informed that during a recent state meeting of Michigan editors the matter of osteopathic publicity was touched upon and comment made to the effect that at last we seemed to have struck the right note! And have you noticed what has been published of late in some of the eastern papers which up to this time didn't seem to know that osteopaths existed?

We have a splendid start. Let's keep it up while we have the chance. If we let slip this opportunity, if we let the public interest wane, we shall have lost valuable ground which we may never regain! This is a matter which concerns each individual osteopath. The public should know of osteopathy; it is to their advantage and to yours. Under modern conditions of newspaper making, good press notices can best be distributed from a central office and from such office ultimately reaching newspaper readers in every town and hamlet.

Help the public, help the growth of osteopathy, help yourself by making your contribution to further this campaign. Whether or not you are a member of the AOA really has nothing to do with this matter. This is *between you and the public*.

To me has been allotted the task of soliciting your subscriptions, and you may make your contribution to this fund through me. Any sum not to exceed \$10 will be accepted. Make out your check to me, and you can merely attach a slip marked "Publicity" if you don't want to write a letter. I will publish next month a report in *OP* but will not publish a list of subscribers and amounts subscribed. Such complete list will be submitted only to the Board of Trustees of the AOA.

Let me urge upon you the necessity for immediate action. This is not a case where you can safely leave the matter to George or some one else! Do your part and *do it now* or the chiro may do it for you under another trademark.

Learned a Lesson

Recently I had a patient who moved to another county. She employed another D.O. but went to the county hospital. No D.O.'s allowed. On leaving the surgeon in charge remarked, "Guess you have had your lesson and next time will call an M.D." Answer. "Yes I have and in future will follow the knowledge that the science of Osteopathy teaches." That man is always star gazing when she meets him.—A. J. Phillips, D.O., Los Angeles, California.

"Sell yourself a college that teaches Osteopathy."

Some Patients I Have Known

V

The Salesman

John Barr, D.O.

There are patients who are patients and patients who are something else. Among my personal and private galaxy is one that stands out alone. I do not know whether I ever did him any good but I do know that he did me a great deal of harm, mixed with a little good.

While I treated him, he also did things to me. He sold me many things and taught me a single lesson. He started out as a life-insurance salesman afflicted with lumbago. I gained his respect by proving that Osteopathy was good for lumbago. He got mine by proving that life-insurance was good for me.

But unfortunately, he did not stop with that. His second attack brought him back, not as an humble life-insurance agent but as the representative of a local Co-operative Buying Association. I bought two shares which entitled me to large dividends to be gained by selling products to members of the association at a discount. Figure it out for yourself. Nobody else ever did and yet it certainly looked good on paper. That's where it still is.

Following that little experience, I think he put me on his list of preferred prospectives, calling on me first with every new proposition. He developed quite a knack at displaying seductive statistics. He appreciated the fact that the average professional man was too busy to know anything about business and he offered to act in an advisory capacity with reference to the business deals which a professional man might wish to make if he ever intended to get out of his financial rut.

He always paid what he owed me. And as I look back over our dealings I appreciate the fact that he paid me with my own money. Nevertheless, he gained my confidence by that simple expedient of simply paying me what he owed for treatment. And how great is the confidence of a physician in the paying patient!

A little while later, he organized an informal sort of land company. Nine other men and myself put up \$500.00 apiece and

bought some acreage that possessed the peculiar combination of characteristics of being right in the path of growth which our city was to take and of being coincidentally cheap. The second of these two characteristics was undoubtedly true. It is truer today than it was several years ago when we bought. That land is cheaper now than it was then. You see, the town moved in another direction. As a business forecaster, my friend was only a medium astrologer and a medium astrologer is something on the order of a fairly fresh egg.

Towns do not move in a hurry and so, during the two or three years we are waiting for this salesman's prognostications to vindicate themselves, another attack of lumbago came on and with it—Texas Oil. Everybody knows there is oil in Texas. My financial friend offered to bring Texas Oil to Missouri. That is, if I bought the stock in his company, when the oil went to market, the dividends would come to me and I lived in Missouri. Well, he had an especially severe attack of lumbago that time and so graciously allowed me to make the entire first installment with what he owed me. That was certainly fair enough. There were five installments. Old lady Bronson with her attack of rheumatism paid for the second. I pulled Judson Wellever through a bad attack of pneumonia in time to meet the third and I had to scrape together a lot of odds and ends to meet the other two payments.

I was just about to harshly say that I never got a cent out of that deal but I will have to take it back. Last year I sold that stock—at a loss. And the Government was so impressed with the loss that I was allowed a deduction of \$44.00 on my income tax return.

The lesson I learned? It is simple. We all know it is bad to mix friendship and business. It's just a little worse to mix patients and business. I still have the life-insurance this man first sold me but I'm afraid to die for fear the company might go broke.

God Forbid

Wm. A. Settle, D.O., Peterborough, Ont., Can.

I WAS out riding.

* * *

ONCE UPON a time.

* * *

NOT SO many years ago.

* * *

WITH A good old M. D.

* * *

UP IN the old.

* * *

GREEN MOUNTAIN state.

* * *

GOING AROUND about.

* * *

VISITING HIS patients.

* * *

AND I said to him.

* * *

SEZ I.

* * *

WHAT WOULD you do.

* * *

MY FRIEND.

* * *

IF SOME fine day.

BY SOME chance.

* * *

OR OTHER.

* * *

ALL THESE good people.

* * *

SHOULD DISCOVER.

* * *

THEY COULD get along.

* * *

AS WELL without you.

* * *

AS THEY do with you.

* * *

OH GOD forbid.

* * *

SEZ HE.

* * *

Wonders Worked by Stimulating Glands

The best experience I have had lately is to use the hormones intravenously in connection with Osteopathy. Stimulating the glands of the body mechanically and through the blood works wonders.—H. Fledderman, D.O., Streator, Ill.



The Andrew Taylor Still College of Osteopathy and Surgery

Andrew T. Still College of Osteopathy and Surgery

Kirksville's new and second institution of osteopathic learning, The Andrew Taylor Still College of Osteopathy and Surgery, Dr. George M. Laughlin's gift to the profession, will soon throw wide open its portals to the many young men and woman whom it will aid in the attainment of their very worthy ambition—that of becoming missionaries and saviours to a too long drug-ridden and drug-poisoned world!

Pending the completion of the grand three story steel and concrete, \$165,000 building at Elson and Jefferson Streets, temporary offices have been opened in the Miller Building from which Mr. J. T. Burns, of Denver, Colorado, publicist and lay student of Osteopathy and secretary of the new institution, is directing a publicity campaign which will carry the fame of Kirksville and the name of the new seat of learning that will soon grace it, to all parts of the world, drawing the attention of Osteopathic Physicians, wherever they be located, to the birthplace of Osteopathy in a new and impressive manner.

"Osteopathy is coming into its rightful position before the public," says Mr. Burns. "It has been a hard fight to overcome medical prejudices and these prejudices have controlled public opinion to a large extent. Kirksville gave to the world a man who will soon be recognized as a great public benefactor. His was a triumph over ignorance and against long established ethics and technicalities. It was a triumph for humanity and one that placed Dr. Andrew T. Still upon a high pedestal among men. At last through the great gift, now being made by Dr. George Laughlin in memory of his teacher and loved father, the sort of monument that such memory deserves, is being reared in the very spot where the Old

Doctor gave his life and fortune, to establish his theory upon a firm foundation.

"The new college will be ready in time for the September commencement and under the guiding hand of Dr. Laughlin, surrounded by many leading men in the profession who are being invited into the faculty, will at once become an international institution and an added source of pride to Kirksville, which in itself is a monument to Andrew T. Still."

Rectal Irrigation in Pneumonia

Temperature 106 3/10; under medical care; thirty quarts water (tepid) continuous brought temperature down to 104. Continued irrigation twice daily; child normal in sixty hours; well in two weeks. Woman aged 50 in stupor thirty hours. 50 quarts water brought her out in two hours laughing. Mr. B, aged 19; poisoned with corn whiskey; 19 convulsions in four hours; 50 quarts water brought him out O. K., after four M. D's had given him up to die. Had one hour to live according to last M.D.—M. E. Bachman, D.O., Des Moines, Iowa.

Galli-Curci Gives Benefit Concert for New York Osteopathic Clinic and Hospital

Another Triumph for Osteopathy

Once again has Amelita Galli-Curci, the charming Italian-born singer and artist unique of world wide fame, given proof of the loyalty of her devotion to Osteopathy. Once again, sweeping aside her policy of never appearing in benefit concerts, she gave a benefit concert in the interest of Osteopathy. The first time was about a year and one-half ago when she appeared in a benefit concert for the Chicago Osteopathic Hospital, and this time in her last concert appearance of this season at the Metropolitan Opera House, New York, Sunday afternoon, February 12th, when she appeared in a benefit concert the entire receipts of which were donated to the New York Osteopathic Clinic and Hospital Fund.

Dr. Cecil R. Rogers, president of the Osteopathic Society of the City of New York, and

Dr. Thomas R. Thorburn, chairman of a special committee appointed for the occasion and composed of members of the Osteopathic Hospital and Clinic, outdid themselves in their effort to co-operate with the great singer and make the benefit a huge success. And such it was! A crowded house, a regular "Galli-Curci house" heard and was thrilled by the golden tones of this idol of millions of music lovers all over the world. Assisting artists were: Manuel Berenguer, flutist, and Homer Samuels, pianist.

