The Osteopathic Physician

September 1919

Vol. 36, No. 3

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

May not be reproduced in any format without the permission of the Museum of Osteopathic Medicine, SM
Osteopathy aborts infections

I find from experience with osteopathy since coming to Jamesville that it will prevent any breaking out in smallpox if you get your patient when first symptoms start; that it will abort pneumonia if used in the first stage; if called in the first stage of scarlet fever, angina variety, the fever can be reduced in thirty-six hours. It will prove the same efficacy in all the regular infectious fevers. I take these few lines from my notes and believe that osteopathy acts practically like a specific in the prevention of these fevers. We need badly osteopaths' own original textbooks as to the course of symptoms, etc., under osteopathy which differ considerably from those classic symptoms of the medical textbooks. We need more osteopaths. I for one am going to do my best to get a student during this year and hope every osteopath will do his best to do the same. Urge it through your papers. Osteopathy is O.K. Fifty per cent more efficient than other method of healing.—N. L. Sarge, D. O., Jamesville, Wisconsin.

Rectal Examination

Rectal examination—palpating the sacro-iliac articulations is a very useful and much neglected procedure in obscure or difficult cases, wherever nervousness in this area is suspected and other methods of determination have proven unsatisfactory.—L. J. Conley, D. O., Kansas City, Mo.

Starve a fever

In all fevers and acute disease conditions, "flu," of course, included, the less feeding practiced as quicken the patient convalescences. Give Nature a chance and do not feed sick people when there is no appetite. Acute disease is a house-cleaning process; do not interfere with the workmen, but help them.—I. J. Earles, D. O., Chicago.

Your Mental Ally

The osteopath has a great opportunity to direct the thoughts of patients along optimistic lines while he is adjusting the body. A warped mind is out of harmony with surroundings; recovery Study each patient. Instill personality and will power into moral cowards.aken potential powers in the discouraged. Build his subconscious mind and direct it to aid in healing. Hold thoughts of health over the patient. Let your bearing and life vibrate with trust and good will.—Anna Belle Hicks, D. O., Jackson, Michigan.

Diagnose all

Diagnosis not only of the spine lesion but also of the disease is the keystone to comprehensive practice. Adjustments should be made with something more in view than simply to correct the lesion.—Grio. M. Laughlin, D. O., Kirkville, Mo.

Dementia Precox as Endocrine Disturbance

It may interest you to know that what I consider to be the closest connection between osteopathic work and mental diseases is in the line of dementia precox. This summer I was a party to some experimental work in regard to blood-sugar content on the idea that dementia precox cases were endocrine cases. If they were, we figured there would be an insufficiency of adrenal secretions and under those conditions the lowered blood-sugar—which we found to be true in all cases—should cause a crisis, that is if treated properly. I have had many of these cases treated and have had good results. The adrenals by the injection of adrenalin, 1 c.c. hypodermically, we found that the sugar curve did not respond as the normal curve did but flattened out more slowly and lasted just about twice as long as normal; therefore, it seems logical to conclude that there is a possibility of classing dementia precox as an endocrine disturbance, and that some of the remarkable results which have been gained from sanitarium treatment and osteopathic work on these cases is really on a scientific basis and that we can go ahead on work on this particular line.—Edw. S. Merrill, D. O., Los Angeles, California.

Don't Treat on Yesterday's Diagnosis

I know one osteopath who never treats on yesterday's diagnosis; who makes a physical examination before each treatment and then treats specifically the lesion found. This man doesn't know the patient when he takes his case. His practice is in a very small town, yet he "turns them away" and his results are the envy of all who know them. I know another osteopath—this man is Legion—who has developed the easy-way habit and proceeds thus: Mrs. Jones, a chronic case—yes, he remembers, from his first examination, that she has a slipped innominate and a dorsal lesion. So, after an "on this side, please," he as he talks about family matters, politics, and what not, gives a general treatment—may be remembering before the "Next Friday, please," to give the innominate a twist. Which of the two is the real osteopath?—Frank R. Heine, D. O., Greensboro, N. C.

The Devitalized Tooth Must Go

It has been the insidious breeding place of countless pus-producing micro-organisms and is no doubt responsible for a good percentage of pathological conditions requiring major surgery today. The presence of a dead tooth in the human jaw is contrary to all biological laws. The devitalized tooth is the keystone to comprehensive practice.—W. V. Goodfellow, D. O., Los Angeles, Cal.

Fish Hook Stomach Prolapsus

I have been deeply impressed recently with the importance of X-radiance for diagnosis of obscure cases. A mid-straignt or mid-cavity with none of the weaknesses peculiar to her sex, and apparently in fair health, was all her life puzzled to know why she tired so easily.

A barium meal and fluoroscopic examination of the gastro-intestinal tract showed a badly prolapsed "fish hook" stomach and colon. The use of peristalsis was also learned—how long it took her to swallow a meal, where there was indigestion, etc. In the obscure cases, I believe we should avail ourselves of the x-ray. Not all ills are caused by a "bony lesion."—Harrriet A. Whitehead, D. O., Wausau, Wisconsin.

Less Treatment—More Science

One of the greatest lessons I have learned in 16 years' practice is less treatment and more science. I read the old Davenport's "The Bible of Osteopathy" and I believe the Bible and follow his advice—"be a physician, not a farmer; find the cause, and fix it, then let the patient have the time to heal himself. He is a complaint of being exhausted or that osteopathy is too rough. Then educate the public in some scientific manner. How are they to know unless they read; then let the doctor prove it. We use Osteopathic Health and have a waiting list most of the time. This is not sought for testimonial, but voluntary, as I believe that books or any other good literature would no doubt do the same.—E. Clair Jones, D. O., Lancaster, Pa.

That windpipe technique works

July 30th I treated Mr. J. for severe pain in the lungs. Temperature 101°; pulse 120. Rales in apices and other portions of both lungs. August 1st I made a few treatments, as I thought the patient was improving. August 2nd examination of sputa was made. Tubercle bacilli absent. Streptococci numerous. Saw him again August 9th. Tonsils and peri­naries and tonsils. Gave windpipe technique as described in June 1919 and ordered corn meal poultices as described in same journal. August 7th he had excruciating pain in lungs, but diligently continued corn meal-bran poultices. August 9th he expectorated a teacup full of thick,ropy mucus, blackened all over with coal dust. August 10th and 11th brought up another teacup full. He received more windpipe technique August 11th. Was feeling splendid and looked fine.—E. W. Young, D. O., Grand Junction, Colo.

All Coordinating Forces

Interdependence of all parts of the body, anatomical and physiological, with its therapeutic corollary of requisite attention to all coordinating forces of the daily regimen that may lower resistance, strikes me as the comprehensive viewpoint the practitioner should constantly keep in the foreground. Spine, torso, abdomen or pelvis unerringly register effects with coincident changes elsewhere. Systematic readjustment of all damaged structures is one essential phase of therapy. But thorough consideration of the forces that represent the daily habits, the environmental setting, is equally important.—Carl P. McConnell, D. O., Chicago.

"Shop Talkers," Get Your Stuff in Early for October Issue. You See, We Close Forms on the 5th Now and We Reach the Field by the 15th.
Should Quarantine Gonorrhea

The prevalence and widespread distribution of gonorrhea among men in civil life, and women as well, and the fact that in my judgment the disease in women is not curable by any known system of therapeutics, leads me to believe that innocent individuals should be protected by a rigid system of quarantine of this infectious disease in either sex.—Frank J. Stewart, D. O., Chicago.

Exactness

Examination first, History second, KNOW not GUESS. Mistake to treat patient without making thorough, searching, comprehensive physical examination first, supplemented by laboratory findings if indicated. We may not be able to cure all conditions but there is no excuse for not knowing them.—Roberta Wimer Ford, D. O., Seattle, Wash.

Make a Fixed Point

I have noted in demonstrations of technique some of our aces do some soft tissue work which would be more effective if they would use "the fixed point" idea more, i.e., use the skeletal frame work as the basis. The soft tissue work I feel is too commonly used for lumbar region with the patient on the side, when the operator uses both hands on lumbar muscles and pulling the patient toward himself. The "lab" man would get much more work if we will hold in the immobinate back with one hand and pull on soft tissues with other, it gets so much deeper and satisfactory response.—H. W. Gamble, D. O., Missouri Valley, Iowa.

Correlate All Diagnoses

The only thing that comes home to me over and over again is that our work is in what we see of the work of others of our school is our failure to make a complete or adequate diagnosis. The "ten finger" osteopath sees naught but the spine. The "lab" man sees nothing but the test tube and the microscope. The dietitian only food values, and the failures that result are from our failure to make a complete or adequate diagnosis. The colleges must have petitioner to endeavor to interest students, and this personal solicitation of those eligible.—S. L. Scobourn, D. O., Rochtery, N. Y.

World Needs Osteopaths

The paramount issue of osteopathy today is the need of more and more osteopaths to enter this field. For the perpetuation of our science it is imperative that our colleges be maintained at the highest degree of efficiency. The colleges must have students to survive. It is the duty of every practitioner to endeavor to interest patients, and this can best be brought about by constantly making personal solicitation of those eligible.—S. L. Scobourh, D. O., Dallas, Texas.

Trophisms vs. Alien Reactions

Osteopathy is distinctive as a therapeutic system in that it is based entirely upon the principles of biology. The osteopath does not seek to induce alien reactions, but to further those that the ages of experience have found wiser for the preservation of the wellbeing of the individual.—Chas. H. Spencer, D. O., Los Angeles, Cal.

Three Ways to Do It

Technic is largely divided into three classes: (1) Adjustment without preparatory work, (2) adjustment with preliminary muscular relaxation (to make the adjustment easy), and (3) relaxation with the idea of an automatic adjustment of the vertebrae without work on the part of the operator. The colleges must have some supportive work to hold the correction. Takes a little more effort and time but results are so much more satisfactory. Not how well we do our work, but how well we can do our work, should be our motto.—Frank H. Smith, D. O., Indianapolis, Indiana.

Better Clinics Demanded

If OP will keep up an agitation for more and better clinical material and arrangements for the next convention, I will forgive all of its past mistakes. It would be highly beneficial to those attending the convention city to end the cases that would be brought from various places within a reasonable radius of the convention city or be reachable mentally to see the advantage of being examined and a diagnosis made by those who are specializing in various diseases. Materials could be supplied by the local committee which would make things interesting for all concerned. People are tired of dry "papers," they want to be shown.—Chas. J. Muldari, D. O., Philadelphia, Pennsylvania.

Use Records and Educate Patients

Talk less, use illustrated books, mark lesions for patients on same. I give one of Woodall's Books to each case, mark lesions found on spine or body same as on Craig card which I file.—mail Osteopathic letters to patients for current reading. I have just received 100 copies Halladay thorax (vide August Journal of Osteopathy) that is good for too long. I have too many who are in my head all relations to each case—hence the record—think, work, act accordingly. Be careful in making out the initial exam. blank. Use it in treating room each time. Once a month or about every seventh time make comparison on extra slip pasted on to the original. Don't use slip unless you use serial number for record card. Be especially careful to take blood pressure, specific gravity of all bedside cases, in addition use two thermometers—check up rectal and oral or axillary—at time of taking. Put a case record in presence of patient. Pulse rate and intercostal stethoscopic findings—with variations—then order diet and drink—leave orders in writing. If lesions are erased, change the old technique to fit new conditions. Don't let patient anticipate the next move—he gives me the same old movement.—Fred W. Gage, D. O., Chicago, Ill.

Attention, Grass Widows!

Fare hour time is here and we can do more than any one else in relieving the sufferer. The Old Doctor has seen the work after the Old Doctor and dorsal in hay fever cases, I have gotten relief many times by correcting at this point. May you have the same good results.—Fred W. Gage, D. O., Chicago, Ill.

Give 'Em the Vision

The one thing the osteopathic profession should do is to get the osteopathic concept more firmly fixed in their minds. The Old Doctor had the osteopathic vision. We will need to get that vision and ever hold the same in our mind. Then we will not need to worry about the future of osteopathy.—Canada Wendell, D. O., Peoria, Ill.

Make It Like a P. G. Course

Too many osteopaths are letting it be understood that they "have all there is to know about osteopathy," which would be amusing were it not so serious to the profession. To be misled is not a bad thing, but to be misled by something that can be put in a false light before the people. "Back to the schools for more and better osteopathy," is my bespope to the profession. As a start, let the AOA turn the next convention into a regular two weeks' P. G. course. This idea was suggested in the June Florida Osteopath and Dr. Asa Willard advocates it in the August Journal of Osteopathy. "Back to the schools for more and better osteopathy."—Addison O'Neill, D. O., Daytona, Florida.

Stick to Your Case

The most important thought coming to me at the moment as to osteopathic practice is the most common fact of most of us in practice. I refer misspent time in trying to talk osteopathy every minute we talk. Idle gossip, story telling, modest dwelling upon our own prowess, does not impress the patient. He wants to know, specifically, what our work can be and why. One has only to bear in mind how necessary concentration is in doing any specific work, as for instance the doctor who surgery calls for, to see the point. Our work is just as specific, providing we are not just engine wipers, as Dr. Still dubbed the incompetent. It admits of no make work. There is no such thing as "busy" on the work. The time is not long that is wasted. Who can plead not guilty?—Joseph Henry Sullivan, D. O., Chicago.

Cut Out the Tradition Stuff

Revise the osteopathic textbooks, cut out the dead stuff and bring them up to date. The doctor doesn't live who is really too busy to study some every day. A little review every day with some of the basic principles would make us all better, and better business would result.—R. T. Quick, D. O., Sioux City, Iowa.

Seeking Light

I have been in practice for ten years now, I meet cases every new and then that I know osteopathy. The work that surgery calls for is what convinced me that they needed osteopathy. A few words of warning for the betterment of osteopathic practice — what can we do in regard to the pseudo-osteopath that is popping up everywhere? An ordinary homeopath of my town with his therapeutic tron is creating a good deal of harm that he have been able to stir up for osteopathy in the last half-dozen years in practice here.—Victor C. Hoefer, D. O., Wanakegan, Illinois.

Got a Student Yet?

