Spanish or Epidemic Influenza From the Treatment Side

By Dr. George M. McCole, Great Falls, Montana

1. Temperature taken per mouth. In children I insert the thermometer between the cheek and gum or teeth and protect it with my finger, if necessary, talking to the child all the time and telling him that he does it just like daddy. If it is not possible to get the temperature in the mouth I usually use the groin.

2. Rectal temperature was often taken in both adults and infants and I have found it excellent practice, as it will often give information which oral temperature will not.

I often take the temperature after giving the treatment and find that the oral temperature is frequently higher than it was before the treatment. This is proof that the circulation of blood and nerve force to the head was very poor until normalized by the treatment. As far as my observations have gone, however, I have not found that the temperature per rectum shows much if any change after the treatment. During the epidemic there was not sufficient time or nurse help to make satisfactory records on this interesting subject. I will speak of temperature further on in this paper.

(Note: There is but one way to have a clean thermometer, that is, to wash it in soap and water and a clean cloth. The secretions from the mouth dry quickly and can only be removed by scrubbing. It is these secretions that carry infection.)

I have found a few cases which ran a temperature much below normal, sometimes as much as three or four degrees, and still with enough symptoms to be easily diagnosed as Spanish influenza.

I consider 93 1/2 degrees per rectum normal, especially in children.

2. Pulse was taken at the time the thermometer was in the mouth. Pulse was practically always bounding and hard. Its rate varied widely, being influenced by many other conditions. I often, early in the attack, and where other symptoms were indefinite, made a diagnosis principally from the pulse.

3. Breathing rate and type were taken while holding the watch and with the finger on pulse so that patient would not know that breathing was being watched.

Many patients complained of a sensation of weight on the chest and difficult breathing—hardly what one would term true dyspnea yet a real air hunger and sensation of constriction in the chest.

4. The breath is often tainted with the odor of acetone, which is indicative of the high degree of acidosis and is an important diagnostic point.

5. The heart was then examined, both by auscultation and percussion.

6. The examination was then extended over the lungs and pleural rub listened for.

7. Patient was questioned as to having had a chill, general health, occupation, undue exposure, fatigue, what physic, if any, had been taken or other drugs used, bowels movements and bloody stools, food taken, sleep the night before, and dreams, headache and backache.

The full examination could not be given at each call and not all of it to each patient, as time would not permit during the height of the epidemic.

8. Throat was always examined. This is an important point.

Treatment

I consider it advisable to give a strong deep treatment if the patient is seen before the attack has gained full headway; after that I give short light treatments.

If the disease has not developed much at the time of the first visit and if vigorous treatment with adjustment of the deep-lying and tightened-up ligaments over the spinal cord is indicated, as it always is if the treatment can be given, a blanket is sometimes spread on the floor and treatment given there. The upper dorsal spine is also often given a popping with the knee, with the patient on a chair. This, of course, is not attempted unless the patient is strong and vigorous and has taken treatment before, so that he understands what is being done. Where the disease is well developed, the patient not strong, is nervous or is not acquainted with osteopathic principles, this treatment is not given, however advisable it might be.

Subsequent treatments are given to take out the invariable and recurring contractions along the spinal cord. The spine is gently sprung and the muscles pulled away from the intervertebral foramina so that arteries going in and veins and nerves coming out from the spinal cord are free to function.

I might note here that I consider Spanish Influenza does its damage through the attack, of its peculiar and virulent toxin and the accompanying acidosis, on the body's reserve energy—the spinal cord and related structures. Where the toxin is manufactured I will mention later.

If the patient is in a nervous condition he is often treated in the position in which found, so that the nurse might keep a patient who is moist with sweat from taking cold or being exposed. An extra covering is thrown across the neck and shoulders, and pulled down as the bed covers are moved to get to the area to be treated.

The musculature of the upper dorsal and cervical region is given special attention, the region of the first and second cervical and the first to sixth dorsal being special seats of trouble. The region between the spine and left scapula, first to sixth ribs left, and the region of the suprascapular notch on the left side are given specific treatment to free them of contractions. The tissues of the suprascapular notch are in direct connection with the nerve supply of the heart muscle and treatment here is astonishingly effective. And I may say that I use the word "astonishingly" advisedly.

This treatment for the heart is best given with the patient lying on the right side, patient leaning a little forward, with his left forearm against the chest, hand at neck or chin. Stand then at the patient's head and with the thumbs give all the region on the left side at the base of the neck and around the suprascapular notch thorough muscular adjustment for circulation and remove contractions which disturb the heart's vitality. Treat first to sixth dorsal region.

I consider this treatment specific for the heart debility of Spanish or epidemic influenza and many other heart conditions, and have found it especially effective in the weakened and nervous states following Spanish influenza and in so-called "run down conditions" generally.

Vibration with the tips of the fingers on the anterior chest wall is often used. Sore and contracted tissues are often found along the anterior ends of the ribs which are involved at their spinal ends. These are gently treated. Children are often given vibration, holding their little chests with their hands under their arms.

If the patient is fat and not easy to treat I have him sit up in bed and give the upper dorsal thorough percussion of the first visit and if vigorous treatment generally. About 100 strokes at each treatment are usually given. I remember one very fat patient in the...
Osteopathic treatment to the spine and spinal cord affects the whole nervous system. The presence of the osteopathic treatment to the cervical tissues of internal secretions become active. Antibodies are formed. The blood stream distributes these antibodies acting as the "osteopathic cures" for the rule of the artery is supreme. Osteopathic treatment to the heart and bowels is especially dangerous, as some of the other drugs are not so immediate nor is it so easy to find a sure way of taking cold or it does not have enough strength to carry him through his disease. Physics irritate either the intestine, the liver or the heart or all of them. Osteopathy cures, and produce the necessary nerve force to the circulation of blood and nerve force to the body. Nature's function is through the least means: it demands no operator, it has no morbid action, and is a sure way of taking cold. It is to have the patient with hands clasped and fingers as is the epithelium of the skin and its glands. It is best to leave the bowel alone until after the crisis and then give the enema. A patient of frank pneumonia of Spanish influenza has but little chance of living if his strength is being sucked from the blood stream and out the bowels every few hours. Just one is often fatal, as witness the awful death rate of the past few months. Especially is this true if the patient is a pregnant woman or if the attack be of what is called the "intestinal type." I see to it that no draft blows on the patient's body, for I prefer their use even when those conditions are present, as the less the exposure the less the chance of pneumonia and the quicker recovery. Rest living in bed is absolutely necessary to a satisfactory course and quick recovery. It is best to leave the covers off the covers is a sure way of taking cold and inviting pneumonia. The patient is instructed that if a sweat comes on, either from a hot bath, hot drink or as a result of the disease, to lie and take it, for throwing off the covers is a sure way of taking cold and inviting pneumonia. If the house is cold or the patient weak or very sick the urinary and bed pan are used. In fact, they prefer their use even when those conditions are present, as the less the exposure the less the chance of pneumonia and the quicker recovery. The urine and bed pan are used. In fact, they prefer their use even when those conditions are present, as the less the exposure the less the chance of pneumonia and the quicker recovery. The urine and bed pan are used. In fact, they prefer their use even when those conditions are present, as the less the exposure the less the chance of pneumonia and the quicker recovery. The urine and bed pan are used. In fact, they prefer their use even when those conditions are present, as the less the exposure the less the chance of pneumonia and the quicker recovery.
HOW OSTEOPATHS TREATED THEIR FLU CASES

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

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

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

Sign your name here                        Address

Mail to Henry Stanhope Bunting, D.O.,
Editor The Osteopathic Physician,
9 South Clinton St., Chicago

You can help your fellow osteopaths by telling those not subscribers what The OP is giving on flu-pneumonia.
such as a dangerous heart condition. I do not now use it unless it can be given properly and without arousing the dislike or fear of the patient. I never give it late in the day.

A good method is to get the patient into the tub, lie on the back, and cover it with a blanket or rug. Place a bath towel on the bed to rest on, and pull the blanket around the neck. The patient can then take a good warm bath. The armpits, shoulders, his knees and legs will not be exposed to chill. When he gets up, the blanket can be drawn around him. As a matter of course, there will be no need for him to become chilled. A cold towel is placed on the head and water given to drink.

Every patient should be shown to sweat early in the attack. Cover with a blanket and place outside that fruit jars or jugs filled with hot water. Cold towel to the head and several glasses of water or lemonade to drink.

The use of cold compresses on the chest I do not favor. They are used by some osteopathic physicians, but I believe the result is bad with other methods. Applied in a hospital where the technique is well in hand they might be successful, but personally I fear them. I am very careful about putting an ice bag on the heart. Cold packs are sometimes used in my practice on the head for pain or delirium.

The use of "rub-uns" of turpentine or onions when they irritate the patient. If the patient has been used to them or has faith in them and wants them I order them. I also order alcohol rubbing, kind of a thing which must be done. When a family calls a doctor they "want something done," and it is best to do something. Something will prove a hand, however, that our patient's strength must be conserved. "Doing something" and that something being destructive of the harmony, which vitality is disarranged, as witness the death toll following the use of aspirin, morphone and calomel.

I do favor "rub-uns," in that it think it is well to give a little rubbing. A piece of oil helps to keep an even temperature and the skin active. The skin should be wiped dry however, to remove the skin secretions which if left on become stale.

I have tried Dionol Ointment, which has been so highly recommended by some osteopathic physicians, and I have been pleased with it; not that it has proven itself to have any great healing power, but it is an oil. It is clean and has no repairs to make a patient restless, and it is something the doctor can bring with him and be "doing something." I remember being called to see one little girl who was very ill and who was holding her nose with the bed clothes. She told me that she and her mother of the course and the result. She could not keep it in her mind, however, that she felt she could stand it no longer. When she was cleaned up, her little chest oiled with a clean ointment which the doctor brought, and that covered with a covering of nice clean white cotton she showed a wonderful improvement, and it was real as well as apparent.

As to baths in Spanish influenza, I instruct the nurse to bathe the patient only as necessary for cleanliness and his comfort. Bathe in water is not a salutary procedure in a disease where pneumonia is so easily contracted and is so fatal.

I do not favor the use of oils containing camphor. Camphor tends to close the pores of the body and hardens the skin. We do not want this. The oil is excellent, but it is better without the smell and without the hardening effect of the camphor.

I do not use alcohol rubs for the same reason, where the patient is in anything like a serious condition, as alcohol closes the pores and dries out the skin. Rubbing oil on the skin while the nurse is good for a restless, nervous patient, but it had better be done with olive oil or some other oil, and not rubbing oil. It is not helpful after a hot bath when the individual is going out of doors as it is then advisable to close the pores. In Spanish influenza we do not want the pores closed. We need elimination, and all we can get.