While the devoted scions of Osteopathy in New York and elsewhere glory in the honor bestowed on Osteopathy and through it on them, they must not and do not forget the debt of gratitude they owe the great singer, Amelita Galli-Curci!

"Where There Is No Vision the People Fail"

The Carberry-Feathers Controversy

Dr. David E. Pearl, Des Moines, Iowa.

Carberry blinked his eyes and looked again at the dapper, well dressed and prosperous looking man who hopped on the train as it stopped for a minute in one of those average-sized towns, west of the Mississippi. Carberry blinked again and then, with a shout of recognition, arose to meet his old friend, Feathers.

"Well, say, old man, I'm surely glad to see you, but on the level, I hardly knew you. Why, you look like a bank director or some one else from the upper crust. What's happened?"

"The 'what's happened' is a long story and as soon as I get squared off with this conductor I'll tell you the whole story. Say, I'll bet we have some time at Los Angeles this year and I am surely glad that you and I are going out together. Received your letter last week stating which train you would be on, so I just slipped up the line a ways to take the same one myself. Have heard from several of the boys and from all indications there'll be a bumper crowd on hand. Nothing like our National Conventions to create pep and enthusiasm in our ranks."

Carberry and Feathers were soon settled back in the smoker, with a healthy pipe and cigar doing full justice to the occasion.

"Well, cut loose," said Carberry, "Let's have the story. Tell me how it all happened, for I know it did happen or you would not be here today. Let's have the story."

Feathers mused for a minute and a satisfied look settled into his eyes. "You remember," he said, "When you wrote me that check for a thousand dollars with instructions for me to use it to get out of the rut with? Well, I made up my mind right then and there that I'd either get out of the rut or out of the profession. I'm still in the profession, Carberry. When I arrived home the day after I left you, I stopped at my office before going out to the house. I wanted to invoice myself and find out just where I stood. I realized that something was radically wrong."

"Here I was," continued Feathers, "with nine years osteopathic experience and practice behind me and with nothing but a fair living for myself and family to show for it. The Chiro's were still in town, doing a big business and slowly taking away the greater part of my practice. I saw plainly that something had to be done. A change had to take place. I sat down at my desk and looked around. There stood my treating table, the same one I bought when I left school. There was the old dresser, in the open room across the way that my patients used to comb and primp up in front of after I had treated them. The dresser was the same one I bought nine years ago and stood in the same place. The floors didn't look good. I suddenly realized that all my equipment was old and that I was getting the same way myself."

"In my waiting room I noticed a lot of old, and not choice magazines, littered around on the table. Way down underneath I found a copy or two of 1917 numbers of Osteopathic Health. My chairs were old. The carpets faded. I had never noticed these things before, but after our talk on the train as we were leaving Cleveland last year, I realized that I hadn't been keeping step with the times. All at once the semblance of a plan flashed through my mind and I grabbed my hat and dashed for home. The good wife was glad to see me, but was startled at what I immediately told her."

"Wait just a minute," said Carberry, "until I get this pipe going again. I can't thoroughly enjoy this without the old smoke curling just right. Alright, fire away."

"Well, as I was saying, the wife was taken a bit by surprise when I told her to get ready to close up the house for six weeks and go to Colorado with me. She thought, maybe, that the extreme heat had affected me. She was even more surprised when I told her that I was going up town right away and sell every speck of furniture in my office to the second

hand man and then leave instructions with my landlord to have the office thoroughly cleaned, re-arranged, and decorated during our absence."

"In three days," continued Feathers, "my office was stripped of all it contained and my wife and I were on our way to Denver."

"To make this part of the story short" said Feathers, "the six weeks I spent in Denver, taking Dr. Teach-em's course in Efficiency were the most profitable six weeks I ever spent in my life. It didn't take me long to find out, after I had gotten started on his work, just where I had passed up a lot of good bets in former years. In the six weeks I was there a lot of wrinkles were ironed out and a lot of new ideas hammered in."

[Continued to Page 22]

Just Off the Press—20 New "Harvest Leaflets"!!

We have added to our already fine line of Harvest Leaflets twenty splendid new numbers. They are titled and priced as follows:

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"Liquid petrolatum . . . when taken into the stomach passes into the intestinal tract unchanged; is not digested by the enzymes and is thus able to exert to the full its emollient and lubricating action. It is absolutely non-irritating."

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NUJOL is the most suitable liquid petrolatum for use in intestinal stasis. The unexampled resources and experience of its makers, the Standard Oil Co. (New Jersey), guarantee its purity, wholesomeness and applicability to general requirements.

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DIONOL, HOWEVER, ACTING UPON SCIENTIFICALLY EXPLAINABLE PHYSIOLOGIC PRINCIPLES, IS ABLE TO SO AFFECT AND INFLUENCE LOCAL INFLAMMATION AS TO RENDER IT INVALUABLE IN PRACTICALLY ALL CONDITIONS WHOSE NAMES TERMINATE IN "ITIS", IN ULCERATION, WOUNDS, BURNS, SKIN AFFECTIONS, ETC.

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An open wound is always an unknown quantity—until it has healed sufficiently to remove all danger of infection.

Practical experience has shown that the control of infection and the promotion of repair largely depend on the character and thoroughness of the treatment.

The Application of DIOXOGEN—A successful line of procedure is to wash out the wound with normal salt solution until all discharge or loose fragments are removed. Then Dioxogen should be injected into the wound, care being taken to reach every part. The resulting effervescence means the liberation of pure, active oxygen, not only the most potent of antiseptics and germicides, but also the most powerful aid to normal tissue processes. After each syringeful of Dioxogen the foamy mass should be washed away and the injection of Dioxogen repeated until the effervescence in the wound shows marked decrease. While it is usually desirable to remove the frothy debris that may be left after the use of Dioxogen, so free is this antiseptic from any toxic or irritating action, that terminal irrigation after the last injection is seldom necessary.

Indeed, it is usually well not to irrigate the last thing, for any Dioxogen left in the wound slowly gives off its oxygen, and thus acts as a stimulant to normal cell functions.

The efficiency of the foregoing treatment is promptly shown by the marked improvement in every respect—the infectious process is checked, the discharge decreases, the inflammation subsides, the tissues take on a clean, healthy appearance, and healing follows naturally without interruption or delay.

The dependable action of Dioxogen in the treatment of infected wounds—its control of germ activity and pronounced stimulation of the normal processes of repair—with complete freedom from any toxic or untoward effect, have made it the most widely used antiseptic today in the treatment of infected wounds.

The Oakland Chemical Co.

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That Good Looking Ohio Osteopathic Society as It

"While in Denver," continued Feathers, "I ordered a new office equipment and also wrote to Kirksville and ordered one of those new mechanical treatment tables that so many of the boys are using. When we finally landed back home all my new equipment was on hand, my office newly decorated and arranged to suit my plans. With the new equipment installed, you can bet that I was pleased and proud. It was the *best* looking office in town and the most thoroughly equipped."

"And I might say right here," said Feathers with a smile, "I didn't look so bad myself, for this fellow Teach-em taught me a few things about personal appearance and I was trying them out."

"The next day the office girl and myself immediately got busy listing every desirable name in the community and surrounding territory."

"But wait a minute," said Carberry, "I didn't think you could afford an office girl. You didn't use to have one."

"Forget that, old boy," said Feathers, "I can't afford to be without one now. My time is too valuable to be doing the things that my office girl attends to. But, as I was saying, we got all the names together, arranged them alphabetically and sent them into Bunting and told him to cut loose on a six months steady advertising and educational campaign. Cautioned him not to miss a name and to see that the literature went out on regular schedule time each month. I also sent out a nice little announcement stating that I had been away taking a post graduate course in order that I might give my patients better service and also let them know that I had made changes both in my office and office equipment to add to their comfort and to my efficiency. Then, just as soon as an old or a new patient came in, I immediately notified Bunting to that effect and instructed him to send selected and better literature to the names designated. In other words, I wasn't letting a chance get by to educate my patients and acquaintances in Osteopathy in all its branches."

"Then I got busy and joined the Rotary Club and the Commercial Club. Heretofore, I had never taken an interest in these civic organizations. Just thought that it wasn't worth while. Now I am worse than a kid if I miss a Rotary

Luncheon or have to pass up a meeting of our live Commercial Club. And it all helps me, too. The men of the town are finding out that there is something to me after all and that my profession as an Osteopath means something to the community. Every time I get a chance I make the boys a little talk. Not necessarily on Osteopathy alone, but on any current topic of the day that is of interest to our community. It gets me better acquainted. It gives me confidence and last, but not least, actually brings patients to my office. And then, the wife, not to be outdone by me, has taken a great interest in Church and Club Work. And that's an important point too, especially in the smaller places. The better half of the family can do a great deal in the way of educating people to Osteopathy and incidently, into husband's office."

"I am using twice or three times as much educational literature as I was a year ago. I am taking a greater interest in the affairs of my town. I am looked upon as a solid citizen of the community. People respect me and are learning more and more to respect my ability as an Osteopathic Physician."

"But," said Carberry, "You have forgotten to tell me a single thing about the chiros. How did you fight them? What did you do to discredit them and get the people coming your way?"

