A Bookful on the Innominate in 316 Words

I HAVE been misled, as doubtless others have, in cases which seemed to present sacro-iliac lesions but with no resulting symptoms, into attempts at normalizing structures which were already normal to the individual, though apparently in lesion. These experiences led to careful study and finally to this conclusion:

As truly as many facial and cranial bones are asymmetrical (a fact well-known to photographers and batters as well as to discerning osteopaths); as surely as cervical anomalies are found in which seeming abnormal relations of occiput, atlas and axis are only a normal development from early postural faults due to heredity, maternal carelessness or ignorance; as certainly as a vertebral spinous process may be deflected without any lesion whatever; as positively as one femur may be shorter than its fellow; just so surely may a pelvis be tilted through developmental perfections, and thus make careful measurements and comparisons show a lesion where none exists.

In such cases—and in all that show pelvic disturbance for that matter—I test mobility of both sacro-iliac and hip joints, because normal mobility is after all the sure test of joint integrity. To test sacro-iliac mobility I stand or sit behind the patient, with thumbs over the posterior iliac spines, the ends resting against the serum, while the fingers reach forward over the crests or anterior superior spines. The patient lifts first one foot and then the other as in walking, but without stepping forward. The higher the knees are raised, the better the test. That instant the application of the pressure results.—Ethel Louise Burner, D. O., Bloomington, Ill.

That Tired Horse Simile

Bunting’s statement that heart stimulants in the infections are gross malpractice is a little too sweeping. A stimulant might save life by providing a goad at the critical moment. I know of a case of pneumonia which would have died without a stimulant at the crisis, yet lived and made perfect recovery. You mention the case of whipping the tired horse. Your reasoning is good up to a certain point, but you will have to agree that it might be good policy to put a little of the “gad” on the tired horse to hustle him out of the way of an auto approaching at fifty miles per hour. He could rest afterward.—John B. Stow, D. O., Summit, New Jersey.

Awaiting Relaxation

When attempting the correction of lesions a great deal is gained by simply waiting an instant for the patient’s muscles to relax after the tension has been brought to bear. With the leverages exactly right, hold the patient in position with the proper tension; then wait an instant until you feel the patient’s muscles relax. That instant the application of the pressure brings good results.—Ethel Louise Burner, D. O., Bloomington, Ill.

Beware Hot-Air Leadership

Now that we have a League of our National, State and Local organizations by the adoption of the new constitution of the AOA, I wonder if we will take advantage of our opportunities? The stand-patters of fifteen years ago and since prevented this necessary element in our progress and I wonder what their influence and the one only that can endure is the system that will establish and maintain this “exchange” of “secretion” — that is Osteopathy.—F. J. Ruddy, D. O., Los Angeles, California.

The Problem (?) Internal Secretion

1st. Remember that each cell “secretes” into the blood stream.

2nd. Remember each cell “absorbs” from the blood stream.

3rd. Therefore each cell has an “internal secretion” for the benefit of every other cell.

4th. Therefore the only “system of therapeutics” adapted to the plan of living things is the only one that can endure is the system that will establish and maintain this “exchange” of “secretion” — that is Osteopathy.—W. Bumpus, D. O., Denver, Colo.

Raise Your Service First

Increased fees come logically after two things: greater reputation and more specific service. Reputation comes as a slow growth, the technic, and the efficiency as a result of service. Nothing is gained but in return for the attention channelled through the public person that is gained. The costs of production increase, the costs of sales decrease; the income remains the same, or may even show a diminution. The only “system of therapeutics” adapted to the plan of living things is the only one that can endure is the system that will establish and maintain this “exchange” of “secretion” — that is Osteopathy.—J. A. Van Broekhoven, D. O., Portland, Oregon.

Raise Your Fees

The failure of our profession to change our methods as regards fees is one of our greatest errors. The price per treatment is all wrong, but for God’s sake, if we do charge by the treatment, let us charge a reasonable fee, say $2.50 to $5.00. You’ll find hundreds of D. O.’s in prosperous communities charging $1.00 and $1.50 per. How is it that for war prices and prosperity? Let us change front and get what we are entitled to.—G. W. Bumpus, D. O., Denver, Colo.

Relaxation

Relaxation is the keyword of permanent adjustment. Without relaxed tissues an attempted adjustment is almost sure to be painful and results are very uncertain.

—Dr. T. Gage, D. O., Oakosh, Wisc.
Nasal Sinus Irrigation Successful

In purulent involvement of the nasal accessory sinuses it is not necessary to do mutilating surgery upon the nose or the sinuses to effect a diagnosis or cure, even to the extent of using the antrum trocar. Any sinus can be entered through its normal osseum and can be diagnosed and cured by lavage, using normal salt or boric acid solution. Bone obstructions in the nose and abcessed teeth require surgery preparatory to irrigation of sinuses.—Walter V. Goodfellow, D. O., Los Angeles, Calif.

Other Joints, Too

Not enough attention is given to subluxations of other joints than those of the spine. There are joint diseases which affect the whole body that is not subject to subluxation. Many cases treated as sprains are fundamentally subluxations. Spinal adjustment is fundamental but there is too much of a tendency to forget that osteopathy includes all body adjustment.


Good Tips on Glasses

Patients will spend a lot of money having their eyes examined and glasses fitted and court eyestrian by not keeping the glasses ordinarily clean. A good practice is to find a pair of eye glasses that are not more or less dirty. They must be cleaned and polished five or six times a day, or more often if the patient is exposed to dust, etc. I have also noticed that the glass in the round tortoise shell rims becomes easily turned and thrown out of focus by cleaning. There are several ways this difficulty may be overcome. Have the optician make a small scratch or notch on the glass and a corresponding one on the rim so that it is possible to notice any turn in the lens. The other way, and the best one, is not to wear the round spectacles at all. There is no excuse for them except that they happen to be the fashion just now.—Dr. Robert W. Rogers, Somerville, New Jersey.

It Can Not Be Done (!)

Some years ago I knew exactly what an incurable lesion was: It was immovable, the skin over it was pigmented and there was an hypertrophy of the spinus process with a tendency to a local atrophy of the soft tissues. Some of my patients at work and exposure there more courage than I, however, and they no longer present these defects. It is with great distress that I present these unscientific results.—Frank M. Vaughan, D. O., Boston, Mass.

Tell Him, Jimmy!

Just what does Dr. J. D. Edwards mean by “submerged subluxations” and his method of diagnosis? I understand that he demonstrated his technique at the AOA Convention and for the benefit of those who were unable to attend, why not have him write an article in The OP explaining his discovery?—E. M. Steeple, D. O., Wilmington, O.

Instruct Your Patients

Many osteopaths neglect to give any instructions to their patients in regard to diet and general care. I have been told to some cases at all and fail to reach others quickly, because a toxic alimentary canal reproduces the lesions being adjusted. That is where the “horse sense” that “Bill” Smith used to talk about comes in. Let’s use our fingers but teach our patients how faulty habits in eating, faulty habits in work and exposure to infections may all reproduce the lesions we are correcting for them.—Frank H. Smith, D. O., Indianapolis, Ind.

Instrumental Accuracy

I know of at least two osteopaths who used no thermometer or stethoscope last fall during the epidemic and insisted it was unnecessary. One of them diagnosed a case of pneumonia as “a hard cold” and lost the case (and the family) because he didn’t consider them enough for them! I had a party tell me the other day that “even if it isn’t necessary, I think the osteopath is very foolish not to use the thermometer for the effect on the patient, if nothing else.” Mighty poor impression for any osteopath to leave that osteopathy has no use for the thermometer or the ear thermometer, or any other modern diagnostic instrument. I am for osteopathy as a complete therapy—and will use instruments, rad and fingers to make it complete.—Roy Kerr Eldridge, D. O., Philadelphia.

Unification

I am going to ask that my suggestion as contained in the August “Shop Talks” be emphasized. All about us we see evidences of a disruptive nature—attempts of one organization to dictate the policies of another—tendencies in the main toward individualistic favoritism. It seems to me these ideas are just as apt to creep into the osteopathic field as in any other. There are times when one conscience does draw attention to the facts that are not true—when our colleagues recognize the acts of another, or his professional relationships with patients seeking toward professional supremacy. Let’s keep away from this sort of thing by stimulating early the thought that “there’s plenty of good in the worst of us, and plenty of bad in the best of us” and promote efforts toward greater co-operation individually and collectively by adopting some such significant phrase for our slogan as “Osteopathic Unity.”—E. J. Elton, D. O., Milwaukee.

Why Mix Drugs with Osteopathy?

The incompatibility of drugs with osteopathy may be shown by considering these facts: When the homeopathic practitioner seeks to relieve a patient, he administers a “remedy” which given to a normal person will produce the symptom he has. Osteopathic treatment applied to this patient, bringing him nearer to the normal, occasions in some manner in which it is possible to notice any turn in the lens. The other way, and the best one, is not to wear the round spectacles at all. There is no excuse for them except that they happen to be the fashion just now.—Dr. Robert W. Rogers, Somerville, New Jersey.

We Don’t Charge Enough

Making sure of the respect and appreciation of our constituency in practice, and seeing that the public for our science, that is, is the public for osteopathy, is in the main a matter of getting our fees. Osteopathic practitioners are, of course, as a general rule, in the main satisfied with their practice of the Osteopathic Science, Our physicians, as well as the public, will appreciate their science more, if they get better fees, and this will be an added stimulus to them to study their cases and to develop their technical skill thereby enabling them to render more efficient service. Efficiency and commensurate remuneration for service we render will establish the osteopathic science in the high esteem and respect it so highly merits.—M. L. Hartwell, D. O., St. Joseph, Missouri.

Correcting Relaxed Sacro-Iliacs

Doctor W. W. Howard of Medford, Oregon, told me of some neat technique he has worked out for the relaxed sacro-iliae. He lays the patient in a prone position and with the thumb works the deep ligaments closely associated with the joint until they are thoroughly inflamed. The patient is then put to bed for three or four days to allow inflammation to take place. By the end of this time he finds the ligaments have tightened up in a most satisfactory manner.—George M. McColl, D. O., Great Falls, Montana.

