Good Osteopathy

W hen toxins are present in the body sufficient to cause acute symptoms the supplement of marcoscopic adjustment with microscopic adjustment.

Examples: In uncontrollable vomiting of pregnancy give physiological salt solution by hypodermoclysis (usually under the breasts). It flushes the blood stream, lessening the concentration of the toxins. Its effect is marvellous.

In abdominal or pelvic surgery—unless contraindicated—give gastric lavage and two quarts of water per rectum while the patient is still on the table. This lessens or eliminates nausea and gas pains.

In mild toxemias or acute infections give gastric lavage and physiological salt solution by drop nebulizer per rectum.

In Focal Infection

Focal infection is to be regarded as but one of the important symptoms of the disease. It is the result of a deficiency in the immune system of the body. It is the result of a deficiency in the immune system of the body.

Value of Rest

T he idea applied by me daily in examination of my patrons is to divide the body into its component systems. Examine each system separately, subjectively and objectively, in a routine manner and make my deductions from the findings or the evidence secured. Example: Examine the Respiratory, Circulatory, Digestive, Urinary, Reproductive, Internal Secretory, Muscular, Facial, Ligamentous, Nervous Systems separately, subjectively and objectively. 

SUBMERGED SUBLUXATIONS

I nternally subluxation is the hex of the galvanic current to diagnose Submerged Subluxation, and differentiate lesion and non-lesion areas. This conclusively demonstrates the science of osteopathy, and is a wonderful support to our profession. Also that Osteopathy and Heteria Medica is a bad connection.

Save the Heart for the Crisis

N a case of flu-pneumonia with a range of 12°C temp., which dropped from 106°C 94°C. I found that I had acted wisely by deferring all heart stimulating treatments until the sharp crisis passed; then the un-whipped heart responded beautifully to our wonderful osteopathic heart stimulating treatments, which, with proper nursing and careful osteopathic attention, won the hardest fight in my 39 years practice, and made many new friends for osteopathy in acute diseases.

Helping Enuresis

I n a suggestion which I believe may be of help to the profession. My classmate, Dr. Earl McCrokin, of Shreveport, La., is the originator of the idea as a result of an effort to help his own child who was troubled with enuresis. He applied the osteopathic principles of stimulation to the bladder sphincter by the passage of a small sterile sound or catheter, repeating once or twice per week. Almost every case treated has reported cured. Two out of three which I have treated were cured. The usual osteopathic corrective treatment should not be overlooked.

An Examination Aid

T he idea applied by me daily in examination of my patrons, is to divide the body into its component systems. Examine each system separately, subjectively and objectively in a routine manner and make my deductions from the findings of evidence secured. Example: Examine the Respiratory, Circulatory, Digestive, Urinary, Reproductive, Internal Secretory, Muscular, Facial, Ligamentous, Nervous Systems separately, subjectively and objectively.

To Make Diagnosis

A full and careful case history, a thorough examination including laboratory tests, a close study to try to interpret the patient’s sensations. Before making the diagnosis ask yourself, “What is the basis of my belief?”

SHOP TALKS on OSTEOPATHIC AFFAIRS

Tic Douloureux

C auses: 1. Intraspinal lesions—peri-vertebral, upper cervical, clavicle.

2. Intraspinal lesions—adhesions, hyper-irritable areas affecting otic ganglion.

3. Intraspinal lesions—hyper-irritable areas affecting spheno-palatine ganglion.

4. Dental lesions—impacted 3rd molars, etc.

5. Local lesions—adhesions, congestive pressure, etc., affecting sphenopala-ritine ganglion.

6. Dental lesions—impacted 3rd molars, etc.

7. Auto-intoxication.

Don’t Hurt Patients

T hat merry twinkle that used to play in the old doctor’s eyes is still fresh in my vision and every day since I left his presence I have heard his voice ringing in my ears, “Do not hurt your patients.” Fifteen years of practice has taught me you seldom hurt a patient if you treat him properly. Even extreme painful cases of sciatica can be not, treated only, but usually relieved the first treatment, without causing any pain. Do not hurry the patient the local treatment in which he can rest best. If you have not a movement in stock to suit his position use your head and create one. This you can usually do if you have chosen the right calling. To have the patient relaxed means the battle half won. Now if you begin to hurt him he is going to resist you and will likely defeat you. Two things to which the pull or pressure to bear gently but firmly in the right direction—else be sure to resist you—and you will usually correct or relieve the lesion. Remember a ligament or muscle stretched once during a treatment responds better than if stretched twice. Nature uses force only in destruction, but is gentle and firm yet patient in construction and repair. Dr. Still reaped such wonderful results because he followed nature’s way. Fear of being hurt keeps away from taking osteopathic treatment.

When Silence is Golden

W hen silence is golden, do not disturb yourself. The patient relaxed means the battle half won. Now if you begin to hurt him he is going to resist you and will likely defeat you. Two things to which the pull or pressure to bear gently but firmly in the right direction—else be sure to resist you—and you will usually correct or relieve the lesion. Remember a ligament or muscle stretched once during a treatment responds better than if stretched twice. Nature uses force only in destruction, but is gentle and firm yet patient in construction and repair. Dr. Still reaped such wonderful results because he followed nature’s way. Fear of being hurt keeps away from taking osteopathic treatment.

Fifteen years of practice has taught me you seldom hurt a patient if you treat him properly. Even extreme painful cases of sciatica can be not treated only, but usually relieved the first treatment, without causing any pain. Do not hurry the patient the local treatment in which he can rest best. If you have not a movement in stock to suit his position use your head and create one. This you can usually do if you have chosen the right calling. To have the patient relaxed means the battle half won. Now if you begin to hurt him he is going to resist you and will likely defeat you. Two things to which the pull or pressure to bear gently but firmly in the right direction—else be sure to resist you—and you will usually correct or relieve the lesion. Remember a ligament or muscle stretched once during a treatment responds better than if stretched twice. Nature uses force only in destruction, but is gentle and firm yet patient in construction and repair. Dr. Still reaped such wonderful results because he followed nature’s way. Fear of being hurt keeps away from taking osteopathic treatment.
Osteopathic Pathology

At the National Convention and in the P. G. work it was very evident that we, as a profession, are not and cannot be ahead of the times in Pathology. In our slobbering around we will make a more credible and satisfactory showing if we think more in terms of physiology and osteopathy and treat accordingly. Too many of us fail to apply osteopathy to the limit, but are always wondering about side issues, X-rays, microcosmic operations and what not. I wish every D. O. in our land would use nothing but osteopathy on the next hundred patients, and they would learn to lean less on side issues, and osteopathy would be better acquainted with them. -H. W. Gamble, D. D., Missouri Valley, Iowa.

Those Two Causes

In most cases of disease there are two causes operating: 1st, predisposing, and 2nd, exciting. In one or the other you will nearly always find the cause. The clinical picture is not complete until both are sifted out. Keep on searching. Remember! "More mistakes are made by diagnosis than by not knowing." -Clarence Vincent Kerr, Cleveland, Ohio.

To Advance Osteopathy

An intelligent interpretation and diagnosis of each case, with a thoroughly well kept record, will do more to advance osteopathy, and finally fix it in the minds of the people, than anything else. Well equipped and scientifically run hospitals will take the second place in advancing osteopathy. -Harold Glasscock, D. O., M. D., Raisch, N. C.

Crisco as a Lubricant

In Doctor D. V. Ireland's class on rectal diseases I learned about Crisco as a lubricant. It is an ideal lubricant as it certainly lubricates; does not injure instruments or rubber goods; is not tenacious; does not dry nor become gummy; is easily wiped off the field of operation; is easily cleaned from instruments; is not expensive; it is of fine color; it is sterile. Fill a few melted milk sample bottles and you will find them of great value. -George M. McCole, D. O., Great Falls, Montana.

Don't Overlook the Wasserstein

A CHICAGO obstetrician found four strongly positive Wasserman reactions upon examination of 107 pregnant women (private cases) at the first visit. Of 101 charity patients (white), 25 had positive Wasserman reactions. Does not this suggest the advisability of a Wasserstein test in all chronic cases where the etiology is obscure and diagnosis uncertain? -Frank J. Stewart, D. O., M. D., Chicago.

Osteopathic Philosophy

THE law of life is motion. The function of the body is to give expression to this life principle which demands a perfect structure in order to demonstrate its full power. In- paired or lost function is a degenerative process which terminates in disease or death.

The great purpose of the osteopathic science is to maintain the integrity of the body by perfect correlation of all the structural parts, so that every tissue cell and part may have ability to move, unrestricted, except by natural limitations.

Loyalty

A SINDICATE application to the study of osteopathy and its conscientious and uncompromising practitioners is necessary, and assuredly crystallize into Loyalty—to yourself, your patrons, and your profession and its organization.

You may find some of it hard work; but remember if you didn't mean to work, you should not have hired out. Progress, in box-car let-down, frequently disregarded, influence in the production of such cases settled amicably, out of court, making friends for osteopathy and myself generally.-C. A. Dodson, D. O., M. D., Little Rock, Ark.

Diagnosis No Dream

WARNING.—Spend time enough to make out what you can; if you can't, say so. -J. Erle Collins, D. O., Nashville, Tenn.

THE OSTEOPATHIC PHYSICIAN

Do Acute Work

BE prepared to handle the biggest year you have ever had, as we are going to have more acute work than ever before. Be sure and handle acute work. Make yourself the family physician, the family doctor. It is this kind the sooner the general public will know and understand the value of osteopathy in acute conditions. Be progressive—do not stand still. -J. M. Fraser, D. O., Evansville, Ill.

Dysmennorrhea

DYSMENORRHEA is seldom due to local trouble, but is due to reflex irritation from the spine, rectum, or sigmoid flexure. The irritation is sent to the abdominal brain, and referred back to the rudiments, which are thrown into spasmodic contraction, there is an excess of fluid secreted in the oviducts whose mouths are closed. The effort of these oviducts to expel the excess fluid causes exhausting pain.

Osteopathic treatment will not only relieve painful menstruation, but if properly applied will cure the pathology causing the pain. Fraternally,-Emory Ennis, D. O., Springfield, Ill.

Harry Still Ok's This

IVE osteopathic treatment to the liver to get best results in your patients. -W. B. Laneille, D. O., Middletown, Ohio.

Sky Factors

THE Meteorological factor (including climate) as considered from an etiological viewpoint is a most important, though very frequently disregarded, influence in the production or causation of those structural (and functional) alterations which we recognize as the osteopathic lesion; and it becomes a more determining factor in the prolongation of such lesions when the primary or secondary in character, when once they are developed. This is especially true, and most noticeable, in the effects upon osteopathic patients who have previously been influenced by drugs; and I would call attention to the necessity for careful and detailed instruction to each patient in such matter involving adaptive changes in atmospheric pressure, temperature, humidity, etc. There is need for more thought and practical application.-Geo. B. Clarke, D. O., Detroit.

"Adjustment"

THE founder of osteopathy sounded a word, meant to place the votaries of the system in harmony with cosmic law. The progress of the system will depend upon the individuals of the profession advancing themselves with that law. Following Dr. Still's words as landmarks.-W. Burr Allen, D. O., M. D., Chicago.

Osteopathic treatment to the liver to get best results in your patients. -W. B. Laneille, D. O., Middletown, Ohio.

More Hospitals

IF the osteopathic profession will make osteopathic hospitals as numerous as 5 and 10 cents stores, keep uniform records and give real osteopathic service therein, osteopathy would be as well known in five years as the Ford automobile. We have a good article and the public wants it. However, our equipment is poor. We need to cooperate and build larger workshops. The demand already exists. The supply is faulty. Think it over. -P. A. Hubbell, D. O., Detroit, Michigan.

Expert Testimony

THE giving of expert testimony is a rich field for osteopathic physicians. There are thousands of personal-injury damage suits brought every year in the United States and the legal profession, representing both the plaintiffs and defendants, is anxious to arrive at the true amount of physical damage so as to make equitable settlement.

The education of the osteopath admirably fits him for making thorough examinations and accurate reports of injury cases. I have had dozens of these cases settled amicably, out of court, making friends for osteopathy and myself at both sides of the contention. This offers us a field of service, as well as an income. -Frank P. Jones, D. O., Macon, Ga.

Skill Vs. Force

THE successful practice of osteopathy cannot be achieved by brute strength and awkwardness. The telegraph operator does not hit his instrument with a sledge in order to send a message.-Ernest C. Bond, D. O., Milwaukee, Wis.

Ethics

HIGHER professional ethics among practitioners, better ethical teaching in the schools, more ethical publicity for osteopathy, and better cooperation among practitioners will be for the betterment of osteopathic practice generally.-C. A. Dodson, D. O., M. D., Little Rock, Ark.

Unity

OSTEOPATHIC unity.—Why not let this be our "slogan" for the ensuing year? We should always have one. No other word is more expressive of a real purpose than Unity, it was the central thought thru the whole Chicago convention, 'Science is progressive; osteopathy is a great science—for twenty-five and more years, the best mentality our profession possesses has striven to protect this Unity of our science. It has been done.

Now is the added and the incentive to unit all avenues of progress within our various organizations it is none the less suggestive that we adopt some appropriate and harmonious symbol as might be indicated in the slogan—Osteopathic unity.—E. J. Elton, D. O., Middletown, Wis.
The Osteopathic Physician

L

ESON, bony or other, knowing it, and how
to fix it and the doing it, and for the love of
Father Andrew give Nature a chance always.
Communication, phone, mail or otherwise, with
your patients and friends, whether they are hav­ing
treatments or not, lest the forgotten, they or
their may have something new wrong with them
that needs your services.
Strictly osteopathic is the greatest
goal sought mankind today, if applied.
May we ever stick to the principle which made

Results

O

NE of the very best ways to fight for osteo­
pathy, is to show results from your treat­
ment. Let the patient do the boasting.
Don’t argue about what drugs can’t do, but
show what osteopathy can do—E. A. Bush, Hart­
ford, Conn.