"Car, old boy," said Feathers, "I've been so doggone busy boosting my own game since I last saw you to have had time to think a single minute about the three or four chiros in town. They are still there, I presume, and may be doing well for all I know. But I have found out that if I keep hammering away in the right direction at my own game, I don't have any time left to worry about the chiros. I am getting about all I can do right now and if things get much better I am going to double my advertising budget this fall and take on an assistant."

"And that reminds me," concluded Feathers, "here's that check for a thousand you let me have last year. When we reach old Los Angeles, tomorrow night, let's cut loose and have one bear of a time. This is the first time in nine years that I've really felt perfectly free to enjoy myself."

To Sell Osteopathy, Advertise!

Osteopathy has more satisfied boosters than any other legally recognized system of therapeutics in the world for the time of its existence. The original is always better than the imitation but how are you going to sell it to the public? Advertise!—*F. H. Healy, D.O., St. Louis, Mo.*

Deliver the Goods!

My best thought is that our schools won't go foolish and put in any kiro dope. I have been here 24 years and don't think any kiro will run me out. When I get ready to quit I will do so without any kiro punch in my back. The D.O.'s need more ethics and less talk about what they can do. The Old Doctor said, "Deliver the goods and talk less about what you can do."—*Chas. E. Hulett, D.O., Topeka, Kans.*

How Much We Do for Them, Not Do Them For

There is so much talk of doing as many patients per day as possible. I would like to say that success is not measured by the money we get, but by the efficiency of the service we give. Don't be afraid to use some elbow grease. I have been successful. That's why.—*Daisy D. Rieger, D.O., Billings, Mo.*

The Fittest Will Survive

Osteopaths, stop idealizing other healing arts; establish your own standards of education, ethics and methods of healing—for Osteopathy is so much the better, finer, bigger healing system today and it must stand on its own feet and not on the tottering, worn-out standards of a dying art. If we persist in holding on to the old the new can't grow and develop.—*Lena D. Kuppe, D.O., Chicago, Illinois.*

How to Get Patient to Give Himself a Chance?

Invent some method of making a patient give himself a chance to get well after applying adhesive straps in a case of pleurisy.—*A. E. Dewey, D.O., Woodrow, Fla.*

"Where There Is No Vision the People Fail"



Convened at Delaware Springs Sanitarium, Delaware.

Ohio Osteopathic Society Annual Meeting at Delaware Springs Sanitarium

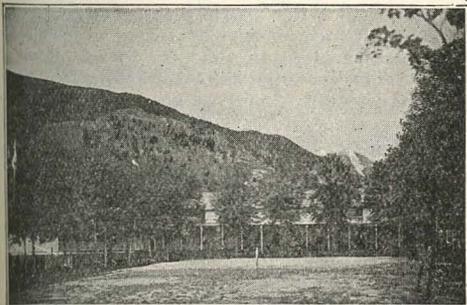
It was the largest and most enthusiastic meeting ever held by the Ohio Osteopathic Society convened in the Delaware Springs Sanitarium, at Delaware.

Business, right from the "kick off" was the program and not a minute was wasted by sight seeing, picture shows, theaters, etc., for the sanitarium is in a small city and there was so much of interest in the sanitarium itself that nobody wanted to leave for a moment.

Aside from the regular stated program of papers there were clinics in constant progress, full of patients and attended by interested doctors. Dr. J. H. Long, in general and gynecological examinations; Dr. R. P. Baker, in ear, nose and throat; Dr. L. A. Bumstead, X-ray, and Dr. M. F. Hulett, orthopedics, all were busy taking care of the large number of patients brought in by visiting doctors. The children's clinic, con-

ducted by Dr. Eliza Edwards, local chairman, was crowded by children and their parents. Arrangements were made by Drs. W. S. McCleery and M. A. Bauer of Delaware, for the accommodation of visitors in the homes of citizens and all was delighted with their entertainment. The noon lunch was served by the sanitarium staff in the sanitarium dining room. The efficiency of the culinary staff and the quality of the lunches received enthusiastic praise. A banquet tendered the visitors by the sanitarium staff at six o'clock P. M. on the second day was enjoyed by one hundred and fifty persons.

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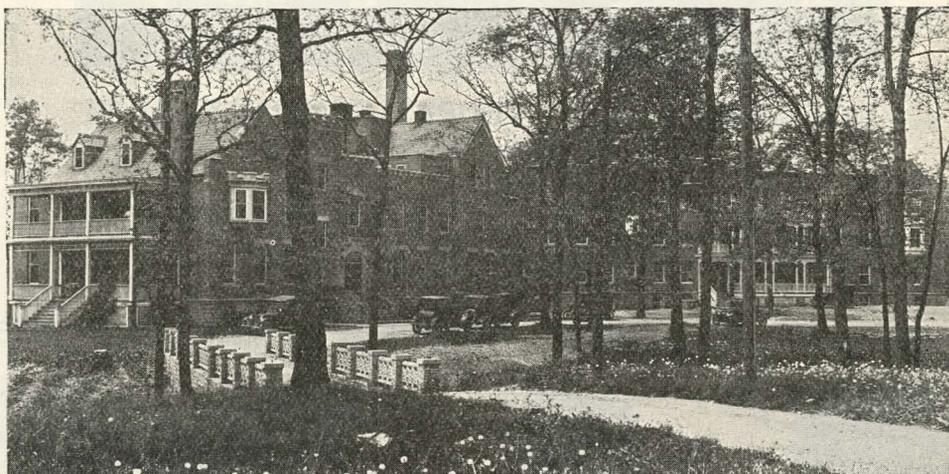
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The Delaware Springs Sanitarium

Delaware, Ohio

What Osteopathic Students Want from the Profession

Arvid E. Smith, Student, Philadelphia College of Osteopathy

A letter from a student may or may not be of interest to *OP* readers, but since the cry is always for more students, I assume that a stu-

dent's letters to the profession would be of some moment.

What is it that the osteopathic students are

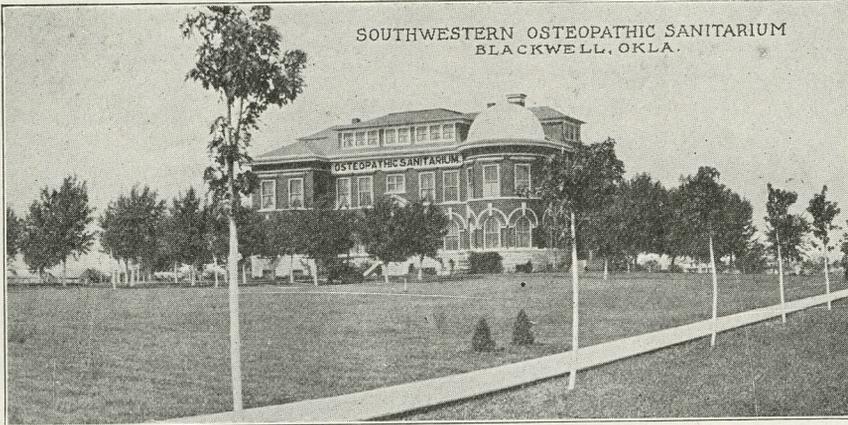
most interested in? Particularly concerning what the profession as a whole is doing? Really, nothing. But it is what the individuals are accomplishing in practice that contains the real human interest stuff. Of course, what the individual members of the profession achieve becomes naturally what the profession as a whole is accomplishing.

Students are all in the same boat at the beginning of their course of study; they are imbued with the idea of 'taking something' for every complaint. Can anyone blame them? They have had it from babyhood. Keeping this in mind and also the fact that each student has to be able to argue with his former classmates in high school as to the reasonableness of his choice in professions, you can readily see that what the student wants to read is records of cases in which the M.D. was actually bested.

Last season at Philadelphia College we had a talk by Dr. English, who had returned from over-seas and had had his views changed so completely that he is forever afterward an osteopath and nothing else. His experience of first taking up osteopathy and later medicine and then being an interne under two different disciples of medicine, i. e., one who believed in a lot of dope and another who believed in but little, and then finally trying to mix his osteopathy with materia medica was most illuminating. Then his war experience and seeing with his own eyes and achieving by his own handiwork as an osteopath compared with the work of probably the greatest diagnostician in the country, convinced him that osteopathy would not mix with medicine and that it was incomparably better. Those are the things that we like to see and read. We do see them in *The OP* and get lots of inspiration from them. Especially such cases as the William A. Rockefeller incident in the practice of Dr. Curtis Muncie, and the cases reported by Dr. C. W. Young.

A very interesting case with which I was personally in touch was extremely interesting to me, and so I will relate it as best I can. A prominent vocalist in Philadelphia who had a very distressing cough which threatened to become serious, went as usual to an osteopath for relief. Strange to say the osteopath omitted making a thorough examination of the throat, but promptly began making adjustments. There is no gainsaying the treatment was "OK" and was doing good in the light of what happened afterward. The fault, if any, in the procedure of the osteopath was in not making a thorough examination of the throat of the patient who, making her living by the use of that same throat, was naturally more alarmed concerning it than the ordinary patient would be. So, since she received no assurance as to what was the trouble, still being a firm believer in osteopathy as the best form of cure, she went to the biggest medical specialist in the city for an examination. This specialist had the history of all her previous troubles, and so was in a position to diagnose successfully. He cautioned her about not using the throat, and told her just why not, and also why she had been able to use her voice even though there had been a constant tickling sensation in the throat for a week or more. Then he gave her some medicine and ordered her to come back in one week's time, and finally for a third and last examination at the end of the second week. Here is the interesting part.