Our schools will open soon. Send them a student. This is to be our banner year in every way. Get in line and boost, do not be let out Boost for better schools, more students and greater knowledge of osteopathic principles. Join your local, state and national associations. The osteopathic education of the public has made its strides, let's keep up the good work.—James W. Fraser, D. O., Evanston, Ill.

Seventh Cervical

In treatment of flu and pneumonia where patient complains of "exhaustion and tiredness" lesions of muscular and bony nature are found at seven cervical. Specific treatment around this vertebra gives relief.—W. O. Medaris, D. O., Rockford, Ill.

Tabulate Diagnosis

Each new case overwhelms me with the urgent necessity and the profound importance of a thorough routine examination of every new patient entering my operating room. The exception, if there is such, must be to the transient who has only so many minutes to stay and who desires only a symptom alleviated. By thorough routine examination, I mean structural, chemical, and evidence conveniently arrayed before my mind, the judge, for his verdict. Without such written information, he is helpless. Uncle certain decision must result always in faulty and incomplete treatment and faulty result in fewer cures, much personal censure and more professional injury.—P. E. Roscoe, D. O., Cleve land, O.

Your Pole Star

Back to your anatomy and physiology, oh, ye disciple of osteopathy, if ye would that the adjument be taken from thy mind.—Herbert Bernard, D. O., Detroit, Mich.
Do Acute Work

One of the most distinctive indications at the recent convention at Chicago is the fact that osteopathy is gaining in popularity more than at any other period in the history of the profession. Our recent experiences in handling acute cases have demonstrated the merits of osteopathy and raised our standards in the estimation of the public at least one hundred per cent. The demand is pressing itself upon the osteopaths everywhere to become the real "up-to-date family physician," regardless of the fact that so many of them are compelled to look after in our practice.

"From the Pelvis Up"

I have been diligent from the beginning of my practice in finding out if the patient's bowels movement of the bowels is the most important one thing we have to look after in our practice.

"Over Treatment"

Over stimulation produces inhibition. If you persist in sleeping near a noisy street car track long enough you will cease to hear the cars. To be able to give skilled osteopathic treatment is a fine accomplishment. To know when to stop is splendid. I like the "Shop Talk" idea very much.—Ernest C. Bond, D. O., Milwaukee, Wisconsin.

Teeth and Tonsils

The longer I am in the practice the more I am convinced that too many osteopaths have too limited a conception of osteopathy. Again I am convinced that too many do not make careful enough a diagnosis. I do not mean of the spine necessarily, but there are many difficulties that are due to other lesions. The careful diagnosis, or the elimination of the teeth is necessary. There is very little excuse now to be ignorant of these conditions with the X-Ray so perfected. Too many of the osteopaths have limited their efforts to diseased tonsils. I saw just recently an illustration of this at a state convention. I doubt if 25% of the osteopaths could have been able to find the pus pockets of the tonsils.—C. E. Abegglen, D. O., Colfax, Washington.

Keep Evacuation Going

I have been writing from the beginning of my practice in finding out if the patient's bowels movement of the bowels is the most important one thing we have to look after in our practice.

"Over Treatment"

Over stimulation produces inhibition. If you persist in sleeping near a noisy street car track long enough you will cease to hear the cars. To be able to give skilled osteopathic treatment is a fine accomplishment. To know when to stop is splendid. I like the "Shop Talk" idea very much.—Ernest C. Bond, D. O., Milwaukee, Wisconsin.

Teeth and Tonsils

The longer I am in the practice the more I am convinced that too many osteopaths have too limited a conception of osteopathy. Again I am convinced that too many do not make careful enough a diagnosis. I do not mean of the spine necessarily, but there are many difficulties that are due to other lesions. The careful diagnosis, or the elimination of the teeth is necessary. There is very little excuse now to be ignorant of these conditions with the X-Ray so perfected. Too many of the osteopaths have limited their efforts to diseased tonsils. I saw just recently an illustration of this at a state convention. I doubt if 25% of the osteopaths could have been able to find the pus pockets of the tonsils.—C. E. Abegglen, D. O., Colfax, Washington.

Know How to Pet a Lesion?

"How many have any patients take the 30 minute book, folks here require 45 minutes to one hour. "Have you any other period of your patients want general treatments." I wouldn't give $1.50 for yer book. Can get a good one for 35c at the Geo. B. Clarke, D. O., Detroit, Michigan.

"Know How to Pet a Lesion?

"How many have any patients take the 30 minute book, folks here require 45 minutes to one hour. "Have you any other period of your patients want general treatments." I wouldn't give $1.50 for yer book. Can get a good one for 35c at the Geo. B. Clarke, D. O., Detroit, Michigan.
We Need Standardization
First: A clinic chart based on anatomical relations of vertebrae, showing where and how nerve or blood vessels is ligated. Also the fulcrum and pressure and direction of pressure to release the ligature. A standardized technique that the smallest woman can use, that will eliminate our break-downs, allow us to practice to old age and beyond; one tine, strong-arm osteopathic movements and the brutal chiropractic thrust. Many practice in this manner; many do not.—J. A. Linell, D. O., Chicago.

Teeth Bred T. B.
In cases of pulmonary tuberculosis the teeth are usually overlooked. The teeth and inter-costals and sub-costals are directly caused by teeth. Don't overlook your patients' teeth. If you are not able to decide, call in your dentist.—Paul Sinclair, D. O., Lincoln, Neb.

In the Fight to Win
Each organization has a purpose. Cooperation looking outside the accomplishment of such purpose is brought about through oneness of purpose and unity of service. Service is the big keynote of service. As a body we are organized well. We may exist under the name organization, but organization in its true sense means cooperation and cooperation will eventually result in the accomplishment of the purpose of each organization. Never were osteopathic organizations so in need of cooperation. We should stand side by side and fight. If a thing is worth belonging to it is worth fighting for. We do not need to go overseas to be soldiers. In this big army of osteopathic physicians known as the American Osteopathic Association, we have a great fight to make. We are in the field fighting to win. Fighting for a purpose. That purpose is a great fight to make the science of osteopathy stand shoulder to shoulder and fight. We are in the field fight—no one man can do it alone; we have to be in the army; we have to stand together; men to men;肩并肩地站在一起;让一切目的实现。—Frank F. Jones, D. O., Macon, Georgia.

Worms in Epilepsy
Just a suggestion. In two cases of epilepsy treated this summer—one grand mal and one petit mal—both passed intestinal worms after fasting and taking a vermicide. In one of the cases, the other physicians had suspected worms, but we were unable to get them, doubtless because they did not fast the patient before giving the remedy. The first case has recovered from epilepsy and the other still under 'as our osteopathic colleges in need of cooperation. We should stand side by side and fight. If a thing is worth belonging to it is worth fighting for. We do not need to go overseas to be soldiers. In this big army of osteopathic physicians known as the American Osteopathic Association, we have a great fight to make. We are in the field fighting to win. Fighting for a purpose. That purpose is a great fight to make the science of osteopathy stand shoulder to shoulder and fight. We are in the field fight—no one man can do it alone; we have to be in the army; we have to stand together; men to men;肩并肩地站在一起;让一切目的实现。—Frank F. Jones, D. O., Macon, Georgia.

Lift Up the Ribs
Immobilization of the chest walls, particularly the rib framework, is a pathological condition frequently mentioned in osteopathic literature but commonly overlooked in practice. The practitioner will be well rewarded if he will normalize this unit as a routine measure. The effect upon respiratory functions, rib marrow changes, abdominal visceral circulation, cervical lymphatic drainage, etc., is of prime importance.—Carl P. McConnell, D. O., Chicago, Illinois.

Nerve Control
When we say, "Osteopathy adjusts, nature cures," we mean exactly what we say; nerve control, nature cures.

Also:
"When nerves control, the rule of the artery is supreme."—Geo. M. McCole, D. O., Great Falls, Montana.

Raise All Fees $1.00!
I give it as my candid opinion that there is no more practical question confronting our profession today than the need for an immediate uniform raise in price of our services. It is just and fair. The time is opportune, and there is no other way we can meet the h. c. l. To be specific, I suggest a $1.00 raise on both office and residence calls. All together! It's easy.—E. W. Patterson, D. O., Louisville, Ky.

What's Needed
More and more osteopathy. Less and less of the "find it, fix it and leave it alone" kind. More osteopaths who are willing to adjust mechanical structure to make proper less-ordination of all the chemical elements of the body.—E. Marvin Bailey, D. O., President, Texas Osteopathic Association; Vice-President, Texas Board of Medical Examiners, Houston, Texas.
Did You See that Halladay Articulated Trunk at the Chicago Convention?

If you did you had a feast of satisfaction in observing how the ribs and vertebrae change their relations under the urge and guidance of osteopathic fingers. They used to say it could not be done. Osteopaths kept on doing it, just the same, but not to see it done was to disbelieve that it could be done on the part of many doubters. In particular were those who contended that the foramina of the vertebrae were not changeable in size or shape by either normal or abnormal movements of the spine.

A young fellow in a Chicago medical school dissected several spines and published a monograph to prove that the possibility of the osteopathic idea of these foramina becoming so reduced in size as to irritate the spinal nerves was all moonshine.

Of late rational students of osteopathy have entertained honest doubts as to whether the changes of relation to lesioned vertebrae were ever really sufficient to bring pressure-irritations to bear on spinal nerves and blood vessels. Perhaps the only lesions that register effects, they argued, are those that disturb the vasomotor nerves through tensed and contracted ligaments and muscles.

Be that as it may, along comes Professor H. Virgil Halladay, professor of anatomy of the American School of Osteopathy, with his researches in anatomical dissection and discovery of original methods to “vulcanize” ligaments as it were, and turns out dissected articulated skeletons with their natural ligaments in situ as flexible as rubber. For the first time the osteopathic technician becomes able to manipulate the spinal column and ribs as freely as he does in the living body of his patient. And lo! he sees, for one thing, that the vertebral foramina change their shape and size—even with various normal movements of the spine, demonstrating how easy it would be in certain lesions to produce profound pressure disturbance upon the delicate cables of blood and nerves that occupy these passage-ways.

This opportunity to observe the human spine in flux, so to speak, opens up new vistas of research in osteopathic diagnosis and technique which professor Halladay and his students, assisted by other members of the ASO faculty, are now setting out busily to follow up to a finish.

Bear in mind that this research work in anatomy by Professor Halladay took place in the regular teaching laboratories of the parent college, at hours in the main when anatomy students were present and participated in the thrill and stimulus of sharing and assisting in this original investigation. There is nothing like this atmosphere of original research work to stimulate student development. That is one of the very strong advantages enjoyed nowadays by students at Kirksville. The young man or woman whom you may be directing to college this fall would be fortunate to get his osteopathic education in such an environment and in contact with such men as make up our faculty. Anatomy in particular is taught at Kirksville in order to be practiced. There is still time to enroll a student in the new class.

THE AMERICAN SCHOOL OF OSTEOPATHY
ANDREW TAYLOR STILL, M. D., FOUNDER
KIRKSVILLE, MO.

P. S.—Write for one of our edition-de-luxe illustrated booklets showing four different views of Professor Halladay’s articulated flexible workable trunk skeletons. Free for the asking.
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 makes the difference between success and failure in infant feeding.

TO THIS END WE PREPARE

MEAD'S DEXTROMALTOSE
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 diarrhea. Potassium Carbonate is valuable generally as a corrective in constipation of infants.

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

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.

The OSTEOPATHIC PHYSICIAN

Here's a Good Adviser!

Study Lane's book until you know it by heart. Let Bunting be your publicity counsel. Send a copy of "Osteopathic Health" to every patient, old and new, continuously.—H. M. Stoel, D. O., Duluth, Minn.

Other Lesions

If there is one thing I would emphasize above any other to our osteopathic practitioners it is to make a careful examination of the genitae of the little ones, boys and girls, brought to their office. See to it that the glans is entirely free, let Bunting be your publicity counsel. Send a copy of "Osteopathic Health" to every patient, old and new, continuously.—H. M. Stoel, D. O., Duluth, Minn.

If it was in country with of any community.—J. S.

is not easy to overtreat.

of hemorrhages and miscarriages had lasting ten days; another fellow treats ,45

we calls, I

kidner

admjtted

practitioners it is to

few

an extra treatment, and

10 minutes, gets

cases

be

compared to those where

to our

these

Museum of Osteopathic Medicine, Kirksville, MO

IT·

it was in country with

of any community.—J. S.

is not easy to overtreat.

of hemorrhages and miscarriages had lasting ten days; another fellow treats ,45

we calls, I

kidner

admjtted

practitioners it is to

few

an extra treatment, and

10 minutes, gets

cases

be

compared to those where

to our

these

Museum of Osteopathic Medicine, Kirksville, MO

A New Thought on T-B

Tuberculosis we recognize as the most or at least one of the most virulent, serious, dangerous, and fatal diseases. The one basic principle which we can always apply is: Tuberculosis does not exist without that spoiling, rotting, flesh-eating, nerve-eating, fire-eating, root-eating, and so-called child-killer disease. Remove the cause by diligent care and the correction of rectal defects, and it have it done. Prophylaxis is the first step esential to the well being of any community.—J. S. Boughman, D. O., Burlington, Iowa.

The FLU-PNEUMONIA EPIDEMIC

By Dr. H. W. Gamble, Missouri Valley, Iowa

1. MUSCULAR, general.
2. General.
3. Local.
5. Average treatment 15 min., once daily.
6. It is not easy to overtreat.
7. Five days average time under treatment.
8. Drugged patients did not respond nearly so well on average.
9. Diet restricted to fruit juices and generous amounts of water encouraged.
10. G. M. P. and Antiphlogistine used in some bad cases where it was impossible to see them frequently enough for treatment required, and had some results. Normal salt enemas used as indicated, but not as routine, nor frequently.
11. Stimulation to lower dorsals with plenty water was sufficient for kidney action in every case. Veronica mineral water used with good results on bowels and kidneys in several cases.
12. Strong stimulation in cases where essential early, I treated so strongly I made a competitive it proved, too, and sweating was most profitable in most such cases; did not sweat patients by any other means.
13. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
14. Plenty fresh air; temperature about 65; serious patients advised 70.
15. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
16. Plenty fresh air; temperature about 65; serious patients advised 70.
17. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
18. Cold sponge on face and compress to head used in some cases; treatment to cervicals and dorsals controlled temperature very satisfactorily.
19. Treatment to upper dorsals generally proved much more satisfactory in control of cough, after all medical treatment had failed previously.
20. No drugs whatever used internally for any purpose in any case. My opinion is that the heart did not need stimulation in but few if any cases. I hold the opinion most emphatic that osteopathy can and does relieve the load upon any organ of the body, particularly the heart, kidneys, bowels, and liver. Heart medicine was responsible for many deaths in the community, I think.