THE OSTEOPATHIC PHYSICIAN

Propylaxis

My one best thought is that people may know what osteopathy can do for them. The universal thought of our whole mind at present is Prevention. How can war and disease be prevented and humanity be saved from more wretched suffering? Osteopathy comes nearer to filling this vast than any other material remedy. Let us emphasize at this opportune time the wonderful prophylactic properties of our healing science in helping to maintain as well as to restore sound minds in sound bodies.—Thomas R. Spencer, D. O., New York City.

Report the Failures

Don’t you get tired of hearing about not curing but cures all the time? There isn’t a practitioner in the country that hasn’t had an accident or a failure. If we could tell about a few of those it would save one or more of us a lot of worry and expense sometimes. Medical magazines make a big point here—showing practitioners how to save themselves from trouble. Our magazines seem to try on the contrary to make it appear that osteopathy is a “cure all.” Everyone else knows it is not so. So why jolly ourselves? Those of us who have had unfortunate experiences can often save some one else from what we suffered if we will only tell how we got over it and in what way they might have been avoided, after we have learned.—E. T. Parker, D. O., Portland, Oregon.

Wanted—Hospitals

Warning—Every city should have a well equipped Osteopathic Hospital. The public should know that osteopathic physicians are sincerely interested in suffering humanity. Feature the treatment for those who are deprived of any chance to be treated. Our greatest opportunity, our best asset.—J. Erie Collier, D. O., Nashville, Tennessee.
Bursitis

Fully 75% of the cases exhibiting pain about the shoulder are diagnosed neuritis. Fully 90% of them are cases of bursitis and tendo-synovitis. Less than 1% of these cases are actually complicated by focal infection. More accuracy in diagnosing these cases will yield a larger percentage of recoveries in handling them. —A. H. Spencer, D. O., President, Western Osteopathic Association, Los Angeles.

$500 or Not a Cent, By Hck!

Recently a Kankakee surgeon sent me a young man who fell off a wagon four years ago and has been insane since. I found a cervical, middle dorsal and lumbar lesion. Three or four treatments corrected these and the boy got well. The surgeon said don't be foolish and charge them $2.00 per treatment. Charge them $500. His father has a large farm and has just sold his corn for $7,500. What should I have charged? —E. L. Longpre, D. O., Kanka­kee, Ill.

[What did you charge, doctor?] —Editor.

Diagnostic Pitfalls

"Bronchitis" usually proves to be phthisis, bronchiectasis, or broncho-pneumonia. "Malaria" often proves phthisis, hepatic syphilis, hepatic abscess, urinary infection, or tooth abscess. "Hemorrhoids" often mask cancer of the rectum. —H. Viehe, D. O., Memphis, Tenn.

May I Have Fish Fridays, Cora?

Digestive disorders of all kinds and auto-infection in particular would be practically eliminated if people used more judgment in the selection of foods. They overwork the digestive organs by eating too much and too great a variety at a time, and they add the toxins of animal bodies to those of their own by eating too much meat. An ideal program is a dairy breakfast, a fruit and nut luncheon and a vegetable dinner. —Cora B. Weed, D. O., New York City.

A Few Don'ts for New D. O.'s

1. Don't knock your M. D.'s in your town.
2. Don't fail to keep your appointments with your patients.
3. Don't fail to keep your patients interested in osteopathy.
4. Don't fail to make a diagnosis of every case.
5. Don't forget to be progressive to your profession and your community. —H. H. Chris­tensen, D. O., Pender, Nebr.

Now a Happy Paper Hanger

March 5, 1919, I began the treatment of Mr. D., age 62. Complained of stomach trouble of 16 years standing. Had become incapacitated for carrying on his occupation as painter and paper hanger. Marked flatulence. Heavy feeling after meals. Constipation, burning sensation in stomach. He used tobacco incessantly. Diagnosis, hyperacidity of stomach. Gave five weeks' osteopathic treatment. Spine was very rigid. First three days he fasted, then for four weeks he drank six quarts of milk a day, taking 6 ounces every half hour and spending 5 minutes to drink it. All painful symptoms and desire for tobacco disappeared. At my suggestion he took a quart of milk at every meal, three times a day. This made every­thing go all right. He increased in weight from 120 to 137 pounds. He feels splendid and uses no tobacco. —C. W. Young, D. O., Grand Junction, Coto.

I start my routine examination by having the patient sit in the chair while I examine the tonsils, teeth, nose and ears when necessary. Sometimes, I illuminate the sinuses and take the blood pressure. This incidentially helps to impress patients with one's efficiency; they appreciate the completeness of the examination and are willing to pay the price.

When patients come in with stuffy head cold, I give them a two-quart nasal irriga­tion in addition to adjusting the structures of the neck. This helps clear them up quicker and they go away enthusiastic for the relief. —Leslie B. Reyes, D. O., Minneapolis, Minn.

Use X Ray Intelligence

Obscure intestinal conditions don't always respond to the correction of lesions found. Radiograph your patient. Ascertain the reason your treatment failed, then remove that reason. It's osteopathic. —Charles S. Green, D. O., New York City.

To Make Diagnosis More Accurate

I have fitted up a chair with attachments at very much less expense than anything on the market. It is white enamelled with a comfortable cane seat, has a head rest, electric light attachment and a bowl for irrigation purposes.

THE OSTEOPATHIC PHYSICIAN

Machinations of State Medicine

It seems to me we have got to be on our guard or our medical critics will legislate us out of business, either one way or another. I think it would be wise for you to have something each month in The Practitioner that will arouse the profession to the seriousness of the menace that confronts us in the contemplated program of the AMA. We have simply got to fight for our existence as well as our right to life, liberty and the pursuit of happiness. One thing is sure, if the medical profession succeeds in obtaining the coveted power, we along with all the other citizens of the U. S. will be serum-squirted and pus-punched in conformity with the various changing whims and fads of this hoary autocratic profession. —Geo. W. Reid, D. O., Worcester, Mass.

"Find it, Fix it and Leave it Alone."

1. Determine carefully the cause for, and present condition of, your ailing patient. Depend on the x-ray report, if possible. Use the physical examination, but if possible utilize the help of a lab. specialist. His chemical, microscopic and x-ray work will often greatly help us.
2. Proceed faithfully and skillfully in accord with the findings to "Fix it."
3. Observe accurately the results of your efforts and if satisfactory, instruct your patient, if possible, so as to prevent a recurrence before you "Leave it alone." —E. W. Patterson, D. O., Louisville, Ky.

The First Visit—Its Importance

It is the first impression at the first visit of the first osteopath interviewed which makes and fixes the impression of osteopathy. At this interview all osteopaths are held in the balance. The responsibility of the event on the part of the practitioner cannot be over-estimated. Hence we must look carefully to person, speech, etc., at this time. —Albert D. Heist, D. O., Genera, N. Y.

Rubbers

The D. O. who treats his patients thirty minutes or an hour desires to be called a "Itch­ber," and have his patients ask for a "rub-down." But the one who gives a short specific treatment maintains his right to be called an "Osteopath." —J. Meek Wolfe, B. S., M. D., D. O., Roanoke, Va.

Proper Nasal Function

We hear a great deal about focal infection, the teeth, tonsils, etc. But the proper aera­tion of the nose and accessory air sinuses must not be overlooked. If there is a deflected septum or hypertrophic rhinitis, enlarged mid­dle turbinate or if for any reason the drainage of the sinuses and the aeration of same is interfered with they readily become infected. Many such cases will respond to proper treat­ment when all other sources of infection have been treated properly and the desired results not obtained.

Look carefully for all foci of infection but don't overlook the nose as proper nasal breath­ing is absolutely necessary to good health. —L. S. Larimore, D. O., Blackwell, Okla.

Have You?

In brachial neuritis have you ever had the patient clasp his hands behind his neck, put your knee in his back, and reaching under his arms take hold of his wrists and pull back? I have—but I don't—H. H. Bell, D. O., Peters­burg, Virginia.
THE OSTEOPATHIC PHYSICIAN

"Know Your Anatomy"—A. T. Still

To correctly make an adjustment of any part of the human organism the physician must first have in mind the full picture of the body and of the parts involved. He must have in mind every hangnail on each bone of the human frame and know what structure is attached thereto, where it is attached and how far it is away from the center of the parts involved to the whole. —J. S. Baughman, D. O., Yuma, Arizona.

Orificial Aids

Every osteopath should finish his education by taking a course in orifical and constructive surgery which will increase his percentage of cures, as it has mine. I had the good fortune to bring through the flu two hundred and fifty cases without the loss of a life by osteopathic and orificial treatments with due attention paid to dietetics, to hygiene and sanitation.—W. J. Mulroy, M. D., D. O., Yuma, Arizona.

Treat the Entire Spine

In my osteopathic experience of ten years I have proved and verified one of Dr. Still’s statements, a splendid school and hospital facilities to get the spines of the sick. The spinal column is a complete living unity. Therefore the necessity of examining, diagnosing and treating the whole spine from the coccyx or structure in the pelvis, abdominal or thoracic cavities. He must know this and have in mind the functional relation of the parts involved to the whole.—J. S. Baughman, D. O., Burlington, Iowa.

Several Things

Just back from Macatawa, Michigan, where fishing, eating, sleeping, bathing, constitute the order of the day. After convention and Deason’s course I was entirely in need of a rest. A great convention—perhaps the greatest—that was—in Chicago. The absence of the usual clap-trap found in so many of our programs, the unusually well-ordered features of the topics read, the ability with which they were treated was refreshing. The course there was considerable exhaust steam left for after the convention was over. We were not burned, but no one was seriously burned. Am glad we go back to Chicago for it is central, has the pep and spirit. The whole city is one big hospital. If promised changes in hotel are made next meeting should be a record-breaker. Keep your eye on Deason.—J. L. Holloway, D. O., Dallas, Texas.

The Objective

Get out of the treatment habit—it’s catching—render service.—Charles S. Green, D. O., New Haven, Connecticut.

Use the Form “Drug Doctors”

I object very seriously to hearing osteopaths refer to the M. D.’s as “the regulars” or “regular school.” Call them, when talking or writing, by their initials, the骸 where patients are in hearing distance. Get this habit. Every little move in the right direction helps. There never was anything regular about them except the uniformity of their bigotry toward rational competitive therapeutics and their oppression of weaker schools. We osteopaths do well to use the term “drug system” to indicate organized political medicine fighting for imperialistic authority over the lives and pocketbooks of the people.—F. E. Wilcox, D. O., Detroit, Michigan.