THE OSTEOPATHIC PHYSICIAN

A small saving of vitality or a little elimination of toxins may be the margin that saves a patient from a serious condition. If the player in roulette is the one that breaks and his comfort. Dabbling around in Vitospray atomizer and believe that in this blood. When she was cleaned up, her little chest attention to the diet is the only way the ac1r1s good will never produce an alkalosis, which the juices which are rubbing, and lubricant and as far as possible we do the sweet cider is also a most valuable food and hand, however, that our patient's strength must be conserved. "Doing something" and that something being destructive of the harmony, which vitality is disarranged, as witness the death toll following the use of aspirin, morphone and calomel.

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The American School of Osteopathy

Has found it necessary to run a course for the "war babies," otherwise those returned soldiers, who had "time" to make up. A number of the faculty donated their time for this work during the summer. As is often the result, under such circumstances, the course has materialized into one of the finest clinical and lecture courses ever given anywhere in any school. Visiting doctors dropping in for a day or two have asked us why we didn't advertise the course and make some money out of it as a post-graduate course, stating that it was the finest work they had ever seen.

We are not going to do this, but—

ANY OF THE ASO ALUMNI WHO MAY BE SO INCLINED ARE HEREBY_INVITED TO DROP IN FOR A DAY, WEEK OR MONTH AND ATTEND THIS COURSE.

At present, the following daily lectures and clinics are being given:

Surgery and Diagnosis . . . . . . . . . . . . . . . . . George A. Still
Physical and Clinical Diagnosis . . . . . . . . . . . . Hi Henry
Osteopathy . . . . . . . . . . . . . . . . . . . . . . . Daddy Platt
Orthopedics and Cast Work . . . . . . . . . . . . Harold Hain
Osteopathic Obstetrics . . . . . . . . . . . . . . . . . Dee Turman

Most afternoons there are extra clinics.
This course will run, at least, until August first, except during the Convention. There will be no pay courses organized this summer.
Incidentally, we already have matriculated, for the fall class, as many students as were ever matriculated at this date by the largest class in the school; and
By the time this notice reaches you the newest catalog will be out. Read the catalog, read the last JOURNAL and the next JOURNAL and send us the names of your prospective students.
If you don’t want your prospects to get Osteopathy don’t send them to the ASO.

ADDRESS

THE AMERICAN SCHOOL OF OSTEOPATHY
KIRKSVILLE :: :: :: :: MISSOURI
Anabolism—Supplying and building up nutrition.
Catabolism—Tearing down and carrying away wastes.
This process of tearing down and carrying away wastes is always alkaline.
When this alkaline function breaks down ACIDOSIS sets in.
Take this for a case: The body has been invaded by some infection—say influenza. The poisons of this infection have stopped catabolism (elimination). Acidosis then sets in.
Acid poisons are formed so rapidly and are of such virulence that they cannot be handled by the body’s system of elimination quickly enough, and they have the effect of lowering the temperature and prostrating the patient. Here, to escape disaster, the physician’s aid is needed.
This acidosis is a constant factor in all infections. Heavily infected patients, few of them, but in all conditions wherein put germs, staphylococci, streptococci and pneumococci are virulent.
Siting factor in bringing about a cure.
All are agreed that the patient should be kept in bed, not even leaving it to go to the bath room. The patient must be protected in every way from fatigue and exposure.
The enema was used by all. A number of writers state plainly their opposition to the use of physics and laxatives. A hot tub bath is recommended by several, but there is opposition to much bathing.
Practically all the writers used the fruit-juice diet. However, a few gave a heavier diet and were successful with their patients, which is one more proof that the osteopathic treatment is the decaying fasting of the body.
Dr. Brown wrote after having had about 100 cases. He speaks especially of three cases of pneumonia. They resolved by crisis. There were no deaths.
He says, “All cases were, preceding the first treatment, given a generous plain water enema. Ostriches were left for two or three days. The patient on his back. He was told to discontinue, and in most cases the patient got the enema. A few cases, with the highest fever, the stationary fever, were given tap-water enemas, one each hour until the temperature dropped two or three degrees.
“Sponge baths were given to reduce fever in every case. Diet was liquid until the temperature was normal.
“The osteopathic treatment of the usual spinal work, paying special attention to cervical and dorsal areas, and strong indication always, 10 to 12 degrees.
“Pneumonia cases were treated three or five times a day and as much as they required at each visit. They required action. Heating compresses were used on each case. The ice bag to the forehead became normal. One case of cirrhosis was treated with ice caps to the head and neck. Normal salt solution per rectum, Murphry drip, was given. Dr. Cole’s Perfect Sight Restorer, consisting of egg-yolk, milk, strained soup and broth.
Dr. Paton “Treatment should be quick. Every motion significant so as not to tire the patient. For exhaustion is present. Each patient was treated two or three times a day until temperature became normal. The nasal douche was given twice a day followed by K-Y jelly. Hot soap soothing followed by soan enema and enemata at a regular time when fever persisted.”
Dr. Brigham ordered “Hot packs the full length of the spine twenty to thirty minutes, three times a day. This will produce profuse sweating and often put the patient to sleep.”
I have used this same treatment, especially in the nervous cases, and hold it in high esteem. I have the patient put a bath robe on backwards so that the arms are exposed, but the spine easily accessible. The hot packs can then be used and covered over and the patient not exposed. Dr. Nuckles maintains that lung and ear troubles will not follow influenza where osteopathic treatment has been given to adjust the cervical and upper dorsal circulation. I believe that all osteopathic physicians will agree with him in this.
Dr. Price: “We have kept particularly in mind the first, the nerve, blood and lympathic supply to the lungs; second, the circulation to the spine (meaning spinal cord); third, the internal secretory functions and to the general excretion.
Dr. Crane says: “A great deal of my work is among the Italians. It was necessary to give quick specific treatment that I might do as much good as possible to the patients. I did not treat them as often as I would like to, and because of this fact I learned that osteopathy got control of the “flu” immediately, the first treatment. Patients did not start them on the road to recovery; in fact, many of them got no more than one treatment.
“The results were accomplished through the vaaso-motor nerve centers, in the third and fourth dorsal—especially on the left side. So from this you can see why I say, influenza is controlled specifically by treatment directed there.
If I had had time to treat all the apparent indicated centers I could not have made the above conclusion, for I, as well as others, would no doubt have covered all the indicated areas, such as cervical, lower dorsal, lower chest, etc.
“Pneumonia cases require no more attention as a rule than has already been outlined, except that they must or should be treated more often.
* * * The osteopath has all the stimulants he needs in his fingers without the danger of ‘bursting the horse to death’ if he will remain calm and does not lose his nerve; and I admit it does require nerve while waiting for a respiration of 75, a temperature of 104 3/5 and a thready pulse of 145 up, to begin to come down.
“You may be treating by no other method than first springing the upper dorsal with the ends of my fingers intermittently for about ten minutes, then take hold at the back of the head and slide the hands under and with the backs of the hands resting on the mattress lift the spine with the fingers and keep them there until it is felt to go down. I have read and heard this and the general relaxation results—temperature, pulse and respirations gradually lower. With the crisis passed there is still much to do, but the worst is over.
“The whole picture is one of extreme toxic invasion, congestion and faulty elimination. Your treatment is specifically one of controlling the vasomotor nerves, elimination and relaxation.”
Dr. Crane’s letter has three paragraphs which make an interesting topic. They sum up for many of us the emotions crowding an eventful six months.
“The past six months have been to me a kaleidoscope of emotion; in fact, I know of no emotion I have not felt to the utmost—fear, worry, shock, surprise, happiness, anger, and the greatest of all, the emotion of realizing that I am a member of a profession that has shown to the world what we have all known ourselves—that osteopathy is a real agent of relief and cure.
“I feel that I owe an everlasting homage to the founder of osteopathy and a dedication of all my powers to the advancement of his science.
“I can sum up the past six months by saying that they have developed a reverential regard for the science, and all I can do toward helping our organization as a whole is the least I can offer.”
To develop the best there is in a student is the great paramount duty of a teacher.

The College of Osteopathic Physicians and Surgeons
(Controlled and Operated by the California Osteopathic Association)

has kept this important fact constantly in mind while forming its staff of educators. Step by step its faculty has been developed by intelligent selection until today it represents a teaching body of highest capacity in which every member is distinctively fitted for his work by temperament, knowledge, and experience. The native ability of the student is sympathetically considered and given every encouragement.

Faculty Members—Their Qualifications and Subjects:
(Continued from last issue)

JAMES STROTHARD WHITE, D.O., Pacific College of Osteopathy, 1898; Post Graduate, American School of Osteopathy, 1904; Graduate, Beloit, Wisconsin, Academy, 1896; Student in Science, University of Southern California, 1896-1897; Professor of Diseases of the Heart, Pacific College of Osteopathy, 1906-1914.

Lecturer on Osteopathy.

DAIN LOREN TASKER, D.O., Pacific College of Osteopathy, 1898; D.Sc.O. Pacific College of Osteopathy, 1899; Post Graduate American School of Osteopathy, 1904; Professor Practice of Osteopathy, Pacific College of Osteopathy, 1906-1906; Member of California State Board of Osteopathic Examiners, 1901-1906, and President of Board 1901; Member of California State Board of Medical Examiners, 1907-1918, and President of the Board, 1910.

Teaches General Diagnosis and Practice.

JOHN MAYS CLARK, D.O., Los Angeles College of Osteopathy, 1911; Professor of Obstetrics, in same, 1912-1914.

Teaches Clinical Obstetrics.

DAISY DUFFY HAYDEN, D.O., Pacific College of Osteopathy, 1899; Post Graduate in same, 1909; Post Graduate work, Great Ormand Hospital, London; Queen Charlotte's Lying-in Hospital, London, 1909; Polyclinic, Vienna, 1909; Professor Pediatrics, Pacific College of Osteopathy, 1910-1914.

Teaches Pediatrics.

JOHN MAYS CLARK, D.O., Los Angeles College of Osteopathy, 1911; Professor of Obstetrics, in same, 1912-1914.

Teaches Clinical Obstetrics.

NORMAN FREDERICK SPRAGUE, D.O., Los Angeles College of Osteopathy, 1912; Assistant Professor Laboratory work in University of Southern California, 1906-1909; Pacific College of Osteopathy; Professor Applied Anatomy, 1909-1914, Pacific College of Osteopathy.

Teaches Laboratory Anatomy.

Other Members of the Faculty, with their subjects and qualifications, will be given in a later announcement.