I am greatly interested in the reports thus far published. Too much diversity to suit me. One
case, Other Lesions

If there is one thing I would emphasize above any other to our osteopathic practitioners it is to make a careful examination of the genitae of the little ones, boys and girls, brought to their office. See to it that the glans is entirely free, let Bunting be your publicity counsel. Send a copy of "Osteopathic Health" to every patient, old and new, continuously.—H. M. Stoel, D. O., Duluth, Minn.

The Flu-Pneumonia Epidemic

By Dr. H. W. Gamble, Missouri Valley, Iowa

MUSCULAR, general.
1. Local.
2. General.
4. Average treatment 15 min., once daily.
5. It is not easy to overtreat.
6. Five days average time under treatment.
7. Drugged patients did not respond nearly so well on average.
8. Diet restricted to fruit juices and generous amounts of water encouraged.
9. G. M. P. and Antiphlogistine used in some bad cases where it was impossible to see them frequently enough for treatment required, and had some results. Normal salt enemas used as indicated, but not as routine, nor frequently.
10. Stimulation to lower dorsals with plenty water was sufficient for kidney action in every case. Veronica mineral water used with good results on bowels and kidneys in several cases.
11. Strong stimulation in cases where essential early, I treated so strongly I made a competitive it proved, too, and sweating was most profitable in most such cases; did not sweat patients by any other means.
12. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
13. Plenty fresh air; temperature about 65; serious patients advised 70.
14. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
15. Plenty fresh air; temperature about 65; serious patients advised 70.
16. Cotton jacket only advised or appreciated in conjunction with G. M. P. or Antiphlogistine.
17. Plenty fresh air; temperature about 65; serious patients advised 70.
18. Cold sponge on face and compress to head used in some cases; treatment to cervicals and dorsals controlled temperature very satisfactorily.
19. Treatment to upper dorsals generally proved much more satisfactory in control of cough, after all medical treatment had failed previously.
20. No drugs whatever used internally for any purpose in any case. My opinion is that the heart did not need stimulation in but few if any cases. I hold the opinion most emphatic that osteopathy can and does relieve the load upon any organ of the body, particularly the heart, kidneys, bowels, and liver. Heart medicine was responsible for many deaths in the community, I think.

I am greatly interested in the reports thus far published. Too much diversity to suit me. One
We present herewith portraits of second group of teachers of the College of Osteopathic Physicians and Surgeons. The other group was shown last 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.
THE OSTEOPATHIC PHYSICIAN

By James Clarke Rule, Stockton, California

4 MANIPULATION was of minor importance (and mind you, I am a D. O. first, last and all the time) in influenza. Manipulation was absolutely of vital importance in all lobar pneumonia. The M. D. who used drugs (and he was the one to neglect other phases of treatment) had the high mortality. The M. D. (and there were some) who used common sense warmth and detail as to care of the patient, I think may have had equally good results as the D. O.

8. Averaged 5 days under care.
9. Yes.
10. During first 24 to 48 hours, until temperature was checked, water only or butter-milk and water; then liquid diet tapering into soft and then general diet as convalescence progressed.

Cases that had been drugged in active stage of disease and had developed depression, weakening sweats, slow heat, subnormal temperature, were put on the most stimulating diet their systems would tolerate, vegetables, eggs, rich broths, fruit juices, whisky, etc.

Diet was not altered in bronchial bleeding. Where consolidation occurred, handled the same as in typical lobar pneumonia.

Where there was hemorrhage of digestive tract, put them on buttermilk, arrowroot and water and bicarbonate of soda.

11. Camphorated oil to chest, or anelgesic balm.
12. Every case—initial dose of castor oil (zi to ii). If necessary later, enemas.
13. H 2 O per mouth.
14. Let fever have full sway till second night, then one big sweat and no more. Continued sweating strictly is contra-indicated.
15. Yes, cotton jacket in every case of flu.
16. Yes, ventilation a plenty.
17. 65° F.
19. No.
20. No.

By Dr. J. H. Hardy, Columbus and Ashland, Mo.

Q UESTION No. 1. Particular attention was paid only to muscular and other soft tissue lesions.
No. 2. Principally in cervical and upper dorsal regions.
No. 3. By gentle but firm relaxation.
No. 4. The first time I saw the patient I thoroughly relaxed all the cervical tissues (front, back and sides) all around at base of skull, especially up under the sub-maxillary, also in dorsal region (specially, upper) and chest, specially around clavicle; after that, usually the treatments were not so vigorous and where applied more as indicated by the case.
No. 5. I usually consumed from 15 to 20 minutes with the first treatment—of course not all vigorous work for that time. Subsequent treatments would perhaps take nearly 10 minutes.
No. 6. Very few of my patients were treated more than once per day; some not so often as that.
No. 7. Yes. Yet I preferred to give a rather vigorous treatment the first time or two, notwithstanding the fact that we very frequently get a temporary rise of temperature, an increased degree of aching and some exhaustion, though at that stage of the disease I think the beneficial effects of a good thorough treatment, to relax all the tissues as much as possible, more than offset the temporary, apparent, bad effects, as at this time the patient is not sufficiently weakened so that the exhaustion is apt to amount to much and wrong treatment. I have concluded, very materially shortens the course of the disease and lessens the probabilities of complications.

No. 8. Perhaps about five days on the average.
No. 9. No. Perhaps partly due to the drug used, but undoubtedly partly due to the fact the disease was of longer standing, which makes a difference whether they had been drugged or not.
No. 10. For the first few days (one or two) I gave practically no nourishment, as the digestion was more or less impaired and without feeding it seemed to be less toxic.
No. 11. I used Antiphlogistine in a few cases thought it helped some in throat and lung complications. No great deal of dry heat to relieve pain and maintain relaxation as long as possible after treatment. Used Capsoline, some with very good effect, I thought.
No. 12. Used enema, almost daily in the case where I could get it done; I think it helped keep the bowels open and free the lower canal free from toxic materials. Used manipulation, some out the bowel, but mainly at centers.

The only laxative used was castor oil, which was the one to neglect other phases of treatment.)

No. 13. Manipulative treatment over kidneys and nerve centers kept kidneys in good shape; had no trouble at all.
No. 14. Used, early in the disease, with dry blankets.
No. 15. No.
No. 16. I could get without draft.
No. 17. Aimed at around 65, but in many of the houses, and the weather so changeable, the in the manner of cases nothing like a regular temperature could be maintained.
No. 18. Nothing special.
No. 19. Manipulative, to relieve irritation and congestion in throat and lungs.
No. 20. No drugs used for the heart.

By George W. Goode, D. O., Boston, Mass.

BONY and muscular lesions.
2. Cervical and dorsal areas chiefly.
4. Loosening of contracted muscles. Inhibition of the posterior cervical areas. Correction of bony lesions.
5. Five to ten minutes.
6. Daily, sometimes 2 or 3 times a day when complicated with bronchial asthma or pulmonary symptoms.
7. No.
8. One to ten days.
9. Ten days.
10. Fasting from 24 to 48 hours.
11. Yes, lard and brown paper; onion poultices.
12. Tepid water enemas. Use them as often as needed without weakening the patient. If patient was not too weak I treated the liver area with the patient prone, using the right leg as a lever. Otherwise, in the dorsal position with legs flexed, I treated over the liver area very gently. As a laxative I used lemon juice and molasses in some cases.
13. Treatment—11th dorsal and water drinking.
14. Yes; as soon as possible 3rd and 4th dorsal Hot packs, hot water bottles between the scapulas in the dorsal area, onion poultices.
15. Yes.
16. Little ventilation; windows open two inches top and bottom.
17. 65° F.
18. Yes. Inhibition of the posterior cervical areas. Tepid sponging. Ice-cap to the head.
20. Yes, osteopathic treatment in the cervical region so as to relieve pressure on the uro-gastric nerves. Stimulation to the 2nd to 4th dorsal area. Correction of upper rib lesions. Use of hot drinks, hot applications to abdomen and limbs.
THE TAYLOR CLINIC

Our announcement in the Aug OP of the continuous Post Graduate Course has stimulated much interest. Many inquiries have already been received. Remember this course begins Sept. 15th, 1919, and continues throughout the year. In one month you can crowd in a whole year's work. You need to know more about Anaesthetics, Tonsil Work, X-Radiance, Laboratory Analyses including the Wasserman Reaction, Cystoscopy, Osteopathic Technique, Rectal and General Surgery.

The fee for the course is $100.00. You can register any day you like. Address:

THE TAYLOR CLINIC
DES MOINES GENERAL HOSPITAL
DES MOINES, IOWA

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

3840 Treatments with a Sinustat

A Doctor in Nebraska, who purchased an ULTIMA No. 3 SINUSTAT ten months ago, telegraphed the other day ordering a new one to be shipped C. O. D. After receiving the new one he wrote in and sent in his old one for some small adjustment. He stated that during ten months’ use he had given 3840 treatments with the apparatus. Do you wonder that he cannot afford to be without its use for even a day?

A small cash payment, balance monthly, and it will pay for itself.

Write us for information as to how you can make your dollars multiply themselves. We ask you only to take the word of hundreds of progressive doctors who have tried ULTIMA apparatus and find that it makes good. Have you any chronic gastro-intestinal cases or painful cases of sciatica? If so, you need the ULTIMA No. 3 SINUSTAT.

FREE! A valuable Chart and booklet on sinusoidal treatment. These will be sent free, as long as the supply lasts. Mail the coupon today.

Ultima Physical Appliance Co.
136 W. Lake Street, Chicago, Ill.

“Most Diseases Are of Spinal Origin”

September issue of “Osteopathic Health” — This pioneer brochure originally appeared in 1901 as Vol. 1, No. 1, of Osteopathic Health, becoming at once the prototype of all popular presentations of osteopathy that have followed. Dr. A. T. Still in 1908 pronounced it “the most literary production on the subject” he had ever read. The OP Co., 9 So. Clinton St., Chicago.
By A. E. Daugherty, D. O., Bloomingtin, Ill.

MUSCULAR; bony secondary; straining of ribs on their articulations, especially the first. Due to the muscle contractions.

1. Cervical and not a healthy, and substan­

2. Usual ostheopathic procedure.

3. As above.

5. Fifteen minutes.

6. Mild, once daily; severe, twice daily; pneu­

monia, three or more times daily.

7. Yes.

8. Average for influenza, three days.

9. Had no experience with patients who were drugged.

10. Influenza: citrus fruits and juices during fever stage, unless temperature ran over three days. Then cereals, milk, vegetables.

Pulmonary: Fruit juices, milk, broth.

Other conditions, same.

11. Used moist heat only.

12. Saline laxative at start. Enema of warm water daily. Manipulated bowels at each treat­
ment.


15. No; hot poultices.

16. As much air as possible and not chill the pa­

17. Tried to keep it about 60° to 70°.

18. Did not try to reduce body temperature. Found that usually increased tempera­

19. Bathing, even when temperature was high, "chilled" the patient.

20. Hot applications and ostheopathic treat­
ment.

21. No stimulants except that resulting from treatment.

22. Did not use drugs except as given above.

By J. H. Hansen, D. O., Ukia, California

CERVICAL and upper dorsal lesions; rota­

ions.

4-5-6. Gave general spinal treatment, of about 15 minutes each, twice daily.

7. Patients with flu should be given light treat­
ment, as they tire easily because of extreme pro­

10. Only liquid diet with lots of water in flu
disease.

11. In pneumonia condition I used turpentine and olive oil, applied hot with flannel cloth, re­
peated every 15 minutes for 3 hours; let patient rest; then re-apply. I found this to be abso­
lutely the most effective treatment for flu chest complications.

12. Used soapsuds enema Epsom salts 2? to ?

13-14-15. Plenty of water for kidneys; no sweating or cotton jacket.

16. Plenty of fresh air, but absolutely avoid draft or exposure.

18. The most effective method I found for the reduction of temperature in the extreme cases, 104 degrees and higher, was ice packs to back of neck and on the head with strict and careful ob­
servations of pulse, temperature and respiration. You can reduce a temperature of 105 or 106 de­
grees down to 102 or 103 degrees in less than an hour, but should not be used unless care is taken to observe depression.

19. In extreme cases used capsaicum on throat for cough, but cough not always cleared up on use of turpentine and oil.

20. The best measures I found to stimulate the heart, overcome delirium and general depression was saline infusion of table salt, one quart of water, and inject per rectum very slowly, so as to be absorbed. This is equivalent to euglobulin, is safe and decidedly effective a once in bringing up pulse.

One patient with intestinal type, intense fur­

21. Did not use drugs except as given above.

THE OSTEOPATHIC PHYSICIAN

Echinococcus, but for fear there might be, we

met en route,

and upper dorsal lesions; rota­

Saburo

~oaped

Teua

In pneumonia condition I used turpentine

maintain

thru his social standing

should be given light treat­

germicidal

always cleared up on

very

'sent '

As above.

tell us friend Hugh of Battle Creek

is safe and decidedly effective at

"I consider counter-indicated because of its

that'

Fountain

... intimacy

Head Spews

Museum of Osteopathic Medicine. Kirksville, MO

10

rosary, scurf rim, radii solaris,

accurate ever produced. For

s k n i c k i's phlogistic action.

TRI U M P H S. II. PRACTICE; III. DIETETICS; IV. IRI­

104 for days, but she made a slow but permanent recovery. Every flu case that was given large doses of aspirin repeatedly, after recovery had more or less myocarditis.

Epidemic Boosted Osteopathy in Texas

By Lewis N. Pennock, D. O., Amarillo, Texas

I JUST returned from Mineral Wells, which I

the leading health and winter resorts of the south. There I spent a few days in the city and surrounding country. From all indications, judg­

from the osteopaths that I met en route, osteopathy is growing in the extreme cases of influenza.