During these two weeks she took no medicine, unknown to her medical specialist, but continued her osteopathic treatments, and finally, at the third examination of the medical specialist he pronounced her over her trouble. He dismissed her with this remark: "That medicine of mine surely effected a remarkably quick cure. From the history of all your previous cases, you have been a slow patient, but there is something strange about it, this time, for your trouble was really serious, and you should have been in bed and 'under the weather' most of the time and resting completely, and yet you have recovered more quickly than ever before, and



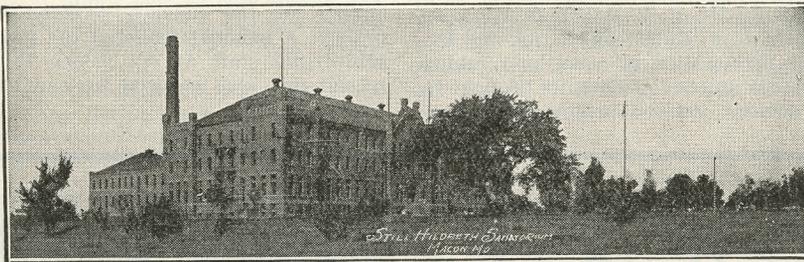
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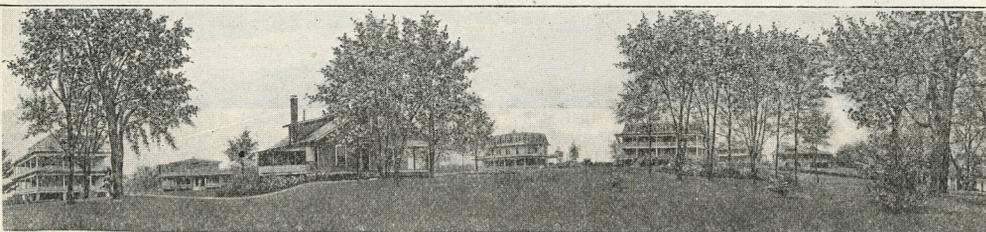


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Exclusively for Treatment of Cancer. Our new Booklet entitled "Cancer, Its Proper Treatment and Cure" Mailed Upon Application

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Volume 1—PHILOSOPHY OF NATURAL THERAPEUTICS—demonstrates the fundamental laws and principles underlying the processes of health, disease and cure; these laws destined to revolutionize the theory and practice of medical science are not yet taught or applied in any of the recognized schools of medical or drugless therapy.

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from a more serious complaint!" He slowly wagged his head and muttered: "I confess I can't understand it."

Now, isn't that a rich one? But such occurrences give us renewed faith in osteopathy as opposed to *materia medica*.

Superb Anti-Chiro Propaganda

When adjustment is not contra-indicated, bust patients thoroughly from head to tail. This will truly establish our spine-setting qualities and eradicate our so-called massage treatment. Our patients will realize that Osteopaths do more spine-setting in ten minutes than chiros do in a month. My preceptor is one of the best spine-setters in Pennsylvania. Name on request.—*Nathaniel W. Boyd, D.O., Germantown, Philadelphia, Pa.*

Lymphatics Often Involved

As a great many annoying coughs are caused by innominate lesions, producing sluggish bowels and usually an accompanying second and first rib lesions, raise all ribs well. I have been able to stop several persistent and stubborn coughs as in the case of one patient with a cough since Thanksgiving, heart was irregular, that has been overcome. I find in a great many of these cases, the lymphatics are involved.—*J. E. Francis, D.O., Charleston, Illinois.*

Find It, Fix It and Let It Alone

A child nine years old had been doctoring for months with M.D.'s for a persistent cough that was very annoying at night. I found a large lump of cheese in the right tonsil and discovered rales in tubes of right lung—the left was clear. I removed the cheese and the cough and bronchial tubes cleared up promptly, which reminds me of the old doctor's admonition—"Find it, fix it, and let it alone."—*Geo. W. Reid, D.O., Worcester, Mass.*

Be Fair Yet Firm

A better method to introduce Osteopathy to our "Friendly Enemies" is to be fair though firm. Recently I have been in consultation with three medical men and found them thorough gentlemen and being a Kiwanian I believe in building, so I feel like hammering away, "Be fair yet firm."—*Herbert Lipman, D.O., Kansas City, Mo.*

Treatment for Poor Elimination

Poor elimination is one of the things that a great majority of patients are troubled with. This of course leads to numerous aches, pains, etc. that they complain of. I find that the use of Bulgarian bacillus combined with good osteopathic treatment over liver and abdomen as well as lower dorsal and lumbar with plenty water, right diet I get excellent results.—*Vernon R. Lee, D.O., San Diego, California.*

Every D.O. a Specialist in Diagnosis

We can't help but be grateful for the superiority of Osteopaths over the M.D.'s in diagnosis. As we illustrate every day, we don't have to depend entirely on symptoms. Sometimes we find that pleurisy, floating spleen, enlarged liver and so forth really are impacted bowels. Only this week have held my ground against five M.D.'s on the above subject and demonstrated that I was right.—*E. V. Lange, D.O., Harrisonville, Mo.*

Likes "Hank Perkins"

I like your Hank Perkins He Sez Department, and cartoons by Dr. Geo. H. Smith, who I believe is a former classmate of mine. Many of these are very good. With permission of Dr. Smith I am going to have the best ones reproduced in a local monthly magazine. Hope Dr. Smith has a lot more of them.—*Nathaniel W. Boyd, D.O., Philadelphia, Pa.*

"Where There Is No Vision the People Fail."

Special Information for Osteopaths

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

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

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

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

The Seashore Sanitarium

An electric elevator has just been installed, an added feature for convenience and comfort of guests.

Rooms have been renovated and enlarged.

A real home, in which guests receive individual and expert service in

Osteopathy

Diet

General Care

The best place for your tired, run down, exhausted patients.

The Wayne-Leonard

130 South Maryland Ave.

Atlantic City New Jersey

EFFICIENCY in PRACTICE MANAGEMENT

The Efficient Osteopath

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

X—Expenses Not Usually Considered

(Continued)

HABITS

Last month we finished the discussion of personality. Of course there is a great deal more could be said, but this being only a brief discussion of some of the most glaring points of inefficiency, there is no effort to go into the subject exhaustively.

This time we wish to point out a few of the habits that doctors form which gradually make for inefficiency, failure and even destruction.

First. Sleeping during working hours. A doctor should have his hours printed on the door rather briefly, if he has them there at all, say from 10 to 12 and 2 to 4. Otherwise, leave the hours off altogether, if working by appointment. 10 to 12 and 2 to 4 on the door, does not mean that he only works during those hours, but this announcement makes it obligatory that he be in the office during those hours. When people come into the office during those hours and do not find the doctor in they are apt to jump to the conclusion, correctly or incorrectly, that he is careless in his habits otherwise if he is careless in keeping his hours. That is why it is well to have short hours announced. This gives time for making calls and getting away early from the office after the work of the day seems to be done.

Sleeping during working hours when people are coming in is a habit that just a few doctors have, medical as well as osteopathic. We have known of instances when patients came into the office when the doctor was sleeping. It always takes a few minutes for all the brain cells to become thoroughly aroused. On waking up, the doctor would mope around for a few minutes as though he had been doped, and of course the patient would notice the inattention. We have known one doctor who lost two or three patients on account of sleeping during office hours. He loses their respect, their recommendations and their patronage.

There is nothing against taking a nap immediately following the noonday luncheon for fifteen or twenty minutes. If one expects to make a high degree of success, however, one should be wide awake and ready at all times when people have a right to expect it.

Second. Too many or too few vacations. Some doctors form the habit of forever sticking by their business and not taking a vacation for many years. They become more or less stale physically and mentally. They will not take a vacation, even to go to a convention where they can brush up their therapeutics, getting some ideas on what other people are doing.

On the other side, there are some doctors who take too many vacations. They go away every month or two on some trip, absenting themselves from the office, which of course leaves their patients without proper care. This naturally makes the patients consider going to some other physician, and the fellow who takes too many vacations is allowing his practice to run down.

Third. Drink, tobacco, women and gambling. Many successful doctors have been moderate drinkers or even inebriates at times, having their spree of drunkenness. Of course it goes without saying that this is a serious mistake for any physician. He sins with light, because he knows what the bad effects of strong drink are upon the body. Further reference to this is not essential here at all.

Tobacco. A prominent medical physician once gave a lecture on cancer. He went on to tell how smoking sometimes caused cancer of the lip or tongue. Yet, he smoked himself and many of his professional brethren did, "always had, and always would." In other words, he was willing to take a chance on the evil effects of tobacco inasmuch as its relation to cancer was concerned and also the nicotine which comes into the system, the effects of which he knew.

The sensation produced in the body by various agencies when the habit is formed are difficult for men to give up, even when they know it is doing them harm. This is true of opium and morphine users as well as the nicotine users. One who says anything against many of the ordinary habits that are common to humanity is usually set down as a crank even though one be a doctor who has studied and knows scientifically the evil effects of such habits.