Members of the teaching staff in the professional departments of the College of Osteopathic Physicians and Surgeons conduct clinics in connection with their didactic work. These clinics are open several hours each day. The total number of hours of clinical work given by the college is, therefore, much greater than is indicated in the outlined course of study. In each practice subject a minimum number of hours of clinical work is required of each student. After the student has credit for this minimum he may attend further clinics in any department he elects. Clinics are conducted during the summer vacation period and students may attend these without additional fee.

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The writer has treated 119 cases of Spanish influenza. Thirteen of these cases came to him after having had medical treatment. Four of the thirteen were desperate cases where death was imminent. We had the good fortune not to lose a case.

In all cases there were contractured muscles, impacted vertebrae and tenderness in the upper dorsal region, and most of the cases had some one or more bony or muscular lesions outside of the upper dorsal, and nearly all had stiff shoulders and contractured neck muscles. Many cases had a tilted pelvis. Many had enteroposis and other abdominal lesions.

I treated the shoulders and upper dorsal while the patient is on the side. The muscles are gently and firmly stretched until they relax. The vertebrae are separated with as much smoothness and gentleness as possible consistent with efficiency. Usually the scapulae are rotated. Bony separation along the entire spine was attempted in almost every case. The neck muscles were relaxed with patient in dorsal position. The flu greatly increases the pain in the lumbar or sacroiliac articulations caused by the tilted pelvis, and I corrected the lesion by technique shown in AOA Journal, July, 1914, page 637, securing marked relief from pain in nearly every case. Usually some rib adjustment was made and some attempts were made to loosen the cough by elevating the ribs, while the patient took deep breaths, though this treatment is not necessary.

Sometimes the treatment was general in character, relaxing muscles of neck and spine, manipulating the abdomen, etc.; but as a rule time was too short to give much besides specific treatment. As a rule not much effort was made to correct bony lesions outside of the tilted pelvis and impacted upper dorsal, while the patient was acutely sick.

Some treatments lasted thirty minutes and some not longer than three. I would estimate patients would have been benefited by longer the average time as fifteen minutes. I believe the treatments, but sometimes I was so busy that I was glad to get as much result as possible by directing the nurse.

A few desperate cases were treated three times in a day. Some had treatments twice a day. Many only once a day. And some severe cases in the country did nicely with one treatment given every other day.

I had no severe case I thought suffered from overtreatment. My impression is that flu, like most other acute diseases, can not as a rule be easily overtreated. To be sure, in some cases require very gentle treatment, and some few can be easily exhausted by overtreatment.

One of my cases made a good recovery in two days, after which the patient’s chest and pin were put on food. A few were in bed a week or ten days, but the average began to leave bed in five days.

I secured successful reactions in all the thirteen cases that had taken drugs before I treated them. So far as my observation went, the previous drugging did not prevent ready response to osteopathic treatment.

I informed all flu patients that they would be better off without any food as long as there was fever. Some were allowed food after two or three days, if the fever was below 101 F. Where the fever was about 101 F. considerable emphasis was put on fasting, and patients were compromised with much by allowing fruit juices. As a rule the fruit juices seemed to do little if any harm. Those caring for infants or very small children were instructed to feed lightly. It was necessary to keep the sick one quiet. When feeding began, insistence was made that it should be strictly liquid, such as milk, cocoa, or fruit strained to the waist. No solid food was allowed while there was fever. Copious water drinking was enjoined, the patient to have his choice as to the temperature. In cases of pulmonary, bowel, stomach and nervous complications, as a rule, greater insistence on fasting was made, unless these complications greatly prolonged the sickness, when liquid food was allowed, especially if the patient became hungry.

I did not use antiphlogistine or dionol because I believed there were other less expensive applications that were just as effective or more so. The applications I liked best were the corn meal-bran flakes, rice and cold compresses. Take a pan­ful of corn meal mixed with one-third part bran. Pour on boiling hot water. Stir with large spoon. Cover with thin linen cloth over poultice. Have patient lie down over this cloth and poultice. Put another cloth over patient’s chest. Put more poultice on this cloth. Draw ends together and pin. Draw ends of towel over patient’s chest and pin in front. Keep poultice on for an hour or more. If tightness in chest is not loosened, renew with another fresh poultice.

I myself had the flu, and I will never forget the delicious sensation produced by this poultice. It seemed to reach deeply to the very heart of the lungs. It loosened the tightness and relieve the congestion.

Cold vinegar water compresses, if rightly applied, may great value in treating the flu, but you must know how to use them or they may do great harm. In all instances you must have a nurse or attendant how to use them. In all cases it may be necessary to put hot water bottles under the feet, and have Mason jars full of hot water placed over the shoulders or sides. Sometimes it is advisable first to warm up the thorax and abdomen by wrapping in hot flannel that may be either moist or dry. Always put the first compress on yourself and show the nurse or attendant how it is done and observe the reaction.

Very few people understand the art of using cold compresses. The compresses may cover the
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THE OSTEOPATHIC PHYSICIAN

believing that few nurses could be trusted to regulate the temperature, according to the patient was exposed, I usually directed no windows open in the room. When the window was opened, it led to the other room with windows open, so that no direct draft should strike the patient. Great pains should be taken to avoid chilling, but a moist fresh air must be preserved to prevent chilling. If the patient has a large mouth, place the palm of your hand on the tongue and thrust the whole hand downward and backward. When you reach the epiglottis, gently push it down out of the way so as to admit your hand. It will now reach the roof of the mouth, but one can almost invariably reach up to the upper border and break a way through. After pushing the hand downward until the large finger reaches the trachea. If the mouth is too small to admit the whole hand, thrust in three fingers or two fingers as illustrated by the photograph. The upper border of the trachea may be indurated or there may be a partial stricture or both in induration and stricture or the upper portion may be bent forward. You can thrust your finger in the opening and penetrate a fraction of an inch, and then dilate or straighten as the case may require. Often the finger can extend down to the osseous pharynx of the trachea for an inch or so. The patient cannot swallow but firmly push against the posterior wall of the trachea and force it to disgorge its contents. Very soon after manipulating the trachea in any other way as above described, the patient begins to cough forcibly. Withdraw the hand quickly, and as a rule he will expectorate liberal quantities of slime. Probably the first impulse of the reader is to assert that the treatment is "terrible," "awful brutal," etc., and that the gagging would be terrible, etc., but the writer can cause less distress than he does by the posterior nare treatment or by tonsil manipulation, and gagging or vomiting is rare, where care is taken not to palpate the post-pharyngeal wall. After the patient is accustomed to the treatment he is distressed by it very little. The treatment may be repeated several times, care being taken to withdraw the hand after each insertion. The number to be given according to results. More as you steadily secure more and more slime, and less as you exhaust or weary the patient. Sometimes five or six times is enough. I have repeated the treatment thirty times in a bad case of asthma. Sometimes I have secured a half tea cup of slime at one sitting. The imprisoned accumulations often contained thick chunks or thick ropelike material that nature unaided was not able to discharge.

I had one severe case of a young man with flu, where the cough was constant but the expectoration was slight. He was restless in the extreme, and sleep was impossible. The first insertion of the large finger in the trachea acted like the opening of a postotmeum. The patient began to cough forcibly. Withdraw the hand quickly, and as a rule he will expectorate liberal quantities of slime. Probably the first impulse of the reader is to assert that the treatment is "terrible," "awful brutal," etc., and that the gagging would be terrible, etc., but the writer can cause less distress than he does by the posterior nare treatment or by tonsil manipulation, and gagging or vomiting is rare, where care is taken not to palpate the post-pharyngeal wall. After the patient is accustomed to the treatment he is distressed by it very little. The treatment may be repeated several times, care being taken to withdraw the hand after each insertion. The number to be given according to results. More as you steadily secure more and more slime, and less as you exhaust or weary the patient. Sometimes five or six times is enough. I have repeated the treatment thirty times in a bad case of asthma. Sometimes I have secured a half tea cup of slime at one sitting. The imprisoned accumulations often contained thick chunks or thick ropelike material that nature unaided was not able to discharge.

I never used any drugs to stimulate the heart. All agencies that tend to lessen the ravages of the flu and to take away strain from the heart. Weakness of the heart does not counter indicate use of sweats, compresses, poultices, etc., though it might affect the heart. I have used codiene pills, but not to secure too rapid or too violent reactions. One great peculiarity in most cases of flu is slow heart action as compared to the high fever, and agencies that reduce the fever tend to take the strain from the heart. Special osteopathic attention to the upper dorsal area often helps greatly to relieve distress in the chest.

Many flu cases have nausea, sometimes followed by vomiting or violent attempts to vomit. The best remedy is to have the patient drink from a pitcher or pail three pints of lukewarm water as fast as he can drink it. Following the drinking...
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The Osteopathic Physician

9 SOUTH CLINTON STREET
CHICAGO, ILLINOIS
THE OSTEOPATHIC PHYSICIAN

I think that this question No. 6 of The OP's Questionnaire is the one we must lay the most stress on in the treatment of acute and infectious diseases. We do not need to give a thorough general treatment every time we treat an acute fever. The osteopath who thinks that he must spend a half hour or three-quarter of an hour with a case every time he administers treatment "in order to accomplish results" reminds me of the story of the allopathic physician called in to see a child who was very ill with an acute fever and who told the mother he really never had seen a case of this kind before, as his specialty was fits, but if he could only throw the child into a fit he might be able to accomplish something. The osteopath who feels he must give a full general treatment in every case to get results uses about the same amount of logic and medicine and the patient who is not fit for this specialist.

In working on the abdomen and treating the bowels I find that a short, stimulating treatment of two or three minutes, following the course of the colon, gets much better results than if I spend ten to fifteen minutes at it. Prolonging treatment gives the opposite effect. The average case of flu, if treated twice or three times a day at the start and given from five to fifteen minute treatments, will respond very readily.

Stop all food as long as patient has a high fever. When the fever subsides I did not use Antiphlogistic in my cases of pneumonia or flu because from experience I find that the patient feels hot enough without loading it down with a heavy weight. If a compress is needed, I use a light compress of flaxseed and mustard. When first called in on all flu cases I immediately order a pneumonia jacket made of cotton and put this on as a prophylactic treatment, as I believe it helpfully preventive of pneumonia.

In answer to question 20, I did not use any drugs to stimulate the heart. I took care of the heart by osteopathic treatment. Drugs are not of any use in the treatment of flu; this has been admitted by the best medical authorities in the country, so heart stimulants should not be used under any circumstances in the treatment of flu cases. Whose experience proves otherwise? In my judgment it lessens the patient's chance of recovery probably 25 per cent. I have had very good results, the temperature dropping two degrees, and the patient going to sleep.