Every community is enthu­

astic on the way the osteopaths handled the flu. Many citizens that never had called a

ostheopath before are now proud to say "our osteopath either had no losses or only one or two"--which is worse than the doctor who was kept very busy during the epidemic can say.

If Congress gives us another such boost to the osteopathic practice of this great state. The flames of adver­
sity and criticism are only consuming our dust and refining our gold.

Echo From Conklin's Public

School Clinic

THEN tell us friend Hugh of Battle Creek

had an interesting experience just recently

with an Irish clinic. It seems that Hugh was examining some school children and an Irish woman's son Micky was among the lot.

After the examination Micky ran home crying.

His mother said, "You've been frighting." "No, I didn't say Micky, but there was a doctor at school this morning examined us, and said I had the 'adnoits.' What's thim?" asked his mother.

"Thim's things in your head as how to be taken out," answered Micky.

"It's a dom lie," angrily spoke the fond mother. "I've germicidal soaped and finecombed y'et he's

ivy Saturday night for a year and never one adnoit did I find. Just wait till I get hold of that Doctor man."

We suggest Hugh's friends to write him a few lines expressing their sympathy. He probably needs it by this time.

China and Japan Get Chiropractic Reciprocity

A s far as we know, there are no chiropractors in China, but for fear there might be, we

understand Japan has established reciprocity with China. To date Japan boasts of two chiroprac­
tors, namely, Saburo Kawaguchi and Cun J. Kawaguchi.

According to Fountain Head Sprague, Dr. Saburo Kawaguchi, thru his social standing and intimacy with Governor of Kanagawa, Chuchi Ariyoshi, was able to get a real chiropractic law in Japan and also reciprocity for kiropraxis with the Chinese Republic.
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:


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.

I Am a "Dud"

I have spent years of my life practicing osteopathy. I have been living in a rut, something a little narrower, but longer, than a grave. My waking hours have been so full of my personal affairs that I have lost touch with my fellow practitioners. The night is tedious and long and restless with worry that I cannot shake off, for I have no thought but of myself. My fellow osteopaths around me seem nothing more to me than competitors.

I have failed to realize that my profession could not be any more well thought of or any better than the individual men and women who are its representatives.

I have been too selfish and too much engrossed in my own affairs to realize that other practitioners were facing the same problems as myself. Yet, because I do not know them I distrust them. How easy it would be to attend an association meeting and talk things over! How much more we could all do by cooperating! And by helping our profession as a whole, we could really help ourselves! Verily, I Am a "Dud."

[Contributed by Dr. Leslie Scranton Keyes, Minneapolis, Minn.]
Chico Hot Springs
Sanitarium and Hospital

The Allison Office Furniture
Treatment Tables and Stools
Instrument and Medicine Cabinets
Dressing Stands---Vibrators
Reception Room Furniture

HIGH GRADE EQUIPMENT indicates skillful and efficient treatment.
W. D. ALLISON CO.
Manufacturers
919 N. Ala St. : Indianapolis, Ind.

THE OSTEOPATHIC PHYSICIAN

External Body Contours Measure Internal Conditions
By Herman F. Goetz, B. S., D. O., St. Louis, Mo.

THE secret: Osteopathy is a harp of one string as the average player plays it.

This first string is the spinal column.

He transmits its vibrations to the metaphyses—his thums it, until its monotony wears holes in your brain.

As a matter of fact the entire osseous body, each part, each combination of parts, becomes a string to our harp, if we will only learn to play. Now, we will produce all the harmonies of a symphony orchestra. We open avenues for a broader diagnosis, treatment, prognosis.

E-G: The present-day osteopath looks upon a high upper dorsal curve as predisposing to, let us say, "lung weakness."

Has he thought of the development of the first ribs, the length of the first ribs or the clavicle or sternum or the angles of the thoracic portions of the spine? Has he thought of the intercostal spaces? How much measurement is required for thoracic development? What is this for the clavicle or sternum or the angles of the thoracic portions of the spine? And what ratio of these measurements bear to each other? And what knowledge of such data would give the osteopath an idea of diagnosis or prognosis?

1. Dissection teaches that in the interior of the body there is no lost space, no wasted space.

2. As the child grows the cavities, the containers of the interior organs are made to conform to the growth of the internal organs.

E-G: (a) The brain forces the bones of the skull outward until the final development of brain is reached.

(b) The ribs, sternum, spinal column, sacrum, innominates are likewise forced to their final contours.

(c) The growth of the heart, lungs, large blood vessels, liver, spleen, intestines, digestive, pelvic organs, etc., have to do with the external contours of the body; the cavities are maintained; the internal organs are placed in a harmonious relation in the body, internal proportions of the body cavities are maintained; the osteopath is a surgeon of the bones of the body (within certain limits) he thrums it, until its monotony wears holes in your brain. This is the art of osteopathic surgeons. He makes of his patients a symphony orchestra.

4. From these measurements can be deduced a physiological function.

The original work on Zone Therapy or Relieving Pain and Disease

An intensely interesting and instructive book for use of all who are devoted to alleviation of Human Suffering. It gives minute instruction for relieving Pain by Nerve Pressure. Headache, Toothache, Earache, Neuralgia, Neurites and numerous other affections relieved in a few minutes. Deafness of years often benefited immediately by pressure on appropriate nerves. The book comprises Nineteen Chapters of Two Hundred. Twenty-seven Pages, is profusely illustrated and describes the methods employed by Dr. FitzGerald and others in effecting the Marvelous Cures which have made Zone Therapy known throughout the Medical World.

Price $2.00 per Copy, Cash with Order.
Postpaid in U. S. and Canada. Agents Wanted.
The Zone Therapy and Appliance Co.
Publishers
Hartford, Conn., Dept. A.

How an Osteopath Got Commissioned by the War Department
By W. V. Goodfellow, D. O., Los Angeles, Calif.

The hero of this little tale is a graduate from the College of Osteopathic Physicians and Surgeons of Los Angeles. He took and passed the examination for a Physician's and Surgeon's license. He was not accepted for a commission if ability and fitness had been the sole criterion for appointment. This was the case. The hero of this little tale was finally commissioned by the War Department at the War Department in Washington, D. C. His commission was authorized solely and solely upon evidence of his efficiency. This procedure throws some light on how the Government machine lived up to its own professed technical requirements in appointing medical men.

Much to his surprise one morning he was handed his papers authorizing his commission as a First Lieutenant. This, you will note, was not done without his having to send any credentials to Washington, or to present any evidence of having taken any course in a medical college. His commission was authorized wholly and solely upon evidence of his efficiency. This procedure throws some light on how the Government machine lived up to its own professed technical requirements in appointing medical men.

This also leads me to speculate upon how many of our hallowed professions have been given a chance for a commission if ability and fitness had been the tests instead of the arbitrary ruling of the Surgeon General. "I am inclined to believe that if some real test of efficiency had been applied to all applicants for a commission in the medical department of the army that a larger percentage of Osteopathic Physicians would have gained admission than Medical Physicians, very much to the betterment of the service, and the satisfaction of the enlisted men.
A Remarkable Case Report (Infected Wound)

Striking Results After United States and French Government Army Surgeons Failed

The Dionol Company:

You asked me to give you a report of that case of the wounded soldier, Mr. B., wounded in Argonne; wounded in both limbs; all wounds healed except Anterior Right Tibia. This limb was fractured by high explosive shell. Would not respond to any treatment administered by army surgeons, although he had the best, in both France and in the United States.

When the case came to me, the wound was suppurating badly. Laboratory examination of smear revealed pus cells in quantity; Streptococci and Staphylococci numerous, -- no T. B. I cleaned the wound and applied Dionol and instructed it be changed every three or four hours. Patient has used one jar and started on the second, and I am glad to say, is doing far better than we expected. The inflammation was out in two days. Granulation is almost complete,—no discharge whatever. Believe he will be completely well in a few days.

(Signed) Dr. W. ...........................................

(Name on request)

July 31st Dr. W. reports:—

"The wound is completely healed and the case discharged. Only one jar and part of another was used."

DOCTOR:

This is but one among great numbers of cases which have demonstrated that Dionol is an innovation in the treatment of local infections, ulcers, abscesses, sprains and burns; piles; throat, lung and pelvic congestions, and in practically all conditions in which there is local inflammation. Dionol results are attracting wide attention among progressive physicians throughout America. Are YOU a user, Doctor? If not, send for literature and samples today.

THE DIONOL COMPANY

Department 12

864 Woodward Avenue

Detroit, Mich.

Whisky Reduces Body Resistance

[From Clinical Medicine]

A NUMBER of our friends insist that spiritus frumenti is, after all, the best, or one of the best, remedies we have for influenza. With this we can not agree, and we must continue in our protest. Whisky is not a stimulant; on the contrary, it is a depressant. This is the testimony of every advanced pharmacologist. Instead of increasing resistance of the body, it markedly reduces its resistance; and in such a disease as the influenza — where the individual has need for every atom of defensive force for repelling the attack of this terrible infection— to administer depressants, can only be folly.—February Issue, 1910.

Alterations Made at Chicago Osteopathic Hospital

A N entire new floor is being opened up at the Chicago Osteopathic Hospital. This will include two surgical operating rooms with a sterilizing room between, arranged in the most modern manner possible with no expense saved to make it the best. They will be favorably compared to any in the city. Eleven additional private rooms will be used for surgical cases. Owing to the great increasing number of patients at the hospital, these have been needed for a long time. The Chicago College of Osteopathy, connected with the hospital, is having some remodeling done in order to accommodate the extra large class expected in the fall as well as the students already here. A larger freshmen room is being made. The laboratory space is being increased and greater facilities and more equipment are being added.
In Answer to Criticism of the 1919 Program

By Ex-Program Chairman, H. W. Conklin

EARLY in the year it seems to be a comparative ease for physicians to promise to go on the AOA program in June. The program committee gets a world of good material in line, then about four weeks or three weeks or even two weeks before convention, this one and that one and the other one wires that he'll be unable to appear on the program, and those vacancies have to be filled as best they may. It's rather a delicate matter to ask a physician to carefully prepare himself to become a possible fill-in, and, on the other hand, it's a difficult matter to prepare oneself on short notice to so arrange his subject that he can give before the convention only the salient, interest awakening points which the necessarily limited time period permits of, leaving the ration of details for exposition before a sectional audience.

This brings me to the criticism on the short periods of time allotted to speakers. At our conventions there is a large audience composed of a physical section which all the forces of most osteopaths, yet have the main interest of their practice centered in some particular branch. In order to interest all these people in an AOA program, that program must be diversified. Consequently the short periods of time for each paper; because our so-called week of convention is a pitifully short week. This year there was a total of fifteen hours for the main program—and I've thought very often of late that instead of a week of five days, we ought to have a week of ten days. Next year we'll have five days. But even that isn't going to permit of discussing each subject to the length which some of the audience would like.

And sight seems to have been lost by this critic of the fact that there was opportunity for further discussion of technique and Spinal Curvature in sectional meeting, if so desired.

Granted that sectional work was not wholly a success this year because of over-crowding. That is a matter, however, which cannot properly be laid at the door of the program committee; a certain number of rooms were allotted to the program committee for this work, but when the time came to use them it was found that a number of these rooms had been rented for exhibits of some kind and another. The program has to be the main feature at a convention and it is scarcely fair to the program committee to hamper their work by allotting them insufficient space for work.

As regards the conspicuous lack of technique. On the first draft of the program there were several physicians listed for technique but two of them appeared! Furthermore, it's impossible to satisfactorily demonstrate technique before the main body of the convention. There are too many people present, the room is too large, and the demonstrator invariably fails to make even his voice carry beyond a few forward rows, while only the first row can see what he's doing. It naturally follows that technique should be presented under sectional program; but, there are sections of Osteopathy without the AOA program there are at least three. One of them is without the AOA program. One of them is without the AOA program. One of them is without the AOA program. One of them is without the AOA program. One of them is without the AOA program.

As regards the conspicuous lack of technique. On the first draft of the program there were several physicians listed for technique but two of them appeared! Furthermore, it's impossible to satisfactorily demonstrate technique before the main body of the convention. There are too many people present, the room is too large, and the demonstrator invariably fails to make even his voice carry beyond a few forward rows, while only the first row can see what he's doing. It naturally follows that technique should be presented under sectional program; but, there are sections of Osteopathy without the AOA program.

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

Write for descriptive literature. PRICE $5.00

PERFECT SIGHT CO.

Dubuque, Iowa
Naso-Oral Prophylaxis

The many sub-acute and chronic infections of the air-passages that have persisted since the recent influenza epidemic emphasize the hygienic importance of careful cleansing of the nose, mouth and throat as a routine hygienic procedure. Gradually, but none the less surely, it is being recognized that naso­oral prophylaxis constitutes one of the principal means of protecting the body against bacterial invasion.

Peroxide of hydrogen has long been used for cleansing and disinfecting the mouth and nose, but it is that has demonstrated beyond all question the exceptional utility of peroxide for the routine hygienic care of the naso­oral mucous membrane.

More potent in bactericidal power than any solution of carbolic or bichloride that can be safely employed, Dioxogen has the additional advantage of being absolutely non-toxic and harmless. Moreover, since it owes its antiseptic potency to pure oxygen, which it liberates in greater volume than ordinary peroxide, Dioxogen is not only non-poisonous but remarkably bland and non-irritating.

In view of these properties, together with the wholesome, cleanly character of Dioxogen, it is not surprising that so many medical men use and recommend it as the ideal germicide for all needs of personal hygiene. As a safe and dependable means of maintaining naso­oral prophylaxis Dioxogen holds a place “distinctively its own.”

Directions for Naso-Oral Disinfection

Dioxogen in the proportion of one part to seven parts warm normal salt solution has been found exceptionally satisfactory and can be used as freely as desired, no matter how sensitive or inflamed the nasal mucous membrane.

The Oakland Chemical Co.
10 Astor Place
New York

Easily Demonstrable

We offer to every physician the opportunity to prove to himself and his patient, the superiority of the

PHILO BURT APPLIANCE
over all other mechanical spine supporting devices.

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

It is hygienic, being instantly removable for bathing, examination or manipulation treatment of the vertebrae.

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

Made to Measure-Sold on Trial

We will gladly send you full information about this perfected Spinal Appliance and our plan of co-operation with physicians. Please send a postal today.