Smallpox Will Out

Dr. Sage of Janesville, Wis., says that osteopathy will prevent any breaking out in smallpox. How does he know that it is smallpox if it does not break out? I had osteopathy from the first symptom when I contracted smallpox and also had the most lovely eruption possible and felt better after it came out.—Levi S. Keyes, D. O., Minneapolis, Minn.

Two Obstetrical Rarities

Obstetrics has a place in our practice, and though there are cases where the obstetrical interest is not significant, they are interesting in a general way. Mrs. H., having had a normal delivery two years ago, was expected to have such again. After delivery of head, some difficulty was encountered, but traction completed the delivery, with cord broken off at 5/8 inch from body wall. On delivery of the placenta the cord was found to be eight inches in length.

Mrs. W., weight 94 pounds, seemed to have developed full time. At this time labor began, and seven-month twins were born, a male and a female with only one placenta. According to my reading I think both cases are very unusual. The question is, how do we do well to use the term “drug system” to indicate organized political medicine fighting for imperialistic authority over the lives and pocketbooks of the people.—R. Proctor, D. O., Chicago.

Are We Over-Selling Osteopathy?

There is a new fraternal spring sprouting among the business men of the world—not that of organized politics in building the other fellow, hereby strengthening the community, city and state. By making the man a better man in his home and community. Cannot this principle be applied to the science and profession of osteopathy?—E. E. Proctor, D. O., Chicago.
The New McManis Folding Table

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**The Best on the Market**

Patented, and other Patents Pending. Standardized.

Automatic Unlocking Means

for releasing legs and folding them down. Legs need not be handled separately; press down on curved handle of locking device throwing leg braces out of engagement and permitting legs to fold into position.

The McManis folding table has the bridge trestle support for sustaining the weight over the middle part of the tabletop, instead of the extra legs. This adds much to the stability, appearance and convenience of the table.

Weight, about 32 pounds. Height, to suit purchaser. Shipped f. o. b. Kirksville, Mo.

Automatic Locking Means

The McManis folding table does not "buckle up" or collapse in the middle when placing it in the standing position. An automatic locking means assures rigidity to the table top as soon as the legs are unfolded.

Every Osteopath needs a good folding table for his outside practice. One that is made strongly, operates easily and of tasty appearance. One that doesn't involve a "wrestling match" when you set it up, one that stays up after you put it there and one that doesn't develop an acute attack of "paralysis agitans" while treating on it. Doctor, we have just such a table!

Box Cabinet

Specially designed for holding the attachments of a McManis Mechanical Table, and is also a very desirable piece of office equipment to be used as a store place for the many articles “always in the way” around your office. Made of birch and finished in imitation mahogany. Made to match your office furniture if desired. Seat upholstered with mottled brown or green leatherette. When closed the cabinet makes a dandy box seat.

McManis Straight Table

Made of good quality, thoroughly dried oak or walnut. Five inch legs, slightly tapered toward the bottom. These tables are made in a very substantial manner and will stand the test of hard usage.

Round corners. Head raise. Height made to suit purchaser. Mottled brown or green leatherette covering. Fabrikoid also highly recommended. Shipped f. o. b. Kirksville, Mo.

McManis Mechanical Treatment Tables and Stools will advance in price early in November. Order now.

McManis Table Company - - - Kirksville, Missouri, U. S. A.
The Osteopathic Physician

Auto-Research in Osteopathy

I always find it more satisfactory to pass along suggestions fresh as they occur to me, rather than wait and then write down the only way I can be sure to pass a new idea on.

I am enjoying the "Shout Talk" immensely. We all like to know what the other fellow's convictions are. They usually come nearer the truth, because they represent personal experience.

I would like to have this matter put under the lime light—that is the actual effect of a treatment, or adjustment, on one osteopath by another, as told by the one seeking the treatment? How do we explain the good result on ourselves—is it due to the removal of a specific lesion, or to just washing out the system? Do we get a good reaction from popping a joint? Have any of us gone thru life with a lesion which other osteopaths could not correct? If we get a better reaction from a mild sedative treatment, what is the anatomical or physiological reason for it in our particular case? In what way do we differ from the normal or the average? If we like a stiff treatment, why is that so? Why do the lesions stay adjusted? When are they the worst—after physical or digestive fatigue?

It is my contention that every osteopathic has some trouble with his spine; that he probably has studied his own spine, and he is looking to another to do it for him. But any other, that he has had the benefit of being able to study it minutely from both the subjective and objective viewpoint, and that he has the best case record, would be one of the most interesting that I could hope to read.

A series of these case reports would help us in getting at the really effective procedures of osteopathic practice. The suggestive, psychological and faith element of cure would be largely ruled out.

Is it "jiggering" (I have just been reading your definition of this type lesion) Do we get the spine that gets the result, or is it an actual replacement of the structure to a position which we can ascertain by palpation to be more normal for the individual? May be a series of these personal experiences would help clear up this issue?

The OP has started so many lively discussions and so revels in bringing out the issues of the day that we all naturally send in our stray ideas to you. You may take these suggestions for what they are worth.


Diagnostic Insight

A thought that comes to me right now and that is in evidence every day is this: The man that can differentiate between the secondary and the primary lesion is the one that "produces the goods" in osteopathy. He is the one that makes the permanent cures.

Chester H. Morris, D. O., Chicago.

Consultation

Why do osteopaths consult each other over their difficult cases, as do the physicians of other schools of medicine? And when they do feel they need assistance, why do they so often confer with an allopath? I have in mind the names of at least a dozen D. O.'s who are specialists and experts in some branch of our science, and I never once call on them when I need assistance. Many of our practitioners think the patient will complain of the added expense, but it has been my experience that the patient who appreciates osteopathy is a system of healing complete in itself.

L. C. Hanavan, D. O., Chicago.

Acute Dilatation of the Heart

Look for and adjust all lesions in the heart area of back and neck, adapting treatment to the condition and reactive powers of the patient. Light specific treatment at first, given with the idea of toning up the cardiac muscle; this will not only give comfort to the patient but a better general circulation will follow. In bed-ridden cases a daily light treatment, and in 5th dorsal, also gently raising the ribs. Remove all contractions. When compensation is established advise very moderate exercise, increasing gradually, but never to the point of exhaustion. As the condition improves stimulate augmentors to the heart, and finally, the elimination. Five or six months care and treatment will reduce the dilatation and reestablish compensation in many cases. Short treatments of only a few minutes duration.


How to Answer a Patient

"Do you consider my case serious?" That is a question that comes to us nearly every day. Enthusiastically and optimistically answer "Under medical treatment, yes; under osteopathy, no. Any condition that can be helped we do not consider serious. Your condition can be helped by osteopathy." The greatest care should be constantly employed in the treatment of ostensible mental cases, for the patient or his friends may be educated to believe that the patient is going insane. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case. Every genuine osteopath has at all time every right to be optimistic, backed as he is by absolute confidence in his ability to partially or wholly correct lesions and by actual knowledge that such corrections, carefully applied treatment and ever-present optimism will bring improvement in the case.

Charles D. Whitcomb, D. O., Brooklyn, N. Y.

Boost the Schools

What is most needed for the osteopathic cause today, is more practitioners; fill our schools to their capacity; by doing this, we will soon be able to supply the great demand that has been created by the limited number of practitioners we always have in the field. In Virginia we are in need of at least one hundred more practitioners now; I understand the same condition exists in most every state. Boost the schools and thereby boost the cause. It is great to hear that a number of the schools are reporting classes far greater than has been anticipated. The "forward movement" merits the first attention of every practicing osteopath and every friend of osteopathy.


I Stick to the Bony Lesion

More and more every day I am impressed with the truth of the "Old Doctor's" philosophy, that osteopathy is a system of healing complete in itself. Each year I am firmly convinced that when we fail we do so because we have done one or both of two things—failed to impress on the patient the value of osteopathic treatment and the necessary time which it may take to overcome a chronic condition, and second, we have failed to correct some bony lesion. We all know how hard they are to detect and how difficult some of them are to fix and those are the kind of lesions that produce the osteopathic failure.

Nora Haviland Moore, D. O., Grand Junction, Colo.
Anatomy is given most thorough attention, a total of 702 hours being given to the subject.

Dr. Robert W. Bowling, in the 1st semester takes the student thru osteology and syndesmology. In this course the mechanics of the skeleton as a whole and the important anatomical considerations from the viewpoint of osteopathy are strongly emphasized. Thus at the very outset of his studies the attention of the student is particularly directed to the osteopathic concept, a full appreciation of which is so important for his success as an osteopathic physician. In the 3rd semester Dr. Bowling gives lectures on the Nervous System.

Dr. John A. Comstock, teaches anatomy of upper extremity and back; the lower extremity and abdomen; the head and neck. These courses are during the 2nd, 3rd and 4th semesters. Each student is required to dissect and demonstrate all the structures. By the method of instruction adopted each student is carried thru the entire body three times. In the 4th semester, Dr. Comstock lectures on the nervous system, and has direction of the laboratory course in comparative anatomy, which is given in either the 1st or 2nd semester. In the 3rd semester he gives a laboratory and lecture course of 90 hours in embryology.

Dr. Carle H. Phinney takes the student in the 5th semester for a comprehensive course in applied, topographical, and surgical anatomy. Applied anatomy is made prominent in all the courses of the Department of Anatomy, but in this course under Dr. Phinney, are brought together, by lecture and discussion, all the facts presented in the other courses so as to give the student the knowledge of structure to structure which he needs in applying osteopathic diagnosis and treatment.

Dr. G. H. Copeland in the 1st semester gives an exhaustive lecture and laboratory course in histology. The work is pursued in the order of (a) general technique; (b) the cell; (c) the tissues; and (d) the organs. 198 hours are devoted to the subject.

At the College of Osteopathic Physicians & Surgeons no department of instruction is slighted. Each course is thorough and complete with special stress laid on the differentiations which make for a true realization of and appreciation for the osteopathic concept.

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California
The following are excerpts from communications sent to us by two doctors who attended our September 1919 clinics:

"This to let you know I never enjoyed a meeting more—nor have I any recollection of having had more solid instruction or inspiration along professional lines in so few days. I came, I saw, you conquered."