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The Lane Book is certainly a very good book. The paper money spent on advertising is worth the money spent, as the book is doing splendid service. One copy alone resulted in more than $100 in practice.—Ira W. Drew, D. O., Philadelphia, Pennsylvania.

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No. 17

The Osteopathic Catechism
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THE OSTEOPATHIC PHYSICIAN

THE RENAISSANCE OF THE AOA

We hear only good reports about the proposed work of reorganization of the AOA. Evidently it is proposed to make the reconstruction work as complete as possible and yet keep it ready and waiting. We all feel that a radical reorganization of our national society is necessary and the committee in charge of this all important work can hardly possibly fail to make the revision work as complete as possible. The profession will approve of making a thorough job of it and anything less will do. If the world's experience in the big war has demonstrated how wasteful and inefficient the historic method of doing things, the profession generally is. The world has taken to short-cuts and greater direction of method. The world has lost its love and reverence for red tape. The sole criterion of organization nowadays is the pragmatic test, "Does it work successfully?" We must revamp our national society just as completely as world governments have reconstructed their working methods if we are to realize its due amount of efficient service to the science and profession. We have faith that this is fully realized, is being undertaken in the right spirit and will be satisfactorily realized for the profession. All success to this important work!

COMING TO THE GREAT AOA MEETING

Everybody is expected to attend the great AOA meeting at Hotel Sherman in Chicago, June 30th to July 3rd. In many ways it promises to be the best and biggest meeting ever held. The program will be wonderful. You may expect this kind of treatment. 'You will not have to divide your gaze between a three-ring show and be compelled to miss two-thirds of what is going on all the time. You will be sorry if you stay away.

Wants Light on Angina Pectoris

DURING the influenza pandemic I chanced to have an asthmatic under my care for the influenza. Osteopathy had afforded her much relief and her asthma had apparently cleared up. However, her influenza was not to be aborted and the case ran into a double pneumonia. And that was not the end; pains simulating those of "heart pang" were recognized; it was at first thought to be a pleurisy, but this pain was not to be relieved by pleurisy treatments (that is, remaining in bed, light diet, strapping, etc.) nor by osteopathic treatment. Pericarditis and endocarditis were nearly registered, although precaution and treatment were instituted early. Pain at times was relieved by heat, at other times by ice. Much relief was best obtained in sitting position. Consultation brought out neurotic angina pectoris, which it certainly was. I do not know how much the osteopathic relief and cure of this disease would have been influenced. Consultation brought out neurotic angina pectoris, which it certainly was. I do not know how much the osteopathic relief and cure of this disease would like to hear from genuine well-developed cases only. These cases are certainly real, but imaginary and text-book treatments do not usually work. Of the drugs, amyl nitrate worked. I desire osteopathic information.—Dr. W. Boyd, D. O., 27 Herman Street, Germantown, Philadelphia, Pennsylvania.

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["Bunnie" in the N. Y. Society Blotter] Tommorrow and the morning of today is here we must prepare for the evening of tomorrow.

In the world of therapies either the drug or the adjustment therapy is the important ingredient. Domination depends largely upon numbers—not upon receipts—and numbers are the result of specific effort. We can all do something for the world. You are the individual, therefore, the future depends upon you. What efforts are you making?

It's a Wonder She's Alive!

Who Will Inherit Tomorrow?
The THE OSTEOPATHIC PHYSICIAN

The Last Call for Chicago—Chicago Makes Ready for the World's Biggest Osteopathic Convention

C H I C A G O, the wonder convention city of America, has completed her clean-up week and is now awaiting the world's biggest osteopathic convention, June 30-July 3.

The Program

Dr. Hugh Conklin, Chairman of the Program Committee, has prepared a wonderful program, with the object in view of giving us an efficient post-graduate course and a discussion of all the new things which have been developed during the past year.

The program was arranged with the object of not tiring or boring us to death. If you will carefully go over the program as listed in all the magazines, you will note this to be true.

Monday evening will be the opening reception, given by the officers of the Association and the profession of osteopathy.

Tuesday evening there will be a big public lecture under the direction of the Women's Bureau of Public Health.

Wednesday evening is the big banquet, at which Judge Kenesaw Mountain Landis, Judge of the United States District Court, will be the main speaker.

Each morning at 8 o'clock Dr. Evelyn R. Bush and Dr. A. A. Gour will conduct class and special corrective gymnastic exercises.

From 7:30 to 9 each morning surgical operations will be performed at the Chicago Osteopathic Hospital, 5200 Ellis avenue.

From 10 to 1 is the main program, and just at the time of day when we will be glad to sit and listen to these papers.

In the afternoons the various sections will hold forth in rooms used for that purpose at the Hotel Sherman.

Best Ever

You can't beat the program and you can't beat the arrangement; you can't beat the time and you can't beat the place. The only person you are going to see for yourself, by not attending the convention. The convention does not need you, but you need what you will learn at the convention.

A Vacation

Have you taken a vacation each year? Chicago is the vacation city of America. You can go batting, boating and fishing from the numerous piers and bridges that run into the lake along Chicago's shore line; you can spend days visiting the museums, art galleries, libraries, and still not have seen one millionth of all there is to see in Chicago. Chicago has 60 miles of boulevards, making a complete loop through the city, traversing from six to ten parks, of which Jackson Park is the second largest in the United States.

Chicago Calls!

Chicago calls you to pause in the duties of your busy practice and come and abide with her the few days that the convention is in session.

It would not be well to make your hotel reservation now. The Hotel Sherman, Osgood Park and Ronceverte streets, is the convention headquarters. There are other hotels in the downtown district where a more reasonable rate may be obtained. Out near the school and hospital is the Hyde Park Hotel, corner of Hyde Park boulevard and Lake Park avenue. This is but a few minutes' walk from the hospital, on the shore of Lake Michigan, and 12 minutes from the downtown by the Illinois Central suburban service.

Chicago can care for you at any price you wish to pay; Chicago calls you to come and enjoy her summer beauties and find that knowledge you have been seeking, at the annual convention. Come!

Tentative Program for AOA Convention Chicago, June 30 to July 3

TENTATIVE program for the AOA convention at Chicago, including only sections of Eye, Ear, Nose and Throat; Obstetrical and Gynecological. Also subject to several changes, especially in the latter part.

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Monday, June 30

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8:00 Special corrective gymnastic exercises by Drs. Evelyn R. Bush and Dr. A. A. Gour.

7:30 to 9:00 Eye, Ear, Nose and Throat Section. Surgical operations at the Hospital—Drs. C. C. Reid, John Deason and W. V. Goodfellow.

10:00 Chicago's greeting to visiting osteopaths.

10:10 "Treatment of Spinal Curvature and Flat Feet"—Dr. A. A. Gour.

11:00 "Gutter"—Dr. Carl P. McConnell.

11:20 "Diagnosis in Gynecology"—Dr. L. Alice Foley.

12:00 "Unsolved Problems"—Dr. W. B. Meachum.

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Journal of Osteopathy
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No. 22

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

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

No. 6 Osteopathy in the Infectious Diseases: A brochure by Professor Lane. A popularized, scientific exposition showing why osteopathy is the most efficient and effective system for combating the infectious diseases.

No. 7 Most Diseases Are of Spinal Origin: A modernized edition of Dr. Bunting's famous brochure which was the first classic in osteopathic popular literature; originally issued seventeen years ago and has been through six large editions. It is always in demand and stands today as the most complete and comprehensive brief, general statement of osteopathy ever prepared.

No. 8 Osteopathy in the Inflammatory Diseases: The fifth of the documents by Professor Lane and deals with boils, chronic dysentery, tonsillitis, etc.

No. 11 A Chronic Dyspeptic Greatly Surprised—Strains and Sprains of the Back and Limbs—Osteopathy for Men—A Fall From a Chair Gave Baby Constipation—"Neglecting a Fine Machine." A very useful brochure for getting people interested in osteopathy who are afraid to tackle any reading matter which seems to be "heavy."

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


No. 16 Osteopathy Potent Where Serums and Vaccines Fail: Shows how little can be expected of the various serums and vaccines in view of scientific knowledge of today and why osteopathy has a particular potency in most of the diseases for which these serums and vaccines have been experimentally applied.

Please Order by Number

No. 17 The Osteopathic Catechism: everyday questions and answers that pass between patients and practitioner: Part I of a new edition of this famous brochure which was written by Dr. Bunting seventeen years ago. It has been revised to date and is printed in large type. It covers the main questions likely to be asked by a person interested in osteopathy and considering the wisdom of taking osteopathic treatment.

No. 18 A. T. Still as a Medical Thinker: Professor Lane's great tribute to the "Old Doctor" and a most lucid and comprehensive estimate of osteopathy. Tells briefly of the great reforms in medicine and shows that Dr. Still was the first to give the world a really scientific therapy. Shows also that the evidence of all modern scientific research supports the therapy of Dr. Still.

No. 19 Children's Ills Stopped in Their Beginnings: This brochure contains an excellent article on children's ills. In addition, it explains the value of osteopathic treatment after confinement; shows how osteopathy can help liver and stomach troubles; and also explains the benefit of osteopathy in the treatment of the various forms of pneumonia.

No. 20 Nervous Prostration or Neuroasthenia (Illustrated): This brochure is a frank and careful statement of the marked difference in diagnosis and treatment between osteopathic and medical practice in this illness. Just how sore spots in the spine become significant in nervous prostration is made especially evident.

No. 21 Osteopathy Synonym Surgery: The point of departure of this article from all others explaining osteopathy for lay understanding is that instead of the ordinary negative statements telling that osteopathy is not drug practice, not massage and not other things, it swings directly into positive description and tells that osteopathy is surgical work minus instrumentation.

No. 22 Facts and Fallacies Regarding Osteopathy: This brochure voices just the facts you have so often presented to your patients to set them right on things osteopathic. It proves the untruth of the statements that osteopathy is rough, painful and severe; that patients are treated nude; that osteopathy is "scientific massage"; and gives other important information.

No. 23 The Osteopathic Catechism (part 2): Sets forth the facts which establish the educational status of our profession, as well as a lot of plain, understandable talk about the osteopathic diagnosis and treatment of disease.

"Osteopathic Health" Published by
The Bunting Publications, Inc.
9 So. Clinton Street, Chicago
Conviction Strengthened by the Epidemic that Osteopathy Is THE Treatment

By Dr. H. Viehe, Memphis, Tenn.

STATISTICS: Number of cases treated, 130. No deaths. No pneumonia.