Philo Burt Company
141 B Odd Fellows Bldg.
Jamestown, N. Y.

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.

WHEN typewriting communications or news matter for “The Osteopathic Physician” please double space it to make possible editorial revision between lines without recopying.—Editor.

No. 23

The Osteopathic Catechism
(Part II)

Craig’s AU 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.
FURTHER AOA REFORMS ASKED FOR

From Dr. J. A. Nowlin of Farmer City, Ill., we received the following comment which was so typical of the trenchant-chest-thumbing that the AOA is frequently accused of:

I certainly gained some good points at the AOA Convention and fully decided to use the word efficiency as my motto throughout the year, and in my efforts to prove to how the AOA was run and controlled, as usual, by a very few, and that any who were not re-elected members of the board of trustees could no longer be considered as members of the AOA, and that when they went home after attending such a convention they would feel as if they were much more a part of the sessions, that they were able to attend such sessions as they were interested in, and that they could not feel that the Association was being run by a few, who had everything their way, and that we all knew what went up in the chamber. The suggestion of holding open sessions does not carry with it any enlargement of privilege for the visiting member. Then as now he could ask, outside of meetings, for opportunity to be heard, if he so desired; and if it seemed worth while, the trustees could give appointments for hearings, just as they do now, and more and no less. Doesn't the idea recommend itself to you as good as that?

Certainly men and women like Dr. Nowlin, coming up from their home cities, full of pep and interest for one or another general or special committee, and being willing to take their places, and if any, ought probably to be open to a respectful, general membership that it has had the spell about him can pay dues and look on and listen at the public business that is anybody's private business and that he was a rank intruder, even by his presence.

We submit that this latent idea in Dr. Nowlin's criticism of times past, it seems to the AOA was not well grounded. At this convention the Constitutional Convention was open to visitors and, more than that, they were accorded the floor and vote on equal terms with the regularly accredited state delegates and members of the committee on revision. For nearly a decade, too, the AOA has held an advance business conference before the annual convention week, to which all interested persons were invited, and in which all questions of policy might be considered, and recommendations voted upon by all present, which recommendations went to the general convention or to the standing committees as the case might be, as the will of the general membership in such matters.

So, you see, the AOA has really been liberalizing and it has proven successful and popular. At this convention the Constitutional Convention was open to visitors and, more than that, they were accorded the floor and vote on equal terms with the regularly accredited state delegates and members of the committee on revision. For nearly a decade, too, the AOA has held an advance business conference before the annual convention week, to which all interested persons were invited, and in which all questions of policy might be considered, and recommendations voted upon by all present, which recommendations went to the general convention or to the standing committees as the case might be, as the will of the general membership in such matters.

So, you see, the AOA has really been liberalizing and has endeavored to give the fellow who pays dues a feeling of actual proprietorship and working interest in the affairs of the organization.

It seems to the OP that opening up the general sessions of the trustees and other bodies by extending invitation to the membership to sit in the same as far as they liked, and by having sitting room provided so that they could actually sit down when they came would finally popularize the visitors to what extent necessary to exchange and discuss the work of both chambers may be followed but the routine work, would feel differently it if the knew they could listen in on the work of the trustees, or of the educational committee, or of the public relations committee, or any other committee that was anybody's private business and that he was a rank intruder, even by his presence.

So far as the OP can foresee at this time, there was not any vestige of ring rule left to it. Whatever may have been the justice of such a criticism in times past, it seems to the AOA was not well grounded.

It seems to the OP that opening up the general sessions of the trustees and other bodies by extending invitation to the membership to sit in the same as far as they liked, and by having sitting room provided so that they could actually sit down when they came would finally popularize the visitors to what extent necessary to exchange and discuss the work of both chambers may be followed but the routine work, would feel differently it if the knew they could listen in on the work of the trustees, or of the educational committee, or of the public relations committee, or any other committee that was anybody's private business and that he was a rank intruder, even by his presence.

The OP has no real foundation for such a feeling under the modern democratic constitution and by-laws now in force. Nobody has ever thought to vary it or ask for variance. There is no ring rule and no intentional exploitation of the payer of dues except in so far as an archaic and unfortunate policy of exclusion is holding business sessions tends to make the situation so. It is one of the features of such organizations. Such leaders as used to eminate from the secretary's office so persistently we may now, of course, perhaps, in the course of time, having changed our administrative officers.

It is really no just criticism against the AOA to say it is run and controlled by a very few. Pray tell us how else could it be run? Even the human body has its governing master-tissue. Can anyone imagine an organization of 3,000 persons without a cohesive tie to meet in one body and without differentiation of form and specialization of function running itself as an unorganized body? It is the soundest, of course not. Nothing ever could be accomplished.

That one general session of about six hundred men of such size as our AOA has now become. So, the only way to get any business done is to delegate it to competent workmen with authority to go and do it. The members get their "look in" on representative, democratic government when they select their representatives to go and do it. The way is we run our federal and state governments and this was the way we would run it to express the will of the people.

As now organized on paper the AOA is a powerful, united, cohesive body, and represents a progressive form of government, and it remains only for the Big Chief of Battle Creek and his workmen to complete the work of popularizing our form of government so well provided for in our constitution and code of laws by abolishing the traditional way of conducting our business and which, to say the least, it is seen to be in conflict with the letter and spirit of our statutes. They are doing this just as fast as we could ask or expect it. They are laying the axe to the root of whatever is seen to be archaic, useless, wasteful and inept. We believe they will give this suggestion to hold open business sessions of the officers and representatives the same earnest consideration that they give all worth-while suggestions. We know they have always given fair hearing to every suggestion or criticism that any payer of dues cares to make. In what way, then, are we justified in saying that the AOA is or has a stake in its clutches or that the AOA is not a people's organization?

When the OP thought the AOA was all wrong and needed reorganization and reform from the ground up we said so freely—perhaps too hurriedly. Now that we see the reformation is in process we are pleased to see the work of adjusting and reforming going on in fact, just as fast as the officers know how to, we are completely in favor of the complete transition of information, and will uphold their hands in all their good work, whether they do all the things we recommend and think they ought to do or not.
not. We are content because we know that Ex-Presi­dent Fryette and President Conklin are pull­ ing together as one piece of mechanism to com­ plete all that the last administration set out to do and we would be a peculiar people if we could ever come to believe if we demanded very much smoother progress to­ ward reformation and democratization of our great national brother- and sisterhood than we have been witness to in the four years past that President Conklin has been in the chair.

Keep up the work, Big-Chiefs—make it thor­ ough—don't hesitate to be revolutionary—com­ mit to the party of the great national brother­ and sisterhood, the great national people. To pay the dues and elect delegates will stand back of you and hold up your hands to the finish. This includes Dr. Nowlin, that once shared the old aversion to ring rule, and we know it.

[Great applause to this sentiment is heard in the region of Farmer City.]

Well, since we all agree, then, Dr. Nowlin, that makes it unanimous—doesn't it?

**CLINICS SOLD OUT FOR EXHIBITORS**

President Conklin in a communication this month accidentally makes a little taste of the commercial spirit of the AOA under the Chiles regime which is pregnant with meaning and justifies all the criticism and censure that has been heaped upon him in the past on that score. In explaining the handi­ caps under which the chairman of the program committee and his three fellow laborers in the program committee labor under the Chicago meeting, President Conklin tells us that certain commodious rooms which at first had been assigned to the use of the pro­ fession were suddenly taken away from them by an eleventh hour taken away from the general mem­ bership for their own proper purposes and sold for purposes to outside commercial enter­ tainers to extract all of the money they could get. This sort of Chiles business is equivalent to the farmer who would skin his soil by taking all he can wrest from it in crops, yet giving back nothing in return in the way of fertility. The prime concern of the doctor-member of the AOA is his own private practice, and surely the first and foremost interest of the profession is what that body can do for him personally in the way of supplying him with such things as clinics and case records—a great and necessary profes­ sional work that cannot well be furnished by pri­ vate initiative.

Yet the old AOA—as it was recently adminis­ tered and from Orange in these last years under the prac­ tioner's dues, and even double them, but instead of handing him back the kernel of actual scientific and professional enterprise than an incident like this of crowding out clinics to make more money from exhibitors. It proves what we have often said, that the Chiles management of our affairs had no wider vision than collecting dues, selling merchandise, running a subsidized publishing business in unfair competition with the private publishers of the profession, and making money by selling space in the Journal and to convention exhibitors.

We are not minimizing the natural importance and value of exhibits to the delegates or of ex­ hibits and advertising revenues to our national society coffers. The exertion of the profession's money and time is fully as great as the general publicizes the profession out of all proportion to the job of reformation complete. No more clinic space must be sold for a price. No more AOA money and monopsony of the profession for money. The commercial spirit of the AOA under the Chiles regime is the most wonderful thing known to the healing profession his methods in order that we might not be as successful as he, for osteopathy, to me, is an analogy to the art of painting, the art of sculpture, and the art of architecture, and I am deeply interested in its development. I sincerely hope yet, that this glorifier of a re­ stricted osteopathic practice will be able to answer the questions and give me his treatise for treat­ ing such ills as I list here, so that hereafter I may not have to resort in these extreme and danger­ ous cases to the use of any drugs.

1. Have you cured ten cases of pyorrhea, osteo­ pathically?
2. Have you cured ten cases of gonorrhea, osteopathically, making a microscopic examina­ tion before and after treatment?
3. Have you cured two cases of syphilis, osteo­ pathically, making a positive Wassermann re­ action before treatment, and negative afterwards?
4. Have you cured ten burns of the second degree, osteopathically?
5. Have you cured five cases of worms, making a microscopic examination before and after treatment, proving your diagnosis, and cure by treatment and stool examination?
6. Have you made any discovery or invention in the line of the diagnosis or treatment of all dysentery, making a microscopic examination, finding amebia before treatment and not finding them after treatment?
7. Have you cured five cases of ring worm, osteopathically?
8. Have you cured two cases of actual tetanus, osteopathically?
9. Have you treated and cured five cases of smallpox, osteopathically?
10. Have you treated ten cases of acute toxe­ mia, osteopathically?

In answering the foregoing questions affirma­ tively osteopathic treatment by manipulation only will be understood to have been used.

If the doctor is treating by manipulation, solely, cases as above indicated, in the above list he would easily give answers which would be perfectly satisfactory and prove to the profession what many of us have long been wanting to know, namely, that osteopathy in the truest and most scientific mind of every osteopath in the profession.

If he is not treating such cases, then he has no claim to a general practice, but must classify himself as a limited osteopath.

It is my hope that he will finally discover the way of treating and successfully curing the cases mentioned, osteopathically, but must mean­ while are we to let such cases go untreated, suffer, and die until future generations shall discover an effective manipulative treatment, rather than to de­ leviate their suffering by medicinal treatment? Does it make me any less an osteopath to do the exceptional thing medicinally while I am seeking to develop the thing osteopathically?
Dr. Farmer Slowly Recuperating

We are glad to be able to print this newsworthy letter from Dr. Frank C. Farmer, obtained from a private source:

THE AMERICAN RED CROSS,
U. S. General Hospital No. 1,
Green Hill Road, The Bronx,
New York City.

Your letter came to us during a rather trying time, bringing with it good encouragement and cheer. It was one truly, truly welcome letter and is fully appreciated.

From what I gather I all but took my final trip West but as I was unconscious for 14 days it is all a story related to me. But my dear wife had all of the suffering. Isn’t it so frequently the case? The by-stander has the suffering and the 7 days in which each hour was expected by all present to see the finish of your Uncle Dudley must have been hours of anguish for her.

So far I have progressed very nicely and I eat and sleep quite well. I am still far below weight, unable to stand up and tire on the least exertion. Mrs. F. wheels me about and I vary my time between the bed and wheel chair on the spacious porch.

This pneumonia hit me quickly and hard and I recognized it at once. Had just returned from France on the Agamemnon, with 1,000 more of us packed in a small stateroom and one of the men was convalescent from pneumonia. We had to spend nearly day and night in the room because the decks were jammed and no place to sit down, inside or out. I was hit a few days after landing, while visiting Mrs. Farmer’s relatives in Brooklyn. I had an osteopath at once and he worked hard over me, before “the army took me” and under the X-Ray it was found he had a Colles’ fracture of the right wrist and a dislocation of the right shoulder, with a fracture of both bones of his left forearm. The setting of the compound fracture has not proven sufficiently. Osteopathic treatment is definitely outlined and supported by many interesting case reports. There are a number of unique and valuable. In a review of this book in February, 1919, issue of the OP., Dr. Bunting said:

Dr. Millard has provided wonderful and beautiful original illustrations for this book. His anatomical drawings of a popularized sort illustrating the structure and relations of the spine and brain are ideal in every way. They are developed in a graphic manner which enables you to realize their significance at a glance.

The book has 162 pages, printed on heavy high grade stock; 97 illustrations, including 14 full page plates and 3-color frontispiece; table of contents, list of illustrations, and complete index; bound in cloth, stamped in gold. Price $2.00, postpaid. An excellent book to loan to patients. You should have at least two copies, one for your reference library and one to circulate among your patients.

SEND YOUR ORDER TO
THE BUNTING PUBLICATIONS, Inc.
Dept. B., 9 S. Clinton Street, Chicago

WHERE PEGASUS BROWSES

OUR COUNTRY DOCTOR
A REQUIEM

[From Roycroft Magazine.] You'll know him by his muddy shoes, His clothes of last year's style; The weary look about him, The sweetness of his smile.

You'll know him when the school's let out And see the children flock To catch a chery word from him, And shout their "Hello, Doc!"

You'll know him, too, at midnight. When he rides through sleet and rain, And wades deep in a swollen stream, To reach your bed of pain.

You'll know him in the dawning, Still sitting by your bed In damp clothes—Oh, so patient— His hand upon your head.

He was never in a hurry, When a kindly word could cheer; And the little jokes he saved for you Are memories most dear.

He didn’t fall in Flanders Field, Where crimson poppies grew; He wore himself out, waiting On folks like me and you.

He had no cross in Flanders Field, 'Mid poppies' crimson hue; Of folks like me and you. His clothes of last year's style;

His clothes of last year's style; The weary look about him,
The sweetness of his smile.

Stil1 sitting by your hed The sweetness of his smile.