"I should like to express the appreciation I feel toward the School for the splendid work we received at the clinics arranged for us in Chicago. The abundance and variety of clinical material was very gratifying and the illuminative demonstrations of the work by your Director and his able assistants of the Faculty were intensely instructive and most helpful. The range of work was so great in both the hospital operations and the demonstrations of office technique that one felt he had actually seen almost everything he might be called on to do."

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Importance of Determination of Myo-cardial Sufficiency in Heart Disease

In diagnosis and treatment of cardio-vascular disease it is all important to determine in so far as possible the work-capacity of the myo-cardial muscle and its physical activity within the limits of that capacity.

Due attention to pulse pressure plus proper consideration of patient's symptoms constitute our main diagnostic measures in determining myo-cardial sufficiency.

Myo-cardial insufficiency is one body condition—serious in the extreme—where physical diagnosis with instrumental aid is secondary to autotomy.

Accurate diagnosis of cardiac vascular disease is of importance and a source of prideful satisfaction to the diagnostican, but without particular value re-effective treatment or prognosis unless myo-cardial work-capacity is ascertained and proper measures taken to prevent myo-cardial exhaustion.—Lamar K. Tuttle, D. O., New York City.

How to Interview a Patient

Have been running through your "Shop Talks" in August number and as you ask for "briefs," I offer you one which in my practice means at least twenty-five per cent—may be more—towards getting results.

Allow your patient first to tell why he called to see you. Don't say a word yourself until he begins to give his version of why, etc. Right there stop him and let the balance of your conversation be questions and answers, with you doing the questioning. Now examine the patient thoroughly—and by this time you ought to know just where to start in—which the most important phase comes: Intellectually convince your patient that you have found his trouble, the cause of it, and give him an idea of what he may expect from your treatment, if he will only be patient and take treatment long enough. Allow him to go from the first conference knowing that you know what you have been talking about. Getting him in that frame of mind from the beginning means twenty-five per cent of your treatment for good results. Maybe more.—W. Luther Holt, D. O., Los Angeles, Cal.

Teeth Lesions

Some cases recently observed illustrate the necessity of correct diagnosis.

1. Gradually falling light was corrected by removing eight teeth which were shown by the x-ray to have abscesses at root.

2. A stubborn case of facial neuralgia was cured by removing a devitalized tooth which osteopathic examination showed had an abscess at the root. The ideal osteopath is one who finds out what the real cause of the trouble is and removes it, not one who tries to find a cure too much on a theory. The facts will prove that osteopathic practice does not suffer from finding out the truth—but more strongly demonstrates its worth.—C. W. Proctor, D. O., Buffalo, N. Y.

Osteopathic Colleges

Our osteopathic colleges need more attention now than any other problem before us. Unless we hold and keep good schools we are lost. We need a better foundation for our educational matters. We should make a start in getting a full osteopathic department in one of our best State Universities. It can be done; it ought to be done. Get public sentiment with us in this and it can be put through. The public will support us as to any other school of healing. The people will have what they want. Education creates wants. Yours for a permanent educational system.

M. C. HARDIN, D. O., Atlanta, Ga.

Say Rather "Slip-shod Dentistry Must Go!"

I should like to add an amendment to Dr. W. V. Goodfellow's Shop Talk entitled "The Devitalized Tooth Must Go." I don't by any means agree with his dictum but I do say most emphatically "Careless, slipshod dentistry must go."

In any arthritic condition, chronic abdominal trouble, neurasthenia, encephalitis, and many other conditions, and in many cases of at all others, I always make sure that there are no "blind" abscesses on the apexes of the teeth. Not in one or two but in dozens of cases have I seen almost miraculous results follow cleaning up these teeth. Dental root abscesses I believe to be one of the most important, most serious, and most common places of focal infection in the system. But investigation has shown that only about five per cent of abscesses form on the apexes of devitalized roots where the root canal was properly filled right to the apex of the root. I never saw a case in my own practice, and I specialized in dental radiography for some years. This is where the reform must take place. Your dental consultant must be trained to be very thorough and conscientious in this work, using the x-ray freely to guide him and your patient must be educated up to the vital necessity of this work so as to be willing to give the dentist a fee that will justify him in giving it all the time necessary. Undoubtedly, as Dr. Goodfellow says, the recognition of this insidious and always latent place for micro-organisms as being an important factor in the causation of disease, will make a great advance in the healing art, but do not add "The devitalized teeth must go." You may rather say that good, unscientific dentistry must go. There is an appalling amount of careless dentistry done every day; some so-called specialists are no better than blacksmiths; but when you find a conscientious thorough scientific dentist who will work with you stick to him closer than a brother, for the highest good of your patients.—James Emerson Haring, B. A., D. O., Lethbridge, Alberta, Canada.

P G Work

Bear down heavy on post graduate work. Every practitioner in the osteopathic profession should take at least one month of P. G. work every year. It is remarkable how few osteopaths feel the need of further work or are spurred to improve themselves up to the point of getting away from practice and getting work. Brother osteopath, get all you can get out of every meeting you go to study.—Harold Glasscock, D. O., Raleigh, North Carolina.

Cramps and Chilblains

I have found that one treatment to relax tissues along sciatic nerve at back of hip will relieve chilblains like magic. In the case of cramps in the limbs or chilblains in the feet, look for irritation and tenderness along the sciatic nerve in the hip as the predisposing cause. Undue pressure on the sciatic in the hip may act as the exciting cause in cramps, and most cases are caused by the forming of the feet as the exciting cause in chilblains.—E. A. West, D. O., Pardeeville, Wis.

What is a Shop Talker?

A MAN or woman who sends in that good idea for the Shop Talk department, does in about 200 words (less if possible), by the 15th of each and every month, (including this month) the Editor will have ten days left in which to do his work before closing the paper on the 5th following, and still reach the folio the 15th. There you have it! Will one of you take a dare? Sure, you can be one of the editors of The OP. Try it. Write an editorial and say just what you think. Don't wait. Do it today.
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THE OSTEOPATHIC PHYSICIAN

Lone Texas Osteopath Proposes to Busto that “College of Surgeons” Boycott

Here Apparently Is a Situation that Justifies AOA Support

Reported by M. B. Harris, D.O., M.D., Amarillo, Texas

On September 21st Dr. Harris Sent This Follow Up:

The “College of Surgeons” standardization of hospitals affecting D. O.’s, is, I believe adopted all over America, I understand, by the largest and best hospitals, and especially by the Catholic hospitals, and I believe 9 out of 10 D. O.’s are out of all hospital work if not checked.

“I have won my temporary injunction suit and go into the trial of the preliminary hearing on the permanent injunction suit next Thursday. This suit will cost, I judge, about $5,000, and I believe it is the province of you publications to put it up to the D. O. as to whether they want to make a test case of my suit. I have the best case (of this kind) possible, as the doctors have boycotted me for years and tried to exclude me from this hospital in 1912.

“The hospital, by affidavits, have taken a neutral position in the matter, stating that my work has been satisfactory to them in every way for the 9 years I have been doing surgical, osteopathic and medical practice in their institution.

“I am charging boycott, violation of trust law, conspiracy, and asking for a permanent injunction. If I win this I will establish a precedent to base other suits on, if it should be necessary to bring others.

“I am, fraternally, M. B. Harris.”

Dr. C. Merwin Buehler calls for Support of Dr. Harris

Dr. M. B. Harris, Amarillo, Texas, has started a suit against a clique of regular physicians and surgeons in Potter County, Texas, that deserves attention. In suit he alleges boycott, violation of anti-trust law, conspiracy, and asking for a permanent injunction. If I win this I will establish a precedent to base other suits on, if it should be necessary to bring others.

Dr. Harris deserves the moral and financial support of the united profession in this fight.

Considering that this is taking place in one of the states where osteopaths are supposed to have the broadest support, I consider it of the most vital importance to the osteopathic profession, and entitled to the broadest publicity.

Dr. Harris deserves the moral and financial support of the united profession in this fight.

He should be given every support possible. If the "regulars" win locally the effect will be felt in every state shortly when proposed standardization takes place in all the hospitals.

The local standardization is not in a municipally owned hospital, but in a Catholic institution. Cannot you furnish publicity in this case? Dr. Harris will confirm my statements and give you any other information you may desire—Fraternally, C. M. Bueller, B. O., September 24th.

Death Erases the Smiles of Bill Parsons, Comedian

Los Angeles, Cal., Sept. 29.—(Special) —Death erased the smiles of Bill Parsons. International Film corporation comedian, died at his home, 1847 Wellington road. His wife was at his bedside. Parsons was born in Middletown, N. Y., in 1878.

Mr. Parsons is better known to the profession as the traveling organizer who put the osteopathic life insurance company over.
Not an Eleemosynary Institution

The American School of Osteopathy leads no precarious existence because it is not conducted on gifts or voluntary sacrifices of time and effort by its officers and faculty. It has a foundation of capital and good will equal to an endowment of several million dollars. Its physical plant and equipment represent a money value of over $300,000. The volume of its patronage yields an annual working income equivalent to more than the interest on a million dollars. Fortunate indeed is this situation for the osteopathic profession. It means that to a considerable degree the parent college enjoys the stability, and can work with the certainty and precision, of the well-endowed medical college.

This is the student’s guarantee that the splendid Curriculum for 1919-1920 is worked out in the class-room and laboratory as faithfully as it is on paper. A paid faculty—three-quarters of whose members have engaged in the private practice of osteopathy—see to it that this course, as outlined, is faithfully delivered. No conflicts or embarrassments of private practice or personal concerns (such as must continually arise in the life of a volunteer teaching staff) come between the ASO faculty and their teaching duties. Teaching is their profession, and their only duty.

These marked educational advantages explain why the new entrance class of ASO shows an enrollment exceeding 160.

The parent college of osteopathy is making good to the profession today, and is measuring up to the high obligations of its birthright, as never before in its history. All these dreams of the past are possible of fulfillment today because it rests on the firm basis of economic success.
Osteopathic Surgeon Arrested by Kansas M.D.'s in Midst of an Operation

By N. Richard Lynd, D. O., Kansas City, Mo.

On September 2nd, I was called to Hillsboro, Marion County, Kansas, for the purpose of performing nose and throat operations on patients of Dr. J. S. Wiebe. Arrangements were made at that time for a subsequent visit on September 12th.