1. Lesions: No specific lesions.
2. Where? Above the diaphragm; both physical and mental.
3-4. There is a subtle something, a certain combination of knowledge and horse-sense, a something that I cannot quite express, that prompts me to do the right thing, which includes time, place, frequency, degree, circumspection, anticipation, etc., which is supposed to be part and parcel of every physician—natural or acquired—and without which he fails, no matter how minutely directed.
5. Time: Five to twenty minutes each visit.
6. Frequency of treatment? Circumstances permitted usually but one visit a day. Treatment twice a day in the early stages is of more value as a prophylactic than several visits later, when complications have appeared.
7. Easy to overtreat? Yes; not only in influenza but in all the infectious diseases, as well as in chronic conditions.
8. How many days under treatment? Home treatment, average four days.
9. Drugged patients do as well? No; two conditions to care for, instead of one.
10. Diet? Anorexia usual; strength sustained by liberal allowance of beef broth; no feeding urged until after cessation of temperature. Liberal potions of water, preferably hot.
11. Local applications? None used.
12. Bowels? Warm alkaline (soda) enema given in early stage, and usually repeated once or twice a day, general conditions suggesting.
13. Kidneys? Hot neutral or slightly acid drinks. Stimulation of kidney centers is indicated in all infectious diseases.
16. Ventilation? Fresh air, but no draught.
17. Temperature of room? Comfortable to well person.
18. Control of temperature? Strictly osteopathic; cervic and thorax.
20. Heart stimulants? No drugs needed or used.

Neurasthenic symptoms a prone sequelae. (My experience reported in February number of Journal AOA, 1919, to which please refer; page 30.)

My experience with influenza has only strengthened my contentment of mind and satisfaction of soul that osteopathy is the method of treatment par excellence.

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

GOOD CHARTS FOR OFFICE WALL DISPLAY

Are you supplied with good educational anatomical charts for display on your office walls? If not, you should obtain a series of the best. They are useful in discussions with patients and for reference when you are studying obscure pathological conditions. We show here reduced illustration from

The Michel Chart of the Spine and Spinal Nerves

This chart is printed in three colors and shows two life-size views of the bony spine, front and side views, with the spinal nerves issuing from the intervertebral foramina; the spinal cord and origin of the spinal nerves: the Cervical, Brachial, Lumbar and Sacral plexuses of nerves; the Great Sciatic and all other pelvic nerves; the Sympathetic System of nerves complete; the plan of the formation of a spinal nerve, a life-size skull, a most perfect representation of the 5th Cranial nerve, and various other side pictures.

This chart, printed in a new and most beautiful style, attracts the attention of every one as soon as perceived.

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The OP
9 So. Clinton St.
CHICAGO
How an Idaho Osteopath Battled "With Death in the Mountains"

By Dr. George A. Aupperle, Idaho Falls, Idaho

KIND of lesions: Muscular.
2. Where: Cervical and upper dorsal regions.
4. Strong manipulation of the neck, especial attention to the trapezius and entire dorsal muscles.
5. Average time for osteopathic treatment: Ten to fifteen minutes.
6. As to frequency of treatments: Idaho Falls is in Snake River Valley, about 30 miles out, there are foot hills, really mountains, where we have a large number of dry ranchers. I was called out to the hills, families down with "flu," twenty-eight cases at one place; seven children and the mother down in two beds, age of children 11 months to 19 years; the father was dead in the third bed, had died at 8 p.m. I arrived there the following night at midnight. I got the body of the father sent to town and patients in three beds in a room 12 by 14 only, there being but two rooms in the shack. I stayed in the mountains eight days, used a saddle horse to make my rounds and was able to see my patients just once a day. I did not lose a patient. When I got back to town when I could treat patients twice a day I found that they recovered faster; the duration of illness was cut down about three days, evidently by more frequent treatment. Those with pulmonary complications I treated as often as four and five times in twenty-four hours. Two such cases, one 12 and the other 25 miles in country, it was simply impossible to get to more than once a day and, as a consequence, I lost about thirty minutes morphia as I could have treated them three or four times a day I would have saved them.

LESIONS: Muscular and bony. In every instance after the first stage of Yellow Jumps region I found much of FEAR and FRIGHT in each case, as well as indigestion toxins, with bony and muscular lesions. I made a urinalysis once daily of every case and found albumen in a little more than half of them.

7. Did you find it easy to overtreat your patients? No, whenever I could give and things in general. Manipulations, castor oil, saline enema.
8. Did patients who had been drugged respond as well as others to osteopathic treatment? Yes, manipulation of cervical and upper dorsal muscles. I made a urinalysis once daily and gave osteo. treatment every other day.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? Yes, whenever I could give and things in general. Manipulations, castor oil, saline enema.
10. What regulation of diet was prescribed for an average case? Absolutely no food while temperature dropped. I sweated profusely and much water drunk.
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? No; I assured patient it was nothing to fear, if they were sensible and followed my instructions.
12. To keep bowels open: I made it a point to have more than one patient in a room, but if one pays close attention to one's clinical findings and nurse's records. Saw a few cases had steam heat and normal amount in room; others no heat.
13. What method used to keep kidneys active? Direct manipulation thru kidney area, drinking much water.
14. Did you sweat the patient? Yes, when fever was above 100 2/10; used glass fruit jars filled with hot water.
15. Did you use cotton jacket for pulmonary complications? Always.
16. What about ventilation, that is, much or little? Very much; as a rule I was compelled to have more than one patient in a room.
17. What was average temperature of room? About 68° Far.
18. Were any means used to reduce temperature of patients?" No, manipulation of cervical and upper dorsal muscles. If this failed I used sweating.
19. Means used to overcome cough? Vibration over lungs and bronchial tubes, deep manipulation between shoulders, cold applications.
20. Means used to stimulate the heart: A stimulating treatment to 7 Cer. and 1 and 2 Dor. Vert.; no drugs were used.

Fear Is One of the Deadly Lesions in Flu

By Dr. Roberta Wimer Ford, Seattle, Wash.

I always treat my patient before I try to treat his illness. Frequency of treatment and time required depend on the given patient. Temperature and personality enter so largely into these things that to generalize is difficult for me.
7. Did you find it easy to overtreat your patients? No, whenever I could give and things in general. Manipulations, castor oil, saline enema.
8. How many days were patients under treatment? Varied with age and nursing, 2 to 10 days.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? No.
10. Diet: Absolutely no food while temperature was above normal in any case. Gallons of water.
11. Did you use any substances like Antiphlogistine, Dionol or other local applications? No; hot saline packs, compresses, fomentations, electric pads, hot water bottles, soapstones, etc.
12. To keep bowels open: I made it a point to have more than one patient in a room, but if one pays close attention to one's clinical findings and nurse's records. Saw a few cases had steam heat and normal amount in room; others no heat.
13. What method used to keep kidneys active? Direct manipulation thru kidney area, drinking much water.
14. Did you sweat the patient? Yes, whenever I could give and things in general. Manipulations, castor oil, saline enema.
15. Only one of my cases ran to pneumonia, so did not use pulmonary jacket. She recovered. Used teaspoonful soda every hour with her drinking night of crisis. Gave soda by mouth. Also men 75 per cent for two days in ruine.
16. Ventilation: Normal ventilation. Whatever it rained our patients were better. In some cases had steam heat and normal amount in room; others no heat.
17. What was average temperature of room? 68°. No reduction.
18. To reduce temperature: Sweats, enema and much water drunk.
20. Drugs to stimulate the heart? No.

Extra question supplied and answered by the editor: "What did you say or do to combat fear?"

Panic possessed so many patients and their families that I carried through the panic. Personally, I never told a single patient he "had the flu." To many persons the very fear of it was almost enough to prostrate them. I referred to the sickness as "old fashioned grippe," and assured them it was nothing to fear, if they were sensible and followed my instructions.

I said to a patient: "You are a little below par, because you have been eating substitutes, working overtime, and having too little relaxation and jollity on account of the war. Now, if you will form a resolution, rest, stay in bed and do as you are told, letting me carry all the responsibilities of your case, very soon you will be out again."

With the modifications and changes necessary for different temperaments, I carried this idea through; but was not dismissed from a single case; had but one pneumonia develop; and retain all the families that I carried through the panic, am almost a tyrant for having things done as specified, for having thorough reports, and for knowing all about a patient, and have an almost seventh sense for knowing the thing he is trying to keep from me. Little details like taking a bite when I had forbidden food, or sitting up before I had given permission, etc.; but I think in acute illness much depends on the detail and management of a case.

I was busy eighteen hours a day, for I had my orders, rest, stay in bed and do as you are told, letting me carry all the responsibilities of your case, very soon you will be out again."
THE OSTEOPATHIC PHYSICIAN

The only institution in the world that we know where all surgical cases get post operative Osteopathic treatment by graduate osteopathic physicians.

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There is nothing better for the treatment of Sciatic-Nerve-Lumbar, Strain, Sprain of the Ankle than the X-60 X-RAY-BLUE belt and Arthromedics Regulator. Pain is quickly relieved. And it is safe. Sufferers from Sciatic-Nerve troubles cannot afford to miss this opportunity. The X-60 Regulator is also used for sprained ankles and chronic kidney trouble. For particulars write to

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DR. A. STILL CRAIG
3030 Tracy Ave. Kansas City, Mo.

WHEN typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.—Editor.
17.  Average temperature of room? About 70 degrees F.
18.  Means to reduce temperature of patients? Enemas, baths, cold compresses to body.

511 Cases With 4 Deaths, All From Previous Heart Lesions
By Dr. L. A. Howes, Ord, Nebraska

STATISTICS: 511 cases—4 deaths. Not one developed pneumonia. The four fatalities were from the heart, previous lesions.
1. Lesions: Seemingly strains and contracted ligaments.
3. How corrected: Relaxation mainly.
4. General manipulations: Loosening up cervical, upper dorsal and lumbar regions but not neglecting 9, 10, 11 and 12 dorsal.
5. Average time: 10 minutes.
6. Frequency: Some twice a day, some once, a few only three times per week.
7. Did you find it easy to over-treat? Yes.
8. How many did you have patients under treatment? Average 6½ days.
9. Did patients who had been drugged respond to osteopathic treatment? No, surely not.
10. Diet: Hot soups; occasionally grape juice and orange juice; plenty of water, warm.
12. To keep bowels active: Castor oil. Enemas as often as necessary. Relax spine and bowels.
13. To keep kidneys active: Osteopathic and hot soups.
15. Did you use cotton jacket for pulmonary complications? Yes.
17. Average temperature of room? About 67 degrees.
18. Were any means used to reduce temperature of patients? Sponge baths and osteopathic only, if manipulation, where, what kind and how applied? Baths, as necessary. Loosening tight tissues and inhibiting cervicals.
19. Were any means used to overcome cough? Loosening throat muscles thoroughly. If manipulation, where and when applied; athletic treatment around neck and face to clavicles and upper ribs.
20. Means used to stimulate the heart: Osteopathic, if purgatives were used, what and quantity used? If not used, state so definitely: No drugs used to stimulate heart.