At least, a doctor should not smoke or chew tobacco in his office, if he insists on using it. If he must smoke, let it be away from the office, for the sake of many delicately strung people who might seek treatment there.

Women. It would be well if we might always speak of women in terms of one hundred percent praise and recommendation. As it is, however, they average better than men, but the woman who is willing to sacrifice her virtue for pleasure or money of course is a destructive element in society. The doctor, in his relation to his patients, naturally comes in contact with that kind of women as much or more than any other class of men because so many of them are diseased.

The opportunities doctors have in treating women, also bring them into such relations that the temptations are more numerous and perhaps stronger than in most vocations. The doctor who gives way to the temptation along this line is ruining himself not only for business, and high ambitions along the professional line, but he is spoiling himself for a desirable husband and father or any other wholesome domestic life. Many a doctor who had bright prospects has brought the darkest clouds over his career along this line.

Gambling. The habit of gambling seems to be something that gets into the blood if it is indulged to a certain extent. Poker playing and other forms of gambling gradually spoil a doctor for the highest ideal of a practicing physician. It is a very serious mistake in any man's life not only for business, but in the growth of character and manhood.

Fourth. Buys only when he cannot borrow. Some doctors get into the habit of borrowing from their neighbors, instruments, surgical dressings, books, etc. Since they find such an easy way of getting things, they put off buying, and borrowing becomes a habit. They become a nuisance to their fellow practitioners or neighbors, which makes for wrong relations and frequently destroys friendship and fraternity.

Fifth. Inattention, forgetfulness. The doctor should pay close attention to his patients, their treatment, diagnosis, and even to their names. It is well to remember names. So many become careless along this line and do not know their patients by name as they should. When a patient's appointment is forgotten, he is disappointed, his time has been taken up and he is impressed with the idea that the doctor does not care very much about the case. This is a source of considerable loss to the doctor. A doctor who does not book his own appointments should have a secretary who will exercise every care about details of appointments.

Sixth. Slow, lack of energy. Doctors who

lack energy usually lack ambition. Doctors who are slow and "pepless" do not accomplish very much in the way of getting work done and their efficiency never reaches any very high state, hence they always remain in the mediocre class.

Seven. Laziness, carelessness. Laziness is inexcusable in a doctor. It is all right for a physician to work up his efficiency so that he does no unnecessary labor. In the long run he is going to need every ounce of energy that he has and can conserve. However, this is no grounds for being a slacker on the job.

Some doctors get nervous or in a hurry, slam things around and become generally careless. They overlook details and do things in a careless manner. They go into the laboratory and spill things around, making four times as much muss as is necessary, breaking test tubes and other apparatus.

Eighth. Wrong thinking. This is a bad habit as well as the habit that breaks up the paraphernalia. Some people are untidy in their minds, in their thinking and in the arrangement of ideas. When their experiences are not classified, their memory becomes poor for recalling things, they do not think straight, they cannot reason well and they do not make good diagnosticians. They often become cynical, unkind and critical, both of their patrons and their professional brethren.

Ninth. Gets into ruts and stays there. The doctor who is careless, never goes to conventions, thinks wrong and has other bad habits, is very liable to get into the habit of doing things just about a certain way, stabilizing in that position and making no progress. This, of course, makes for general inefficiency.

Tenth. Procrastination. It has been said that, "Procrastination is the thief of time." Putting off fulfilling one's ambitions and desires not only wastes a doctor's time but it wastes his mental energy, allowing his ambitions to go unfulfilled until gradually his desires become less, his will power becomes weak and ultimately he becomes helpless because of continually postponing the fulfillment of his resolutions.

This short discussion of habits is meant merely to call the attention of the reader to a few examples only. There are numerous other things, but even from these we can see how expensive it is to allow the indulgence of wrong habits. The doctor pays a great deal for these indulgences in the money that he does not collect, in the satisfaction that he does not get, in the respect that he cannot command.

(To be continued next month)

The Paramount Issue

It seems to me the greatest tragedy in the osteopathic profession is the tendency of so many of its individual members to fail to keep pure and scientific Osteopathy as practiced and promulgated by Old Dr. Still. This tendency exists to a great measure in the making up of our State, District, and National Programmes. If we are to win world-wide recognition we must make the basic principles of Osteopathy the paramount issue—O. Van Osdol, D.O., Junction City, Kansas.

Treating Gallstones

A few nights ago I was called out of bed to attend a lady suffering from a gallstone. After trying all ordinary osteopathic treatment to relieve her without results and fearing my reputation would lose some prestige I thought as a last resort I would try to manipulate the stone out of the duct into the duodenum, which is severe for the patient. With the first trial I moved the stone partway. After a short period of rest I was successful in my second trial. Relief came also. This lady is my first gallstone patient that would stand the punishment.—S. L. Drake, D.O., Garnett, Kansas.

HOW to BUILD PRACTICE *by* ETHICAL PROMOTION

[Ready to Reprint in Your Local Newspaper]

Converting the Conovers The Interesting Osteopathic Prize Serial

A new form of explanation of the theories and practice of Osteopathy is found this month in the March issue of "Osteopathic Health." It is carried in the form of an interesting serial story entitled "Converting the Conovers" and is from the pen of Mrs. Irma G. Grise, the wife of an osteopathic physician of Wisconsin.

Mrs. Grise is a spirited writer and this pleasing little story (which will be continued at intervals through several installments of this magazine) is a very fair presentation of the life of an average young practitioner who is just getting established in osteopathic practice.

Of course a thread of real romance and adventure runs through the story, and those who like human interest fiction will find this a very pleasing tale, true to life like Miss Zona Gale's charming tale, "Miss Lulu Bett."

In the course of this story the reader, almost without realizing it, learns how osteopathic physicians diagnose and abort pneumonia, cure up tonsillitis in record-breaking time, give relief from high blood pressure and restore those who are lame and sick as the result of twisted innominates or slipped pelvic bones.

You won't want to miss knowing all about these Conovers and what happened to them—and a very human family they are, indeed. You may receive without cost to yourself this March issue of "Osteopathic Health" by requesting it of Dr. _____ at _____. A telephone or post card request, giving your address, will bring this little magazine to you complimentary for one year if you express the wish to receive it.

No More Old Straw Threshed Over!!!

Every month from now on "Osteopathic Health" will contain only new and made-to-order features. Every month its contents are always new and different. Editions are only large enough to fill advance orders. We never have "leftover" copies any more after the end of the month. You really have to use it on contract, or order it ahead, to be sure of getting it. It costs more to produce new articles and publish a new live journal every month, to be sure; but then it's *worth* more; your patients and public value it more; it accomplishes more for you; and such an educative journalistic service is now an indispensable factor in any really progressive practice. Ask the big fellows. Ask all the "live ones." Are you overlooking anything? Why not adopt "OH" as your personal journal? It advertises you individually in your community while preaching Osteopathy generally.

Osteopathy Easily Excels

My experience with Osteopathy has been big, extraordinary in many ways, proving beyond the shadow of a doubt that 95% of *all* cases can be more successfully handled by Osteopathy than by medicines. After 20 years practice at my present location, handling all classes of cases, I can surely say the system is right.—*Dr. R. F. Tisdale, Oakland, California.*

Well Did A. T. Still Know It

"Fix it and leave it alone." Impress your patients as you will, with what you may, you can't beat "Fix it and leave it alone."—*James Menzies, D.O., Columbus, Ky.*

Converting the Conovers

The Prize Osteopathic Serial

Everybody wants to read it in March "Osteopathic Health." In this issue we introduce, as first of our staff of new writers for "the patient's monthly magazine," Irma G. Grise, wife of Dr. H. M. Grise of Watertown, Wisconsin. Mrs. Grise is a spirited writer whom we are training up to spring on Saturday Evening Post one of these days, and you will like her stuff.

We announce this new Osteopathic Serial as something entirely original in promotional literature. That's what you expect in "Osteopathic Health" every month now—novelties—no old stuff—always something fresh and new!

It comes higher than stock pamphlets printed from plates—of course—because it costs more to write and produce a fresh new magazine every month, but it's worth the price.

"Converting the Conovers" will intrigue your soul. Place your order today for the March edition of the magazine containing it, which sells at \$52.50 thousand lots, on single orders, delivered to your door, with envelopes and your professional card added. The cost for one hundred copies, on single order, is \$7.50. It's cheaper, of course, if you use the monthly magazine on annual contract, as you really ought to do. Then the 1,000 magazines cost you but \$40; and one hundred, \$6.50. Besides, you get the cumulative benefits of advertising by using the magazine every month in the year.

Place your order today. Let this spirited magazine proselyte for you!!

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

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

"Osteopathic Health" for March

Converting the Conovers

This March issue of "Osteopathic Health" carries the first installment of the new interesting osteopathic prize serial entitled "Converting the Conovers" by Mrs. Irma G. Grise. A thread of romance and adventure runs through the story, which gives a picture, true to life, of how Osteopathic Physicians diagnose and treat diseases of widely different cause and character. You will find it entertaining and instructive to read about these Conovers and what happened to them.

Chapter I. Conquering Pneumonia. Chapter II. From Two-ten to Safety. Chapter III. Tantalizing Tonsillitis. Chapter IV. A Touchdown for Osteopathy.