While engaged in operative work on the occasion of my second visit, a deputy sheriff appeared on the scene with a warrant for my arrest on a charge of practicing medicine and surgery in the State of Kansas, on September 2nd, without a license, complaint having been made by two medical practitioners at Marion, Kansas, the county seat, ten miles from Hillsboro.

This necessitated my dropping my work and going to Marion with the deputy sheriff and furnishing a bond for my appearance for trial on September 23rd. I did not possess a Kansas license, in fact did not need one, but I did possess a license to practice Osteopathy in the State of Missouri.

My Attorney, B. C. Johnston of Marion, appeared before the Court, and County Attorney before the date set for trial and filed a written motion to quash the complaint, which motion was sustained, the Complaint quashed and the case dismissed. Motion to quash the complaint was based on a clause in the Kansas law which specifically excepts from its provisions a physician from another state who is called to Kansas and who does not attempt to practice otherwise.

I understand other complaints are to be filed based on the question of the rights of osteopathic physicians to practice surgery. In anticipation of such action I have secured a written opinion of the attorney general of Kansas on this point, which is to the effect that osteopathic physicians are entitled to practice the subjects in which they were instructed in the osteopathic colleges and in which they were examined by the State Board of Examiners and inasmuch as surgery was included, we are within the legal rights in practicing surgery.

A subsequent visit to Hillsboro on September 23rd brought no further activity on the part of the sheriff in serving warrants for my arrest.

The County Physician who resides at Hillsboro is as busy as a bee securing evidence against me by taking the names of patients whom I have operated on and ascertaining to whom the operative fee was paid, all of which is a waste of his precious official time, which might be better devoted to learning something about how to handle the anticipated revisit of the flu.

Medical Inefficiency Varies Directly with Its Hypocrisy

By C. B. Rowllingson, D. O., Los Angeles, California

"The pneumonia of this war was beyond control and was a disease that swept over both hemispheres and the morbidity and mortality of some of the cities of this country exceeded those of the camps. "*

* * *

"It is very evident that he is grouping the deaths from epidemic influenza under the word "pneumonia," for he goes on to say: "The pneumonia of this war was beyond control and was a disease that swept over both hemispheres and the morbidity and mortality of some of the cities of this country exceeded those of the camps."

"What are the lessons that we can draw for future action? The medical corps of an army, Dr. Lambert asserts, has now become an essential part of the fighting organization. Since all the fighting is not by the enemy, it becomes the duty of a general staff to save its man-power and to salvage it to the greatest extent possible."

As osteopaths, we can't repress a smile at the doctor's naive statement that influenza pneumonia "still eludes control"; but when we read that it is "the duty of a general staff to save its man-power and to salvage it to the greatest extent possible," and then think of the attitude of the Surgeon-General of the Army toward osteopathy, the smile fades, and we feel like interrupting Dr. Lambert to ask why the services of the osteopaths (as such) were refused.

Dr. Lambert concludes with a plea for a National Department of Health—dominated, of course, by the A. M. A. If the public at large wants to try a little more autocracy on this side of the Atlantic, a National Department of Health, so dominated, can be guaranteed to furnish it.

Specialist and General Practitioner

The general practitioner should cooperate more fully with osteopathic specialists. Then the specialist should refer the patient back to the person who referred the patient if work is not along the line of the specialist. In that way, both practitioners will have their work to do, and the patient will have had the combined knowledge of the two. —C. B. Abegglen, D. O., Colfax, Wash.
Be A Specialist!
Can You Guarantee to Cure Any One Thing?
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The man who makes the greatest success these days is the man who specializes in something. If you have a general practice and nothing more, you may make a good living but your name will never ring out as a leader in your community. Begin specializing at once. The Fossler system of medicated baths offers you the opportunity. With this system of baths you can absolutely guarantee to reduce high blood pressure, not just once in a while, but every time.

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THE OSTEOPATHIC PHYSICIAN

“Anterior Poliomyelitis”, Polio-myeloencephalitis or Infantile Paralysis

By H. C. Engeldrum, D. O., Chicago

IT was formerly taught that the pathology of anterior poliomyelitis was that of an inflammation of the anterior horns of the spinal cord, but it has recently been proven, post mortem, that the inflammation is not confined to the anterior portion of the cord; there is nearly always more or less, sometimes very considerable, inflammation of the cerebral meninges; there are vesicles in the brain and cord that are congested—hemorrhage and oedema occur. This is brought about by the poliomyelitis virus carried there by the blood and lymph, or by continuity and the damage is being done by germs or toxins, or both. Once this process has started in a delicate structure like the cord it seems beyond reason to expect much from a serum or medicine. Something must be done before the process starts to revolutionize the treatment of poliomyelitis.

My idea here would be to eliminate toxins as freely as possible, not by medical treatment because of the dire results following the helplessness of M. D.'s in the actual treatment of developed poliomyelitis. Medical diagnosticians and therapists consider germs more than the body and concentrate the attention upon the frantic search for a medicine or a serum, instead of trying to fix the body machine so that it will run properly. Health officers are helpless to cure or prevent; their activities are confined to quarantine, isolation, sanitation, hygiene, cleanliness, compulsory reporting, inspection, surveys, education, etc., of which are more or less important, but what the public wants is results, a safe, sane treatment, instead of chasing rainbow—there is, an academic search for bacteria instead of studying the disease of the patient.

Isolation is continued for five weeks, from the onset of the disease, until some definite knowledge of the length of time a case is infectious, is revealed. In some states the person is two and three weeks.

This brings us to the stage of invasion. As far as I know there is no specific; once the infection is started medicine can not stop it; but its ravages may be lessened by good nursing and general care, which includes, diet, hydrotherapy, osteopathic manipulative treatments, etc.

Most deaths come with the respiratory failure, and a few from other types, especially upper neuron types. Now what does that tell you? Make use of your technique in the regions which are of vital importance. A few die from some complications during the course, so inquire and watch the functions of the eliminating organs.

To make a judgment from figures is difficult with reference to comparative treatments; years, localities and epidemics vary. Most any doctor could pick out a group of 50 or 75 cases revealing little or no mortality. The difference

in the mortality roles of various doctors and statistics arises from the fact that some doctors select cases for treatment, and the more fatal respiratory cases and others which he refused to treat were not included in the statistics.

During the epidemic of October, 1916, there seemed to be no difference between serum and non-serum cases, the serum cases showed no more complete recoveries than those of the non-serums, according to the various medical authorities. If such is the case then what in the name of common sense is the use of giving a vaccine (dead bodies which produce anti-bodies in the human body), serums (anti-bodies formed in horse, specific for bacteria) or antitoxin (found in the infected horse, specific for the toxin) for various diseases, when we know that pure or good blood is the first essential to health?

Various symptoms, such as sore throat, vomiting, pain, headache, stiffness of neck, drowsiness, general weakness, convulsions, delirium, sore back, retention of urine, sweating, tremor, constipation, twitching and the like are to be met in all cases of poliomyelitis.

During the month of October, 1916, I had the good fortune to see 166 cases of infantile paralysis. Twenty-five percent were recovered and 75% were left with some degree of disability, mostly children with fair complexion—only three cases out of the above number were negro children. I also observed from a collection of one thousand cases of infantile paralysis, the higher the temperature the higher the percentage of paralysis, 75% of which occurred on the third day after the paralysis affecting a group of muscles. Urinalyses were generally negative and renal complications were rare. Pyrexia occurred in all cases, constipation in 57%, and diarrhea 4%. There was a stiffness of the neck in 82%, headache in 50%, drowsiness in 81%, convulsions in 2%. Constitutional trouble was present in all cases.

One of the medical procedures was lumbar puncture, to relieve pressure and possibly allow more blood from the blood to get into the spinal fluid. When there is a narrowing blood-vessel by diluting the blood more blood flows through the vessel; that is, by lessening the viscosity of fluid one can increase the rate of flow. At this stage it appears we should use all means to get blood to the cells of the cord. To do this osteopathic treatments can lessen pressure in the cord, increase blood pressure and lessen the viscosity of the blood. We can stimulate the nerve cells—not by drugs, but by osteopathic technique because we treat the patient instead of the disease, and we adjust each separate human machine according to its individual needs, instead of repeating the medical errors of our age.

SITTING on the side lines at a national convention, after hours, during the “gab fest”, is where you get the real shop practice of the workaday osteopath. Here the mantle of dignity, worn during the main sessions, is laid aside and the regular shirt-sleeve technique is what you get. This alone is worth the price of going to conventions.

I was in on several of these “conversations” at our last great convention and the joy of just jolling back and belonging to these “think pots spill their brew” as Bunting says, is “worth the price of admission”.

(Continued to Page 22)
**"Flu" and Pneumonia—PREPARE NOW!**

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THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the Profession

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EDITORIAL

Fairness, Freedom, Fearlessness

“Here to the line, let chips fall where they will.”

Vol. XXXVI OCTOBER, 1919 No. 4

WHITHER? WHAT? HOW?

And now comes the announcement of a gift of $20,000,000 by Mr. John D. Rockefeller to the medical trust for endowment of its colleges. This will make its stronghold upon the people all the more absolute and render its stronghold upon the people in education of human do-gooders for the future. It will mean only about 4 per cent of medical trust for endowment of its colleges.

Yet it means only about 4 per cent of the total enrollment of physicians in this country. And all further increase of that number of osteopathic practitioners stopped fifteen years ago. Looking at the profession with biologic eyes, then, we as a species quickly reached the apex of our growth and came to a stand-still, so far as increase of members went, within the first fifteen years of our history. Surely, a short-lived and self-limited phenomenon in social and professional differentiation.

If this vital man-power showing for the new therapies is any just measure or final equivalent of the science-value of our new form of healing then it would be only fair to regard osteopathy—as AMA leadership does—as but a transient, a mere outbreak, in the history of the healing art. If the osteopaths are not content to take this dead-center stop of our incubation machine fifteen years ago as marking the supreme flight of our profession, if we will not accept it as the acme of our achievement in proselyting and recruiting our fighting army, then where is our dream of gaining any better? By what miracle do we expect to increase our stature? Are there any signs of the times to justify the faith that in fifteen years more we shall number 10,000 practitioners? In twenty-five years more have we any rational hope that we will have a hundred, twenty, or even more than fifty thousand practitioners from the power and privilege that they possess—but it doesn’t? We have only therapeutic worth, then, as our advantage but worth will not win unless it is faced up with organization advantage. Organization advantage only comes as the price of brains having the vision of some leader to help them out in human service. If we choose the right course of action, the character to achieve the vision. Such leadership means how to recognize the new chance and excuse and forget the old-sausage. It knows how to co-ordinate and activate our forces. It’s life spirit is Propaganda. It’s chief weapon is legislation, after diplomacy has been achieved in the organization, is Publicity. Without a scientific and high-minded Propaganda such as nations have to rely upon nowadays when they would go to war nothing can be achieved for osteopathy. Without achieving the world’s new understanding and use of brains and without mesmerizing it up ably to our cause we indeed stand and lose.