My Conclusions from Treating Flu
By Dr. Theodore Paul, Tarkio, Missouri

During or rather after the flu epidemic I felt like I could write a book on the disease, but it has now been three months since our last epidemic, so I have begun to grow rusty. Osteopathic management of these epidemic cases has been wonderfully successful, while in one case in which I requested medical help, the patient said "There's nothing they can do. I'll manage them, or the M. D. can manage them, but I never saw any real harm come from it, how­ever after from two to three hours' sweat I allowed the covers to be gradually and partially removed until they were dried. Then I advised sponging off with a hot cloth under the remaining covers. I really believe that most of the obstinate headache and fever cases with which I have come in contact were the results of not getting the bowels sufficiently emptied.
15. The only means I would allow for stopping cough was the cold compress to the throat with a dry cloth covering, not changed for hours, some harmless cough syrup, or some hard candy. Often times treatments to the neck and anterior structures did more good than anything. At other times they coughed on after we did everything. I never saw any real harm come from it, however.
16. In some cases where I thought the heart was weak, I used alcohol baths, and raised ribs of patients to make them work finer. In one case I allowed a few doses of whiskery, though we could see very little benefit from it. In the case we got our best results from saline enemas, though I and the nurse, though, the family stayed with us despite relatives and friends, and we stayed with them—good results. Our results in flu have made me believe more strongly than ever that an osteopathic physician is all that is needed for all acute diseases. I am osteopathic stronger than ever, and so is my community.
Treated 830 Flu Cases, 25 Pneumonias, With But 2 Deaths

By Drs. Gibbons & Gibbons, Concordia, Kans.

Statistics: 830 well-defined cases of influenza, with 25 cases of pneumonia, losing two cases. Ten of the latter 25 had been given up by M. D.'s.

2. How corrected? By relaxation; adjusted when indicated.
3. General manipulations: Special attention to cervical; dorsal and lumbar.
4. Average time used: 10-15 minutes.
5. How frequently treated: One to three times per day.
6. Did you find it easy to over-treat your cases? Yes.
7. How many days under treatment? (Not answered.)
8. Did patients who had been drugged respond as well as others to osteopathic treatment? No.
9. What were those drugs prescribed for? Usually, water only. Pulmonary complications. Nothing until they dropped milk.
11. Did you use any substances like antiphtalin, dionol or other local applications? If so, what? No; ceased using foregoing; cotton flannel jacket served purpose better.
12. To keep bowels active: Water and stimulation to kidney center.
13. Did you sweat the patient? Yes; daily, first three days.
15. What about ventilation, that is, much or little? Much.
16. What was average temperature of rooms? 65 degrees.
18. Were any means used to overcome cough? No. If drugs were used, what kind and how applied? Relaxation of muscles.
19. Were any means used to stimulate the heart? If so, how applied? Nothing.
21. Did you use aspirin? If so, how applied? If not used, state definitely: No drugs were used by us.

Not Much Concerned With Reducing Temperature

By Dr. J. W. Skidmore, Jackson, Tenn.

Statistics: 123 cases with 1 death.

Lesions: Muscular Rigidity.
Location: From the occiput to the end of the spine.
Correction: Manipulation, and hot applications, water bottle and electric pad.
4. A general relaxing treatment to contracted muscles.
5. Average time used: Ten to fifteen minutes.
6. Frequency: Once per day and sometimes twice, as the case demanded.
7. Did you notice any unfavorable reaction from too long or too frequent treatment? Most of them would stand all the treatment I had time to give.
8. Time under treatment: From five to eight days.
9. Did patients who had taken aspirin and other powders have a better result? As a rule.
10. Diet: About the same in all cases: fruit juices, egg albumin, buttermilk, and vegetable broth, as long as they ran any temperature at all; after fever left them I would start them on soft eggs and toast, crisp breakfast bacon, milk toast, well baked potato.
11. I used Antiphlogistine in a few cases.
12. To keep bowels open: At the beginning of the treatment I gave patient a very large dose of castor oil, then two enemas a day; if a great amount of gas on the bowels, soap suds enema in the morning and a saline enema at night.
13. To keep kidneys active: A glass of hot lemon water every hour.
14. If I did not sweat my patients intentionally, but kept them good and warm.
15. I used cotton jacket for pulmonary complications.
17. Average temperature of room was 60.
18. I paid very little attention to reducing the patient's temperature. I think this suggests one reason the medical profession lost so many of their patients, to wit, when called upon to treat cases with 1 death. The fact that so many have responded 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.

Dr. G. W. Riley Delighted with Our Flu Treatment Questionnaire

M. Dr. Bunting: I am just in receipt of your Questionnaire on the 'Clinical' phases of the flu-pneumonia cases treated by the members of the osteopathic profession. I am delighted that you have done this. As I wrote you some time ago, I had hoped that the large number of the profession would send this information to Dr. Snyder, president of the Academy of Osteopathic Clinical Research. I am afraid, however, that very few of them followed that suggestion.

The combined information that this Questionnaire contemplates, and the statistical data in the Questionnaire I have sent out, will prove, in my judgment, one of the most valuable compilations of information that the profession has ever gotten together.

I trust further that your replies will be more easily forthcoming than they have been those to the statistical Questionnaire. The total of the latter, however, is now very gratifying. The disappointing part of it is that so many of the profession have failed to reply. But I think we can safely say that never in the history of the profession has there been such a large and widely distributed response to any request for information, as to this statistical Questionnaire.

Habit is a great factor in controlling the actions of our lives.

The fact that so many have responded to the request for this statistical information, I feel sure should help wonderfully your most laudable effort to secure the 'Clinical' data.

I personally, appreciate your efforts immensely. All success to the excellent work—Fraternally yours, - G. W. Riley, New York, May 8th.

Special Information for Osteopaths

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

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

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

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

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Preliminary Education—Two-Year High School or Equivalent.

Nurses receive Room, Board, and Laundry at Expense of School.

No Tuition Charge.

Separate Nurses' Home.

Additional information furnished on request.

Address Superintendent
Chicago Osteopathic Hospital
5200-5250 Ellis Avenue
Chicago, Illinois
ME GALLI-CURCI, the world's most fa­mous coloratura soprano, out of appreciation for what osteopathy has done for her in keeping her voice and health in good form, gave a benefit recital at the Auditorium last day afternoon, June 8th, for the benefit of the Chicago Osteopathic Hospital.

It is the first time that she has only benefited the diva ever given in her life. So the depth of devotion to osteopathy was registered accordingly.

The program was designed to please the season for the immortal singer. She sang 17 numbers and played her own accompaniment for "Home, Sweet Home," and "Annie Laurie." It was a great social function and the house was packed.

The affair was one of the greatest advertisements osteopathy has ever had. The following were the patronesses:

Mrs. J. Ogden Armour, Mrs. W. J. Chalmers, Mrs. W. S. Fessett, Mrs. A. C. McCord, Mrs. Edward Light, Mrs. Phillips Hoyt, Mrs. Bruce McElrath, Mrs. Allen M. Clements Jnr., Mrs. John Allyn Carll, Mr. Frank F. Smith, Mrs. Arthur Mesker, Mrs. Henry C. Dusart, Mrs. Leeds Mitchell, Mrs. H. R. Lawson, Mrs. Robert Carri, Mrs. Francis C. Farwell.

The Chicago Evening Post said of the affair: When Mme. Galli-Curci was told that somewhere in the neighborhood of $10,000 was realized for the Chicago Osteopathic Hospital, to which she not only donated her services, but paid all the expenses for her accompanist, Homer Samuel, and the flutist, Manuel Berenguer, the diva was overjoyed.

It was impossible for me to learn the sum in which the hospital will benefit, but one who understands such matters stated "the house would run up to about $10,000." A reasonable sum also must have been realized from the sale of the program. Therefore, putting it all together, Mme. Galli-Curci made a munificent gift to the hospital.

The Chicago Daily News:

When Mme. Galli-Curci was told that somewhere in the neighborhood of $10,000 was realized for the Chicago Osteopathic Hospital, at her recital at the Auditorium yesterday afternoon, she said: "I am very glad, indeed."

THE OSTEOPATHIC PHYSICIAN

Galli-Curci Gives an $8,000 Sing Benefit for Chicago Osteopathic Hospital

The Auditorium was packed, as is to be expected at all her concerts, and the recital was given by her without any apparent effort on her part. The event was arranged so as to re­munerate her accompanist, Homer Samuel, and her as­ sistants, Homer Berenguer, her pianist, and out of her pocket.

If it's a benefit, it should be a real one," was her re­mark in answer to the question of remuneration for her assistance.

With the exception of Bishop's "Lo, Hear the Gentle Lark," the whole program was new. Among the highlights of the evening was the magnificent tribute to Donizetti's "Lucia di Lammermoor," the program was new. She sang it with a very personal, local, and sympathy, and sang with her usually liquid, easy flowing utterance with her artistic and musical phrasing and her artistic taste.

In bringing before the musical public such a very fine song as "Oh, In My Dreams," by Liszt, she showed very good taste. It is one of the best songs we have heard in recital this season. Its poetic text—she sang in the English—to its fine melodic line and its quality as a musical work by a master of song, made of it one of the outstanding selections of the afternoon.

Bishop's song and the "Lucia" air were both accompanied with flute obbligato, and to these was added a very fine fall, tricky Spanish song, "Carceral," by Chopin, sung in Spanish, in all of which Galli-Curci displayed her wonder­ful vocal flexibility.

Mr. Samuel contributed a pleasing song, "The Little White Boat," and the "air, "Ah, non credea ili," from Bellini's "I Puritani," written, sustained, lyric tone. There were many encore's, there were flowers and, of course, the stage and orchestra pit both held their own.

Mr. Berenguer varied the program with a concert for the flute (two movements) by Chaminade, which was played with virtuoso accomplishments.

The most wonderful and the laziest of the last public appearance of Mme. Galli-Curci for the year, 1918-1919.

The hospital and profession are indebted to Dr. J. H. and Myrrythe for this good fortune. The benefit was the diva's generous way of thanking her doctor for his good services, and we understand that it had to be to Mrs. Pyrrythe whom Mme. Galli-Curci first communicated her wish to do something unique for osteopathy, which re­sulted in bringing a pot of gold to the rainbow that hangs over the Chicago institution.

Lydia Gray Walks Eight Blocks Without Assistance

By Dr. J. M. Fraser, Evanston, Illinois

I n regard to improvement of the Lydia Gray case, the progress has been very rapid in the last two weeks. She is able to walk—in fact, has walked eight blocks by herself without the support of a cane or an assistant. She is rapidly improving in every way, and I hope in a short time that she will be perfectly normal. I would like correspondence with any other osteopath used black magic.