Osteopathy Needs

E

NTUSIASTIC practitioners.

Students.
Higher education.
Effective and efficient research.
Efficient state, county and city organizations.
Dignified courtesy to replace jealousy.
Facts, truth.

Substitute scientific statements for injuri­
ous claims, prompted by blind copying of
ԁιατομή uterine utterances.

Stochastic of results of adjustment.—R. Ken­
rick Smith, M. D., D. O., Boston, Mass.

The Virility of Osteopathy

THERE is nothing about osteopathy which is
so interesting and which has so amazingly
impressed me as its virility. At the begin­
ing
of the World War our professional papers
were making preparation for the final rites of
osteopathy, and the army organization of the
A. M. A., backed by the moral and legal influence
of the United States government, seemed, was
about to put the finishing touches on the obity
by refusing commissions to osteopaths when the
influenza epidemic broke out and conscripted the
patient. Even the osteopathic profession itself
seems to be wildly enthusiastic that the expected
day occur.
The signs of life and virility are manifest every
where. Our professional papers are full of
discussion and post graduate courses. Our schools
and sanitariums cannot get enough of students.
Osteopathy is at high tide.—S. L. Taylor, D. O.,
W. D., Des Moines, Iowa.

That Anterior Fifth

THE thing which impresses me most at this
moment is the frequency of pelvic disorders
in women in this section. Almost without
exception I find an anterior fifth lumbar and a
third pelvis. It has never ceased to be a source
of surprise to me how quickly the ligamenta
nervosa and surrounding tissues will relax when
bring that fifth out in place and straighten the
spine. The uterus is then very easy to replace.
I believe this is the lesson that needs watching very
closely.—Nora Haviland Moore, D. O., Grand
Junction, Colorado.

Suggestions for AOA Program
Committee—Things to Be
Avoided in the Future

(1) Past AOA have listed too many bright
shining lights for the time allotted. After
the speaker had barely given a few preliminary
ideas, list of authorities consulted, and a ran­
dom statement or two leading up to the subject,
the chair called “Time!” The audience got noth­
ing. We are not criticizing adversely the lec­
turer—he had no time to present the gist of his
subject. For instance, “Flat Foot and Spinal
Surgery” may be quoted by 50 million. Either
subject could not be satisfactorily handled in
an hour.
Osteopathy suffered for lack of attention.
The convention was announced as an osteopathic
one. But, where was the evidence? Singing,
general and special, had the center of the stage.
In obstetrics much time was consumed with long
papers by a discussion of the relative merits of
different anesthesia methods—all of which could
be obtained from standard texts.—M. F. Hueltt,
D. O., Columbus, Ohio.

There is not, in my experience, enough dis­
cussion as to the osteopathic treatment and dis­
coveries made in our profession. When an M.
D. was asked to ‘give me the facts on’ so-and-so
method he did his best to spread it broadcast and get the credit for a new
idea, as exemplified by the multitude of signs and
advertisements the majority of our professional
programs are composed of summaries on certain
subjects that could but be obtained from any
well known authority on said disease.—M. Ger­t
tude Fairbush, Minneapolis, Minn.

In 1920, as the

oa via, Chicago.

All the Latest News from Emily

Dr. George Still left July 31 for Emily,
Minnesota, his favorite bear and fish pre­
serve, where he will spend the month of
August, with the exception of the tenth and
twenty-sixth. On these two dates he will return and
do what surgical work has accumulated in the
mean time. During Dr. George’s absence, Drs.
Turman, Hain, Browne, Gorrell, Schmidt, Platt,
Halladay and Hamilton of the regular staff
and six house doctors will take care of the infirmary
and hospital patients, with the exception of the
more serious surgical cases that Dr. Still will
handle on his return.

Dr. S. S. and Dr. Ella Still have been at Emily
for a couple of weeks and will remain there through
August.

Dr. Still will be at St. Louis and Mrs. George
Still also went to Emily ahead of the doctor.

Chemical Intake vs. Structural Integrity

MEDICAL PRACTICE, is that system of the
healing art, which places the chief emphasis
in the chemical intake as being the most im­
portant single factor to maintain the well-being of
the organism in health and disease.

Osteopathic practice is that system of the
healing art which places the chief emphasis on the
structural integrity of the body-mechanism as be­
ing the most important single factor to main­
tain the well-being of the organism in health and
disease.

To illustrate. The basis of medical practice
rests upon the Chemical Intake, the structural
structure of medical practice radiates out into different
fields from this starting point like spokes from
the hub of a wheel. In one direction, from the
field of hygiene, in another direction the field of
hydrotherapy, another serum therapy, still another
santhation, and in still another gross structural
irregularities, deformities, tumors, etc. Each of
these fields and numerous others not mentioned
are termed specialties. Specialties to what? To
the practice of medicine. The practice of medi­
cine is therefore clearly the central hub around which all these specialties radiate when judg­ing the healing art through the medical eye.

On the other hand the basis of the practice
of osteopathy rests upon the structural integrity
of the body-mechanism as the most important
single factor in maintaining the well-being of
the organism in health and disease and all the super­
structures radiate out from this central point like
spokes from the hub of a wheel. In one direction
it enters the field of hygiene, in another direction the
field of toxicology, in still another direction the
field of sanitation, diet, etc. In every one of these
fields which all these specialties radiate when judging
the healing art through the medical eye.

The medical practitioner will concede that at
certain points in his professional labors, struc­
tural integrity is adjusted. Again, it is hardly likely that
individual technique, individual thoughts, does
and must stand out clearly in the osteopathic
physician’s mind in the diagnosis and technique of
treatment. Opportunity should be greater inroads made into osteopathic treatment for the
individual technique of diagnosis and treatment. Less
stress upon exhibits, advertisements and the
financial part of conventions. These should be
arranged so as not to interfere with program,
more room and better arrangement given to indi­
viduals for proper illustration of diagnosis and
medical practice to more clinical patients with
classification of same. Those given time on the
program must be physicians who support the pro­
fession and get the credit for a new
Osteopathy. The central hub here is not
organism as the most important single factor in
maintaining the well-being of the organism in health and disease.

The osteopathic practice rests upon the
structural integrity of the body-mechanism as the
most important single factor in maintaining the
well-being of the organism in health and disease.

He who considers the chemical intake to the
organism as the most important single factor in
maintaining the well-being of the organism in
health and disease belongs rightfully to the medi­
cal school.

He who considers the structural integrity of
the body-mechanism as the most important single
factor in maintaining the well-being of the
organism in health and disease belongs rightfully to
the osteopathic school.

It should not be difficult to determine which of
these two theories has the strongest foundation
in point of fact.

The number of differing people of the world,
differ radically in their chemical intake, still all
peoples do relatively good work. On the other
hand the number of differing people of the
structural integrity of the body-mechanism is a single one of these differing
people, and let the chemical intake be of the
best, the work—output of such a divergent body-
mechanism will remain unimpaired until the struc­
ture is adjusted. Again, it is hardly likely that
one with clear vision will consider the Chemical
Intake of an organism of greater importance than
the Organism Itself.

By C. B. Atzen, D. O., Omaha.
**The Unique Baby**

**If all babies were alike,**

*and had the same powers of digestion and assimilation, a standard of feeding mixture calculated to agree with the average baby would suffice—*

**But each is different from every other baby,** must be considered individually, and fed according to his individual requirements.

---

The correct arrangement of diet for the individual baby marks the difference between success and failure in infant feeding.

---

**TO THIS END WE PREPARE**

**Mead's Dextri-Maltose in 3 Forms**

(No. 1, No. 2 and No. 3)

- No. 1 With Sodium Chloride, 2%
- No. 2 Unsalted
- No. 3 With Potassium Carbonate, 2%

---

**WHY DIFFERENT SALTS IN THE DIET OF INFANTS?**

Sodium Chloride is a useful addition to the diet when an infant suffers from diarrhoea. Potassium Carbonate is valuable generally as a corrective in constipation of infants.

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By the proper use of one of the different forms of Mead's Dextri-Maltose in combination with a milk mixture suitable for the individual case, infant feeding attains a greater degree of success.

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The simple, rational principles of modern bottle feeding are clearly and concisely described in our booklet "Simplified Infant Feeding." Write for it.

---

**Mead Johnson & Co.**

**Evansville, Ind.**

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**THE OSTEOPATHIC PHYSICIAN**

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**The Flu-Pneumonia Epidemic**

**Skeptical About too Much Blanketing—Asks What You Do for Backaches**

By Dr. R. R. Keingham, Baltimore, Maryland.

I DO not believe that lesions played any important causative part in this epidemic. The body organism was merely overwhelmed by germs in untold quantities. The primary lesion was the specific virulent infection.

1. I found lesions at various points in the spine, as is found in the usual routine examination.

2. No attempt made to adjust lesions in the epidemic. I always follow this in acute conditions. I merely "treat" them.

3. I made manipulations as I deemed necessary for the particular area involved.

4. Time: About ten minutes.

5. Frequency: Once each day.

6. No; I observed no unfavorable reaction from over-treatment for I believe short treatment to be droll.

7. Could not give an opinion as to recovery being retarded by drugs. All my patients I treated from the jump. Some of them had any chance on being so retarded.

8. Diet: Here's where I fell down in the beginning. I placed my patients on a milk diet and such other liquid trunk as could be thought of but soon found out that they were not getting enough food. I followed to some extent the Coleman diet (as is used in typhoid) and found that patients were not so weak. I believe many a patient died in this epidemic for lack of food. Dr. Still impressed this thing on my mind in college. Even if the patient is sick he can stand a little more than milk. Of course one must be judicious when there are bowels and intestinal complications.

9. No. I never believe in adding to any patient's discomfort by messing them up with a little mud or other such substances.

10. To Keep Bowels Open: I used laxatives for this. I found Laxol satisfactory in one or two tablespoonful doses each night.

11. No. I never believe in adjusting the patient's discomfort by messing them up with a little mud or other such substances.

12. To Keep Bowels Open: I used laxatives for this. I found Laxol satisfactory in one or two tablespoonful doses each night.

13. I was told to get ready for a sweat and I was to be done by aspirin. I was given five grains and in about fifteen minutes I was so "batty" I would have peddled the Brooklyn bridge for a quarter to any one. I either became unconscious or went into a deep sleep (my attendant being unable to determine which) and came out of this state in a manner that alarmed everyone. I did my best to crawl around the bed but I was quieted after about fifteen minutes work. I was soaking wet with perspiration, the aspirin surely had done its work, but to the intense surprise of all the following morning I was down on one side and so weak that I could hardly turn over without aid. One-seventieth of a grain of strychnine was ordered every four hours which I did not take. I got over this rough spot without any mishap and to say the least I was lucky.

14. Water was given internally to the ninth degree and at least a glass full each hour. In addition I used alcohol and ice water on the surface every two hours. I found this impossible to some patients as it would chill them, and in those cases I applied the patient "hot" on earth. Leave that to the hereafter.

15. I believe in using cotton jackets.

16. I provide all the air possible.

17. I paid little attention to room temperature as the individual patient is comfortable. I believe the slogan "keep the patient warm" was often carried to the extreme of keeping them HOT, much to the detriment of the patient. I followed the individual in this matter and did not make the patient so warm as to be uncomfortable. Some only required light covers and some heavy. I never believe in giving the patient "hell" on earth. Leave that to the hereafter.

18. Water was given internally to the ninth degree and at least a glass full each hour. In addition I used alcohol and ice water on the surface every two hours. I found this impossible to some patients as it would chill them, and in those cases I applied the patient "hot" on earth. Leave that to the hereafter.

19. I found my manipulations wholly unable to cope with the cough. Here again I wanted to point out the foolishness of keeping the patient "hot." I found in some instances that the cough could be overcome by removing some of the blankets placed on the patient by "kind friends." Too much covering was responsible in my opinion for a great deal of the excessive coughing and the remedy in these instances was to get the patient cooler.

20. I did not find it necessary to give drugs to stimulate the heart, although I believe the administration of a little whiskey or strychnine helped some other fellows' patients over some pretty rough spots. I do not mean the continued administration but given at the proper time.

21. Number of Flu Cases Treated: Twenty-four. No deaths. I had no pneumonia cases but I saw some with some "ticklish" looking places in their lungs.

22. How many patients were you able to treat a day during the great rush? Not being given to "excessive" lying I won't say sixty. I find it necessary to spend at least half hour at each bedside and making due allowance for getting from one patient to another, this can be readily figured out.

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[Note: The image contains advertisements for Mead's Dextri-Maltose and a request to send in experiences.]
Des Moines Still College of Osteopathy stands consistently for
Symmetry of Curriculum, Professional Honesty, Thoroughness of Preparation and Efficiency in Practice

While a student, and especially after graduation, these are Professional Assets.

Therefore, in choosing the school where one spends his money, his time and his early professional experiences, he should be very particular in his choice. He should choose with intelligent discrimination that school which offers him

1. THE SUREST RETURNS FOR HIS MONEY
2. THE MOST PROFITABLE USE OF HIS TIME
3. THE HIGHEST PROFESSIONAL INSPIRATION

Every student of this institution is a booster.

Des Moines Still College of Osteopathy and Hospital symbolize organization, discipline, energy, push, cooperation, determination, triumph and Osteopathy without limitation.

For further information address
Des Moines Still College of Osteopathy
Des Moines - - Iowa
The Denver Polyclinic and Post Graduate College

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

Next course begins February 1st, 1920, and lasts four weeks.

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

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

Address Dr. C. C. Reid, 501 Interstate Trust Bldg., Denver, Colo.

Chicago College of Osteopathy

Conducted by the Osteopathic Profession of Chicago.

FOUR YEAR COURSE

Why YOU Should Attend the C. C. of O.:  
1. Wholly Osteopathic.  
2. Faculty of National Reputation in their line.  
3. Logical center for intensive training.  
4. Buildings and equipment permit of every expansion.  
5. Chicago's clinical opportunities are unsurpassed.  
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THE OSTEOPATHIC PHYSICIAN

Your Technique on Backache Wanted

23. How did you relieve backache? Now that you have asked me twenty-two questions, I want to ask you one. Did anybody discover anything to relieve a terrific backache that went with the disease? If so, please send me your name and address. I may want your assistance if I get the flu again.