The question is, can osteopaths see it? And will they ever do it?

These may save the day—Astute Leadership and Wise Propaganda, but if they don’t do it, nothing else will.

STATESCRAFT OR BARGAIN NOTIONS

The AOA at Orange is out in the mails with an Americanized pronouncement—an attractive piece of writing with an easily understood statement of osteopathy, to be framed for the office, which may be had for 25 cents each. Miniatures, also, with letter enclosures, are offered in bulk at 50 cents per hundred. The definition is the excellent one written by Dr. Atzen and adopted at last year’s convention. The poster is set up in good taste and printed on good paper.

But—Whenever you see the AOA engaging in the commercial printing business, either for accomodation or profit, or hankering after any other indication of a commercial enterprise or desire for鹜ture, you may be sure it is at the expense of failing utterly to make a success of all the really great things that it was organized to accomplish.

From now on the profession wants to see the new AOA forge the misguided yearnings of a mischievous youth to get into business like publishers and other business institutions, and stick to those large professional, scientific and leadership concerns which up to this hour has made such a lamentable failure of developing and engineering.

Not having laid the pleasure of setting our national society make good in a really credible way in any of those big organization jobs to which it has addressed itself, let us all insist that it keep its mind centered on doing the large things we require of it and claim wholly its interest in purer and better. Whenever you see the AOA get into business as a publisher, it is at the expense of failing utterly to make a success of all the really great things that it was organized to accomplish.
AOA MEMBERS AND OFFICIALS

Look forward in your professional vision and take your cue from the needs of the present. Do not take the failures of the past as your compass to the future. Look not to our organization policies of the recent past as authority and guidance for your course today and in the years to come. Today, as though you were the first person who ever had to deal with them and try and settle them on their merits for right and progress.

The time has arrived to furnish the horizon for our osteopathic future we will soon be put out of business by wily, unscrupulous and unscrupulous advertising in our great national society of osteopaths that requires to be changed. Old policies of laissez faire need to be forgotten. Passing the buck should become a lost art with us.

Morbid and useless institutions need to be chucked overboard. New and serviceable activities need to be called into being and others that are worth while must be greatly stimulated. Old and useful functions need to be done immeasurably better. In important respects perhaps we can spend more of our time and funds on annual conventions, forming our schools on a four-year basis, issuing some valuable research books and collecting those valuable flu-pneumonia statistical records as much creditable work as we can truthfully say has been accomplished.

Besides these six specific institutional works that have been started and continue partly or wholly neglected while we peddle mottoes at penny profits there are the great perils to our very existence as an independent profession which should engage the first time, attention and resources of our great association, to wit:

1. The unreasonable advancement of educational standards, designed by the AMA to be accomplished.

2. The issue of obtaining equal rights for the osteopath with equal educational qualifications.

3. The American College of Surgeons' conspiracy to boycott osteopathic and their patients from all public and privately endowed hospitals under the pretense of "standardizing hospitals."

4. The steadily advancing plans of the AMA to extend the Big Defensive to the field of state medicine on government and people.

5. The chiropractic conspiracy to defraud osteopathy of its birthright and inundate our people with a tidal wave of short cut fanatics.

6. The danger of extinction as a profession because in fifteen years we have not been able to increase the number of our practitioners while in New York State and elsewhere we are actually dying out rapidly.

These, in the main, are the processes at work that we call "our great menaces" which we ought to be able to look to the AOA to cope with and conquer if we are going to survive. How much brain power do you expect officers and employees of our potentially great but often sleeping-at-the-switch organization will show the American Medical Association's main arsenal at Orange is a print shop to peddle mottoes at penny profit. Can you fancy Wilson and Clemenceau and Lloyd-George in times like A.D. 1919 retailing enterprise?

Surely. Is it not perfectly obvious?

THOUGHTS ON BANCROFT'S RETIREMENT FROM HIS SECRETARIAL ACTIVITIES

Not only New York's osteopaths but all the rest of us through the profession are reading every word in The Blotter, the monthly organ of Dr. Claude M. Bancroft, for half a dozen years the efficient, wide-awake, dynamizing secretary of the New York State Osteopathic Society, "Banny" has called again to the job he created for himself and has filled so ably as secretary of the New York Osteopathic Society. In retiring he is leaving the profession, both locally and nationally, but especially locally, before it swept overboard. New and serviceable activities need to be called into being and others that are worth while must be greatly stimulated. Old and useful functions need to be done immeasurably better. In important respects perhaps we can spend more of our time and funds on annual conventions, forming our schools on a four-year basis, issuing some valuable research books and collecting those valuable flu-pneumonia statistical records as much creditable work as we can truthfully say has been accomplished.

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by the New York Society to retain and utilize Bancroft's knowledge, judgment and potentiality for progress at least, without burdening him to do this work. His intellect, "Banny's" brain is now more valuable to his profession than his muscles.

Especially do we outside the Empire State state find that Dr. Bancroft may lay down the editorship of The Blotter along with his secretarial pack. The time has come for osteopaths to go about their business through thick and thin. When the AOA is justifying the faith in it that has been put in the AOA to take on a few pet diversions as side issues that their existence will not be precarious.

When these six jobs have been accomplished it may be time to permit the business office of the AOA to take on a few pet diversions as side issues. When the two easiest of these six hard jobs are well under way we shall all rejoice at being able to say the AOA is justifying the faith and money that we are left behind it. Until then let us keep our minds glued down to the fact that as yet the dear old organization that we have loved and labored so hard to improve has up to this time really made good at nothing beyond accomplishing its own growth, holding annual conventions, forming our schools on a four-year basis, issuing some valuable research books and collecting those valuable flu-pneumonia statistical records as much creditable work as we can truthfully say has been accomplished.

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Are You Loaning It to Your Patients?

If not, you are missing a great opportunity to put osteopathy forward with leaders in thought and affairs.

A. T. Still: Founder of Osteopathy

is a book that should be read by the laity. It is up to you to put it into the right hands and urge that it be studied.

"A. T. Still: Founder of Osteopathy" is a book that will put osteopathy in its rightful position in the thinking and in the estimation of the most intelligent and influential people of your community. This book should be loaned or presented complimentary to persons of leadership and influence in your city, particularly to such of that kind as happen to be among your own clientele.

But do not restrict the potent work of this book if, perchance, certain ones who should be influenced for osteopathy are not among your patients. The mayor of your city, the leading jurists, the prominent lawyers, the journalists, the bankers, the educators, clergymen, the captains of industry, leading merchants, leading club women, all should have this book. The high scientific character of this work, together with its clearness of statement and simplicity of language, give you an excellent excuse for presenting it to prominent people, even if not acquainted with them. A dignified note explaining the character of the book will amply justify its presentation and your request that it be read. You are sure to receive many expressions of appreciation for your kindness when the book has been accorded even a casual reading.

"A. T. Still: Founder of Osteopathy" is the one book at the disposal of the profession which is at once scientific and popular. It deals with the subject of your practice in a scientific manner and with due regard to scientific accuracy, but nevertheless the language is so simple and its statement so clear, that it is "easy", fascinating reading and nearly anybody can understand the meaning and significance of what it sets forth. Use this book to win for osteopathy sympathetic understanding and greater prestige among people of education and influence.

Price: $2.00 a copy postpaid.
Special prices for quantities.

The Bunting Publications, Inc. - - - - Chicago, Illinois

*We will furnish text of such a letter to buyers of the book
society go on with accelerated momentum, now that a change of executive management must come. Such a happy result alone would justify all the good work that its retiring secretary has given it.

This word is directed to the rank and file in all our state societies and in the AOA as well. Don't let your officers carry the whole load, and for love of the survival of advisory therapy, don't compel them to waste 9/10 of their energy calling you from your bed lest you be burned in your professional sleep.

AOA SHOULD TAKE UP DR. HARRIS' FIGHT AS ITS OWN

With such meager facts as we have before us, it looks as if Dr. M. B. Harris of Amarillo, Texas, ought to receive the prompt and hearty co-operation of the organized profession in his resistance to the medical boycott of osteopaths for hospital accommodations. Read his letter on page 10. Surely this is no less the concern of the AOA and the Texas Osteopathic Association and every osteopath in practice and every patient of every osteopath in practice than it is the personal affair of Dr. Harris. It is properly the affair of organized osteopathy and we respectfully submit it to President Conklin and Judge Patterson, our joint president, to ask if this injunction suit, already begun by an individual, is not a proper cause for AOA adoption. We incline to believe it is, with what little we know about the facts.

Certainly there is no work much more important for the AOA this year than preventing the success of that "regulars" conspiracy to shut out osteopaths from all hospitals except our own for all time. Since one of the proper tests of true AOA functioning is to do the things for the profession at large that cannot be done so well by voluntary effort or individual initiative, we submit that this emergency fits that test. The protection of our rights to practice is one of the greatest concerns to each one of us.

No matter, friends, if in the past there has been some disposition in AOA counsels to leave such all-important things to state associations and helpless osteopaths as individuals. That has all been changed happily under our legal reorganization of the AOA in which state societies have become its component parts. We have put our organization on such a basis, let us hope, with the permanent retaining of competent legal counsel, that we can take hold of such emergencies in the strategic storm center, wherever that happens to be, and move forward to success with the momentum and resources of the whole organized profession back of us. That, at least, is our conception of the new AOA. Isn't it yours, too?

WHO WILL REPRESENT YOU IN THE HOUSE OF DELEGATES?