The osteopath, with a show of confidence that was much greater than he actually felt, said, "Oh, no, she is quite all right." He stepped forward and corrected the atlas-axis lesion. The child immediately came out of her delirium. The expression of blank amazement on the two negro physicians' faces was comical to see. They thought, of course, that some sort of black magic had been used to revive the patient. "He sure drove the devil outen her!" exclaimed the aged grandfather who had been a silent on­looker from a corner of the room.

The child is the first one to be treated for a period of ten days and then treatments were stopped, and for two weeks during which the case was kept under observation. In the end it was discharged except two colored physicians, a woman and a man.

At the end of their rope the osteopath was called upon to examine the case. The girl was in a state of delirium and had been so for about fifteen minutes prior to the arrival of the Mr. Joe Ridgley, myrte. He found a bulge, rotated atlas and axis. Turning to the colored physicians, he asked, "Why do you not bring this girl out of this state of delirium?"

In the end it was that she had only been in this condition for about fifteen minutes and that all her spells lasted from two to three hours, and that nothing could be done for her.

The osteopath, with a show of confidence that was much greater than he actually felt, said, "Oh, no, she is quite all right." He stepped forward and corrected the atlas-axis lesion. The child immediately came out of her delirium. The expression of blank amazement on the two negro physicians' faces was comical to see. They thought, of course, that some sort of black magic had been used to revive the patient. "He sure drove the devil outen her!" exclaimed the aged grandfather who had been a silent on­looker from a corner of the room.

The child is the first one to be treated for a period of ten days and then treatments were stopped, and for two weeks during which the case was kept under observation. In the end it was discharged except two colored physicians, a woman and a man.

By Dr. J. M. Fraser, Evanston, Illinois

Organization of the American College of Osteopathic Surgeons

F OR several years osteopaths interested in surgery have been casting about to find a place in the surgical field accord­ing to the epoch-making theories of osteopathic surgeons. With that end in mind, Dr. Robert Dudley Emery of Los Angeles came to Chicago a week ago and, with the aid of others, interested formed an Organization Com­mittee for the purpose of working out ways and means of putting this plan into action.

The following men were appointed on the Organiza­tion Committee: R. D. Emery, of Los Angeles, and J. L. Littlejohn, J. Deason and L. B. Kline, of Chicago. Dr. Blackman was ap­pointed secretary.

This committee deemed it advisable to organize a surgical society with membership respects to the Royal College of Surgeons of England whose ethical standing is unquestioned and to call the society the American College of Osteopathic Surgeons.

Letters have been sent out inviting all members of the profession, who are interested, to meet with the committee for the purpose of completing the organization.

The program as outlined will consist of a busi­ness meeting at 10 a.m. and 2 p.m., Friday, the 27th, at the Chicago Osteopathic Hospital. A cordial invitation is offered all members of the profession who are members of the AOA to attend the meetings and bring or send patients who are in need of surgical treatment or diagnosis.

The patients will be carefully examined and ex­amined upon, if necessary, by the men specializing in their particular field. Every case will be given a thorou physical, X-ray, laboratory, and cyto­scopic examination as indicated, and will be han­

Colored Physicians Think Consulting

Osteopath Used Black Magic

A N Illinois osteopathic physician who has a fashionable suburban practice was called in to see a little colored girl who had had a bad fall through the ice previously. Following the fall she complained of severe headaches for about a week. On the eighth day she went into a state of delirium, remained in this condition for about two hours and from that went into a state of coma, which lasted about an hour. The patient falling off in sleep, awoke and was perfectly normal as far as mind condition. There continued to leave spells of this kind two or three times a day for a period of eight or ten days. Several medical men were consulted, but all were finally discharged except two colored physicians, a woman and a man.

At the end of their rope the osteopath was called upon to examine the case. The girl was in a state of delirium and had been so for about fifteen minutes prior to the arrival of the Mr. Joe Ridgley, myrte. He found a bulge, rotated atlas and axis. Turning to the colored physicians, he asked, "Why do you not bring this girl out of this state of delirium?"

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Busy Days at the ASO Hospital

O n two successive days Dr. George A. Still operated on the following major cases: 1 abdominal cases, 3 emergency cases, 4 ankle­

Museum of Osteopathic Medicine, Kirksville, MO
June Sale of “OH” Field Literature

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

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

See page 20 for description of each number listed.

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“Osteopathic Health” Published by The Bunting Publications, Inc. 9 So. Clinton Street, Chicago

No. 23
The Osteopathic Catechism
(Part 2)

No. 29
The Day of Therapeutic Reckoning

No. 18
A. T. STILL AS A MEDICAL THINKER

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No. 23
The Osteopathic Catechism
(Part 2)

The Day of Therapeutic Reckoning

A. T. STILL AS A MEDICAL THINKER

Museum of Osteopathic Medicine, Kirksville, MO
Anyone Who Wants Practice this Summer Can Make It

By Henry Stanhope Bunting, A. B., M. D., D. O.

YOU have an ideal piece of advertising literature to use in your advertising campaign in connection with the issue of Osteopathic Health, just off the press. It is a human interest story—one that already has claimed considerable attention from the Chicago newspapers—and that is regarded as "big news" and "good reading" by the newspapers. It is a story of interest to patients and prospective patients when put out in authoritative form under osteopathic auspices.

The lead story of the number is entitled "How a Case of Lumbago was Cured." This was one of the most serious cases of this mysterious malady that has been puzzling medical societies, health officers, army and navy doctors, and medical journals in the country. Dr. J. O. H. D.'s has been given for 40 days and gave it up as hopeless. It was a case of influenza plus strychnine and caffeine. In less than 60 days osteopathic treatment had the patient cured of her total spastic paralysis of the body and walking without assistance.

As Dr. Fraser, who had the honor of applying osteopathic principles to the relief of Miss S., says, "The cure is one that any average osteopath could have made who had the chance." That fact makes this story a good piece of propaganda literature for you to circulate. While the case seems quite miraculous to the layman, it dealt with a patient who was under your care, and that starts to come to you for salvation. And while sleeping sickness itself is a rare disease and you probably will never have a case of it, there are all kinds of men and women that are suffering from the following the recent flu epidemic, and all of them are proving amenable to osteopathy, and if it will cure one patient, it has cured all patients.

There are untold thousands of these hang-overaucured flu cases which osteopathy alone will save. You can get your share of them by letting it out what it can do for them. Your public will read this Lydia Gray rescue by osteopathy with vivid interest. And the story, as recounted by Dr. F. A. District Health, will make them realize that if the system of practice which you represent is able to cure so hopeless and deep-seated a malady as this little maid suffered with, it will as a matter of course control all these other epidemic sequelae of less severity and consequence.

"The Osteopath Good for All Kinds of Sickness" is the important deduction written into this story of a rare malady. That is it—"Available to Treat All Curable Disease, both Chronic and Acute." It is also well developed in the argument. That "It Prevents Disease Even Better Than It Cures" is also carefully stated.

Then there is a careful presentation of the new opportunity in osteopathy to sufferers from that long list of "Diseases That Lie Between Acute and Chronic" and "Purely Surgical Practice." You doubtless have needed such a statement for your public for a long time.

A case of Lumago cured gives the chance to show how adjustment constitutes better medicine than drugs.

There is a new "Table of Comparative Courses in Osteopathy and Medicine in 1916-17" given—the one taken from the Congressional Record and showing the curricula of ASO and Chicago College compared with Northwestern Medical School, etc. Both osteopathic colleges showing up with the longer course—more actual hours of instruction.

The Osteopathic Physician has made arrangement to assist the students and recent graduates who desire to act as osteopathic assistants during the summer months. Also, for office assistants, or to take practice for summer. Several ads are listed below. If you employ any of the students whose names are listed below please notify us so that the ad may be stopped.

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THE OSTEOPATHIC PHYSICIAN

We know it now. The School is going to live and the Science is going to live. So far as we are concerned, the past is forgotten. The future is assured. As to the future, we want to call your attention to these points.

In spite of the fact that the A. S. O. did not beg its alumni for financial support, donations, contributions, or any other thing, the faculty expense and all other expenses were met promptly throughout the war, although the management was placed in the hands of the women. It was carried on by Dr. S. J. Goodfellow, one of the foremost ear, nose and throat specialists in Los Angeles, addressing the meeting.

We hope that you will keep in mind the fact that the A. S. O. never did ask money from its graduates. The A. S. O. is run on sound enough business principles that it is now paying, and can pay, a larger faculty bill than any school in the country, and a larger laboratory bill, without begging its friends for money.

Do we beg for students and fair play. We want every alumni to send an Osteopathic student. The same people that are knocking Science is entitled to that much effort from each of you. If you can't send a student here, send him somewhere.

You have heard a lot of hard things about the A. S. O. in the last year; most of them were untrue and most of them were started by people financially interested in competition.

We have not felt it necessary to deny untruths, which were most obvious, and particularly as long as the school was actually in the best condition it ever was.

Anyone interested in finding out, can find out these facts. You are paying more money for teachers than it ever did and more than any Osteopathic school ever did pay. To the alumna, who comes back to the school, and attends classes, notices the increased amount of real Osteopathy being taught. Every medical man who has left the faculty has been replaced by an Osteopath.

The school, for the first time in fourteen years, is without any legal entanglements. The faculty not only on the surface, but underneath, are harmonious, and this is something that all old graduates will appreciate.

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THE OSTEOPATHIC PHYSICIAN

No. 21

Osteopathy: Synonymy

A Lame Back Cured
Typhoid Spins
Dislocated Wrist Restored to Usefulness
Intestinal Neuritis Caused by a Slipped Rib

Surgiing Stomach or Gastrorrhaphy

Lumbago in a Middle-Aged Man

No. 20

Nervous Prostration or Neurasthenia
Enlarged Neck Glands Treated by Osteopathy

Dr. R. H. Wright, for a number of years in Kentucky, has taken over the practice of Drs. Collyer & Collyer at Louisville. The new practice has been very successful, and a large number of patients have been secured since the move.

By-Laws of Ophthalmology Amended

The following amendment is proposed to the By-Laws of the American Osteopathic Association of Ophthalmology and Oto-Laryngology: Moved that part I, section 4, of the by-laws, which reads as follows: Fees and dues: The dues in this society shall be one dollar a year for active members and fifty cents for associate members, shall be due and payable the first day of July each year. Each application made three months before July 1 shall, on payment of one dollar, be credited with dues for the succeeding year. Be amended to read: Fees and dues in this society shall be due and payable the first day of July each year. Each application made three months before July 1 shall, on payment of one dollar, be credited with dues for the succeeding year.