Keep Them Ablé Sixty Hours After Temperature is Normal

I want to add one mistake that I made in the beginning of the epidemic. My first patient was a child of five years that had a temperature in the beginning of 105. The child did well and the temperature dropped about a degree each day. I allowed her to sit up thirty-six hours after her temperature became normal and to my intense dismay I found her temperature back to 103 in three hours. I found that the margin of safety in this was sixty hours after the temperature was normal at night.

Then Make It a Business to Get Them Out

1. I then get them up in a chair and in two days more move them and put them outside in the air if the weather is favorable. In a few days I encourage walking about so as to overcome the great weakness following the epidemic.

I found most all patients unable to sleep on their left sides for some weeks after their illness, and I set the heart, and they would be awakened by its pounding against the ribs. The treatment for this was "expectant" merely as I could discover 110 trouble in the heart and found that later it cleared up without interference.

332 Cases—2 Deaths

By M. S. Slaughter, D. O., Webb City, Missouri

V A R I E D—apparently only those that were present before.

2. General.
3. If I got the patient early I used regular osteopathic methods and kept all parts relaxed, to prevent return.
4. Same general treatment as for bad cold.
5. 5-10 minutes.
6. Once to twice a day.
7. Yes, too often seemed to weaken the patient.
8. From 4 to 8 days.
9. No.
10. Light liquid diet in all cases, the less the better.
11. I used Antiphtigostine with poor results; then adhered strictly to turpentine and lard with good results.
12. Adults—9 tablespoons of castor oil, general treatment and enema daily.
13. Osteopathic treatment only to keep the kidneys active.
14. Yes, from start for three days, applied heat and gave hot lemonade.
15. No.
16. Kept all dampness and drafts out of room.
17. 72 degrees.
18. Treatment to cervical and upper dorsal, sponge bath and alcohol rub.
19. Care of upper ribs and dorsal vertebrae.
20. No drugs were used for heart.

The only things I used was castor oil for the bowels. In taking the case I had the patient drink sour lemonade (hot) frequently, stopped all eating for twenty-four hours, then put them on a liquid diet for a week. Patient was not allowed to sit up, nor leave his bed at any time until the third day after the fever had subsided. Osteopathic treatment was directed to correct the lesions found and relieve all contractions that might arise, the severity of the disease depended on the individual patient, and their ability to stand same. All complications were treated from an osteopathic standpoint and at no time were medicinal agents used to help as I have found that where osteopathy fails medicine seldom makes any showing.

I treated 332 cases of well-developed flu and my casualty list was one death from flu, one case of acute dilatation of heart, and no death from pneumonia in a case of flu. In the cases of flu, only one developing after I took the case, the others all being in advanced stages of the disease when I was called.

200 Plus Cases—No Deaths

By Clyde Gray, D. O., Horton, Kansas

N "flu"! I found muscular lesions along the splannics. Have no record of bony lesions, tightened neck tissues.

No. 3. Raising ribs, relaxing muscles and correcting work in the neck.
No. 5. Treated from five to twenty minutes. Sometimes in headache or pneumonia I gave, maybe, half an hour's treatment. My patients could not show improvement in too long a treatment.

No. 6. Milder cases got one treatment daily; the more severe cases, two treatments.
No. 7. Yes, it was easy to note ill effects from over treatment.
No. 8. Mild cases, three days to a week. Most severe cases, two weeks with instructions to phone if they did not get along well. In fact, all were given this instruction and very strongly wanted to follow it.
No. 9. No; drugged patients make slower responses.
No. 10. Nothing. Small amount of fruit juice, milk. Used the same instructions with modification as to severity of attack. This held good for all cases of "flu."

No. 11. Only when an M. D. had been there before, or the family insisted on "Vaporub," which was in very few cases.
No. 12. At first I gave plenty of castor oil, but a few cases showed me they were followed with a severe diarrhea; then a plain water enema was ordered and instruction given that their bowels could go over a day or two and if not painful they could take them. At night, almost all patients showed me thev were followed with "Vaporub," which was in very few cases.

One little fellow of three summers was in comas and the whole family were down and this child had flu: never any trouble in the heart, sometimes covered and other times not. receiving no food or water or care when his bladder voided, and his bowels went three or four days and when I came on case they did not move then for three days. He is as bright and well now as he ever was.

No. 13. I used nothing but osteopathy for kidneys.
No. 14. In a few cases I placed water bottles about patient and in a few gave one aspirin tablet at night. Most of them did enough sweating from the disease and the treatment.

No. 15. I did not use cottage jackets. I received a few patients that had and they did not do so well.
No. 16. A great deal of ventilation.
No. 17. As cold as could be had handily.
No. 18. Raising ribs. Relaxing muscles in the regular treatment and I had practically no trouble with high temperature. Used no baths.
No. 19. If persistent treatment on throat muscles did not relieve cough the patient received a cold pack. Many coughed quite a good deal.
No. 20. I used nothing to stimulate the heart but the regular osteopathic treatment.

All of my more than two hundred flu patients are still on top of the sod. I cared for over forty at one time.
It Takes an Oak a Hundred Years to Get Its Growth

WHAT'S an oak for growth compared to a college of scientific therapeutics? For every single college of scientific medicine developed old earth has produced countless millions of oaks.

Trees will grow and multiply if left alone. Osteopathic colleges die if left alone. You need your colleges of osteopathy just as much as mankind needs trees. Life would be barren without trees; so would life be drear without osteopathy; and without osteopathic colleges behind your practice you in time would feel like the oak deprived of sap. The college is as necessary to the practitioner's welfare as the practitioner in turn is necessary to the college.

Our osteopathic colleges have been working hard all year FOR YOU. Have you been working equally hard FOR THEM? New students are the sap that makes the college live and grow. Are you supplying sap to osteopathy's college system? It takes sap to run the colleges. ASO needs sap; the other colleges need sap; and you need that we all have sap just as much as we need to have it.

One new student from each practitioner, to enter an osteopathic institution this autumn, would produce a miracle of growth for osteopathy. It would act like giving oaks ten years of sap all in one season. What an ecstasy of burgeoning this would produce in our peerless therapeutic system!

Sun, rain and soil avail for the need of oaks without human effort; but new students only can feed our colleges and extend our professional boundaries; and this is achieved best of all through the active propaganda work done by the doctor, himself, in his own field. Are YOU a propagandist? How many of the young men and women in your community are planning to make osteopathy a life work because of your counseling? Shoot a little sap this year into the veins of the osteopathic college of your preference. Help it become a winner. All our colleges will do better work for better nourishment.

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THE DELAWARE SPRINGS SANITARIUM

THE OSTEOPATHIC PHYSICIAN
150 Cases: Two Deaths After Osteopath Retired From Cases

By F. M. Hiebaugh, Edgar, Neb.

I n round numbers I had 150 flu patients.
1. Muscular, in most cases.
2. Cervical, upper dorsal and lumbar.
4. General spinal relaxation.
5. To 20 minutes each call.
6. Twice daily in most cases unless very light case.

7. Most cases would drop off to sleep during the treatment and I don't think I ever over­
treated, as I saw no ill effects.
8. Averaged about 3 to 7 days.
9. No.
10. Influenza diet: Liquids during convalescence. Gradually increased to regular diet.
11. Mentholatum and Musterole.
12. Castor oil and enemas of soap sods, salt and some cases a few drops of turpentine.
13. Hot packs over kidneys and bladder.
14. Yes; application of heat to feet and back and cold on head, usually as soon as called, if possible.
15. Yes.
16. Plenty of fresh air, but no draft on patient.
17. Inhibition in cervical and upper dorsal.
18. Cervical treatment and cold pack on throat.
19. Means used to overcome cough: Cold packs on chest and throat; manipulation of cervi­cal region.

General Comment
In all our cases we found large and small intestines much distended with gas and in nearly every case by using enema of just water, freshly we lowered the temperature and if the patient was nervous, this symptom subsided.
In complications of chest (bronchial) used hot and cold packs freely on upper dorsal region. Enema often relieved headaches. The most natural benefit came from keeping bowels free from gas. Much of the fever came from auto-intoxi­cation of gas of bowels. When it was possible we called a nurse, preferably one who had then training in hydrotherapy, as she was more intel­ligent in following instructions. If fever remitted up to 102 we sponged (cold) every 3 hours unless the patient was asleep. We are still treating pa­tients who are suffering from these effects of flu. All have symptoms of neurasthenia. They are harder to help than "flu" cases, as they all think they cannot get well. We feel that something like 100 epidemic cases; did not lose a single one. Temperature ranged from 100 to 105.
Three outstanding things: 1. Keeping bowel free from gas. 2. Drinking lots of water; diet, liquid and fresh air. 3. Manipulation at cervical and upper dorsal areas.

By Dr. J. E. Baker, Brazil, Ind.

LESIONS: Muscular.
2. Where: Entire spinal area, especially where there was a lesion.
3. How was condition corrected? General deep relaxation manipulation.
5. Average time per patient: 15 to 25 minu­tes.
6. How frequently treated? Once or four times per day.
7. Is it easy to over-treat cases? Not if you know when you have given a treatment.
8. How many days were patients under treat­ment? Three days to three weeks.
9. Did patients who had been druged re­spend as well as others to osteopathic treat­ment? No, if given sedatives.
10. What kind of diet was prescribed? Water, lemonade or milk.
11. Did you use any local application? Pheno­lated camphor.
12. What methods to keep the bowels active? Oil and manipulations.
15. Did you use cotton jacket for pulmonary complications? Yes, if I could get them.
17. Were any means used to reduce tempera­ture of patients? Relied on manipulations in most cases, but used cold packs in extreme cases.
18. Means to stimulate the heart? Manipula­tions, 2nd to 5th dorsal.

Comment:
In answering No. 7, would say the same rule applied as in other conditions. In my early prac­tice I had the tendency to over-treat most of my patients, and I believe that is the case with most of us when we begin. Personally I can explain when a treatment will be beneficial. One just learns that by doing it, and observing the re­sponse of the nervous system of the individual. Some people respond rapidly, some quite fast, as some think rapidly and others slowly, and they can't help either, any more than they can the color of their eyes or hair.

Dr. T. C. Lucas:
Dr. Heyler & Atkinson

LESIONS: Severe contractions.
2. In cervical and dorsal regions.
3. How corrected: Manipulation and hot fomentations.
4. What general manipulations: Relaxation of entire spine, especially neck and dorsal re­gions and particular attention to bowels. Cases to make the people understand that the patient must have fresh air and oxygen.
5. Average per treatment: 30 minutes.
6. How frequently treated: Mostly once a day; some twice.
7. No.
8. How many days under treatment: From two to ten days.
9. Did patients who had been druged re­spend as well as others to osteopathic treat­ment? No.
10. What regulation of diet was prescribed: Always had patient drink abundant water. Liquid diet only.
11. No.
12. What methods used to keep the bowels active? Enemas and manipulation.
14. Did you sweat the patient? At the begin­ning.
15. Did you use cotton jackets for pulmonary complications? Yes.

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Dr. T. C. Lucas:
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Dr. M. Quisenbery.

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Dr. Robert D. Emery Dr. Edward B. Jones Dr. Norman F. Sprague Dr. G. H. Copeland Dr. F. I. Hoeffer Dr. Thomas C. Young

We present herewith portraits of a group of teachers of the College of Osteopathic Physicians and Surgeons. Another group will be shown next month. Later we will tell about what these men and women do, individually. Our object in presenting this group of portraits is to help you visualize what it means to maintain a really complete faculty for a teaching institution such as the College of Osteopathic Physicians and Surgeons. Also to enable you to become more intimately acquainted with the appearance and personality of the men and women who make it their business to train and develop in osteopathic science and practice the students you send to this institution. We would like every member of the osteopathic profession to meet each member of our faculty personally, but since that cannot be done—we are making them known to you—one and all—by pen and picture.

The College of Osteopathic Physicians and Surgeons
300 San Fernando Building, Los Angeles, Calif.
Throughout the spine was the same. Ventilation. Keep the room from up to that time that all the organs could be exposed to the cold. I kept patients to do it. I lost just I received after 14 to 97. I had a case that had a temperature 103. I had been between 150 and 160 cases of flu and were very few of them just the same.

By Will Ivern Shaffer, D.O., North Platte, Neb.

N
O. 1. Muscular. No. 2. Throughout the spine. No. 3 and 4. Relaxation by gentle manipulation with the aid of a large electric light reflector containing two heavy carbon bulbs, one, purple, the other white. I fairly toasted the patient, front and back. For pluerisy it worked quicker than a narcotic and permanent. I have used the electric rays since Feb. 1st and haven't had a patient to "go bad." I took over patients given up by other doctors and had 100 per cent success where the light was used.

No. 5. -? (It depends on the patient.)

No. 6. Once generally; sometimes twice daily.

No. 7. No. Didn't have time to overtreat.

No. 8. Average about two weeks.

No. The worst patients I had were the ones who were doped with aspirin.

No. 10. (a) Soft diet. (b) milk.

No. 11. Used antiphlogistine and cotton jacket in cases of pneumonia.


No. 15. Yes.

No. 16. Good ventilation.

No. 18. Yes. Relaxation and Epsom sponge bath. One tablespoonful of Epsom salts to pint warm water.

No. 19. No.

No. 20. No drugs used for the heart.

Comment:

I have two cases I wish to mention. First: I was asked by a chiro to go with him to see one of his patients that he claimed was "very puzzling." I found a little girl, three years old, who had had the flu and had been in the condition in which I found her, they told me, six days. She had temperature of 104.3, respiration around 80, pulse too fast to count; semi-conscious; no cyanosis. The puzzling point was, why she didn't die. All that had been done, the "adjustments" which would throw her into spasms. I ordered the "adjustments" stopped, packed her in antiphlogistine with a cotton jacket over it. I heated her through and through front and back with the electric apparatus. I gave her gentle spinal relaxation. This was early in February. She is now a picture of health and is feeling fine.