Let us not imagine that the work of revamping and readjusting the AOA was finished when we adopted the new constitution and by-laws at Chicago. Rather, it only began, then. A practical method of management was then adopted but the work of directing and applying the splendid forces of the organization in practical channels for good remains yet to be done and will continue to remain open for the doing every year of our history. That work will depend upon the election of the very best leadership in the local states and districts to the House of Delegates. That work is the smartest and quickest and most fruitful workers in every state must be sent to make up this body. If you have really distinguished brains and practical common sense in leadership in your state, pray elect it to represent you in this body. The sum of the wisdom of leadership of this body will not exceed the addition of its component parts. Send your one safest and best bet for

How Military Surgeons Reclaim Spinal Cripples

The reconstruction of mutilated and crippled soldiers of the great war is edifying forth the best efforts of the great surgeons and physicians of the entire civilized world. Results have been obtained that a few years ago would have been considered impossible. Not only will the crippled soldiers benefit by these new methods of reconstruction but thousands of the unfortunate deformed and maimed in all walks of life will find relief. Each discovery should be carefully recorded and the information made available for the benefit of all suffers.

Of particular interest to physicians having in their care sufferers from spinal deformities caused by accident, is the authenticated case of Corporal Frank Fernie, a veteran of the First Canadian Contingent. The full history of this case, which has attracted wide attention, will be sent to any reader of this magazine on request.

Seven ribs fractured, two lower vertebra bent and twisted one inch out of position, paralysis in both legs and arms were the injuries sustained by Corporal Fernie when the explosion of a German shell killed eight of his companions in an artillery evacuation.

Old methods of treatment were tried by the army surgeons without success. Encased in a plaster cast for five months, Corporal Fernie was finally transferred to Canada where the surgeons at the Royal Victoria Hospital (Montreal) substituted a rigid leather brace for the plaster cast, but the patient continued helpless until he was supplied with a Philo Burt Spinal Appliance, the results from which were a revelation to his medical advisors.

Within one year from the date of his injury Corporal Fernie was working every day in the shipbuilding department of the Imperial Munitions Board at Ottawa, at which time he wrote us:

"The army medical authorities are not only going to refund to me the amount I paid for my Philo Burt Spinal Appliance, but they have placed your name on file for future reference."

We will be glad to send a complete case record to any physician or surgeon without charge.

It is our policy to co-operate directly with local physicians and surgeons, or if preferred, we assume full responsibility for results from the Philo Burt method for treating every kind of spinal deformity resulting from accident or disease, which in 18 years has been used with success in more than 80,000 cases.

The Philo Burt Spinal Appliance is sold on 30 days' trial at our risk, and is made to individual measurements in every case. Address, giving name of your physician.

Philp Burt Company, 141 C Odd Fellows Bldg., Jamestown, N. Y.

THE MOST PROMINENT

OSTEOPATHS WRITE US

There is nothing better for the treatment of Sore-Half-Legs, Strain, Thrush, Ulcers of the Foot, and Abdominal Support. Patio applied for. Sufferers from Sore-Half-Legs Thrombosis cannot afford to miss this opportunity. The Ex-Army Supporter is nothing less than the best for injured abdomen and swelling limbs, or Tubercular-Heroin. In all cases, write for the DEFORMITY APPLIANCE CO., 715 to 729 Post Bldg., BATTLE CREEK, MICH.

Weak Foot, Flat Foot, Bursitis, Neuritis, Hay Fever

A brochure dealing with such ills as weak foot, flat foot, broken arches, bursitis of the shoulder, "glass arm," "neuritic shoulder", brachial neuritis, hay fever, rose cold and catarral deafness. All these maladies are successfully handled under osteopathic attention.

THE OSTEOPATHIC PHYSICIAN
progressive leadership and good horse sense to the House of Delegates. If all other states do likewise we shall not be disappointed at the way it runs our affairs. In particular, keep the windmills and reactionaries at home. Don't let them elect themselves to this august body by discovered nerve. A few of the wrong sort if windy enough and reactionary enough can do much to defeat the wisdom and good work of a whole group of forward thinking delegates. Remember our House of Delegates is now osteopathy's hope and we expect to see election to that job mean something in future.

HOW MUCH SHOULD BE SPENT FOR CLINICS?

It appears that $50 was spent for clinics at the last AOA meeting. How does this line up with your ideas of the relative importance of our various association activities? We believe it is much too little. We think $2,000 to $4,000 could well be devoted to making our annual clinics all they should be. This is not a reflection on anybody. No individual is at fault. But the vision of the whole bunch has been blunted when we collect $35,000 a year or thereabouts in dues and spend it all in one enterprise or another (without due misgivings) and devote the paltry sum of $50 to giving the profession clinics. No wonder our clinics, despite the hard work of a few, have been characteristically a farce. What else could you expect for $50? Why not let most of the good money derived from exhibitors be applied to giving the conventions clinics that would be clinics? This is a function that the AOA should assume in all seriousness and make ready good at, out of its ample revenues, for it is a kind of work that can not come to flower if left to individual effort nor can it be furnished by private business enterprise. If the profession is to enjoy it, it must come through the national association. Of course the profession earnestly desires to make a distinguished success of this feature of our national work. Then why not make ample provision for it?

DR. R. K. SMITH'S BIG OPPORTUNITY

Dr. Ralph Kendrick Smith, of Boston, well and favorably known in the journalism of the profession, was elected by the board of trustees in September as editor of the Journal of the Association to succeed Dr. Chiles. Dr. Smith was a seasoned newspaper man when he espoused osteopathy and founded and for a couple of years or more conducted the AOA press bureau, doing much valuable work to advertise osteopathy as long as he acted in that capacity. He has a glorious opportunity now to rescue and develop our official magazine from its listlessness, and put into it journalistic power, and we bespeak all co-operation for him in his work.

Good luck, R. K., and here's hoping you put it over for us right! Give the Journal some of that vision of leadership, originality, sparkle and power of which it has been so lacking.

We trust under the new editorial direction that the Journal will lead the Association in the direction of scientific aspiration and awaken professional consciousness and warn it away from the mirage of penny and pinfe.

Let it use its power to build up clinics at our AOA meetings, produce a good case report literature, fight the machinations of the wily AMA, build up our colleges and establish perfect co-ordination between our national society and its component branches, and if the Journal can really make good on these several onerous obligations it will not have much brain power left with which to create and print field literature for the practitioner, and sell printed nicnacs and souvenirs at a profit.

Wherever and whenever the AOA goes into business further than to conduct the legitimate necessary activities of its own existence or to do for the profession what can not be done for it better by private capital and initiative we may be sure it is at the expense of making a failure of its own proper functions. The true and necessary functions of the AOA are great enough if we only use the brains obtainable in the profession profusely, busily.

Professor Smith will be in a position to inaugurate the organization a great deal in the right lines of development and we trust he will prove that he is big enough to be "It" in his new job instead of modestly serving as a sort of edifying handmaiden to the traditions of his job. The membership want a real editor, not an echo in this man's job, and Dr. Smith will win undying fame and help the cause greatly if he vindicates his earlier profession as he expects to.

BUDDING GENIUS?

We want you. We've got room for you in these pages. What have you got in the way of a good idea that you want to put across to the profession? Here is the gleaming white space where it will shine and scintillate in type until the whole world of osteopathy takes cognizance of it. Never mind if you're new in print. We like new blood and new ideas.

Maybe you have something up your sleeves that would glorify 200 words in "Shop Talk" next month with a brand new idea. Maybe you have something in your arsenal even more ambitious. Fire away and let's see!

Dr. Nettie C. Turner, President Pennsylvania Osteopathic Association

ARESTLY has a woman been called from the ranks of the profession to be president of a state osteopathic association. That honor came to Dr. Nettie C. Turner of Philadelphia in the great state of Pennsylvania because she deserved it. She is the pioneer osteopath of her state and took osteopathy to Philadelphia when she was very young and when women's teeth were as rare as hen's teeth. So in one sense she is the oldest osteopath in Pennsylvania.

She assisted in organizing the Pennsylvania Osteopathic Association, served as its first treasurer. She was its first vice president and latterly served as secretary for two years.

During her term as secretary, Dr. Turner took her responsibilities very seriously and worked hard. The membership was increased and the treasury was replenished. The profession appreciated her constructive work and her election to the presidency followed naturally.

Dr. Turner's ambition during her term of office is to promote harmony in the profession and see the dues raised. She is also co-operating actively in the big drive to raise $100,000 for the Philadelphia Osteopathic Hospital. Dr. Turner is political and understands human nature.

Rather an interesting and deserving personality for the House of Delegates to consider carefully when electing AOA vice-president wouldn't you say?

Dr. Turner is one of the profession who have presided over their state associations, so far as they can be recalled are Dr. Janette Hubbard Bolles, Denver, Colo.; Hon. Grace Stratton, Lake City, and Dr. Della B. Colwell, of Iowa. Are there others? If so let us get them on record. Speak up girls!

The Delaware Springs Sanitarium

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

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

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

THE DELAWARE SPRINGS SANITARIUM

Delaware, Ohio

NAEVOLA

Removes Warts

Read what Dr. Harold A. Fenner has to say about it.

Dr. T. C. Lucas:

I can faithfully recommend the use of Naevola to anyone who wishes to completely and permanently eradicate warts and moles without noticeable cicatricial formation.

Harold A. Fenner, D. O.,
North Platte, Neb.

Don't wait another minute, doctor. The price is $5.00 a bottle and every bottle is guaranteed to satisfy customer or money refunded. Better send your check for $5.00 today to Dr. T. C. Lucas, 1120 Lady St., Columbus, S. C., and get a bottle of Naevola.

Doctors!

When ever you are ready to buy that good Osteopathic Table and Stool ask for our Catalogue and Cover Samples. Same will more than please you. A good Table and Stool is always the cheapest. We also have a full line of Osteopathic and Medical Books, and fill orders promptly.

Address

J. F. Janisch Supply House
Kirksville, Mo.
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 naso-oral 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

Dioxogen

that has demonstrated beyond all question the exceptional utility of peroxide for the routine hygienic care of the naso-oral 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 naso-oral 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 Company
10 Astor Place
New York

EVERY OSTEOPATHIC LIBRARY SHOULD HAVE THIS BOOK

Poliomyelitis
(Infantile Paralysis)

Edited by F. P. Millard, D. O.