Eye, Ear, Nose and Throat Clinics

We want your clinics and private cases for our convention, June 21st to 29th. Any, and all kinds of cases for examination, operation or treatment. The convention is to be held in the Chicago Osteopathic Hospital and we will be in a position to do good, clear, thorough work and give your patients the proper hospital care as we have never been able to do before. Surgical work, such as tonsillectomy, adenoidectomy, thyroidectomy, tuberculin injections, subcutaneous inoculation, septicum, cataract operations, etc., will be done by experienced osteopathic surgeons. Arrangements have been made with surgeons whereby twenty-five per cent of their fees will be turned over to the society of the states. If you wish further information, communicate with Dr. L. H. Marshall, Chairman, Civil War Veterans, American Osteopathic Association of Ophthalmology and Oto-Laryngology.

Western New York Osteopathic Association Meetings

The annual meeting of the Western New York Osteopathic Association was held at the Hotel Lafayette, May 30th. The splendid attendance of members entering an excellent program of entertainment for after the short business session anything of a serious nature would not have been tolerated. The natural reaction of a Westerner's presence practiced took place and everyone entered heartily into the festivities. Following the president's address the following resolutions were made and responded to by Drs. Dierckman, Lincoln, Russell, Cook and Weege. The musical program which consisted of selections rendered by a quartette of mixed voices and piano duets, demonstrated that osteopathy possesses other talents than the ability to elevate the ill mankind. The meeting adjourned with each member receiving a small souvenirs to sustain him in osteopathy, which has achieved in the late epidemic. The following officers were re-elected for the ensuing year: Dr. R. E. Latter, Niagara Falls; Vice President, Dr. Grace C. Lappert; Secretary, Dr. Grace B. Stauffer; Treasurer, Dr. John F. Kritt; Board of Directors, Dr. Hugh L. Russell, Dr. George T. Cook and Dr. Harry W. Learner.

Missouri Convention Report

At the business session of the Missouri Osteopathic Association at the Central States Convention in Kansas City, motion was passed that the Missouri Osteopathic Association be chartered as an incorporated body. The motion was also passed that the M. O. A. hold a post-graduate clinic convention for the members of the association in the fall (date and place to be decided later). Educational committee was appointed by the Kansas Association to confer with the Missouri Association regarding co-operation in educational programs between the two associations. Said committee met with the Missouri Committee, Trustees and Officers, and it now appears that the educational work of the two associations may be co-ordinated in a very satisfactory way. A committee was appointed by the M. O. A. to secure the services of an expert publicity firm, or individual to write, edit and publish, by lectures, publications and other means to further the interest of the profession of the science. The Organization of the "Osteopathic League" was commended and the profession urged to enroll. The following officers of the M. O. A. were elected for the ensuing year: Dr. L. L. Hartwell, D. O., President; Dr. A. B. King, D. O., Vice President; Dr. L. L. Moore, D. O., Secretary; Dr. C. F. Sibley, D. O., Treasurer and J. W. Parker, D. O., Trustee.

North Carolina Board to Meet

The annual meeting of the North Carolina Board of Osteopathic Examiners will be held in Charlotte, Tuesday, August 13th. The Board of Examiners may grant reciprocity with other states having requirements similar to those of North Carolina. This will be done only in cases where the applications are absolutely equal; and can establish first class credentials from the officials of the state from which they come and only then, with the understanding that it be done in the state at once. The Board reserves its right to refuse reciprocity when it considers it to be in the best interest of those already licensed by the State. There are enough good locations in North Carolina, and it will be possible to give a good location to thirty or forty osteopaths, most of them located in the smaller towns will require very little money to start with. Osteopathy is well and favorably known all over the state and a live man should be able to make money from the first month. The cities will require a location if you will let me know the part of the state in which you desire to locate. A temporary permit will be issued until the board examination is strictly osteopathic.

Dr. E. M. Bailey, of Houston, Texas, was elected president of the Texas Osteopathic Association for the coming year.

Dr. L. F. Ferguson, A. S. O., January, 1915, has come from Centerville, Iowa, to associate himself in practice with Dr. George Townsend, of Emigrant, Montana.

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Dr. A. S. Loving, of Rockford, Illinois, has announced his return from the U. S. C. A. Army service and is located for practice of osteopathy at his office 314-315-316 Brown Building, Rockford, Illinois.

Dr. T. H. Hedgpeth, D.O., St. Joseph, Missouri, has recently been discharged from the U. S. C. A. army service for several months and will take up his practice in the Ford Building, Great Falls, Montana, where he is attending the National convention in Chicago.

Dr. R. M. Wolf went to Chico Springs recently for x-ray examination and treatment. It is hoped that he will soon be able to return to his practice in Big Timber, Montana.

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THE OSTEOPATHIC PHYSICIAN

Dr. John H. Finley, of Berwick, Pennsylvania, was married April 23rd to Miss Ada Loretta Mill, of Berwick, Pennsylvania. Dr. Finley also is in practice, having established a separate office at Hazleton, Pennsylvania, in the Marble Bank Building.

Dr. Jeanette H. Bolles, of Denver, Colorado, recently addressed the national Congress of Mothers' and Parent-Teacher associations which held its twenty-third annual conference at the Hotel Statler, New York. Dr. Bolles is national chairman of the social extension department of the Three Hundred and Sixth-Story infantile. Dr. Bolles has resumed practice at his former location, 434-36 Mason Building, Los Angeles.

I have just returned from Valparaiso, Indiana, where I had been called because of very serious illness of my father. Leaving him much improved, I visited the Chicago School of Osteopathy and also spent a day at Kirkville on my way back. I was pleasantly surprised with the outlook, vision and optimism prevailing in both schools. Everything influences large substantial classes for the ensuing year.—L. S. Penrod, O. D., Amarillo, Texas.

Dr. Katherine F. Lawrence and Dr. Claire King Manhart were married on October 7, 1918, at Trinity Church, New Haven, Connecticut. At the time Dr. Manhart was a second-year student in the Yale Laboratory School. He was later commissioned a lieutenant in the Sanitary Corps and remained as a part of the army on December 9th. Drs. Manhart are now practicing in London, Maine, where they opened their offices the first of the year.

On March 18th Dr. F. W. Hamilton of Robinson, Illinois, and his brother, Dr. R. A. Hamilton, of White Hall, Illinois, were called to the death of a brother-in-law, C. H. Bolles, of Chicago, Illinois, on account of the illness of their father who has been confined to the room in April 8th. The Drs. Hamilton had barely been back in their respective locations a month and was just beginning to get their practice in shape when they were called home in the midst of the summer. The brother, who had a cerebral hemorrhage, died on April 19th.

Louise Tarbell had her first experience with the carrier pigeon. She was un­conscious from April 7th until the time she died.

J. F. Abeel, from Burlington, Iowa, to Sinclair Building, Bismarck, South Dakota. Dr. J. H. Armstrong, from Middletown, Connecticut, to Lawrence, Kansas. Dr. J. W. Green, from Grinnell, Iowa, to Iowa Falls, Iowa. Dr. C. D. E. Brooker, from U. S. Army, to 900 Broad Street, officers. Dr. L. E. Drummans, from American School, to Washington, D. C.

Mrs. F. C. Bigood, eldest daughter of Dr. Clara De­greg McKinney, and sister of Mrs. H. A. Price, Houston, Texas, March 11th, in Cincinnati, Ohio.

Miss Ada Loretta Mill, of Berwick, Pennsylvania, April 23rd, a daughter, Dixie Jane, weight 8 pounds.

For Sale—My New York City practice; established several years ago, will introduce buyer. Reasonable lease. Seasonal sales $2,000.00. Address No. 156, c/o The OP, 9 So. Clinton St., Chicago.

Wanted—Young woman desiring position as assistant or to take over a practice for the summer, preferably in the northern country. Exclusive location and clientele. Three year experience in x-ray and laboratory work. Age 36. Address No. 160, c/o The OP, 9 So. Clinton St., Chicago.

For Sale—Practice in rapidly growing part of Texas. $1,000.00 for three rooms, office furniture and Hudson 6-49 automobile, guaranteed in good condition. Reason for selling: I have offices in two towns and must give up one of them. It must be a cash deal. Practice run $2,400.00 first four months 1919. Address No. 159, c/o The OP, 9 So. Clinton St., Chicago.

Wanted—To buy a practice in or near St. Louis, Mo. Address No. 155, c/o The OP, 9 So. Clinton St., Chicago, Ill.

For Sale—Practice in rapidly growing part of Texas. $1,000.00 for three rooms, office furniture and Hudson 6-49 automobile, guaranteed in good condition. Reason for selling: I have offices in two towns and must give up one of them. It must be a cash deal. Practice run $2,400.00 first four months 1919. Address No. 159, c/o The OP, 9 So. Clinton St., Chicago.

Partnership Wanted—Graduate of Des Moines Still College of Osteopathy, two years in faculty one year, licensed in five states, instructor in a post-graduate course in Des Moines. Address No. 703, c/o Dr. J. M. Johnson, in the National convention this year, specialist in eye, ear, nose and throat, experience in eye, ear, nose and throat work desired. Can furnish sufficient refer­ences to reputable osteopath. An unusual opportunity for a man with ability and personality. Address No. 162, c/o The OP, 9 So. Clinton St., Chicago.

Dr. W. Bruce Lynd

Osteopathic Specialist

Practice Limited in Eye, Ear, Nose and Throat

602 Ridge Bldg., Kansas City, Mo.

Dr. J. Deason, Osteopathic Physician

SPECIALIZING IN EYE, NOSE AND THROAT

323 Washington Bldg., Chicago.

Wm. Otis Galbreath, D. O.

Oculist

Adenectomy, Tonsillectomy

Ear and Nasal Surgery

3 Land Title Bldg., Philadelphia

James D. Edwards, D. O., M. D.

Originator of “Finger Surgery” for Catarhal Deafness, Hay Fever, Eye, Ear, Nose and Throat Diseases

406-9-10 Chemical Bldg., St. Louis, Mo.

Dr. C. E. Amsden

Diseases of the Alimentary Tract

3 Block St., East Toronto, Canada

Hubert F. Leonard, D. O., M. D.

Consultation and Surgery

Ear, Nose and Throat Surgery a Specialty

703-706 Morgan Bldg., Portland, Oregon

Riley D. Moore, LL.B., Oph. D., D. O.

Osteopathic Physician

1410 H St., N. W., Washington, D. C.

G. R. Runions, D. O.

Established nineteen years.

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Established nineteen years.

Dr. T. J. Ruddy

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Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail
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The Osteopathic Dominion Includes All Curable Diseases