The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, The weary look about him,
The sweetness of his smile.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
The sweetness of his smile.

And wades deep in a swollen stream, To reach your bed of pain.

To reach your bed of pain. The weary look about him,
Special Summer Courses at Chicago College

As a special favor to those who have been in the service, summer courses are being given at the Chicago College of Osteopathy so that the boys who lately returned may make up as much work as possible during the warm weather. This great advantage is being used by thirty-eight of the students. They study with much comfort, even during the very warm days, as it is a common expression with the students that it is always cool within the institution, no matter how hot it is outside. Lake Michigan is about fifteen minutes’ walk from the College and many of the members make use of such easy and pleasant facilities for bathing in the late afternoons and evenings. They also find good exercise making use of the tennis courts in the vicinity. The conclusion is that the Chicago College of Osteopathy is an ideal school for summer work.

Christian Scientists Plan New $4,000,000 Building

NEW YORK, July 16.—The Fifth Church of Christ, Scientist, announced tonight the purchase for $3,500,000 of property on Madison avenue, from Forty-third to Forty-fourth streets, on which it is proposed to erect a $4,000,000 building twenty stories high containing an auditorium and rooms for the various activities of the church.

The AOA ought to have a building in Chicago.

Dr. Gertrude Clements Makes Notable Success In Texas

TEXAS has never been a backward state as regards osteopathy but for some time conditions there have been and are now unusually favorable for those who wish to take up the practice of osteopathy. The Texas osteopaths made such a fine showing in treating the flu last winter and received so much advertising in that way that it will be many years before there will be sufficient osteopaths to meet the demand. Osteopaths over the state are so busy that it is hard to get a chance to talk with them. The situation in Ft. Worth is interesting. Dr. Gertrude Clements of that city advises us that they are very difficult to obtain offices there on account of the oil boom in that part of the state. She waited many months before she was able to secure suitable offices and then in order to rent an entire floor in a large business building. This she divided into several suites of office rooms, reserving five rooms for her own use. She fitted up elegantly and in a most up-to-date manner. Her practice has increased until she has had to employ an assistant. They are both so busy that even all their evenings and Sundays are taken up.

Dr. Clements did not have her lease on the office floor more than a day when she was offered several hundred dollars profit on it. Office rooms are at a premium in Ft. Worth. She was able to sublet the rooms she did not need at a figure

Delicious and Strength Giving

HEMO is superior to other specially prepared liquid foods because it contains hemoglobin—it contains twice as much iron as mother’s milk; six times as much as cow’s milk.

Prospective and nursing mothers find that HEMO increases the healthy flow of milk. When given to infants it safeguards against rickets, anemia and backward growth.

We will send a generous sample of HEMO to any physician or registered nurse.

Thompson’s Malted Food Co.
126 Riverside Drive Waukesha, Wis.

LIKE MOTHER’S MILK IN THREE RESPECTS

Dennos Modification is not recommended as better than mother’s milk, but when artificial feeding must be relied on, remember this:

1. Cow’s milk plus Dennos may be almost identical in composition with mother’s milk.
2. Cow’s milk modified by Dennos becomes soft curdling and bland like mother’s milk.
3. Cow’s milk modified the Dennos way becomes safer from germs, because heating is required in the preparation.

Samples of Dennos together with formulas sent on request.

Dennos Products Co.
2025 Elston Ave.
Chicago, Ill.
that nets her a neat sum over and above her own rent.

The town of Ranger—the great oil center of Texas—is situated a short distance west of Ft. Worth and it is the oil boom that accounts for the unusual flood of people to that part of the state. Ranger two years ago had a population of about five thousand, and now has over fifty thousand.

Osteopaths looking for a good location will do well to investigate central Texas at this time. G. R. McManis, assistant postmaster at Ranger, Texas, advises that there is no osteopath in his city and says that he is sure one would do well there. Any one wishing information may write him and he will be pleased to tell them all the facts he has available.

Feeble Mindedness
Academy Serial No. 97. Practitioner’s Serial No. 44.


General Diagnosis Case Record
Name, R. A. Occupation Married
History (1) Present Illness—An illegitimate and only child. Father deserted mother two months before child was born. Fulltime baby, normal birth. During pregnancy mother very nervous and hysterical. Mother of low intelligence.

Mother’s Family History—Nothing known of parents. Sister a moral delinquent. Mother deserted child twice before she was three months old.

Father’s history unknown.

She was ordered from school by school physician and recommendation was made that she be sent to an institution for feeble-minded.

(2) Past Sickness and Operations.

(3) Family History.

(4) Habits.

(5) Menstrual History.

(6) General Examination, made March 19, 1917: Weight, 40 pounds; height, 46 inches; posture, round shouldered; gait, hurried and nervous; habits suggestive of chorea; slight lateral spinal curvature; eyes defective; ears, defective; nose, adenoid type; throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.

(14) Diagnosis—Feeble-minded, high grade.

(15) Treatment Began March 19, 1917. Adjustment of occipito-atlantal articulation; third cervical, fifth dorsal and fifth lumbar. Throat, slight obstruction; tonsils, removed; teeth, poor and slightly pegged; genital organs, normal; reflexes, slightly increased; attention, flighty.

Binet test shows mental development of 4½ years. Cannot read or do any number work; cannot repeat short sentences; is silly.
was examined at intervals of about three
In two months she was returned to school.
Teacher reported greater ability to learn and
greater concentration. Made good progress,
which continues. Binet test showed mental of
age 55 years. She now counts, repeats short
sentences and is no longer silly. Nervous
twitchings have disappeared. Reflexes nor­
well nourished; is bright and active.

Osteitis Deformans or Paget's
Disease

Section on Bone Diseases.
Date. . . . . . . . . . . . Practitioner's Serial No.
Examining Physician, Wm. S. Nicholl.
Consultants, . . . . . . . . . . . . . . . . . . . . . . . .
Case Inspector, . . . . . . . . . . . . . . . . . . . . . . . . . . .
Secretary of Section, . . . . . . . . . . . . . . . . . . . . . .
Town, Philadelphia; State, Pennsylvania.
Name, Mr. E. R. Y. Address, Philadelphia.
Age, 63. Sex, M. Occupation, merchant (for­
merly carpenter and builder). Married, yes.

History—
(1) Present Illness—Present condition be­
gan to manifest itself about nine years ago.
Ears gradually progressed. Patient complains
of soreness in back, pelvis and knees. Walk­
progressing gradually interfered with. Patient no­
ticed deformity in right femur several years ago.
Several physicians pronounced it "soft­
eening of the bones." Has had several attacks
of asthma, apparently of true bronchial type.
(2) Past Sickness and Operations—During
course of life as builder has had several falls
and injuries. Ten years ago was operated
for appendicitis. Abdominal hernia subse­
quently developed. No history of syphilitic
or gonorrheal infection.
(3) Family History—Father died at age of
53 from valvular heart disease, at close of
Civil War. Patient believes wounds and ex­
posure during war hastened his death. Mother
died at 63 from cerebral hemorrhage. One
sister is 76 years of age and has been an in­
valid for life. From description, probably
anterior poliomyelitis. Two brothers, one 68,
other 60, are apparently normal.
(4) Habits—Habits exceptionally good.

Patient is religious, abstemious liver. Has
always worked hard and long. Also rather
inclined to worry.
(5) Menstrual History—
(6) General Examination—Examination re­
veals individual of fairly good nutritional con­
dition, somewhat below the average height.
Heart is found to be slightly hypertrophied
and a very pronounced systolic murmur is
heard over aortic and mitral region. Aortic
stenosis and mitral regurgitation.
Lungs, negative.

Most noticeable abnormality in right femur.
Femur greatly bowed and slackened (extent
shown under structural exam.).
Patient doesn't notice that he is any shorter
than formerly, nor has he noticed any increase
in size of cranium.
(8) Urine, negative.
(9) Blood—
(10) Blood Pressure—150 mm—systolic.
(11) Gastric Contents—Skigram: X-ray
shows marked involvement of right femur in
its entire extent, down to coudyles. Pelvis
and tibia apparently not involved. Shape of
femur shown above. Thickening at coudyles
made anterior. Poster diameter of femur
at least twice normal dimensions. No evi­
dence of periostititis except that at one small
area on post as pec. of middle of femur there
was slight haziness of outlines.
(14) Diagnosis—Osteitis deformans (Paget's
disease).
The changes in the femur are typical of this
condition and the absence of involvement of
the cranial bones and clavicle in no way ob­
sure the diagnosis.
(15) Treatment—The treatment consists in
gentle Osteopathic correction of the above
lesions; gentle manipulation of soft tissues
around pelvis, hip joint and knee joint to im­
prove circulation to involved tissues.
Post nasal—Epipharynx digital treatment
cleaned up the tendency to asthma.
(16) Remarks—After about six weeks'
treatment patient is very comfortable, in spite
of unavoidable overwork. Backache practi­
cally gone and feeling much stronger gen­
erally. No change, of course, in condition of
femur.

THE OSTEOPATHIC PHYSICIAN

Patient is religious, abstemious liver. Has
always worked hard and long. Also rather
inclined to worry.
(5) Menstrual History—
(6) General Examination—Examination re­
veals individual of fairly good nutritional con­
dition, somewhat below the average height.
Heart is found to be slightly hypertrophied
and a very pronounced systolic murmur is
heard over aortic and mitral region. Aortic
stenosis and mitral regurgitation.
Lungs, negative.

Most noticeable abnormality in right femur.
Femur greatly bowed and slackened (extent
shown under structural exam.).
Patient doesn't notice that he is any shorter
than formerly, nor has he noticed any increase
in size of cranium.
(8) Urine, negative.
(9) Blood—
(10) Blood Pressure—150 mm—systolic.
(11) Gastric Contents—Skigram: X-ray
shows marked involvement of right femur in
its entire extent, down to coudyles. Pelvis
and tibia apparently not involved. Shape of
femur shown above. Thickening at coudyles
made anterior. Poster diameter of femur
at least twice normal dimensions. No evi­
dence of periostititis except that at one small
area on post as pec. of middle of femur there
was slight haziness of outlines.
(14) Diagnosis—Osteitis deformans (or
Paget's disease).
The changes in the femur are typical of this
condition and the absence of involvement of
the cranial bones and clavicle in no way ob­
sure the diagnosis.
(15) Treatment—The treatment consists in
gentle Osteopathic correction of the above
lesions; gentle manipulation of soft tissues
around pelvis, hip joint and knee joint to im­
prove circulation to involved tissues.
Post nasal—Epipharynx digital treatment
cleaned up the tendency to asthma.
(16) Remarks—After about six weeks'
treatment patient is very comfortable, in spite
of unavoidable overwork. Backache practi­
cally gone and feeling much stronger gen­
erally. No change, of course, in condition of
femur.

Special Information
for Osteopaths

Under the laws of some States osteo­
paths are prohibited from using any­
things 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 osteo­
pathic principles, being entirely mechan­
ical, hence no drug re-actions are possi­
ble.

Osteopaths, throughout America, are
using large quantities of these prepara­
tions, 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 with­
out drug reaction and which may be
safely employed, internally or externally
by drugless physicians generally.—The
Dionol Co., Detroit, Mich.
Osteopathy and Its Counterfeits

[From Roycroft Magazine, July]

I

In your May issue I see you gave room to an article entitled "Osteopathic, Efficient Service." There is no doubt that Chiropractic does often give good service, far better service at times than the ordinary—in many cases, because the Chiropractic is working along good principles; principles that work, the principles of Osteopathy. Think how much better and more efficiently that service could be if it were done with one year of pre-medical work, and four years of medical work, including all of the allied sciences of the medical and osteopathic professions. Here you would see him measuring up to Osteopathic standards, here he would justly become a medical doctor. Until then he is taking a short cut to Osteopathy.

Dr. Andrew Taylor Still first proclaimed "The Theory of Natural Immunity," and the "Backbone Theory" as the Main Causative Factor in Disease." These theories belong to Still. Backbone lesions may be corrected in many ways and by a variety of techniques, if you desire to correct the backbone lesion by way of a thrust, rather than by leverage, you have not changed the theory, you have not discovered a new science, you have adjusted the backbone lesion, in other words, you have applied Osteopathy.

Elbert Hubbard was first interested in Osteopathy because he visited Still, at Kirkville, Missouri. Ten years later he wrote an article entitled "The Success of Osteopathy," don't let the words fool you, of course, if you have not been exposed to the contents of this article, the ROYCROFT readers would do well to read this booklet. "Osteopathy, like all things of merit, has been familiar. I shall discuss solely the diagnosis and treatment of the worst offenders. A word to the wise is worth more than nine "Osteopathy, like all things of merit, has been familiar. I shall discuss solely the diagnosis and treatment of the worst offenders. A word to the wise is worth more than nine

NATHANIEL W. BOYD, D. O.

Germantown, Philadelphia.

Found Technique Weak

I

I have just come back to a "Whole string of them, for each ailment and who don't have either therapeutic treatment or inference, and "jiggle" it a few times, reo

NATHANIEL W. BOYD, D. O.

Germantown, Philadelphia.

HEART to HEART TALKS from the FIELD

Enclosed see check for $2.00 for renewal subscription to The OP. Don't you ever dare stop sending it to me. Have been taking it ever since it has been published and expect to continue doing so as long as I am on earth."—Dr. F. G. Custer, St. Louis (Chi.

Allow me to frankly state my opinion regarding The OP. It is the best ever. It is indeed worthy of the name of The OP. It is a journal that every one must have. And if anyone wants for one moment to be without the paper.—Eileen H. Brodie, D. O., Eagle Grove, Iowa.

OP TEST

Here's your little old $2 for The OP. Don't you ever dare stop sending it to me. Have been taking it ever since it has been published and expect to continue doing so as long as I am on earth."—Dr. F. G. Custer, St. Louis (Chi.

"This paper was read by the author at the 191I meeting of the American Society of Experimental Laboratory Physicians, and published at his request. The author states that he is not responsible for any erroneous expressions of opinion or conclusions, nor for any errors in the text of the paper."