A copy of this little magazine will be mailed free of charge on request. Address:

DR. _____,

A Man Is As Old as His Spine

By Mary L. LeClere, A.B., D.O.

is announced as the contents of April "Osteopathic Health." This polished writer dwells in Redlands, California, and we take pleasure in introducing her as No. 2 of our new staff of writers for "Osteopathic Health" during 1922.

Here is why Dr. LeClere did it.

"I have noticed," said she, "that the thing that medical doctors ridicule is the idea that people go around with joints dislocated. But we don't really teach that. Osteopaths have been very inarticulate when it comes to explaining what lesions really are. It seems to me, anything that explains what really does happen to the joints will do much toward giving Osteopathy the esteem it should have, and will rob our enemies of their only weapon against us."

So the lady wrote it! This is it. It's as simple as romance to read, but the lady's biological basis is so sound that it's a step forward from the mere mechanical explanation of Osteopathy. Especially appealing to osteopathic up-to-daters!

Put your order in now.

Prices: One thousand lot, \$52.50 if you order once in a while, but, only \$40 if you're our regular monthly customer; one hundred, \$7.50 to transients, but \$6.50 to 12-month-a-year customers. Besides, the fellows who enjoy the cheapest prices are the ones who get the most in the bargain for they derive cumulative benefits from their advertising which the once-in-a-while loses. Come on in on our contract service fellows, and use it every month! It delights your patients, wins new adherents for Osteopathy and it pays you. Write for sample.

BUNTING PUBLICITY SERVICE
for
OSTEOPATHS
Waukegan, Illinois

A Complete Agency Advertising Service

Don't think of our proffered help in terms of printed pamphlets. That is only part of the story. Think of our assistance as an advertising service, as a selling service, as a complete advertising agency service for Osteopaths in all that the term implies. That view of the Bunting Publicity Service for Osteopaths is the correct one.

Once you realize that Osteopaths have in our house their own highly specialized Advertising Agency which is prepared to render them any kind of advertising service they require for practice building, practice maintenance, practice betterment, fee raising or the advancement of Osteopathy generally it will be only natural to ask us what we can outline to meet your own individual and particular problem.

Our business is "selling" Osteopathy to the public. We can qualify as experts at that task and have had a longer and infinitely broader experience at it than any others. Our house enjoys a national advertising reputation back of this osteopathic reputation. Can you not make use of such aid for your own professional and financial advantage?

Poor Rule That Does Not Work Both Ways!

The public has become so used to the idea of apical abscesses, pyorrhea and the effects that dental infection has on the system that we are forced to reckon with them. We, as Osteopathic Physicians, must have some idea of the interpretation of dental radiographs, know an abscessed tooth when we see it and evaluate its effect on the body.

Here comes the big question. If the Osteopath must have some dental knowledge, why should not the dentist, for the best interest of the patient, be able to recognize the necessity for our services. It is a poor rule that does not work both ways. The same idea applies to the optician and others.

Moral: Educate your dentist to osteopathic concepts.—*Roland F. Robie, Oakland, Calif.*

Consultation with Your Own Kind

Can anyone say he has mastered Osteopathy?

When you get a case that is obscure, do you still go blindly ahead, 'crack their neck'—'up, then down the spine' and trust that the way subluxation spelling ill-health may be benefited somehow in the course of your manipulations? This method often misses the mark and, in so doing, does not build up faith in the laymen's mind concerning our science. Think—read,—and then, if darkness still prevails, call in that D.O. in the next block. He may find something you have overlooked and the patient be saved to Osteopathy. More consultation among ourselves is what we need. It is impressive, instructive, beneficial to all concerned and will tend to make us all bigger and better Osteopaths.—*W. L. Billings, D.O., Toledo, Ohio.*

Propaganda at Industrial Show

The 1,000 October "Osteopathic Health" and also the 2,000 copies of November and December issues were ordered, as you know, for the use of our clinics. Over 2,000 of these little magazines were given out from the osteopathic booth which was maintained by the San Francisco Osteopaths during a three weeks Industrial Show held in the Exposition Auditorium. One or more of our doctors was in the booth afternoons and evenings and we feel that we have reached more people with our talks and literature than we have ever done with all previous efforts combined.—*Susan Harris Hamilton, D.O., San Francisco, California.*

Today is the tomorrow you worried about yesterday.

Play Fair to Patient

Whatever the "cardinal symptom" that brings the patient to your office, get the sacrum perpendicular to the table, the fifth lumbar into position on that, the tuber ischii into the same plane from the edge of the table, the heads of the femur into the same position on each side of the pelvic girdle, as soon as possible. It may not be "specific" but it is common sense and it is fair play to give your patient a stable foundation for spinal equilibrium and the chances are that the cardinal symptom will disappear sooner than it would had your whole attention been devoted to it.—*Emma G. Wood, D.O., Maplewood, N. J.*

Be Thorough!

My one best thought is: Boney Lesions. Be specific, explain lesion briefly to patient and say when you have made a correction or partial correction.

Do not take for granted what you found on your first examination. Examine spine and sacro-iliacs carefully before each treatment.

Even the thinnest of clothing may keep you from making a correct diagnosis.—*George W. Marfield, D.O., Washington, D. C.*

Routine Examination Not General Enough

The biggest thing some Osteopaths need is a systematic routine method of getting case records and ability to make a diagnosis. A large number do not take case records at all. Some do not take blood pressure or use a clinical thermometer, as I have found out. I try to take a case record before going very far with a new patient. For instance: a man came to me lately for treatment for frequent urination which proved to be prostatic involvement, but during my ex. I found he had a high blood pressure, more serious than the other, I thought, and had I not gone over his case I might have had trouble with him while treating him. What we need is better routine methods, to a great extent. Bigger, better osteopathic diagnosis.—*D. A. Atkinson, D.O., Fremont, Neb.*

Your Three Best Case Reports

My thought for the month: Case reports would seem to be the one thing hardest to get out of the average D.O. and, realizing their incalculable value to the profession, allow me to propose that The OP inaugurate a campaign which shall have for its object a report from every D.O. of the three most notable cases treated and cured during the year, 1921. Appoint a committee to edit these reports, and if enough are secured, compile them in book or pamphlet form. By this means a lot of good things could be brought to the light, and all would be permitted to profit by the other fellow's experience.—*Robert H. Conover, D.O., Trenton, N. J.*

[We're strong for the idea, Doctor—only we organized the Academy of Osteopathic Clinical Research to further exactly this work and gave two years to putting it across, and the movement stopped the moment we stopped. This is a practitioner's work. You do it; and we'll gladly print 'em.—Editor.]

Modified Milk

When modifying milk for the baby that is not doing well, don't forget the following formula:

3 oz. gruel (Robinson's Groats)
1 oz. skimmed milk.
1 teaspoon Mead's Dextrin—Maltose No. 1.
Gradually increase the skimmed milk, decreasing gruel.

Later add small amounts of cream.
Make up the feeding (6 or 7) for the day at one time.

I have had great success with this formula and it is used by many specialists—*Geo. M. McCole, D.O., Great Falls, Montana.*

Humanizing the Bunch

Seattle Osteopathic BULL-e-TIN

February, 1922

Published and Edited:

W. E. WALDO, Josh Green Bldg.

No Subscription received and none Deceived.

The question before the House is:—"Shall we dance or shall we not," and "shall we dress or wear what we got?"

—Lot of 'em in our Profesh—

"Mother," said Johnny, "are we going to heaven some day?"

"Yes, dear; I hope so."

"But I wish father could go, too."

"Well, don't you think he will?"

"Oh, no; he couldn't leave his business."

Doc. M. E. Clark of Indianapolis was up White River the other day. The farmer on whose property he was trespassing came along and says: "Here, what are you doin'?" "Don't you know you're not allowed to take fish out of this stream?" "I'm not takin' 'em out," says M. E., "I'm just feedin' 'em."

Patient undergoing first treatment:—"You ought to be a good baker; this is just like making bread."

Doctor:—"This is the way I make the dough."

Dr. A. B. Cunningham says he tells the old maids that do not relax when treating the cervical region, that if they hold on to their hearts like they do their heads they never will get married.

Ye Editor was in Portland recently. Drs. C. H. Beaumont and E. Tracey Parker noticed I was over-weight and insisted on a game of Golf. Beaumont owns one of those cars. He said it was new but the self commencer wouldn't work and we had to shove it up a hill so we could coast down and start it. It started. I asked Bo why he did not pass the one ahead as we were in a hurry. He said, "What's the use, there will be another one ahead of it." Pretty soon the car began to act up and eventually stopped. All we could get out of it was an occasional Put, Put, Put. I said that it being a golf car we had better drive on the green, so we lifted it up on the parking strip and it ran fine. Soon we blew a tire. As there wasn't a Garage in sight we didn't know what to do. Tracy, being a Zone Therapy bug, pulled out of his pocket one of those little rubber bands so necessary in nerve pressure work, and slipped it on the rim and it worked fine. Off we started again only to come to a stop a few blocks on. After a thorough going over by all three we decided it was a constitutional trouble and I suggested a couple of monkey gland tablets. Tracy suggested goat gland and as it had our goat once again consultation ended in agreement. Bo hallowed, "All Aboard," and away we went through the city like fire. Reaching the country we dashed into a barn yard and brought up smack against the Hen House. I yelled, "What's the matter now?" Bo says, "Keep quiet. Don't you know that glandular therapy makes them chicken chasers?"