Second case of interest. Young woman, heavy set, had had the "flu" one week. Had no doctor. Her sister was a trained nurse, so they thought they could get along without a doctor. They did until one night about midnight she started to have dyspnea and became cyanosed. I saw her at 4 a.m. Friday, temperature of 103.8, respiration 37, pulse about 120. I relaxed the spires, warmed her up (toasted her) with my electric heat, front and back, and ordered Antiphlogistine jacket as early as could be gotten. She had another treatment and toast at noon. At that time she had her jacket on. She got another dose of the same about 6 p.m. She had rested after each treatment and breathed easier. Saturday, temperature 101, no cyanosis.

Sunday, temperature was 99, feeling fine. Had a treatment and more heat.

Monday, temperature normal, no treatment. Tuesday, normal and never went back. The only case I lost was a little girl, treating specific area of three. She was given up by an M. D. before osteopathy was called. She had received up to that time 1½ gr. aspirin every hour. I had her about 24 hours.

By L. B. Overfelt, Boulder, Colorado

MUSCULAR lesions.

1. Upper dorsal and cervical regions.

2. To keep kidneys active: Treatment and plenty of water. Sweat the patient? Only where I had a trained nurse.


5. Average temperature of room? 60°.

6. Any means used to reduce temperature of patients? If temperature went above 103 I used a cold enema.

7. Means used to overcome cough? Osteopathic treatment and cold compresses around throat. Heat to the feet.


Comment:

I think Dr. Stevenson has raised a good point in regard to treatment given. It is very essential that the physician who takes charge of a case of influenza give it his undivided attention, lay down iron-clad rules to be followed, give osteopathic treatment twice a day—light, gentle, short treatment, being very careful that all the organs are functioning properly, especially the lungs and the kidneys. Put the patient on a restricted diet until the temperature has been gone at least 24 hours. You will find cases of influenza that will drop from 103 to 97. I had a case that had a temperature of 107 and a pulse of 160. I had another one with a temperature of 105, pneumonia, pulse 110. I had another one that dropped from 103 to 97. I let one case out of about 150, and that was where I could not get help to care for the patient.

As to diet, it is very necessary in those cases to have a nurse, and that nurse to carry out your iron-clad rules, treat the patient as you have been given the patient by mouth, and restricted to fruit juices and one ounce of castor oil, followed by plenty of saline solution, one teaspoon of salt to a quart of water, and as the temperature goes high I used tepid water. It will help to bring the temperature down along with the treatment.

Plenty of ventilation. Keep the room from 60 to 65.

By Hedley V. Carter, D.O., Baltimore, Md.

Patients were treated not less than twice daily until convalescent, then once daily for a varying period, usually 3 to 7 days. I had no overtreatment experience. "Small doses frequently repeated to effect." In very bad cases, short treatments to indicated centers. For instance: One bad case required my attention for four hours. During that time I gave a number of "treatments" to the cervical region; after 15 minutes, upper D; a little later to lumbar and sacral areas. This enabled me to give the various centers a chance to react before going to another—not dissipating the effect—no "shotgun" stuff.
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THE TAYLOR CLINIC,
DES MOINES GENERAL HOSPITAL,
Des Moines, Iowa.
No. 11. No.
No. 15. No cotton jackets; frequent springing of ribs made this unnecessary.
No. 16. Could not find any substitutes.
No. 19. Ice to neck (anterior); ice pellets in mouth; treatment especially to suprasternal notch.

12. Always treatment on seat, croup, and sickle-sequence, following medical treatment of "flu," and only one following osteopathic care. This case was under medical treatment for flu—relapsed and pneumonia developed—whereupon I was called—my worst case.

160 Cases—No Death
By A. E. Hook, D. O., Cherokee, Iowa

KIND of lesions: bony in all but two cases; some muscular.
2. Where? 1, 2 and 7 C; 1 to 6 Dift 10 D; 2d and 5th L.
5. Average time per patient: About 20 minutes.
6. How frequently were patients treated? Mostly of them twice daily; many only once; one or two cases treated three times in one day.
7. No.
8. How many days were patients under treatment? My first 282 patients averaged only two days. Later from one to five days. Three cases had erysipelas. Two of these required four days more of treatment.
9. Did patients who had been drugged respond as well as others to osteopathic treatment? It usually took twice as long.
10. What regulation of diet was prescribed for influenza alone: No food for three days; then liquid; many other complications: No food. After three days, fruit juices, olive oil and liquid food.
12. Methods to keep bowels active: Treatment, used enema in only few cases. No laxatives but olive oil.
13. Method to keep kidneys active: Inhbitive treatment in lower dorsal and lumbar regions.
14. Did you sweat the patient? Yes. At beginning used hot water bottles mostly, or fruit cans.
15. Did you use cotton jackets for pulmonary complications? Had no case to develop pneumonia, so did not use jacket.
17. What was average temperature of room? Aimed to keep it about 65°.
18. Means used to reduce temperature: Only the treatment of lesions and occasional sponge baths.
19. Were any means used to overcome cough? Yes. Inhibited at 2 and 3 C, and 7 C and 6 D.
20. Were any means used to stimulate the heart? None. Only adjustments; I used no drugs as I am an osteopath, needed none, and treated 160 cases without a death.

What Are the Six Best Books for Osteopaths?

By Dr. George W. Reade, Worcester, Mass.

One for every day in the week.
2. Clinical Osteopathy, by McConnell and Teall.

McConnell's Discussions in AOA Journal ought to be put in book form.

By Dr. Carl P. McConnell, Chicago

1. Dr. Still's Writings.
2. Pierson's Anatomy.
3. Physiology and Biochemistry in Modern Medicine.
4. MacCallum's Pathology.
5. Delafield and Prudden's Pathology, eleventh edition.
6. Miller's Infection, Immunology and Specific Therapy.

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

1. Practice of Osteopathy, by Dr. A. T. Still.
2. Practice of Osteopathy, by McConnell and Teall.
3. Practice of Medicine, by Wm. Osler.
5. My Water Care, by Kneipp.

By Dr. Ella D. Still, Kirkville, Mo.

1. Deaver's Anatomy.
2. Leopold's Reference Hand Books.
3. McConnell and Teall's Practice of Osteopathy.
5. De Lee and Dutton's Pathology.

By Dr. H. H. Fryette, Chicago

Your letter is a very important one on the six best books for an osteopathic physician to own and read, as I think it was different from the treatment used by the majority of the fellows. I always clean out the gastro-intestinal tract with either salts or castor oil, and often added a good soapsuds enema. Then I had my cases sweated either by tub bath or hot blanket pack; made them sweat as hard as I could; taking all the hot lemonade possible. Then I gave about a ten-minute treatment, and if there were bronchial "tightness" or any indication of lung congestion I applied antiphlogistine liberally. I kept hot bottles at the patient's feet, and ice to the head if fever went above 101.1. I gave the patient drink and lemonade, but nothing else. If liquids had disappeared, I saw some cases three times per day, others only once. I never lost a case either of flu or pneumonia, but refused a few cases where medicine had failed to do anything but lock up the excretions. They say we will have a very epidemic back again next year. I am not afraid of it.

What Are the Six Best Books for Osteopaths?

A Symposium by the Profession

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

1. Still, Founder of Osteopathy, by Lane.
2. Bulletins of A. T. Still Research Institute, by the Workers.
3. Dissected Anatomy, by Clark.
5. Clinical Osteopathy, by the Educational Department of the Research Institute.
6. Physiology of Consciousness, by Louis Burns.

By Dr. E. R. Booth, Cincinnati

2. Bulletines of A. T. Still Research Institute, by the Workers.
4. Physiology of Consciousness, by Louis Burns.

By Dr. L. Taylor of Des Moines

1. Book on The Physician Himself, by Cathell.
2. The Medical Clinics of America.
3. Modern Medical Diagnosis, by McCrae.
4. Flint's Physical Diagnosis, by Thacher.
5. Macleod's Practice of Osteopathy, by Tasker.

It's a list that every osteopath should read.

What Are the Six Best Books for Osteopaths?

By Dr. Percy H. Woodall, Birmingham, Ala.

5. Macleod's Physiology and Biochemistry in Modern Medicine.
6. Medical Clinics of North America, see editorial last ASO Journal, "Constructive Work,"
A 250-pound patient on a 90-in-the shade day with a fully equipped McMANIS TABLE. Oh, boy! Ain’t it a grand and glorious feeling! We’ll say so.

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No. 17

The Osteopathic Catechism
Everyday Questions and Answers that Pass Between Patient and Practitioner

(MATERIAL)
THE OSTEOPATHIC PHYSICIAN

By Dr. H. F. Goetz, St. Louis

"The six best books?" One can interpret this question from different angles, but I will answer on this basis. To improve, one must work in, discover, "i.e., practical, not theoretical." 1. "The Practice of Osteopathy: Lectures on Principles of Osteopathy," by Chas. Hazzard, D. O., 1888, 1907. These lectures were so great, but I must state today as the best, most practical explanations of osteopathy and medicines. 2. "Clinical Anatomy" and "Diseases of Women," Riggs, M. D. 3. At the University of Padua. 4. The "Involuntary Nervous System," by Dr. Walter Holfbrook. 5. "Spectrotherapy, Physic-Therapy of the Spine." 6. "The Method of Laboratory Diagnosis," by Dr. Francis Faught.

Located in the heart of the Rocky Mountains at an elevation of 6000 feet. Open the year around. The Mineral Water baths and drinking is second to none for Rheumatism, Skin Diseases, Gastro-intestinal Troubles. One School's Loss Is Another's Gain

By Dr. Francis A. Cave Boston

Response to your request regarding the six best books for osteopathic physicians, I presume your inquiry refers to books other than those written by the "Old Doctor." No osteopathic library is even started unless upon the foundation of "Theory of Osteopathy," etc. Naturally one uses the modern works on Diagnosis and Treatment, but my list fits my everyday practice better than any books I have in a fairly good-sized and absolutely modern library.

"W"HERE is Ellis Street?" she asked me.

"The question was an intelligent, energetic appearing young woman with the look of a deep purpose in her eyes. "As I am going down there myself," I replied, "you may walk right along with me." I must have inspired her with confidence for she soon began telling me of her quiet experience and it proved to be a most interesting little story. Do you want to hear it?"

"When my friends back in Bellefonte, Pennsylvania," this young woman was soon telling me, "learned that I was going to Chicago to school they paled and exclaimed, 'Chicago is a fast place.' Yet before the end of the first week I marched in cap and gown in the commencement procession Thursday night, and on the following Saturday night stepped from a long eastern train right into Union Depot, Chicago. As there is lots of western blood in my veins, all my mother's people residing in the western middle west, I immediately fell in love with Chicago. I inhaled the 'get there' spirit in the atmosphere. How I did walk that first Sunday, covering two parks and the University of Chicago grounds! But the next day was different. As I had come to Chicago to take a special commercial course for teachers, I had to go to school. I thought more than necessary, because my friends told me that easterners were too slow for Chicago. Then, at length, I knocked out of place an innominate."

After a sleepless night I rose early, stole the key to the locker, got my clothes, dressed, sneaked down the back stairs, out into the cellars, nine o'clock came I was whirling over the sands to Atlantic City.

"One circles, then, I went immediately to a good osteopath and got relief. After a week in Atlantic City, taking daily treatments, I felt well enough to go home. But when I got home my uncle, M. D. of the old school, examined me with grave countenance, pronounced it tuberculosis of the bone, drew a picture of how the bone would be cut away and I would be dead in one year. The year is up and I am still alive now that I was then.

"Some of my relatives in the middle west told Dr. A. Dobson, of Little Rock, Arkansas, to look me up when he came to the American Osteopathic Association Convention, being held this week at the Chicago College of Osteopathy, and find out if something could not be done. He was interested in the case as he, philanthropist that he is, was looking for students to educate in the Chicago College of Osteopathy, and lost no time in arranging a meeting. After examining me he removed the imminent lesion. While doing this he wanted to know what I thought of osteopathy. I said I had all the faith in the world in it but knew so little about it that I would not like to talk about it."

"Instead of trying to talk me into taking it up as a profession, Dr. Dobson arranged for me to attend classes at the Chicago College of Osteopathy. As I had some ear trouble he took me to a clinic. I knew that I would get sick, but I became so interested that I forgot to get sick. After listening to Dr. Dobson and his associates, and others, I became so interested that I exclaimed, 'I wish I had the money to take the course. I want to know about it.' Then Dr. Dobson said that if he had been looking for some one to send to the college for some time and he was ready to back me financially. Since my hearing must be affected and I asked him to repeat it. Now, I am going back to Pennsylvania to teach Commercial subjects in a high school, I am en-

[Continued to page 28]
**An Osteopathic Axiom**

"Correct the abnormality and keep it corrected."

Constipation is as a rule mechanically produced. It is most efficiently corrected by mechanical not medicinal means. It is most easily and satisfactorily kept corrected by mechanical means.

*Nujol* acts mechanically not medicinally. It softens, moistens, lubricates, protects, promotes peristalsis, absorbs and removes toxins.

It brings about regular, easy, thorough bowel movement. During the course of or following diarrhea, dysentery, cholera nostras, bowel irritation or inflammation, prevalent during the summer, prescribe *Nujol* and note its beneficial action and results.

**Nujol Laboratories**  
STANDARD OIL CO. (NEW JERSEY)  
50 Broadway, New York

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**KANSAS CITY COLLEGE OF OSTEOPATHY and SURGERY**

requests your careful consideration of the

**FOURTH ANNNUAL ANNOUNCEMENT**

now in the mail

**The School of the Hour**

For the 1919-20 freshman class we have already enrolled more students than we have ever had in any single class.

**100% Osteopathic**

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**Are You Protected by Central's Accident and Health Policy?**

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

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

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

**CENTRAL BUSINESS MEN'S ASSOCIATION**

Westminster Building, Chicago, III.