M

"The Hypothetical Lesion"

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

My thoughts are addressed to our practitioners, practicing physicians, and to the paraprofessionals who are unable to hold the complex press-button-and-get-results proposition as祠ants and are held by atom smash and others to the great majority of our obscure cases. What I shall say will be a plea for more rational thinking and a greater use of nomenclature in our everyday professional life. I shall not be attempting to tear down but to build, however, it may seem to me otherwise at stating my theme. I am not now considering the multitudinous theories and base their hopes of cure upon as many different, conflicting and irresponsible as are the teachings of all schools of healing and the tenets of all the religious sects are not proved to be true merely because their sick recover. People recover who don't have either therapeutic treatment or religious inspiration. As the statisticians tell us, 85 per cent of the sick get well in spite of everything.

I am not now considering the multitudinous theories and base their hopes of cure upon as many different, conflicting and irresponsible as are the teachings of all schools of healing and the tenets of all the religious sects are not proved to be true merely because their sick recover. People recover who don't have either therapeutic treatment or religious inspiration. As the statisticians tell us, 85 per cent of the sick get well in spite of everything.

I am so far from being a doctor of Galen, as some of my friends think, but I have a great respect for the substance of many of your clinic reports and lectures, and I have no doubt that is about as good a definition of what doctor found and did as could be written, because the name of this paper was read by the author at the 191I meeting of the American Society of Experimental Laboratory Physicians, and published at his request. The author states that he is not responsible for any erroneous expressions of opinion or conclusions, nor for any errors in the text of the paper."

"I found hony lesions at the 12th, which found hony lesions at the 12th, which
demanding to know the ultimate truth. The fact that we are so near the source of disease as to touch it and change it into health should give the osteopathic physician an unquenchable thirst to know exact facts as to processes and to become able to put them into accurate words.

Once again I repeat the fact that actual conditions and what we may think are conditions may be as opposite and contradictory as two situations can be. Again, whatsoever hypothesis we invoke to cure, and what actually cures, may be as far apart as and antagonistic as two things can be. This is true; we must all admit it. Therefore, bigotry of opinion is not becoming in any of us.

We osteopaths may cure a case because we find a slipped innominate. A surgeon may cure it by an operation. A Christian scientist might cure the same case by prayer. A psychologist might cure it by suggestion. A faddist might cure it by hygienic regimen. A masseur, a magnetic healer or a believer in electricity might cure it. The case might get well spontaneously. The case might even get well in the hands of an allopath who was prescribing poisons which the physiologist says mean tissue destruction. Now, the point I make is that because a patient gets well under any treatment, that of itself does not prove that the formula, which embodies the therapeutic or religious belief of the physician or healer concerned, is thereby proven to be true. Not at all.

This fact gives us our caution and our cure. Just because our patients recover or because we cure them, if you please, we must not suppose that the first blanket-diagnosis we throw over our patients was proven to have been true and applicable. Even our fondest beliefs may one day be upset, as they have been again and again in all the sciences. Therefore, our minds must be and must continue open and receptive to new truth.

Instead of this camping about the smouldering fires of pet theorems and formula and repeating, parrot-like, sonorous words and hypothetic phrases to explain elusive body conditions, let us cultivate the most simple and precise language to define the actual state of the lesions found, endeavoring always to say what we mean and mean what we say; and meanwhile be bold to admit to ourselves and to each other freely when we don't know what to say or what to believe. One single
fact with respect to an osteopathic lesion that is existent is worth a volume of repeating mystical shibboleths such as we are all familiar with.

As a first step, we must distinguish, as I have argued, very clearly between our facts and our theories. What is a solemn anatomical fact as what we must distinguish from that fact logically, must be distinguished.

But we cannot always know the exact anatomical facts, but we can distinguish the diagnostic skillfulness. As trained as our fingertips grow and as nimble as our minds become in reasoning, from the possible one or the other may be taken in the course of physiological and pathological action, it is not possible in many instances to do more than form an intelligent guess at the fundamental, causal condition.

In such a case, clearly our diagnosis must be framed as an hypothesis and to designate this sort of diagnosis I have for ten years proposed and used the term "hypothetical lesion." I recommend the term "hypothetical lesion" to the profession for adoption in definite and restricted usage for defining certain phases of our diagnosis which will make for scientific accuracy, both in thought and expression. As I use the term, it defines only a supposed lesion which has been figured out by speculation to be most likely existing but which, as yet, has not the means or ability to verify. Calling such a lesion "hypothetical," it keeps one reminded that the diagnosis is as yet a supposition, and this has its inherent advantage in the framing of such a definite hypothesis respecting the exact nature of the lesion has its advantage of requiring the most careful and repeated examinations, whether one realizes it or not this is probably just what goes on in every alert mind while diagnosis is under way, so why not dignify the process with a name and honor it with its legitimate function in diagnosis? The term is a sensible one, the conception of just what the structural wrong must be insures that the treatment given to effect adjustment will be something more than a "jiggle" aimed to move structures, in the hope that when they settle back in place, normal relations somehow will have been established.

But you may properly ask—so far as I have gone—wherein does formulating a hypothetical lesion in obscure cases differ from our ordinary everyday diagnosis? Where is anything new introduced into our work by using that term? I offer the term as designating when tissue disturbance, if present, the variable, is such that the physician does not know immediately and accurately, and cannot, with his present light, say for certain that a lesion of the type designated or described actually exists, but which he is minded that the diagnosis is as yet a supposition.

In other words, the hypothetical lesion is an as-sumed lesion, because our past experiences, observations and deductions to the point of assuming as accurate reasoning, more specific treatment, and, of diagnostic and therapeutic richness which, unfortunately, much of our efforts in that line today do not. "I treated at the ninth rib and cured the case," as the style of our case reports too often runs, probably means just what the author says, he "treated" at a spot without knowing what was wrong or what relief gave it. This is what I call "jiggering" the spine.

Hypothetical lesions and manipulations aimed to effect their adjustment have ancient and honorable precedents in medical and surgical science. They are akin to the "exploratory incision" which the surgeon makes to see into what the matter, operating, once inside, in whatever his hand finds need of doing; also they are akin to the so-called symptomatic treatment of drug physicians.

We are to realize from this comparison that omnisience is not demanded of us in diagnosing our cases, and we have a right to confess ignorance or entertain an honest doubt whenever we are perplexed; and it is more scientific to do it, register the doubt and proceed cautiously on a rational hypothesis than fool ourselves with arbitrary dictums that cannot be actually true.

Of course, in a sense, most of ordinary medical and surgical diagnosis are "hypothetical" and manipulations are "guessed at" rather than confirmed observation and prove the opinion—so here again we find professional precedence defending the right of the osteopathic physician to assume lesions in his really obscure cases; but I am sure from what has been said about the "hypothetical lesion," as a step in our diagnostic effort, that you will concede there is a wide gulf of difference between the practical work of the osteopath, dealing with hypothetical lesions regarding tissue disturbances and the fine-spun theories of our medical competitors whose chief weakness is that they often speculate and are not acquainted with the symptoms or the tissues of the human body.

The term "hypothetical lesion" and all that
Survey of Osteopathy

Address of C. Burton Stevens, D. O., Before the Kewanis Club of Detroit

I HAIL with delight this opportunity of making you better acquainted with osteopathy. While I must of necessity be brief, and merely indicate many things which I would like to say more fully, yet I shall endeavor to so thoroughly cover the ground that you may get an intelligent conception of the scope and fundamental principles of our system of healing. In this day when old systems—be they religious, social, industrial, or what not—are being scrutinized as never before and compelled to stand or fall on their respective merits, an opportune moment to present to you our latest development in the science of healing; I wish to place facts in your possession and let you decide for yourself whether the old methods and practices of treating disease as to excite a morbid condition and so treats disease as to excite a morbid condition were adequate and all that might be desired. When I have finished my address, I want you to ask yourselves: is this new way not a better way? is it not a safer way?

Perhaps it will be time well spent if I take just a moment here to tell you something concerning the development of the old systems to which we have long been accustomed. Modern medicine dates from the thirteenth century, at which time Hippocrates made certain discoveries that culminated in the development of a new therapy which has been known as allopathy. This word is derived from two Greek words and means "other suffering." It is regarded as a system of substitution and so treats disease as to excite a morbid process of another kind.

This system continued undisputed in the field of healing, but, of course, with modifications from time to time, until the latter part of the eighteenth century, at which time Samuel Hahnemann made certain discoveries that culminated in the development of a new therapy which has since been called homeopathy. This word is derived from two Greek words and means "like suffering." In this system the doctrine is that the potency of a drug is enormously increased thru dilution. In a final analysis the new method stood—and still stands—as a protest against the heroic method of drugg ing, that was an essential part of the older system.

In the latter part of the nineteenth century this new science of osteopathy, of which I am to speak to you, came into being. It will always stand as a monument to the labor of Dr. A. T. Still, born in Lee county, Virginia, Aug. 6, 1828. His father was a physician of the old school, and a Methodist minister, and the son followed him in the study and practice of medicine. In the early days he served with the Free mason as Scout Surgeon and still later he served in the Civil War as surgeon with the 32nd Kansas militia. I haven't the time to go into all the angles of his life, however interesting this review of a truly great life might be. Suffice it to say that an ever increasing dissatisfaction with drug practice culminated in the year 1874, at which time he renounced medicine and himself wholly to the practice and development of osteopathy.

I believe that it will prove interesting and he fully within the scope of this address to tell you something concerning the present status of this newest science.
THE OSTEOPATHIC PHYSICIAN

must remove the exciting and predisposing cause which is mechanical, and not chemical.

In this connection there is one thought that Dr. Still in his search for a basic truth on which to build his philosophy of healing, appropriated the law of cause and effect. And when he finds the first cause, thereby causing congestion and disease, the physician will resort to any means to get back to a simple first cause. Of course, we believe that germs are important factors in disease. We are content to do everything in our power to get rid of any possible effort should be to combat germs of every kind; but we believe just as firmly, that the portals of entry and breeding places of the germ in the human body should be watched with equal care. There are people in the world who profess their ability to eat germs sandwiches with impunity. Granted to them a vigorous physical mechanism and perhaps they are not so far wrong as we have been inclined to believe. I am sure that you want to know just what is our attitude toward drugs. Perhaps you already know that osteopathy arose and still stands as a protest against the indiscriminate use of drugs. I will not attempt to give you a complete history of the drug question, and I will simply remind you that this same protest is being heard in every corner of the globe. We are no more opposed to medicine than to any other profession, we have signed to it so well illustrates therapeutic failure. Much has been said from time to time relative to the attitude of osteopaths toward the germ theory of disease. In fact, this is one of the most distinguishing features of osteopathy. First of all, is the objective sought a worthy one? Were it not for the possibilities of pain, you might not know that anything was wrong. You might go to the grave of the brake with certain forms of heart trouble and not awaken to the fact that anything of consequence was wrong with your body. Don't forget that PAIN is the RED LIGHT of warning which Nature is hanging out; for God's sake don't throw a blanket over it and drag it through our clinic, or better yet, drive into the garage and have some expert look it over. This is the standard every drug into the body is to be judged by. "Nothing contravenes our osteopathic principles short of internal medication." Our attitude toward drugs. Perhaps you already know that osteopathy arose and still stands as a protest against the indiscriminate use of drugs. I will not attempt to give you a complete history of the drug question, and I will simply remind you that this same protest is being heard in every corner of the globe. We are no more opposed to medicine than to any other profession, we have signed to it so well illustrates therapeutic failure. Much has been said from time to time relative to the attitude of osteopaths toward the germ theory of disease. In fact, this is one of the most distinguishing features of osteopathy. First of all, is the objective sought a worthy one? Were it not for the possibilities of pain, you might not know that anything was wrong. You might go to the grave of the brake with certain forms of heart trouble and not awaken to the fact that anything of consequence was wrong with your body. Don't forget that PAIN is the RED LIGHT of warning which Nature is hanging out; for God's sake don't throw a blanket over it and drag it through our clinic, or better yet, drive into the garage and have some expert look it over. This is the standard every drug into the body is to be judged by. "Nothing contravenes our osteopathic principles short of internal medication."
Osteopathic Treatment Associated With Orificial Methods in Pelvic Conditions

Herbert S. Beckler, D. O., Staunton, Va.

[From the Journal of the American Association of Orificial Surgeons.]

I t is seldom that one has occasion to felicitate himself more than once in his life as regards his privileges for learning from such teachers as those whom we have in the osteopathic profession. It is also a privilege which such teachers have twice been mine, and I hereby acknowledge my everlasting gratitude to Dr. E. H. Pratt and to Dr. A. T. Still, the greatest minds for which the osteopath has reason to be thankful. And their time; and today I am more particularly happy in the privilege of speaking before such a broad-minded assembly as pupils of either the old school or the new school who have made a broader approach to this subject than others have done. I wish to say that from my experience I think it as it is with these relations of the various parts of the body as a living mechanism, that each part must be left alone.

We all know that in practice we always find some other part of the body showing the effects of abnormal action of a structure or function. We know that one organ deteriorates and it is with these relations of the various parts of the body as a living mechanism, that each part must be left alone.

Therefore, when osteopathy views a diseased condition, the word “lesion” takes a different meaning. A lesion is an abnormality recognized in the standard dictionary, which is, “Any derangement or morbid change in the function or structure of an organ or tissue,” while Dr. J. M. Littlejohn fits the word better from the osteopathic point of view, “A lesion is any change from the normal and structural relations, activity, correlations or environment which react upon the organism or its functioning sufficiently to produce vital unrest.”

With these elementary conceptions of the terms “Osteopathy,” “Structure” and “Lesion,” we, as orificialists from the various schools of medicine can properly proceed with the subject as outlined in the program.

As orificialists, we never lose sight of the fact that the body is a system, and that all of its parts act in unison. When one is able to sense the normal and abnormal, he can go on the way to the hospital for operation for appendicitis, which condition had been diagnosed by two physicians of the allopathic school, one of whom was with her, as it was not considered safe to trust her with her parents alone, without some experienced attendant. She had the classic symptoms of pain, which pain finally had localized in the right iliac fossa, a temperature, abdominal rigidity, and some large palpable masses, and a heightening of the region of the ascending colon from iliac fossa; right limb flexed. She had been taken to my examining room for examination before the operation, in order to confirm the necessity for it. The examination showed no signs of peritoneal irritation, no lesions of the lumbar vertebrae, and a packed pelvis, with uterus much congested and anterior.