Once more we righted "it" and arrived at the Club in time for Dinner which wasn't so bad for me as I really play my best game at the

table. Bo says, "The gas we get now-a-days is awful," and I will admit the car is WK.

DON'T FORGET TO REMEMBER LOS ANGELES—1922.

Dr. W. V. Goodfellow flies in an aeroplane to make calls. One of our patients went up in the air when we presented our bill last month.

Review Anatomy

Frequent review of anatomy for nerve centers and results of treatment is a great time saver. Treatment of the lymphatics in certain cases is helpful. In the groin as well as the axilla.—*J. F. Bumpus, D.O., Denver, Colo.*

It isn't necessarily the right road because it is well beaten.

"HARVEST LEAFLETS"

to Reach the Multitude and Arouse the Disinterested

Our new line of introductory and supplementary printed leaflets is 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

No.

1. What Doctor Shall I Employ?
2. Disease Caused by Mechanical Pressure.
3. How Osteopathic Patients are Treated.
4. Getting Well All Over at the Same Time.
5. Building Up Weak Throats.
6. A Chiropractor at Work.
28. The Best Spring Tonic.

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

\$1.25 per hundred.

6-Page Harvest Leaflets

No.

7. What Is Osteopathy?
8. A Word to Former Patients.
9. What Osteopathic Fingers Will Do.
10. Neuritis From a Shipped Rib.
13. Chiropractic Kleptomania.
24. Neuralgia and Headaches.

Price \$12.50 per thousand, with or without your professional card.

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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

No.

18. Habit in Suffering.
19. The Osteopath's Point of View.
20. An Osteopath.
21. The Nine Modern Wonders.
22. Osteopathy Is Not a Remedy.
23. Dr. Atzen's Definition of Osteopathy.
26. Pain.
27. Insomnia.
29. Sciatica.

Price \$5.00 per thousand, with or without your professional 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.

Waukegan, Ill.

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Am now prepared to treat referred cases of disease of the heart and vascular system under ideal conditions. Therapy is primarily osteopathic plus other indicated measures of tried value.

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Will pay particular attention to referred cases

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

That Tennessee Chiro Court Decision

Osteopaths interested in medical legislation may want to have on hand this extract (alleged by *The Chiropractic Educator* of Davenport in Vol. 4, No. 11 to be) from the memorandum of Judge Lansden's opinion in the Supreme Court of Tennessee No. 21, Shelby Equity, filed Dec. 20, 1920. We reproduce it as printed by the chiro sheet without assuming responsibility for its correctness!

"THE ACQUITTAL"

(Copy of Certified copy.)

Filed Dec. 20, 1920, Preston Vaughn, Clerk.
Dr. P. E. Norman and Dr. A. B. DeLoach vs. Maud Hastings, Elmer Phillebaum, W. H. Rafferty, Edwin S. Pierce, Janette Pierce, in the Supreme Court of Tennessee No. 21, Shelby Equity.

MEMORANDUM OF JUDGE LANSDEN'S OPINION

"The Court thinks that Chiropractors cannot be classed along with Charlatans and fakirs. This science of healing is well developed and recognized in many jurisdictions and many believe in its efficacy.

"It is not suggested on the record that the practice of the science is in any way deleterious to the human body.

"Our statutes undertake to provide that no one shall practice any healing art until he has been examined by our various Boards and duly licensed. As a condition to obtaining license the applicant must pursue a course of study covering many subjects. Chiropractors have no occasion to apply much of this learning. The Court is of the opinion that since their treatments are not shown to be injurious to anybody—they do not give medicine, operate or subject the body to injurious manipulation—the requirement that they study and be examined on subjects in no way pertaining to their occupation is an arbitrary and unreasonable attempt to restrict their liberties and the liberty of the people who wish to patronize them. Such regulation has no reasonable tendency to promote the public safety and welfare.

"The Court recognizes fully the power of the legislature to regulate the practice of chiropractic by appropriate legislation. A board may be created to do this, or the present board empowered to regulate this profession under suitable regulations; an innocent business, however, cannot be prohibited under the guise of regulation.

"Our statutes, therefore, if they may be said to prohibit the practice of chiropractic, are invalid to this extent."

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Where We May Take Refuge

In every state where Osteopaths have been recognized by statute as educated physicians, but have been limited in practice, the constitutionality of the restrictions should be investigated by competent attorneys, if the dignity of the science is to be defended and the rights of American citizenship protected. There is a short cut to justice wherever legislative discrimination against Osteopaths has been enacted, and it may be found in Art. 9 of the Amendments of the U. S. Constitution.—*Jane B. W. Hall, D. O., Caribou, Me.*

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Legislative Mare's Nests

This clipping was taken from the *Medical Record* of October 15th.

Drugless Physicians Push Legislation—The Drugless Physicians' Association is sponsoring two bills which will be proposed at a special session of the Oregon Legislature to be held soon. One of these bills would limit the charge for an operation by any doctor to \$50, and the other would require all prescriptions to be written in English. An unsuccessful effort was made at the last legislative session to pass a bill providing that all prescriptions be written in English and made in triplicate with an exact diagnosis of the ailment and with a statement as to the particular use of each drug prescribed.

I do not know if osteopaths are members of this association but if any are I feel they should get "on to themselves" and not try to make fools out of the profession.

The first bill, that of limiting fees for operation to \$50 is in itself absurd, as everybody knows the amount of time and study and expense incurred in order to become a competent surgeon. Some cases, in fact, the majority of them are charity cases and it is necessary in major operations to charge a little more to those who can afford to pay than would be essential, providing every case was a "pay" case.

The second bill. Not a few osteopaths have been talking about this sort of thing and they usually believe that the only reason a "regular" writes a prescription in Latin is to fool or mystify the public. Such is not the case however. Prescriptions must be written in Latin because the botanical names from which a majority of drugs are derived are in Latin and the English equivalent is nearly always misleading and in fact there are often a lot of common names for the same drug differing according to the locality of the country. I believe that there are very few people nowadays who cannot read the names of the articles on a prescription. With

Latin being taught in the high schools it is difficult for me to see how this practice "mystifies" anybody.

I trust OP knows whether or not there are any osteopaths in the Drugless Physicians Association and if there are none, consign this to the usual receptacle. If such is the case, however, it seems to me that osteopaths had better save their energy for something more worthwhile. Not that there is any danger of the bills passing but to cut out the small-time tin-horn stuff about something which they know very little about.—*Winslow M. Kingman, M.D., D.O., D.P.H., Arlington, Mass.*

We Gladly Offer OP for This Sort of Service

I wish to make a suggestion. Within the profession we have many speakers of real ability—some of them are known and doubtless many are not known. At times this ability, or at least some of it is going to waste and rusting for the lack of use. Sometimes our failure to use some of this ability is due to our inability to know of it. (Some may have hidden their lamps beneath a bushel.) Perhaps at other times it is not used because of the expense involved in getting it to market.

Would it not be a fine plan to create a regular department in OP and invite our men to list their wares? If a man has a great message for the laity, let him say so. If a man has perfected some new and wonderful technique and is willing to tell the profession about it, why not add his name to the list of possible speakers? Furthermore, if one of this group of men from Los Angeles is to pass through Detroit enroute to Pittsburgh, why not, if possible, let the profession in both cities, know of it and use his

abilities? Or in case he has a great message for the laity and is going to spend a few weeks in some small town, what a wonderful opportunity for the local osteopath in that town to put on an educational lecture.—*C. Burton Stevens, D.O., Detroit, Mich.*

A Duty

If Osteopathy is such a boon to sufferers are we not criminally negligent for not educating the people up to its merits by using every known means of publicity and then some?—*Harry Fowler, D.O., Lewistown, Pa.*

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FOR SALE!! X-ray Equipment—Fischer 2A

Coolidge outfit; tube stand; overhead wiring; plate changing device; diagnostic box; developing tanks; film holders, 11x14 double screens; 8x10 fluoroscopic screen; etc. Cost exceeded \$1200.00. Dealers estimated offer about \$700.00. Sale price 75% per item. \$725.00 cash takes entire outfit. Good as new. Address,

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IN D.O. LAND

The Old Story of the Empty Barrel

According to a recent survey there are 6,190 Kiro's in the United States. From the amount of noise they make you would think that there are about ten times that many.

King County, Washington, Meeting

The King County (Wash.) Osteopaths held their last meeting on January 10th, with almost a 100% attendance. Programs for the next six months have been planned and will include much new work of Osteopaths recently returned from P.-G. courses. A technique class has been formed. The first meeting at which Dr. Elizabeth Lane and Dr. A. B. Ford demonstrated cervical technique was a success.—Leonora Grant, D.O., Seattle, Wash.

New York City News

The Osteopathic Society of the City of New York held its January meeting in the Assembly Room of the Waldorf-Astoria, 5th Ave. and 34th Street, Manhattan, January 21st. Program: "Scientific Investigation by Dr. F. M. Nicholson, Chicago, Ill.;" "Application of Osteopathic Fundamentals" by Dr. J. Deason, Chicago, Ill.; Business Session.