H. G. ROYER, President
C. O. PAULEY, Secretary and Treasurer
Every osteopath who took part in treating these epidemic cases who has not already sent in a summarized report to The OP on our Questionnaire form is urgently requested to get in the game and do so.

If you sent in your report a long time ago—before your work on epidemic cases was published—the Nebraska State Board is going to send you a new data and conditions up-to-date by sending in a supplementary report promptly.

BUDDING GENIUS

Budding genius in the osteopathic profession always gets a welcome hand from The OP. If you feel that you have an original part to play in practice that relates to practice rather than politics—we will be glad to have you write us all about it. Perhaps we can help you crystallize it and get it across to the profession.

THE WESTERN OSTEOPATHIC ASSOCIATION

Those western osteopaths know how to do things. They are building up and perfecting a great sectional association. They are going to reform osteopathic institutions, organize right at home. They are going to organize so well at home that when it comes time to apply the refinements that may some day come over to the rest of states they will have something to stand on, something to go on, something to do with. They know full well that no national or federal federal is any stronger than its units, and that if we are to have as strong and centralized a national association as we dream of for the AOA it must come only through the scientific organization of its units, the states, and the groupings of these states into sectional clusters. Knowing this, the Western osteopaths have united to form an autonomous unit of state associations known as the Western Osteopathic Association. These clusters come into the national councils in future they are going to be better organized, better unified, higher powered and better able to do a job netting big returns to you. We will send our budding genius to his best organization destiny.

THE ORGAN OF NEWS AND OPINION FOR THE PROFESSION

Published in the 15th of Every Month By The Bunting Publications, S. Clinton St., Chicago, Illinois, Henry Stanhope Bunting, A., M. D., D. O., Editor and Manager; Ralph Arnold, Business Manager. Subscription price: $2.00 per annum. Advertising $1. per line in a section over three lines to allow of editing. Don't require your data and conclusions be promptly. If you are nursing a stirring idea—particularly if it relates to practice rather than politics—we will be glad to have you write us all about it. Perhaps we can help you crystallize it and get it across to the profession.

Enrolled as second-class matter April 7th, 1902 at the Postoffice at Chicago, Illinois, under Act of March 30, 1879.

EDITORIAL

Fairness, Freedom, Fearlessness

"How to the line, let chips fall where they will"

Vol. XXXVI AUGUST, 1919 No. 2

NEW EDITOR OF THE AOA JOURNAL

We are awaiting with breathless interest to get news that the AOA has selected a really wide awake and capable editor for the Journal of the Association. You might think that The OP, as a competitive journal, would be the one to appoint the Association Journal remain in the depths of listlessness to which it has sunk; but that is not true. We wish to see it made into the livest scientific journal issued by any therapeutic profession. We yearn to see its editorial department full of that nobility of concept and vision and leadership which justify the existence of a national society journal. Such a journal should and must exhibit leadership for the profession, instead of being the mediocre "table-talk" and "catch-as-catch-can" that it has been ever since the day of its foundation. We want our official magazine to exhibit the saving grace of a real personality, of which it is as innocent today as a new born babe. An alert and able Journal of the Association will stimulate all our other periodicals to better things. It is a real man's job to make The Journal over into the character of a journal it should be. Nobody will be able to do it who is not a forceful personality and a strong intellect to start with. Publications, like all other works of art, only embody and reflect individual gifts; and a strong publication never existed without a dominant character back of it. The new editor of the Association Journal, fellow osteopaths, but find the right man for the job and make it worth his while to do a good job of it for us.

OUR FLU-PNEUMONIA SYMPOSIUM

There is a large value in being able to read the practitioner's own statement of how he treated his epidemic cases. Our theories about how cases ought to be treated are important, but the facts of how they actually were treated is of more significance still. You may like or dislike the way a particular osteopath treated his cases, but it is of prime importance to know how he did his work or you can't even pass judgment upon it.

It is the merit of the flu-pneumonia symposium we are now running each month (and intend to continue for at least six months' further searching study) that each doctor tells his diagnosis and does what he thinks best and is organized from the bottom up, from the local district society of practitioners to begin with, up to the national society as the great federation and integration of all the rest. The AOA was slow to accept this significance still. You may like or dislike the way a person's ideas or plan of treatment that the editor feels are on target and don't require the student to meet the local district meetings to this great group of states, which includes California, Oregon, Idaho, Utah, Arizona. We take for granted Washington will soon be included. These westerners are going to perfect solidarity in their own ranks and then use their own strength and resources to help the AOA realize her best organization destiny.

We trust that the rest of the states and sections will show that enthusiasm and sagacity. The new AOA of bigger vision and usefulness will be realized in a twinkling if once we get the unit organizations of districts, states and sections to see that aren't lowered by a homogeneous review. Help the AOA in its transition by helping your own state society to get right in this new professional growth in social government.

THANK YOU FOR MUCH PAST INSPIRATION

I am, the best of intentions, Theodore Paul, D. O., March 25th.

Physicians in Field as Recruiters

BY LE ROI COOMBS

O your mission is that of the Army of Osteopathic Physicians in the field. Just as a war is won by the force of men so the great success in osteopathic can be obtained by the goodwill and service rendered by the small division of students to the Osteopathic College.

How can the physician do this, with the daily task of attending to his clientele? It is very easy as far as the physician is concerned, and it will render hard manual benefits by making the great interest done by osteopaths increase each year and that their influence and standing as physicians in the community increase very materially.

The "flu" epidemic hit us here, I think, with as much severity as anywhere; but the great benefits of osteopathy over medicine were clearly shown to the whole community. We as osteopaths must keep the banner flying high before the world with the ideas of the "Old Doctor" emblazoned therefore, namely that "the human body contains all elements necessary for its own repair."

The duty and work of The OP and all kindred publications is to help us get the inspiration we need. Thanking you for much past inspiration, I am, fraternal, Theodore Paul, D. O., March 25th.

College of O. P. and S. to Teach More Osteopathy

UNDER a new plan of organization which has recently been completed, the College of Osteopathic Physicians and Surgeons at Los Angeles will teach more osteopathy than ever before. This will be accomplished by reducing the number of hours given to surgery in the undergraduate course and devoting the time to purely osteopathic subjects.

To meet the needs of those who want more surgery than that given in the undergraduate course, a surgical post-graduate course will be offered. This course, extending over a full college year, will amass a total of 1,000 hours of instruction, and will include lectures, clinics, and cadaver surgery.

The entrance requirements of C. O. P. S. will include one year of college work in physics, chemistry and biology in addition to a four-year high school course or equivalent.

For Communications for The OP legibly, on one side only, allow only a quarter spacing between lines to allow of editing. Don't require the editor to have your communication rewritten before he can use it. That is not the way to get it accepted.
THE OSTEOPATHIC PHYSICIAN

Publicity Fundamentals

By Ralph Arnold

SOME of the discussions that pass between Dr. Bunting and me on these subjects arise from the fact that it has occurred to me that nothing more informative or helpful to the profession at large could be done in the way of publicity than to have a clear and inspiring editorial comment, such as we have in the February issue of "Osteopathic Health," still more potent and effective, if only the orthodoxy of the profession would permit them to be used. So far as I can determine, no one who supplies one of these contributions, and will run them serially from month to month while the stock lasts or new issues come up for settlement, will have the least objection to giving them a reading. It is, therefore, to such a contributor that I owe the honor of the present paper.

My Dear Dr. Beeman,

This is my partial thanks for your criticism of the February issue of Osteopathic Health, "The Day of Therapeutic Reckoning." It is indeed a problem always to know when we profit best by telling the plain, unvarnished truth and presenting the news-truth-just as the allopather, to do so.

My judgment is that we profit best by telling the plain, unvarnished truth and bringing out the facts, even if it be at the expense of some self-sacrifice, because, as Dr. Bunting so well observes, "The chains of slavery are being forged more swiftly and more efficiently every day upon the people of this land by the officers and agents of the American Medical Association. We know this to be true, don't you? Do you not wish to know it as I do? Then whose duty is it to denounce this wrong against human welfare?" The answer is, "Whose duty is it?"

When we commit to print our convictions, then we do the one thing we have been trained to do, and are therefore justified in doing so. But when we do the public a service by incurring such momentary disapproval of a booklet? I think not. Do you?

If you do not share this conviction with me, I feel it as a fervid obligation to do all I can to prove it. I am sure you know the reasons why I have sought the assistance of the other man?

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of publicity and promotion work as interviewing patients is a necessary part of diagnosis and therapeutics.

But that does not mean that every time a person is found who has a strong criticism for some campaign of educating or entertains a very pet aversion to some particular vehicle of advertising that we will cut out everything that doesn’t strike him as being the acme of perfection or ride to death the things he is sure are fine and good. It doesn’t mean, in other words, that a publicity expert bound to take his orders from his clients and change his battle plans every time he gets a lot of criticism from somebody who disagrees with him. There are some customers of course who expect nothing less, but on the whole the great majority are very reasonable and are willing to listen to reason and opportunity.

Be assured, however, that I wish to keep in close touch with my customers and their patients as possible; and I wish you to realize that no sincere letter of criticism that tries to pass along a viewpoint to me is ever wasted. It is all a legitimate part of formulating the sort of publicity that will win success.

Please bear in mind another thing, a vital thing. It is not necessary that any campaign of publicity and propaganda should be 100 per cent perfect, should be wholly flawless, to win success. No campaign ever is perfect. No human work ever is perfect. Art at its best is only approximately perfect. Professional skill is seldom if ever right. As great a man as the late Marshall Field said a man would win success if he were right just 51 per cent of the time.

It is really much more important to have some worth-while policy and follow it—even if such a policy is full of flaws, than to have no program at all and to sit tight and do nothing in the belief that you may find, despite our best endeavors, you are merely waiting for the right medium to appear before you use anything. A very faulty program of publicity, if pushed hard and consistently, will yield a good deal of benefit. But it is the systematic pushing that wins results.

If, therefore, you see a small defect in some issue of “Osteopathic Health” which occasionally you may find, despite our best endeavors, you must not feel that it disqualifies that issue for doing its appointed work. It never does. We have been putting out “Osteopathic Health” now for nineteen years without a break, and while possibly an issue here and there may have been found to have something in it that some individual felt “made it useless for his purposes,” the ninety and the nine have gone steadily on and used it and the things he is sure are fine and good. It doesn’t mean, in other words, that a publicity expert bound to take his orders from his clients and change his battle plans every time he gets a lot of criticism from somebody who disagrees with him. There are some customers of course who expect nothing less, but on the whole the great majority are very reasonable and are willing to listen to reason and opportunity.

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

This new modern forty-two room hospital is now ready to receive patients. The building, which is absolutely fire-proof, was built of the best material obtainable and contains many conveniences, such as electric automatic elevator, etc.

There are thirty-five rooms which contain beds for patients, and two operating rooms—one for general surgery and the other for orthopedics.

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

A training school for nurses will also be maintained. A separate building for nurses’ home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.

A Dietetic Standby

Horlick's Malted Milk

THE ORIGINAL
Successfully Used Over One-Third Century

"Horlick's" is a complete, safe, and convenient food upon which infants show normal gain.

It is highly nutritious and easily assimilated as a food drink for nursing mothers, convalescents, and the aged.

Specify "Horlick's" to avoid imitations of the ORIGINAL and DEPENDABLE product.

HORLICK'S MALTED MILK CO., Racine, Wis.

Craig's All Purpose Osteopathic Card System
4x6 cards, same old price. 130 cards for $1.200 for $1.50. (Guide cards have advanced)
DR. A. STILL CRAIG
3030 Tracy Ave. Kansas City, Mo.

NO ADVANCED PRICES
Weissfeld Brand Washable Coats for Doctors, Dentists, Mogulists, Osteopaths, Jewelers, etc., made to order or ready made. Seventy-five different materials to choose from. Write for styles, materials, and prices. Free upon request. Parcels Post prepaid to all parts of the world.

Smoking Jackets, Dressing Gowns, Bath-Robes, Nurses' Uniforms, Specialty.

WEISSFELD BROS., Mfrs. of Cothing & Uniforms of every description.
38 & 39 White St., New York, N. Y.
THE OSTEOPATHIC PHYSICIAN

She Knew Dr. C. C. Reid Under Name of Francis X. Bushman

But He Didn't Know Her

A
H-H-H-H-H-

The voices of handsomely groomed women paraded musically and interestingly as Dr. C. C. Reid stalked sublimely into the lobby of the Brown Palace Hotel.

"Ah-h-h-h-

The purring continued. Men, lolling lizard-like in the white-topped chairs and divans, looked up enviously and displaced. Movie actors are about as popular with a lobby full of men as a Bolshevik at a packing company presidents' conference.

The silk-clad feminine portion of the crowd continued to direct their adoring eyes upon the face and figure of the former president of the Lions. And, gee, why not? He certainly was a feast for sore eyes.

THE DEASON-MOORE CLINIC

Hay fever clinic
August and September
Chicago Osteopathic Hospital

RESULTS:
420 Cases
Permanent cures
70%
Permanent season relief
88%
Asthma
80%

Bring your cases and learn the methods of treatment. Write for details, address

Dr. Glenn S. Moore
Chicago Osteopathic Hospital
5200 Ellis Avenue

Blind Osteopathic Member of the Washington
Legislature Writes Interestingly

OSTEOPATHS have a difficult proposition to master. I am glad of it. No member of the human race ever yet made an enviable finish along a path which he chose to carry on his health. Eve first attempted the trick. Osteopaths will always be compelled to lay the blame for sickness on the fault of anatomical relations, which fault is due, very often, to the law-breaking tendencies of the individual. The other fellow may blame the "bug" or some such external, malicious force, for his condition. No amount of patience, no sick person is as well pleased when he is made personally responsible for his illness.

Truth may win more slowly, but it has age-lasting virtue to its credit. This factor eliminates those from our ranks who are weak in faith as to the final supremacy of right. We earn our bread by the sweat of our brows, ex- pressing that spirit which allies us to the intelligent portion of the neighborhood.