The history was then taken and consisted of a description of having done a week’s washing the Thursday forenoon before, and hurrying through in order to get to the place where he was to make dinner for company. She had lifted a tub of water instead of more slowly emptying it, twisted around to set it down, and had eaten a large dinner, before the evening on which the attack began. This was the last day of the menstruation which had been normal.

Against the advice of the physicians accompanying her, the patient was turned over to me. The abdomen was rigid, and the right adominal quadrants were made both of the bony and softer structures, and in two hours the patient was free from pain, only soreness remaining. She has been well ever since.

Against the advice of the physicians accompanying her, the patient was turned over to me. The abdomen was rigid, and the right adominal quadrants were made both of the bony and softer structures, and in two hours the patient was free from pain, only soreness remaining. She has been well ever since.
various may be the effects of a lesion of one of the bones of this region, as only one with an extensive practice and an especial turn of mind for tabulating his observations and proving the correctness of his diagnostic opinion of several competent observers either in clinics or research institutions can obtain this data. The case is not in the least amount of work and sacrifice on the profession has recently established the A. T. and Dr. M. E. Clark, in his "Applied Anatomy," does not needless to add the combination cobbler-chiropractor went to jail. And thereby, we imagine,=[newline]for this phase of an innominate lesion.=[newline]Case 7. Mr. Y., plumber, 38 years of age, Case 2. Boy, three and a half years of age, had complained of prolapsus of uterus, with much weakness, etc. Upon examination, lower dorsal and lumbar lesions were found, a relaxed vagina, with uterus max. hit the floor. Said detective states he had slipped down a railroad embankment in hastening to a train while carrying a box of tools on one shoulder and some piping on that hip, about two weeks before the accident began, and had sustained a great jar in the fall resulting from the loss of balance in slipping.

Sleep Lasting Three Months Fatal to Staten Island Girl

**NEW YORK, June 27 (AP).—After an inordinate sleep lasting three months, and eight days, Hilda Karl, of New Dorp, Staten Island, died at a hospital here last night of a heart failure attributed to cataplexy. Physicians were able to arouse her only at intervals lasting a few minutes. The young woman came to this country from Finland eight years ago.**

**Query:** Is not the medical staff of this institution guilty of manslaughter to let this poor girl die on their hands thus when osteopathy has a record of 100 per cent cures for these cases? Surely they are.

**Shoemaker Who Ran a Chiro Shop**

**THE Pittsburgh Dispatch** recently ran an interesting little story of what happened to a detective who retired after having been a shoemaker practicing chiropractic without a license. The shoemaker evidently got wise to the fact that the detective was not a regular patient, because when he ran a little shoemaking table, which was for a folding affair, the shoemaker-chiropractor gave the counter leg an accidental push and the detective's glutes max. hit the floor. Said detective states he will not seek chiropractic treatment ever again.

Needless to add the combination cobbler-chiropractor went to jail. And thereby, we imagine, the trade was deprived of a perfectly good shoemaker—and, more's the pity, for labor is scarce.
Something Superfine for October

"A WELL-BALANCED ration" is what you will call the October issue of Osteopathic Health, because of the fine balance of theoretical and practical osteopathy packed between its covers. It is the sort of mixed collation of reading that the average person will like because it tells, first, in brief summaries, something of the scientific and historic aspects of osteopathy; and straightway, after that, gives the kind of osteopathic cases that were cured, many of them from the standpoint of long, long years of practice, teaching and research. We have offered osteopathic cases before in a column in this Journal, and yet apparently infection from this source is relatively uncommon. In proportion to the number of patients referred for treatment, infection is a rare occurrence. Undoubtedly in children of school age and younger, however, infection is more commonly followed, but two additional factors are at work in the latter case; the greater susceptibility of children to the common infections whose portal is the mouth or the nose, and the more unconventional habits of children with respect to cleanliness of hands and familiarity with intercourse between fingers and mouth. Even with just the simplest of methods of hand-borne infection and droplet infection. So decide whether you are concerned, the proportion of cases of hand-borne infection to the opportunities for such infection seem almost surprisingly small. It may be fairly assumed that the most frequent means of transmission of disease is by the hands. What are the causes of hand-contamination? What is the difference between such germs where they can multiply. On the fingers an unpleasant character are not far to seek. There are two aspects of hand-borne infection. One is the evident absence of any provision for contamination seems almost surprisingly small. It may be fairly assumed that the most frequent means of transmission of disease is by the hands. What are the causes of hand-contamination? What is the difference between such germs where they can multiply. On the fingers of the contaminating germs to the mouth is extensive. As a result the individual to a large extent against the grosser forms recently deposited by the hands of the individual. This form of indirect contact has been thought to be a potent factor in definite epidemics of diseases. Lynch and Cumming have advanced evidence which is interesting, if not altogether convincing, in support of the view that contaminated hands were an important agent in spreading influenza in certain army organizations during the great 1918 pandemic. The hands of typhoid carriers have for a long time been regarded as a reservoir of disease, rather than in hysterical attempts at avoidance of all hand contamination. Children are best protected through the inculcation of similar desirable habits at an early age. In a word, some degree of hand contamination is unavoidable; but the transference of the contaminating germs to the mouth is largely under individual control and is subject to the powerful influence of early formed habit.

A Grand New Serum

Heralded After the Fashion of Allopathic Journalism

By F. L. R. Roberts, D. O., Spirit Lake, Iowa

The laboratories of Dark, Ribles & Co. have just perfected a group of new sera to be used for the correction of fractures and dislocations. These sera are specific, but in cases in which the physician is unable to diagnose a fracture or dislocation or in which he is unable to determine what bones are affected, their polyvalent serum is advised. The usual dosage is 1,000 cubic centimeters, but in cases in which there are 5,000 calories are required. The Flexnov institute is said to endorse highly this new addition to our armamentarium. A great number of tests have proven the great efficacy of these invaluable sera. So far as we can learn it has never been used on humans, but no less than three cases of fractures in animals were treated with great success. Though the guinea pigs all died, one of them passed a gold coin to the doctor in charge and a similar coin was found in the intestines of the second at autopsy. The sera are equally valuable as a prophylactic as they have been abundantly proved. Two dogs were used for this test in a control experiment; one of them was inoculated, the other was not. They were inoculated losely with the same bait. One of them was run over by a truck and several bones were broken. The other remained unharmed. It was not determined that the dog that escaped was the one treated. This, to the skeptical lay mind, would seem to defeat the whole argument from the theory that the results obtained, but to the medical practitioner the proof is not only convincing but a new and interesting field of investigation is opened up. Read the important announcement of Dark, Ribles & Co. on page 77 of this issue. Congress should appropriate $70,000,000 to put this sera within reach of all poor families.
Iowa Wants It in 1920

As a Trustee from Iowa and interested in the AOA coming to Iowa in 1920, I assure you I am hearty accord with it remaining in Chicago for three or four years at a time. I think that the best interests of the AOA will be served by this method. I also favor some plan by which Chicago DO's may be represented with the medical societies in the city. I hope that for a great year in osteopathy—I am fraternally, S. B. Miller, D.O., Cedar Rapids, Iowa.

Galli Curci Benefit Still Advertising Us

The Western North Carolina Times, published at Hendersonville, North Carolina, in its July 18th issue, states that Galli-Curci as reported in the June osteopathic physician. This was a good piece of publicity for Dr. George Wright, the local osteopath, to put over. It was a very excellent story to use for this purpose, and I would like to see an osteopath who could set it for her when she should wish to use the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.

I have written as fully as I have because there is an opportunity here that we, as a profession, should use. I feel that there are many practitioners, as well as recent graduates, who would grasp such a chance, providing they were assured they would get such work. As I said before, this is a new venture on Dr. Crenshaw's part, and altho he will derive some benefit from the advertising it will give him in the community, it is largely an enterprise to be carried on for the profession. Sixty or seventy percent of the business would be a conservative estimate of the clinical material that could be brought together; but unless the profession takes advantage of the opportunity there is no reason why Dr. Crenshaw would care to go on with the undertaking. An interested and genuine doctors would soon develop through such an enterprise, and schools could be made up here; and an ideal clinic established.

Liberty Hospital was a very pleasant surprise to me, and I feel there are many opportunities for an osteopath, as well as without any anesthetic. I have administered the anesthetic in some cases, attended to the delivery in others, and done the repair work in half a dozen cases. This experience has given me the full confidence to handle any of these cases and I feel that my ability to give a patient the proper care at the right time will be of the utmost help to the work that I have had under Mr. Crenshaw.
THE OSTEOPATHIC PHYSICIAN

PERSONALS

Dr. T. A. Rieger will spend August at his home, Erie, Pa.

Miss Cora Cottrell, superintendent of ASO Hospital, Cleveland, returned from her summer vacation.

Miss Jeannette Carley, assistant superintendent of the ASO Hospital, spent the month of July in the Ozarks.

Dr. George M. Laughlin, of Kirksville, Missouri, has just returned from his vacation at the seaside.

Dr. R. D. Turner, of the ASO Hospital staff, spent fishing in the mountains of Tennessee.

Dr. H. S. Hain and wife, ASO, spent their vacation at Cassopolis, Michigan.

Dr. William Platt and Dr. Virgil Halladay of ASO spent the month of July in the Rocky Mountain Convention the early part of August.

Dr. W. H. Murphy, of Bremerton, Washington, is taking a vacation from practice for a year to do post graduate work at Los Angeles, California.

Miss Lydia Mast, assistant superintendent of ASO, is spending the month of August at her home in Northern Iowa.

Dr. C. R. Schmidt spent his vacation with his wife and two sons in Indiana, arriving in Kirksville the last of July.

Dr. E. S. Merrifield, of Los Angeles, California, spent a portion of the summer attending the ASO Hospital on his way back in practice.

Dr. James T. Slaughter has resumed his practice in Chicago, Kentucky, after many months spent in service in Europe.

Dr. George H. Carpenter, of Chicago, was recently married to Miss Frieda Smith, of Detroit, Michigan.

Dr. Mary Kelly Sullivan, of Detroit, Michigan, married Dr. Harry B. Sullivan, of Detroit, Michigan, August 4th.

Dr. Kelly Sullivan has begun practice in Detroit, Michigan. She is considered one of the most successful women in osteopathic practice. Her record demonstrates motherless four fine children and one girl. The sympathy of the profession, we are sure, will go out to Dr. Harry B. Sullivan in his bereavement.

The mercy of June was selected by many doctors in the profession as a suitable time to change their social status. Dr. Wallace of Michigan, who became a bachelor in the class of 1898, was married August 8th, in the American School of Osteopathy hospital, an eight-pound boy, Dayton David.

The Osteopathic Association at Chicago, Dr. Pauline R. Schmidt, spent his vacation with his wife and children.

Dr. Charles C. Cook, of Saginaw, Michigan, is back to practice after a year's absence. He was in the army this time, nine months of the year being spent overseas. He received his discharge June 10th.

Dr. W. J. Conner, of Kansas City, Missouri, wrote us recently that he was spending his vacation in a cottage in the Ozark Mountains. He returned to his practice the middle of August.

Dr. John W. Wallace, of Philadelphia, has the misfortune to lose his father, who was 63 years old. His home was in southern Illinois and Dr. Wallace was in attendance on him for some time. He has changed his Philadelphia address from 1793 North Thirteenth Street to 1793 North Sixteenth Street.

Mr. and Mrs. Orval L. Kelley, of Prescott, Arizona, on August 22nd, a son, Howard Lindon.

Dr. James H. Bell, of Newark, Ohio, to Miss Fergie Van Anta, of San Francisco, California, June 7th.

Dr. Mary Kelly Sullivan, wife of Dr. Harry B. Sullivan, of Detroit, Michigan, married August 4th, and deposited at the Ohio State University.

Dr. Charles C. Cook, of Saginaw, Michigan, is now back in practice after a year's absence. He was in the army this time, nine months of the year being spent overseas. He received his discharge June 10th.

Dr. W. J. Conner, of Kansas City, Missouri, wrote us recently that he was spending his vacation in a cottage in the Ozark Mountains. He returned to his practice the middle of August.

Dr. John W. Wallace, of Philadelphia, has the misfortune to lose his father, who was 63 years old. His home was in southern Illinois and Dr. Wallace was in attendance on him for some time. He has changed his Philadelphia address from 1793 North Thirteenth Street to 1793 North Sixteenth Street.

Miss Evelyn R. Bush, of Louisville, Kentucky, is holding her head very high these days. She has become a grandaughter. Her little granddaughter, Evelyn Louise, arrived to make her a grandmother.

Dr. Marion C. Chick, of Indianapolis, the arrival occurred in a perfectly healthy condition.

Dr. T. J. Ruddy, Eye, Ear, Nose and Throat Originator (Bowling) of “Finger Method” for Hay Fever and Catarrhal Deafness, etc.

For Sale—Practice in Philadelphia. Address No. 177, clo The OP, 9 South Clinton St., Chicago.

For Sale—Office fixtures and good will. Best town in Pennsylvania. City of 30,000; high grade clientele, mostly women. Address No. 178, clo The OP, 9 South Clinton St., Chicago.

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.

OP Co., 9 So. Clinton St., Chicago.
Osteopathic Health will increase your practice. It will keep your name and profession fresh in the mind of a cured patient or prospective patient.

"Osteopathic Health" for October, 1919

Osteopathy as a Science
Gastralgia Caused by a Fall
Mercy for Appendicitis Victims
Deafness Following Influenza

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.

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
3,000 Dates More Harmful Than Healing
Drug Abuses Far Outrank Drug Uses
Heart Stimulants in the Infections Are Gross Malpractice
Osteopathic Willing to Concede Medical 5 Per Cent of the Field of Disease and Can Prove Their Own Superiority In the Remaining 95 Per Cent
The Osteopathic Dominion Includes All Curable Diseases

No. 34
How a Case of Sleeping Sickness Found a Cure
The Mysterious New Malady Following Influenza Conquered by Osteopathy
Child Given Up to Die by the Medical Profession After a 44-Day Sleep Completely Restored by Osteopathy
The Lesson of a Cured Lumbago Ills that Lie Between Acute and Purely Surgical Practice
A New and Rational Hope for Patients Who Have Not Been Relieved

No. 36
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 educates your patients. It makes the patient have more confidence in osteopathy by explaining its therapy.

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