The February meeting, held on February 18 was also in the Assembly Room of the Waldorf-Astoria. Program: "Direct Leverage Technique on an Ordinary Table" by Dr. William S. Nicholl, Philadelphia, Pa.; "Bony Lesions—Osteopathic Proofs" by Dr. Louisa Burns, So. Pasadena, Cal. Business Session.

W. P. O. A. Meeting

The Western Pennsylvania Osteopathic Association meeting held in Pittsburgh Dec. 10th was one of the most important in Pennsylvania osteopathic history. Certain forward-looking resolutions were passed, to-wit: 1. "That recommendation be made to P.O.A. that they accept all licensed Osteopaths as members of the P.O.A." 2. "That the State Council be instructed to institute such legal measures as may be necessary to compel the State Board of Health to give recognition to the osteopathic profession." 3. "That the W.P.O.A. recommend to the AOA that they place a representative in Washington to take care of the interests of the osteopathic profession."—A. Duke Durham, Secretary.

The Opening of Another Clinic

January 17, 1922, a clinic was opened at the office of Dr. S. V. Robuck, 25 E. Washington Street, Chicago, Illinois. Clinics are to be held from 4:30 to 6:30 p. m. on Tuesdays. The purpose of this clinic is to treat Diseases of the Colon, the Rectum and other lower orifices of the body. Improved methods for the treatment of hemorrhoids, ulcer, fissure, fistula, cryptitis, papillitis, pruritis, prolapsus of the rectum, sigmoiditis, constipation, etc. is used. Such treatment as is indicated is given whether in office, home or hospital. To our knowledge there is no other clinic of this kind in this part of the country. Your support is solicited. When the demand becomes too great for the present facilities arrangements will be made to enlarge and extend the work.—S. V. Robuck, D.O.

News of the Officialists

The Seventh Graduating Convention and Clinics of the School of Official Surgery, and the 34th Annual Convention of the American Association of Official Surgeons, were held in Chicago during September. While there a number of enthusiastic Osteopathic Official Surgeons formed an association, under the name you see above. We are holding our first annual meeting on the three days immediately preceding the AOA convention at Los Angeles this year. Dr. Nettie Hurd will be in charge of the clinics, and Dr. Bullock, among several others, will operate. I need say nothing further along this line. Hospital facilities are already arranged for. Qualifications for membership are graduation from a recognized osteopathic college, and satisfactory official training. The annual dues are five dollars, \$(5.00). There is no membership fee as yet.—James E. Horning, Edmonton, Alta., Can., Sec.-Treas.

Massachusetts Osteopathic Society Annual Meeting

The annual meeting of the Massachusetts Osteopathic Society was held January 21, at the Massachusetts College of Osteopathy. Dr. R. Kendrick Smith, president, presided. Officers elected were: President, Dr. Myron B. Barstow, Boston; Vice-president, Dr. Marjorie M. Johnson, Boston; Secretary, Dr. E. Laura Meader, Lynn; Treasurer, Dr. Pefer Wright, Hyde Park. On the program were: Dr. George C. Taplin of Boston demonstrating his newly designed pneumatic table and examining applicants for entry in the Perfect Back Contest; and Mr. Phillip H. Gray of Detroit who spoke at length on the work in Detroit and insisted that an institution similar to the one he founded in Detroit could be established in Boston and other cities. Mr. Gray's suggestion was enthusiastically received and several thousand dollars were immediately subscribed toward the Massachusetts Osteopathic Hospital, the charter for which has already been secured.

Osteopathic Health for March

Converting the Conovers

The Prize Osteopathic Serial

By Irma G. Grise



CHAPTER I Converting the Conovers

CHAPTER II From Two-ten to Safety

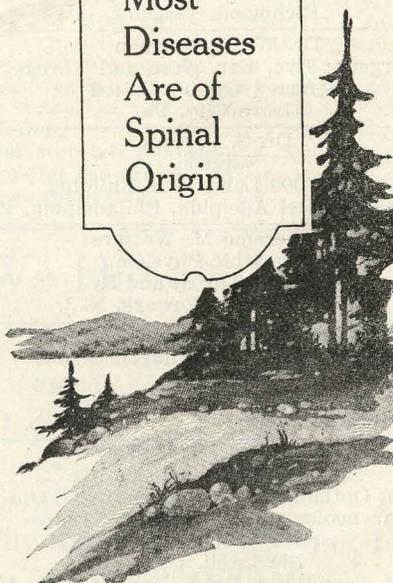
CHAPTER III Tantalizing Tonsillitis

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This entertaining and instructive story is a potent piece of propaganda for Osteopathy. It has the human interest touch that makes a sure appeal and it presents vividly the truth of the life-saving, health-restoring power of Osteopathy. Be kind to the good people of your community. Give them a chance to read the story and learn the truth it tells. To do that is only being fair, also, to yourself and Osteopathy. Orders not mailed quickly are likely to be too late. Send yours today.

Osteopathic Health for February

Most Diseases Are of Spinal Origin



This is the pioneer and now classic exposition of Osteopathy in terms of popularized, simplified science. It was most highly praised by Dr. Andrew Taylor Still and has been more widely distributed than any other popular brochure on Osteopathy. Each new edition wins fresh praise from the profession and laity. What part of this present issue do you wish to requisition for yourself?

20 Years or More

Noting that Dr. John W. Riley of Norwich, New York, and Dr. Eugene Pitts of Bloomington, Illinois, had made a record of 20 years in the same office I, too, must join the ranks as I occupied the same office for just 20 years at 269 East Court, Kankakee, Illinois. July 6th, 1921, I moved to my present location, 617-618-619 City National Bank Building, Kankakee, where I have a fine suite of offices overlooking the city and much fine farming country. Dr. Eugene Pitts is a classmate of mine and we took the Illinois State examination at the same time.—C. C. Crampton, D.O., Kankakee, Ill.

PERSONAL

Dr. D. V. Pyne, Leeds, England, announces change of address from 19 Virginia Road to 171 Woodhouse Lane.

Dr. George A. Gercke announces removal of his offices from the Oxford Bank Building to 4676 Frankford Avenue, Philadelphia, Pa.

Dr. Katherine A. Broderick is spending the winter in California. She is not practicing Osteopathy as was announced in the January OP, but is at present attending the clinics at the Los Angeles College. Her office at Torrington, Conn. is closed temporarily.

Dr. G. H. Smith of Evanston, Illinois, the creator of "Hank Perkins" and His Sayings which have been running in The OP over a year now and, incidentally, making a hit with the profession, is a man of many activities. In addition to his many duties as an Osteopathic Physician he is at present editor of "The Kiwanis Kowbell."

MARRIED

Dr. Paul Deeming, of Brookfield, and Miss Pearl Sterneke, at the bride's home in Brookfield.

Dr. Lazarus Banker Allabach of Newark, N. J., and Miss Kathleen Irma Edwards in Brooklyn on Wednesday, January 25, 1922.

Dr. Vernon F. Still and Miss Callye Davis, during the week of January 2nd. Dr. Still is distantly related to The Old Doctor and comes from Elizabeth, N. J.

Miss Kathryn Kirkpatrick Shoemaker, daughter of Dr. and Mrs. George O. Shoemaker, and Mr. Charles Fremont Vaught, January 30th at Wichita, Kansas.

DIED

Dr. J. L. Crist of Minneapolis, Minn. At the Philadelphia Osteopathic Hospital, Sunday, October 23rd, the infant son of Dr. Chester D. and Mary Hille Losee.

EXCHANGE and MARKET

WANTED—To buy a second-hand McManis DeLuxe table and stool. Address No. 331, care The OP, Waukegan, Illinois.

WANTED—Second hand McManis table—must be in good condition and price right. Address No. 332 care The OP, Waukegan, Illinois.

WANTED—Woman—Junior student, wishes position as assistant—West, during summer. Address No. 335, care of The OP, Waukegan, Illinois.

WANTED—Assistant, male, married, Illinois license, general country practice. Must furnish good reference. Address No. 329 care of The OP, Waukegan, Illinois.

WANTED—By young married man in senior class, who has passed most of State Board, position as assistant for summer. Address No. 328 care The OP, Waukegan, Illinois.

FOR SALE—Practice in town of 10,000 with a drawing of about 30,000. County seat in western Pennsylvania. Good future for town. Reason for selling not on account of business. Address No. 333, care of The OP, Waukegan, Illinois.

PRACTICE FOR SALE—Old established practice for sale. \$600.00 cash. Minnesota examinations will be held the second Tuesday and Wednesday in March. Must be sold at once as I am retiring from business this spring. Dr. G. M. Wade, 415 Metropolitan Bank Bldg., Minneapolis, Minnesota.

ASSISTANT WANTED—Young man who can do routine laboratory work including Wasserman. Prefer single man just out of college. General practice with good opportunity for advancement. Send picture with full particulars of qualifications first letter. Address No. 325, care of The OP, Waukegan, Ill.

FOR SALE—Practice in Southwestern Michigan City of 7,000. Home furnishings, office equipment and car. Only D.O. in city and one other D.O. in county. Office steam heated and best location in city. Excellent future for D.O. with lots of PEP. Here is an opportunity for the right party to step into a well furnished home and office and a good practice to start with. Wish to take P. G. work and will sell for the small sum of \$3,250.00 cash if I can sell before at once. Come look the place over or write for further information. Address No. 322, care of The OP, Waukegan, Illinois.