To teach the true causes of weakness and succeeding disease, to emphasize personal responsibility and the regaining and maintaining of health is our useful and splendid task.

Dr. F. B. Teter, of Davenport, Washington.

Treating Tables

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

Best folding tables on market $7.00.
Our "S. S." tables, something NEW.

Price $13.50. Write for circular.

Dr. Geo. Hayman
Manufacturer
Doylstown - - - - - - - - Pa.

COFFEE'S CASE CARDS
Complete Case record
On One 4x6 Card $1.00 per 100 prepaid
Send catalogue of outfits

COLLINGSWOOD CASE CARD COMPANY
COLLINGSWOOD Dept. C NEW JERSEY

Dr. George A. Still Will Not
Air-Plane to Operations

P L A N S at Kirksville to send Dr. Geo. A. Still hopping off to rush operations by air-plane if any loyal osteopaths have been abandoned and Kirksville will not have its expected air bus after all. While Charles Rorabaugh of Kirksville and Dean Wingate, La Plata, a pilot who saw over our service, were bringing the new plane home from Kansas City, July 3d, it fell with them, Rora baugh being killed and Wingate badly burned. The machine was destroyed.
Doctor, Here Is A Good Thing

THE NEW DIONOL TUBE

Especially adapted to all ORIFICAL USES. Easily carried, convenient to apply, clean, aseptic, economical. The results justify, if they do not compel its use in

- Hemorrhoids
- Prostatitis
- Cystitis
- Fistulas (everywhere)
- Bubos, Abscesses, Ulcers
- Hay Fever
- Rhinitis
- Otitis Media
- Pruritus Ani, or Vulvae
- Urethral Irritation— in women

A neat method of using Dionol. Splendid value, and Case Reports galore—Literature, of course.

The Dionol Company

864 Woodward Ave.,
Detroit, Mich.

CONSIDER DENNOS FOR HOT WEATHER FEEDING

Basic Constituent—Whole wheat—rich in mineral salts and vitamins.
Method of Preparation—Specific heating. Most efficient sterilizer.
Action on Milk—With Dennos, raw hard-curdling cow's milk is converted into a bland soft-curdling mixture.
Acceptability—Being bland and readily assimilable Dennos minimizes digestive effort—a dietetic desideratum in hot weather.

Samples of Dennos on request. Also Dennos Prescription Pencil FREE.

DENNOS PRODUCTS CO. 2025 Elston Ave., Chicago, Ill.

A. T. Still, Scientist and Reformer

By M. A. Lane, professor of pathology in the American School of Osteopathy at Kirksville. Professor Lane has written this authoritative paper on Dr. Still and his place in medicine with the pen of a man whose touches are sure and true.

The Osteopathic Physician

9 SOUTH CLINTON STREET
CHICAGO, ILLINOIS

NEW SUPPLY

Academy Blanks and Binders

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

First Sheets
$1.50 a hundred in any quantity

Second Sheets
$1.25 a hundred in any quantity

Canvas RING Binder — — $2.50
Leather String Binder — — 2.75
Indexes — — — — — — 75c

The above prices include express charges. Send remittance with order.

The Osteopathic Physician
9 SOUTH CLINTON STREET
CHICAGO, ILLINOIS

*How Mrs. J. Investigated Twentieth Century Medical Advancement and Found Out What Every Woman Should Know About Osteopathy*, is the title of our new special brochure on osteopathy for women. It is the October issue of Osteopathic Health. Order 100 copies today.—The OP.; Chicago.
Dr. H. W. WILEY May Understand Food But He Doesn’t Understand Osteopathy

THERE is a “Care of the Body” department in the Los Angeles Sunday Times conducted by one Harry Ellington Brook, N. D., who is past sixty and into his state’s “Seventh Age.” He is, however, a friend of osteopathy; in fact, he admits (in print) that it was his efforts that enabled osteopathy to become so successful in the southern California. Two weeks ago he printed this item: “Dr. Wiley says osteopathy is a ‘pure fraud.’ There are some things Dr. Wiley does not know.”

I sent the clipping to Dr. Wiley with a letter saying I would not have believed such a thing until I had his word for it. Enclosed is his reply. “Can you beat it?” I thought you and Dr. Bunting might like to see the letter. Please return it to me—C. B. Rowlingston, D. O., Los Angeles, California.

GOOD HOUSEKEEPING

Bureau of Woods, Sanitation and Health
Harvey W. Wiley, M. D., Woodward Building
Washington, D. C.

Dr. H. W. WILEY.
796 Kensington Road,
Los Angeles, California.

Dear Dr. WILEY,

The newspaper clipping which you enclose is partly true, but especially that part which reads as follows: “There are some things Dr. WILEY does not know.” To this charge I reply, “To this charge I reply.”

In so far as my beliefs are concerned, the quotation which you enclose, namely, “Dr. WILEY says osteopathy is a ‘pure fraud’,” is practically correct. I do not remember ever using the phrase quoted, but I have said that the theory of osteopathy does not appeal to anyone with scientific training. And schools have been shown by the Carnegie Institute investigations to be wholly deficient in technical and scientific instruction. Even in the fundamental science of anatomy and physiology the teaching is extremely scientific.

I have had the opportunity of hearing osteopathic physicians explain their theories, but I have been present when the treatment has been given. The more I see and the more I read about osteopathy, the stronger my convictions become. You can’t blame a man for his beliefs though you may say that they are erroneous. I understand the meaning of the degree M. D., but I do not know the degree N. D., unless it means “No Doctor.”

Really, THE OP cannot find so much fault with Dr. WILEY for not understanding osteopathy as with our own profession for letting him go through life with such a blurred image of the great therapeutic discovery and reform which the science and art of osteopathy embody. We do think he was a little too malicious than amiable in confusing the “naprapath,” so called, with the osteopath in order to make a pun at the finish, but the humor of it is so good that we forgive him.

It may be, too, that Doctor WILEY is so set in his opinions and so tied down by his own interest to the “regular” tradition that he does not wish to know any more than he does at present. If so, here is, of course, nothing that would help him—except to continue to give his haughty school and profession such defeat and discredit as we osteopaths meted out in the recent episode by our communiqués showing in living life. The allopath can understand that the people accept the osteopath as his better therapeutically by loss of fear, even if he cannot or wishes not to understand the point of view of osteopathic diagnosis and the nature of its therapy.

Would Dr. WILEY like one chance on Dr. WILEY before we conclude it is all his fault that he cannot “see” osteopathy. We mean to make sure that we go through life with such a confused image of osteopathy, which will— if he is educated enough to think it matters—will result in a new understanding of the theories underlying our practice.

Dr. WILEY may appreciate this information and may seek to broaden and correct his viewpoint; reading into the subject somewhat—Or he may not.

Time will tell. If we learn anything further about the WILEY mental state we will report it to our readers.

How do you think Dr. WILEY will react to the opportunity?

California D. O.’s Circulated Referendum Petition to Prevent Their Daughter

TOWARD the close of the California legis­lative session, the medics succeeded, thru clinic work, in getting an anti-narcotic law thru both houses and signed by the Governor before anything could be done to stop it. The only recourse the osteopaths had was a refer­endum petition, and as the time allowed for filing this was limited, it meant a whole lot of hard work to be done in a short time. Drs. H. W. WILEY and Geo. E. Lowden of the Los Angeles, California, leaders have been enormously busy with this job.

Following was the appeal sent out to the California osteopaths:

OSTEOPATHS FAIL ON REFERENDUM

June 23, 1919,

Dear Doctor:

Do you wish to see the above glaring headlines in every newspaper in the state, with an explanation that we, as a profession, were unable to secure even 5% of the voters of this state to aid us in preventing an injustice to Osteopathy? The medical profession is striving to eliminate competition. By barring the osteopaths from the use of narcotics they will eliminate Osteopathic competition.

In the practice of major surgery;

In the practice of minor surgery;

In the practice of obstetrics;

In the handling of accident cases;

In the practice of certain acute diseases.

Under this law osteopaths will suffer the humiliation of privilages revoked that were granted them eighteen years ago, under the law of 1901. If this privilege is revoked now, how much more will we lose if these privilages are completely eliminated as a system of practice. If there is an Osteopath who cannot see the handwriting on the wall, it is time he was acting on the advice of Dr. WILEY.

Organized Osteopathy has given osteopaths every right and privilege they now possess. Osteopaths who now hold the Physician and Surgeon certificate obtained them under laws secured by the Association, through the support of the entire Osteopathic profession of this state; there may seek to broaden and correct his viewpoint— Dr. H. W. WILEY.

The OP has circulate a referendum petition, and as the time allowed for filing this was limited, it meant a whole lot of hard work to be done in a short time. Drs. Cha. H. Wiley and Geo. E. Lowden of the Los Angeles, California, leaders have been enormously busy with this job.

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Summertime Emergencies

Vacation time is always attended by a host of accidents and injuries, the wounds of which in most cases become serious in proportion only to their neglect.

The automobile trip, or outing in the cool, refreshing woods; the visit to some favorite trout brook, or climb up some charming mountain trail, rarely ever fails to bring its quota of abrasions, cuts and surface wounds. Trivial or serious, neglect is the chief source of danger. Prompt and thorough antiseptic treatment is urgently necessary to avoid infection and its consequences.

For this purpose there is no antiseptic so serviceable and efficient in every respect as Dioxogen.

More potent in bactericidal power than any other antiseptic in safe and effective solutions, Dioxogen is also non-toxic and non-irritating. Add to these qualifications, its purity, stability, stimulating effect on wound tissue, and freedom from odor or color, and it is easy to understand why Dioxogen is so widely and generally used by physicians today whenever an antiseptic is needed.

The confidence of medical men in Dioxogen for all hygienic, prophylactic and first aid uses is well reflected by the care so many physicians take to have a supply with them on every journey—and to recommend their patients to do likewise.

The bottle of Dioxogen many a doctor has made a practice of keeping in his traveling bag, has often been the means of saving his own vacation, as well as that of others, from much discomfort, disaster—or worse.

The Oakland Chemical Co.
10 Astor Place, New York

M. C. Kimono Boxes

Just the thing to beautify your office. Keeps every patient's Kimono clean and out of the dust. Boxes are made of extra heavy Chip Board. Each box has a brass card holder to insert patient's name. Size of box 13x5x5.

Prices as follows:
1 Doz. Lots $6.00  2 Doz. Lots $11.50
5 Doz. Lots $24.00 100 Lots $40.00

M. C. Kimono Cabinets

Size of cabinet is 21 in. high, 19 in. wide and 13½ in. deep. Will hold 12 Kimono boxes. M. C. Cabinets are carried in stock only in Golden Oak finish. Price on other finishes can be had on request.

Price of M. C. Kimono Cabinet, in Golden Oak finish, without boxes - - - - - $10.00
Cabinet and 1 dozen boxes, complete, $16.00
Cabinet with four legs and 1 dozen boxes complete - - - - - - - - - - $19.00

All prices f.o.b. Michigan City.

MICHIGAN CITY PAPER BOX CO., Michigan City, Ind.
"MOST DISEASES ARE OF SPINAL ORIGIN"
By Henry Stanhope Bunting, A. B., M. D., D. O., Editor of The Osteopathic Physician

Which originally appeared in 1901 as Volume One, Number 1, of Osteopathic Health and became the prototype of all popular presentations of osteopathy that followed. After being fallow for two years, as the September, 1919, issue of the veteran field magazine of the osteopathic profession, this luminous classic states osteopathy's fundamental principles for the understanding of lay readers in a way that no other writer has ever surpassed. It is the mechanical side of osteopathy, defined in vivid pictures of anatomy, physiology and pathology. It presents osteopathy as it was taught at the parent college in 1898-1900, having been written and published by its author within the first year of his entrance upon practice.

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

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

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

"Most Diseases Are of Spinal Origin" is again in type—its seventh edition—ready to go forth on its mission to serve you. How important a commission will you give it in the way of an order? Do you believe that such merit should have your generous support?

Faithfully yours,
The Osteopathic Publishing Co.,
9 South Clinton St., Chicago.

What Doctor A. T. Still Says About the Merit of "Most Diseases Are of Spinal Origin"

American School of Osteopathy
Kirksville, Missouri
March 1st, 1908.

My Sunday Sermon

Well, Bunting,

My old Friend—

Fool or Philosopher?

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

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

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

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

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

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. T. Still

"Most Diseases Are of Spinal Origin" — Museum of Osteopathic Medicine, Kirksville, MO
Plan of Organization of the New Western Osteopathic Association

The delegates representing our respective state associations, or osteopathic physicians of our state, in order to make possible the uniting and co-relating of the efforts and activities of all state osteopathic associations, do hereby recommend the establishment of a territorial organization to be known as the Western Osteopathic Association.

Section 1. The officers of the Western Osteopathic Association shall be elected by the delegates of the various state osteopathic associations, and shall hold office until the next annual meeting of the Western Osteopathic Association.

Section 2. The Western Osteopathic Association shall be organized into a territorial constituency with each state association being represented by one member.

Section 3. That each State Osteopathic Association shall have one representative at the meetings of the Western Osteopathic Association.

Section 4. That the officers of the Western Osteopathic Association shall be elected by the delegates of the various state osteopathic associations, and shall hold office until the next annual meeting of the Western Osteopathic Association.

Section 5. That the Western Osteopathic Association shall have the power to establish such rules and regulations as may be necessary for the proper conduct of its business.

Section 6. That the Western Osteopathic Association shall have the power to adopt a constitution and by-laws for the government of the association.

Meeting of Western Association

The Western Osteopathic Association has been organized for the purpose of coordinating the association work of this western group, making it possible for us more readily to exchange ideas regarding matters of legislation and to accomplish better the supplying of osteopaths where they are most needed; further, to develop a more active cooperation between the profession and the schools. It is not in any sense an organization for the purpose of fostering a spirit of bolshevism, but rather with the hope of developing the spirit in every western osteopath that osteopathy is the thing while and not the personal ambitions of any individual or group representing any section or school.

THE OSTEOPATHIC PHYSICIAN

Californians Made Referendum Stick

The past year has been a notable one for our State, in that we won all that we set out to do, both to the legislature, but failed to secure the governor's signature to one bill, namely the addition of the validating clause in the state law. This, however, does not discourage us as we were more than repaid by the sentiment which we developed for a square deal for osteopathy in this state. The pharmacy board "put over" a bill that would have given us some trouble, but we "put over" the referendum on this bill, with a good margin to spare, which will prevent it from going into effect until next general election two years hence.

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.

The Western Osteopath

PROGRESSIVELY OSTEOPATHIC

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


Published by the California State Association. Big values for small outlay.

Subscription Price $1.00

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

When typewriting communications or news matter for "The Osteopathic Physician" please double space it to make possible editorial revision between lines without recopying.
THE OSTEOPATHIC PHYSICIAN

Other schools of practice have relied almost wholly for their "cures" on agencies introduced into the body from without, which for the most part violate and disturb tissue relationships. Their first thought has been to give some drug of medicine, or to cut out some member, in an endeavor to effect a cure. The osteopathic physician first of the natural laws involved,—the proper adjustment of tissue relations,—the return to normal environment of the cell grouping, meaning of natural curative forces and powers within the body,—the removal of external or internal causes of disease and not merely the suppression of symptoms or effect. His approach to the subject is therefore from a radically different angle, and it is only to be expected that his results are proportionately gratifying, for such is the inevitable reward for a close adherence to the all-wise plan of Mother Nature.

College of Osteopathic Physicians and Surgeons
Los Angeles, Cal.

Osteopathy as a Profession

ALMOST every field of professional endeavor today has a sufficient number of practitioners. Law, dentistry and medicine each offer their sphere of usefulness, but, in many instances a lack of individuality is due to the overflow of practitioners. Where one profession is overburdened, another is underfoot. And it is only to be expected that his results are proportionately gratifying, for such is the inevitable reward for a close adherence to the all-wise plan of Mother Nature.


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Comparison of the city of Los Angeles with the leading cities of the East

As Voiced by Representative Osteopathic Physicians of the Several States

Arizona Needs Osteopathic Physicians

"Arizona offers unusual opportunities. Arizona people are particularly open to conviction and are already largely converted to osteopathic ideas. We need osteopathic physicians who are willing to do their share of acute practice, who love the great out-of-doors, and who are not appalled by our magnificent distances."

Utah A Fertile Field

"To those who are undecided as to a future career or profession, Utah offers a fertile field to osteopathic physicians. I feel safe in saying, we who are here would welcome and could locate, to our mutual advantage, fifty good osteopaths."

INDIANA

Many cities in Indiana are without osteopathic physicians. Excellent opportunities are available with osteopaths strongly in demand.
Skeyhill Will Lecture For Us

PLANS are under way to put Signaller Thomas Skeyhill of the Australian army on the lecture platform for thirty weeks to tell what osteopathy did for him and other disabled soldiers. This was decided upon at the closing session of the Chicago convention and the plan was greeted with the strongest enthusiasm. This work will proceed under the auspices of the OOA.

Mr. Skeyhill’s attitude toward osteopathy has been misunderstood in some quarters, so we gladly quote this statement from him:

TOM SKEYHILL’S OWN STATEMENT

“I feel that the time has at last arrived for me to hit the osteopathic trail and deny the false rumors, and correct the attendant misunderstandings, connected with the wonderful restoration of my sight by osteopathy.

“For many months it has been a matter of deep regret with me to see the unfair manner in which the press has reported my case, and the malicious way in which members of other professions have attempted to belittle the work of Dr. Riley Moore.

“However, there shall be no more of it. My bat is in the ring and I am prepared to go to the limit, if necessary, to correct these things and to further a cause I now love and understand.

“I know that I have been negligent for a long time myself; but this has been through ignorance. I was so stunned by the recovery of my sight at first, and then later I plunged into my war work with such enthusiasm, that I had no time to think of anything else. I did not know exactly what osteopathy was. I certainly did not know that it was not a branch of medicine. I failed to appreciate their position. It was not until the war was over and I had time to observe and look around, that I got right at the soul of things.

“I now know and understand everything. I can see my duty plainly and I am not going to flinch from it. From now on, I am the human flag of osteopathy.

“When I arrived in the United States, early last year, I was stone blind, and was not able to distinguish between light and dark. I had been in this condition, as the result of a shell explosion at the Dardanelles, for over two years. I had been treated unsuccessfully by probably the best English, Egyptian and Australian specialists. These men were the quintessence of kindness and courtesy. They did everything in their power, sparing neither time, skill nor energy to cure me, but in those early days of the war, shell-blindness was something new.

“In May, 1918, whilst in Washington, D. C., at the national headquarters of the American Red Cross, I met Dr. Riley Moore, an accredited osteopath. In one treatment he restored my sight. The treatment was strictly osteopathic.

“It is therefore only fair that the world should know that it was not an oculist, not a surgeon, not a medical physician, not a kiro, not a masseur, but an osteopath, who gave me back my sight.

“It is not for me to criticise the authorities in command for the opposition to osteopathy in the army, but I would be a foul traitor to my dear old comrades were I not to express regret that my blind soldier friends are prevented, through adverse legislatures, from receiving the treatment which proved so successful in my case, and which would undoubtedly prove just as successful in many of their cases.

“Nothing is too good for these men, who laid the world aside and went at once to the front, with unreluctant tread, and who were blinded or otherwise injured, fighting in the dedication of an ideal. They should be given the best of everything and should not be given up until there is not even a particle of hope left.

“By all means, let the powers that be, the regular surgeons, specialists and physicians, have the first chance, and then, if, through no fault of their own, they fail to get results, there is surely no earthly reason why the cases should not then be turned over to the osteopaths. They can do no more than fail, and there is a chance, as in my case, of their being successful.”

Thos. J. Skeyhill.

Its Many Advantages

shown in more than 30,000 cases

covering every known form and condition of spinal trouble.

The Philo Burt Spinal Appliance is not an experiment. First offered to the profession and the public eighteen years ago, it is being and has been worn by patients in all parts of the world of all ages from 15 months to 85 years old.

If you are using or recommending other unscientific spinal appliances, you will agree, doctor, that you owe it to yourself to investigate this invention and familiarize yourself with its distinctive advantages and superior features.

Philo Burt Spinal Appliance

We will thank you for any opportunity to present its merits and to demonstrate by making a Philo Burt Appliance to your order at our own risk for any case you may have under treatment, no matter how obstinate it may have proved.

If you will send your name on a postal, we will gladly mail you information and literature that cannot fail to prove helpful and interesting to you.
How George A. Still Nearly Acquired a World Masterpiece

You know, Dr. George A. Still recently held an art show at his home in Kirksville which was graced with loan art treasures from distant cities in addition to his own collection. Still, it seems that George's fame as a connoisseur somehow got into the St. Louis papers. Then comes a wan Polish man with a Van Dyke and dreamy eyes who called on George at the hospital.

"I want to show you my masterpiece," he confided. "Perhaps you would care to own it."

That represents the passage of the Jews through the Red Sea," assured the painter. "And where are the Jews?"

"They have crossed the Sea!"

"And the Egyptians?"

"They will be here directly. That's the sort of painting I'm looking for!"

So must we do.—indeed, are doing. And what a history of osteopathy this would be! Being on the side of the little people is never fear comparison with any the world over. As we are as a profession, we must nevertheless know osteopathy as much for its hospitals as for its friends about Maryland, and if you desire to the various osteopathic organizations? Wake up and let's go together for the common cause. Give a helping hand. Tell your young osteopathic friends about Maryland, and if you desire a new location, investigate Maryland.

ASO Hospital Builds a $6,000 Laundry

Possibly nothing will so much impress the average person with the immense amount of work done at the ASO hospital as to know that it will require a six thousand dollar private laundry to handle the bedding, etc., from that place. The amount of work is few in number, the laundry must knock with diffidence (and perhaps with downcast look!) at a door which, if opened to the profession, would bring its patient's life depended upon it could have brought gone, could have dragged his leaden feet there a death! It cost money, and if it didn't cost any of yours, come on across with anything you feel able to give.

Do you distribute field literature? Do you belong to any of the osteopathic organizations? Wash up let's get you onto the page of more than usual interest because much of the osteopathic profession needs more than usual interest because much of the osteopathic profession needs.

Maryland Fighting Hard—Osteopaths Wanted

MARYLAND is putting up a hard fight to preserve its osteopathic independence and privileges for osteopathic physicians. Here is a good letter sent out to the osteopaths of the state by Dr. R. R. Kekinson, of Baltimore:

Dear Doctor: This being July One, we extend our congratulations to you and wish you a happy and prosperous new year.

We need osteopaths. There has been a serious lack of osteopathic physicians throughout the state in recent years, and we feel that the situation will improve if we have more doctors interested in the profession and ready to go to work.

Therefore, we wish to urge all osteopaths to renew their subscriptions to "The Osteopathic Physician" and to take an active interest in the osteopathic movement.

Enclosed find $5 to renew my subscription for another year.

 advertised in our local paper. It surely was good listening.

Is it possible that you don't know about our osteopathic independence and privileges? Wake up and let's go together for the common cause.

One School's Loss Another's Gain (Continued from page 14)

rolled in the Chicago College of Osteopathy that year.
Look Who's Here! "Most Diseases Are of Spinal Origin" New Edition

Osteopathic Health brings out the Ninth Edition of this justly celebrated brochure. It is scarcely true to say—as is the publishers' wont with successive editions—that the new edition is "revised," because previous editions have been so carefully revised that the production is letter-perfect—a finished gem which can scarcely be polished any further by literary lapidary art. Here is an edition that the most critical—even the carping and finicky critical—may order and use with eyes shut, knowing it is the best production?

The new September installment of Osteopathic Health brings out the Ninth Edition of this justly celebrated brochure. It is scarcely true to say—as is the publishers' wont with successive editions—that the new edition is "revised," because previous editions have been so carefully revised that the production is letter-perfect—a finished gem which can scarcely be polished any further by literary lapidary art. Here is an edition that the most critical—even the carping and finicky critical—may order and use with eyes shut, knowing it is the best production?

Because of excessive printing costs (and other things) we are not providing a generous excess-quantity edition of this number. It is the least we can afford. Indeed, ninth edition is full 25,000 copies short of the big editions of the old days. Hence we would not be surprised if it sold out in short order, and we truly hope it will. That is what it is issued for—sell out promptly and go into useful circulation.

The best season of the year has arrived to begin your campaign of education. If you never did any propagandic work before, then begin it this month.

The best medium is this "Most Diseases Are of Spinal Origin"—the September magazine. Will you use an extra thousand of this high-character production?

Published by the Osteopathic Publishing Company, 9 South Clinton St., Chicago.

Comment About "No. 29"

Your recent editorial, entitled "The Day of Therapeutic Reckoning," makes a powerful plea for a square deal and an intelligent popular analysis of the murderous effects of drug medication during the recent epidemic of influenza and pneumonia. This is an age which prides itself upon its learning, and yet, in spite of this, the ignorance of the general public regarding the simplest elements of practical physiology is most astounding.

With an enlightened public opinion the drug curse will take care of itself, but, it seems to me, it is squarely up to our profession to hammer away constantly and intensively along the lines of popular health education, until the shackles of old-time medicine have been broken, the span of human life thereby lengthened, and common sense has replaced empiricism. You have written a powerful and fearless message, worthy of placing in a great cause. I hope "The Day of Therapeutic Reckoning" has had a very wide distribution among thinking American citizens. It assuredly challenges attention and throws down the gauntlet to organized medical despotism, at the same time pointing out the better way to health. The heralding of a message like this transcends the limits of a mere professional privilege and becomes a matter of urgent public duty. Fraternally yours, Francis A. Cave, D.O., Boston, Mass.

After careful reading of February Osteopathic Health I want to say that congratulations are in order for the excellent material, and also dealing with the influenza epidemic were masterpieces, I believe that one surpasses all, partly, undoubtedly, because you have more facts to draw upon now than when you wrote your previous articles. We now know, in other words, what osteopathy has done, and when placed beside the showing made by regular practitioners it presents a contrast that cannot be ignored. I am a crank on osteopathic propagandism. Now is our golden moment of opportunity.

There is a therapeutic awakening just as surely as there is a political awakening the world over, and we must take advantage of the situation to present the truth of osteopathy for public assimilation. I sincerely hope that the February edition of Osteopathic Health proved to be the biggest you have ever published to date. It is surely worth the most generous distribution on the part of every person flying the osteopathic flag. Congratulations and best wishes.—Geo. W. Reid, D.O., editor, Herald of Osteopathy, Worcester, Mass.

"Using the Lane Book"

Enclosed find check for $4.00 for which please send me two more copies Professor Lane's book entitled "A. T. Still, Founder of Osteopathy". I hope it has been the greatest inspiration I have had since graduation in 1902.—Floyd D. St. Clair, D.O., Clayton, Iowa.

Enclosed please check for copy of Dr. Lane's book entitled "A. T. Still, Founder of Osteopathy." I hope later to use a large number of these books, for I consider the work a masterpiece and of infinite value in giving the laity a clear and concise understanding of osteopathy.—M. H. Beattie, D.O., Drumright, Oklahoma.

Enclosed please find postoffice order for $18 for 10 Lane books just received in good shape—the best book yet written regarding Dr. A. T. Still and Osteopathy. It has the greatest prestige when written by Professor Lane. Send to me ten more right away. I have to pay 10 per cent customs duty on these books additional to what they cost me.—W. L. Durran, D.O., Toronto, Canada.

Enclosed please find check for two copies of Professor Lane's book, "A. T. Still, Founder of Osteopathy." It should be gratifying to the profession to be able to present the interpretation of osteopathy by so able a man as Professor Lane in such a book, because it means the linking up of osteopathy with pure science, as it should be, and no one in the profession is so well able to do this as Professor Lane.—L. V. Cradit, D.O., Sidney, Nebraska.

Satisfaction

I like Osteopathic Health very much. It surely brings up what I have been waiting for most recently requested by the M. D.'s.—Sherman B. Weston, D.O., Wilkesbarge, Pa.

I feel that I must say that I do not know of any osteopathic popular publication that is so interesting and helpful as Osteopathic Health.—Dr. Mary Moonaw, D.O., New York City.

There is absolutely no question in my mind about Osteopathic Health being the greatest educational medium the profession can use. The masterly way in which Dr. Bunting can draw a picture and make every little detail of the science to me a wonder.—Dr. O. A. Vold, Chicago.

I like the August issue of Osteopathic Health so much that I want 150 copies immediately. The Gallic Curee Osteopathic Health will aid in Poughkeepsie to promote a great advertisement for osteopathy and I congratulate you on having written up this event so splendidly.—Elizabeth Todd, D. O., Topkapi, Kansas.

I have at last succeeded in doing what I have been contemplating for a long time past—namely, getting to get a list of names to receive Osteopathic Health for a period of twelve months. I will start the regular campaign with the August issue, but I have been reading over the February, March, April and May issues of Osteopathic Health and I think they are about the best I ever read, so I want to send out these issues on a rapid schedule and then take up the August issue later on.—Dr. Irenig W. Shirley, Philadelphia, Pennsylvania.

I cannot help but send a little word of appreciation for the magazine, Osteopathic Health. I believe it is the best educator in existence for the patients of an osteopathic practitioner to help to promote the dignity and prestige of our future osteopathic building. I hardly suppose you need an argument in your favor. I consider it the best advertising Osteopathic Health, but I cannot help but put in a good word for such splendid work.—S. A. Reddy, D. L., Winnipeg, Canada.

"The OP Stopped"

Your notice, "The OP Stopped," gave me a real shock. I thought I had attended to that some time ago, but upon investigation I find that I did not. I am having the OP money transferred to you the enclosed money-order, as I do not wish to miss profit. I can not keep an office without The OP than I could without a telephone. It is as necessary to keep in touch with my patients. The latter is D. O., Honoluli, T. H.
THE OSTEOPATHIC PHYSICIAN

Deformity Appliance Meets With Osteopathic Acceptance

The "EI-Ar" supporter, manufactured by the Battle Creek Deformity Appliance Company, of Battle Creek, Michigan, has met with considerable success throughout the osteopathic profession. A number of osteopaths have tested it to its merit. One doctor stated it was the finest belt of its kind he had ever used. Another stated that he had tried various belts and was well impressed with the "EI-Ar." The "EI-Ar" supporter is no better than any other supporter. It is constructed of the lightest and finest material and because of the fact that no understrap is required to hold it in position, it is one of the most comfortable back-like and abdomen supporters that can be used. It lends itself excellently to the support of the abdomen, preventing rupture and relieves the symptoms resulting from heavy pendulous abdomen.

Excellent Progress Being Made at the Pennsylvania Osteopathic Sanatorium

We just received some excellent news concerning the progress being made at the Pennsylvania Osteopathic Sanatorium, located in York, Pennsylvania. Dr. M. J. Shambaugh, secretary of the institution, states that they are nearly filled to capacity at all times. The institution has just recently handled quite a number of surgical cases, including several guinea cases, congenital dislocations, scoliosis, abdominal, etc. The obstetrical department also reports one twin pair of twins recently. It is said that everyone connected with the institution in a profession way is one hundred percent osteopathic.

New Locations in Texas

Dr. John L. Henry has removed from Denison to Eastland, Texas. Dr. M. W. Hoover, late Captain in the United States Medical Department, has located at Wichita Falls, Texas. Dr. J. W. McPherson has moved from Terrell, Texas, to Dallas, Texas, with offices at 844 Willow Building.

Arkansas Association to Meet

The Arkansas Osteopathic Association will meet in annual session, the dates of which will be published in the next issue of THE OSTEOPATHIC PHYSICIAN. The last issue, July, was an excellent number.—Ezra M. Davis, D. O., Panama, Kansas.

Arkansas Sections Open

Arkansas has 2,500 M. D.'s making a living of it and only 20 D. O.'s to supply osteopathic therapy. Many towns of 4,000 or over need osteopaths and are asking for resident practitioners. Arkansas now has a good law and Incorporated Principles of Osteopathy. We cannot afford to give anything we care to, except medicine as a curative agent. Those wishing to devote medicine should apply to the Medical Board, as we have no place for them in osteopathic practice. It would be well to enter Arkansas with reciprocity, with the secretary for information and application blank.—Booth A. Champain, D. O., Des Moines, Iowa.

Washington Osteopathic Association Meets

The 19th annual meeting of the Washington Osteopathic Association was held at Hotel Free, Seattle, Washington. A number of articles were published in THE OSTEOPATHIC PHYSICIAN. It is a long time since the literature has been filled with osteopathic news in this part of the United States.

Missouri Osteopathic Association Getting Ready for Post-Graduate Course

The Missouri Osteopathic Association is now preparing the program for the post-graduate and convention week to be held October 17th, at St. Louis, Missouri. The following doctors are probable instructors for the post-graduate course: Dr. George M. Laughlin, Dr. Reginald Platt, Dr. Frank E. Bigby, Dr. L. Van H. Geodine, Dr. George J. Conley, Dr. John H. Crenshaw, and Dr. J. D. Edwards.

No. 20

Nervous Prostration
or Neuroasthenia
(Symptom)

Oral Remedy

Enlarged Neck Glands
(Treated by osteopathy)

Lumbargo in a
Middle-Aged Man

No. 21

Osteopathy:

Synonym for Surgery

A Lame Back Cured

Typhoid Cures

Dislocated Hip Restored to Usefulness

Intestinal Nervous Caused by a Slipped Rib

Sagging Stomach or Gastroitis

Drs. Carpenter Take A Trip In Their New Auto

The following letter was received just recently from Dr. George Carpenter, of Chicago: "Dr. Fannie and I are trying out the new Beauty Six Auburn, which we bought Thursday P. M. at 5:30, the last day of the great A. O. A. convention. We left the city at 5:30 and so we had to wait about eighteen hours for the rush to die down, when we arrived here last evening. Have been up to St. Paul and had four delightful days in beautiful lake region.—George H. Carpenter, D. O., Chicago.

Dr. McManis Says Chicago Convention was a Great Meeting

The convention of the American Osteopathic Association at Chicago was certainly a great meeting and it is safe to say that the McManis Table did mighty well at its appearance. I can truthfully say that I never felt better in my life than at that convention and this feeling was largely due to the real appreciation that was shown to the McManis Table by the osteopathic physicians attending the great meeting. They kindly treated me royally—T. L. McManis, D. O., president McManis Table Company, Kirksville, Missouri.

The OP Ad Service Brings Quick Results

The following letter was received just recently from Dr. William Carman, of Fredonia, Kansas: "I have used the OP Ad Service and found it an effective means of carrying the message of osteopathy. The following letters have been received recently:

Dr. J. E. Carman, New York, N. Y., 1:00 a. m., "My Experiences on the Western Front," Dr. J. E. Slaughter, Seattle; 10:45 a. m., "Some Public Health Aspects of Osteopathy," Dr. W. E. Abegglen, Tekoa; 11:00 a. m., "The Influence of Osteopathy on the King County Osteopathic Association. Saturday, August 9th, 9:45 a. m., "High Points of the AOA convention," Dr. H. F. Morse, Portland, Oregon; 11:45 a. m., "The Influence of Osteopathy on the King County Osteopathic Association, Sunday, August 9th, 9:15 a.m., "Osteopathic Mechanics," Dr. F. E. Dayton, of Escanaba, Michigan, has done good public service work and also appeared at the British Columbia convention. It would be well for other osteopaths to work along the same lines as Dr. Dayton.

Dr. F. E. Dayton, of Escanaba, Gets Good Publicity

Dr. F. E. Dayton, of Escanaba, Michigan, has done some mighty fine publicity in his local papers regarding the convention. One article was over a full column in length and covered the entire program, and also a little talk on the growth of osteopathy. Still another item related to the Osteopathie Welfare work and also to the British Columbia convention. It would be well for other osteopaths to work along the same lines as Dr. Dayton.

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THE OSTEOPATHIC PHYSICIAN

LOCATIONS AND REMOVALS

Dr. F. E. Keefer, from Dover, N. J., to 107 Summit, Summit, N. J., July 28th.

Dr. Mary Witten Peery, from Sumter, S. C., to People Bank Building, Columbia, S. C., on July 29th.

Dr. Hedley V. Carter, at 319 N. Charles St., Baltimore, Maryland.

Dr. H. V. Bowles, at 117 W. Main St., Elminia, N. Y.

Dr. Geo. H. Haswell, at 200 S. Euclid Ave., Pasadena, California.

Dr. Landis Treichel, from Corry, Pa., to Dayton, Wash., on July 29th.

Dr. Milton T. Bonallaire, at New Daniel Blvd., Clarksville, Tennessee.

Dr. O. E. Lindsay, from Ellington, Ga., to Tifton, Ga., on July 29th.

Dr. John F. Van Arnum, from Grinnell, Iowa, to Wichita, Kansas.

Dr. A. F. Haag, from Westminster, Maryland, to Dallas, Texas.

Dr. Chas. Grapek, at Hotel Princeton, 1277 Commonwealth Ave., Allston, Mass.

Dr. L. J. Wade, from Ashland, Kansas, to Altoona, Iowa.

Dr. Elmer Remington, from Rawlings, Wyo., to Lyons, Neb., Box 214.

Dr. T. J. Ruddy, Eye, Ear, Nose and Throat Osteopathic Specialist, 302-9 Black Building, Los Angeles, Calif.

Dr. T. J. Ruddy, Eye, Ear, Nose and Throat Specialist, Bowling Green, Ky.

Dr. John P. Schwartz, at Valley Jet., Iowa, Box 467.

Dr. Roy J. McDowell, graduate of the Philadelphia College of Osteopathy, has located for practice in Greenville, South Carolina.

Dr. M. A. Wright, of Charles City, Iowa, on July 29th, a son, Thomas Bradley.

Dr. Ruth M. Wright, of Charles City, Iowa, on July 29th, a daughter, July 9th.

Mr. Alvah B. Smith, father of Dr. Orren E. Smith, of Indianapolis, Indiana, John 18th, of carcinoma of the bladder.

Dr. Ruth M. Wright, of Charles City, Iowa, on July 12th, as a result of cancer accident.

Mrs. Emma B. Jackson, of Lawrence, Mass., mother of Dr. A. W. Jackson, and sister of Dr. Lewis M. Bowby, of El Paso, Texas, on July 29th, at the family home in Lawrence, Massachusetts.

Mr. E. C. Amos, physician and surgeon, 2 Bloot St., East Toronto, Canada.


Dr. R. E. Smalley, Osteopathic Physician, 504 Fine Arts Bldg., Detroit, Mich.

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

Dr. J. C. Howell, Osteopathic, 1410 H St. N. W., Washington, D. C.

Dr. Preston R. Hubbell, Osteopathic Physician, 302-9 Black Building, Los Angeles, Calif.

Advertisements in this column 5c per word address free. Terms strictly cash in advance.

Osteopathy in the Inflammatory Diseases

In this issue Professor Lane tells why inflammation causes pain. He explains how the blood works its cure. He shows the use of osteopathy in virulent tonsillitis and acute and chronic dysentery, etc. You should never be without this number.


Practice for Sale—In a city of nearly 50,000 population and rapidly growing. Fine climate and winter and summer; in foot hills of the Blue Ridge Mountains. Only man D. O. in the county and only two others in the state with 100 miles; will sell residence as well as practice and office equipment, if desired. Practice established 15 years. Have only house but the location has practicality all the time. Address W. E. Scott, D. O., 601 Guardian Bldg., Cleveland, Ohio.

To Dr. and Mrs. J. Seelie Wolfe, of Roanoke, Virginia, on July 9th, a son, Thomas Bradley.

To Dr. and Mrs. G. H. Davis, of Dwight, Illinois, daughter, July 9th.

Wanted—Honest, competent, male osteopath to contract one year established practice, Middle West, sixteen years. Good business, liberal percentage insurance. Address No. 116.

For Sale—Practice established 20 years, fine opening. Address No. 167, The OP, 9 So. Clinton St., Chicago, Ill.

For Sale—Practice of over $5,000 per year in one of the best cities in Tennessee for $700 cash-price of office equipment included. New ManCCCs and 25 stock included. Address No. 167.

Osteopathic Physician, Orificial and Finger Pressure, 703-705 Morgan Blvd., Portland, Oregon.


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Osteopathic Health educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.

"Osteopathic Health" for September, 1919

MOST DISEASES ARE OF SPINAL ORIGIN

A popular exposition of Osteopathy proving its validity from the known facts of anatomy, physiology and pathology, and showing it to be a complete scientific system of therapy applying well recognized principles in a new way.

Osteopathic Health will increase your practice. It will keep your name and profession fresh in the mind of a cured patient or prospective patient.

No. 34

Osteopathic Health saves your office time. Instead of explaining every detail to the patient by mouth, hand him a copy of OH and let that do much of the work for you.

Osteopathic Health educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.

No. 35

Osteopathic Health makes satisfied patients. A patient who knows why osteopathy is successful is a real booster for you. A booster means new patients.

No. 33

95 Per Cent of All Diseases Beyond the Realm of "Medical Victories"

Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail

Modern Medicine Has Scored Only Eleven Victories Against a Thousand Failures

1,000 Drugs More Harmful Than Healing

Drug Abuses Far Outrun Drug Uses

Heart Stimulants in the Infections Are Gross Malpractice

Osteopaths Willing to Concede Modern 5 Per Cent of the Field of Disease and Can Prove Their Own Superiority in the Remaining 95 Per Cent

The Osteopathic Domains Includes All Curable Diseases

Museum of Osteopathic Medicine, Kirksville, MO