THE Anatomy, Physiology and Pathology of this subject are stated briefly but clearly and sufficiently. Osteopathic treatment is definitely outlined and supported by many interesting case reports. There are a number of unique and beautiful original illustrations, the anatomical drawings by Dr. Millard being especially 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

The spinal cord and nerves in situ. This illustration and the one above are typical of the unique and artistic anatomical drawings of Dr. Millard as displayed in this book.
of our past ways of thinking) these osteopaths take it for granted that you are big enough, mentally, to think of them only as osteopaths. They hold that the art of adjustment in the "hollow of their hands." No, you don't hear much shop talk about adjustment but when they do talk about it, you know that they hold the art of adjustment in the "hollow of their hands." No, you don't hear much talk about "ten-fingered" osteopathy; and "old timers" and the ones who have been standing still can't understand why this isn't herey instead of PROGRESS. No denying it, the modern osteopath in this "new alignment", as I have chosen to call it, is now an all-around physician, no longer just a leathery drinker at the fountain of knowledge; but with a new arrogance and confidence, developed by experience, boldly takes this place in the field of therapeutics as applied to practical treatment of the sick.

We talked of the ear, nose and throat, focal and general infections and their treatment. We treated with light, heat, electricity, water, diet, etc., etc., and differentiated and integrated many other methods in physical therapy. Singular cases were reported. Cure of baldness by the use of special quartz light. Bright's, by the talk of stimulation of the rectum and descending colon. Diabetes controlled (for two years) by diet, fasting, diets of percentage starchy (Allen Method).

Gastric ulcer, refused operation, cured by rest and graduated milk and raw-egg diet. The pains of gastric ulcer controlled by the use of bicarbonate of soda or olive oil. Pain controlled by turpentine (well rung out compresses).

Symptomatic cure of aortic aneurism, by consumption of the 7th cerv. vertebra. And so on.

Because of this new mental alignment it did not occur to a single one of us to say, "These are not osteopathy," nor that we were not listening to real osteopaths.

No, they did not talk much about osteopathy, perhaps, and little more than the usual "other forces which other workers in the field of therapy have found to be of practical service". But it is also applying the latest and most approved methods in physical therapy.

Now that I am back home with time to think about what I got at this last convention, it's this big "realization": "The modern osteopath is just as good an osteopath as we have ever had; just as well, just as patriotic, just as profound in his belief as ten-fingered osteopathy but he also uses other forces which other workers in the field of therapy have found to be of practical service." Finally, he has a more complete picture of the osteopath who thinks of our practice as being limited to our ten fingers are in my opinion more real by its very quality and will never again be taken seriously by the younger elements in our ranks or by the osteopathic profession of the future.

This is really a most wonderful revelation, osteopathy has outgrown its ten-fingered "swaddling clothes". Take it or leave it—but it is TRUE—Dr. Herman F. Goets, 721 Frieso Blg, St. Louis, Mo.

AOA's Predominant "Money Vision" Needs Rectification (Bancroft in the New York State Society Blotter)

If our aim is to build an organization and foster the interests of osteopathy as a science then we should not narrow the dollar sign before our eyes to dim our vision as to other matters. There is no question about the dollars we should get. The dollar sign will always be in our faces and once its lure has fastened upon an individual or a society the ultimate goal will be forgotten and neglected. It should be assumed that organization affords our revenues will accumulate in direct proportion to our results. We have seen before what the campaign that interest osteopathy in the getting. Others spend their time perfecting themselves as practitioners, attend to their patients without thought of the dollar and awake some day to find that the dollars are rolling in on their own volition.

Without wishing to ape the calmity howev but with a desire to sound a warning that is needed, it can be said that unless we spend more time building up the AOA and less time increasing its revenues as a factor standing alone and once its lure has fastened upon an individual or a society the ultimate goal will be forgotten and neglected. It should be assumed that organization affords our revenues will accumulate in direct proportion to our results. We have seen before what the campaign that interest osteopathy in the getting. Others spend their time perfecting themselves as practitioners, attend to their patients without thought of the dollar and awake some day to find that the dollars are rolling in on their own volition.

The new constitution and by-laws will be as innocuous as the laws of the various States interest themselves in the affairs of the AOA and send representative delegates to the conventions. A campaign should be started at once with the object of having each State in national affairs and then when they are interested the campaign should continue to keep them interested.

It will not do to select any person who happens to be going to the AOA convention to act as a delegate. The affairs transacted by the House of Delegates are so serious ones and will have no savor of the farce perpetrated in the past under the name of Nominating Conventions. We need the best man from every State, the man who has been for some time concerned with osteopathic affairs at home and abroad. This man of his, own volition, will not interest themselves in this phase of AOA affairs because the AOA has been too long an independent, competitive body. To compensate for this it is true that the AOA will now have to interest itself in the plan so that the States will be brought to see that the national convention is organized and in truth an association of State societies.

When a State has found a delegate of worth he should be kept in that office; to pass this important task around the circle of favorites would be a colossal mistake. The proposed
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figures each year and ninety per cent of those badges seek the waste basket with abandon just one minute after the convention is over. There is a way to reduce this item by seventy per cent—it has been tried and found practical in this State for the past five years.

In other words, why not try economy and good business sense rather than attempt to put a tax upon attendance? Our exhibitors paid something like $4,000.00 this year (why not tax the exhibitor a registration fee?). This sum was paid because the attendance at our convention is very low and if we increase this amount we should do anything possible to augment the attendance at meetings rather than to put a tax upon it. It seems as though the income from the exhibitors could properly be made to pay for our conventions each year—then conventions earn this amount of their own worth and should be entitled to spend a portion of it for the perpetuation of the source of income. Speakers at AOA meetings and if we pay the expenses of speakers and all other items for years and have not been compelled to charge a registration fee.

Let us get to away from the dollar habit as a primary consideration. Second, if more revenue is needed then let's make it a charge against every one and not specifically against the man who attends the conventions.

That Deadly Aspirin

By Francis A. Cave, D.O., Chairman, Committee on Legislation, Massachusetts Osteopathic Society

In a paper read before the New York Osteopathic Society at Albany last March, Dr. W. L. Buster of New York City struck the nail squarely on the head when he said, in speaking of Aspirin:—

"Tons of the deadly stuff are bought and sold openly and the public uses it indiscriminately for about all the ills to which flesh is heir. Medical doctors are responsible for this crime. They started its use and have kept up the sale of this form of drug fiend.

"It can be bought without a prescription and we here today ought to start a crusade for the enactment of legislation that would do away with its sale, without a prescription.

Dr. Buster is right, and right again. With the heavy responsibilities of therapeutic enlightenment upon our shoulders it appears several osteopathic colleges have failed to secure the enactment of legislation which will make it impossible for an uninformed public to purchase these deadly morsels. At least without the written prescription of the physician who has the courage and the wisdom to sign it.

How many of the millions of people who use Aspirin, Phenacetin, Acetanilid, Bromo-Seltzer and the rest of that brood realize that these drugs are derived from PHENOL (Carbolic Acid) and are dangerous heart depresants? Should not the great public be made to realize the poisonous character of these so-called remedies? Should not the physicians who call them "perfectly harmless" be shown up for the ignorant experimenters which they are? Who can tell how many tens of thousands of lives were snuffed out during the epidemic by reason of the "perfectly harmless" stuff called ASPIRIN and its poisonous brother PHENACETIN? It is a little too late now to realize the extent of the catastrophe better than those of any other school, having been so frequently called in as a last resource to save the life of some poor soul facing death because of coal-tar poisoning of an already over-strained heart. We have been a willing, unrightful place as leaders in popular medical enlighten"ment, "Let the Chips Fall Where They May."

To be fair the dues should be raised to $13.00 per year instead of making one person pay $18.00 and have to pay $12.00 just because he attends the yearly meeting.

Personally I would like to know the details in the funds of the AOA and spend it because we are getting rid of a very large sum per annum and it is possible that retribution in some directions is the crying need instead of more money. Our annual statements are doubtless accurate to a penny but they leave much to be desired in the way of keeping them up-to-date.

It seems apropos to repeat: That it would be very much worth while for the AOA to inaugurate a campaign for the Increasing of attendance at meetings rather than at conventions. It is true that thousands of words are written about it each year but that is all done in the Journal and the public reads them. The attendance has never been what it should be and it is evident that the publicity methods have been incomplete. The direct appeal through the mails or by way of letters and winning cards, etc., ought to supply the deficiency.

Of course, this would cost money, but what is the cost of a life? Is the cost of a life to be used for the good of the organized osteopathy? There is no better stimulus than attention. The first thing is a thing which should be brought about every year some of our precious dollars have to be spent in advertising ourselves to ourselves. It can be done.—Regrets of Claude M. Buncraft, Delegate to the AOA Convention from New York State.

NOTICE

Our Flu-Pneumonia Case Report Department was crowded out this month but will be back strongly in the November issue.
Dr. Stoel Will Specialize in Cardiovascular Work on Pacific Coast

Dr. Harry M. Stoel, whose contributions to osteopathic work on the West Coast have been so well received by the profession, will specialize in cardiovascular diseases and diagnosis. He has sold his office and practice at Duluth, Minn., and will soon move to a larger city on the Pacific coast. Among other reasons for his removal he desires to live in a warmer climate than Northern Minnesota. Without finding a larger city requisite for the building of a consultant's and specialist's practice, this late steady tendency toward specialization among osteopathic physicians is of the interesting and significant trends in our professional development.

Dr. Stoel will establish commodious offices, with all the most modern and necessary equipment for specialization and diagnosis. He has not yet decided upon his new location and is considering the relative advantages of the several west coast cities.

Dr. Stoel came from a medical family, his grandfather and three uncles having been M. D.'s. One uncle was in the McGill University faculty for years and another was a well known expert in insanity. Becoming interested in osteopathy he went to Kirkville, Mo., to study under the founder of the science; then proceeded to a medical school in Chicago, then to Drake University and Still College of Osteopathy in Des Moines. Dr. Stoel has always been a student and periodically has taken a furlough from his practice to do postgraduate work. He attended Tulane University (La.) Polyclinic and did medical post graduate eye, ear, nose and throat work at Chicago. Being of an investigative turn of mind he went to Oxford, Conn., for the clinic of Dr. William FitzGerald, originator of zone therapy.

First locating in Houghton, Mich., Dr. Stoel built up a big practice there and won a very influential following for osteopathy. The newspapers often spoke favorably of his work. Then moved to Duluth, Minn., and in his new location he has built up a big practice there and won a very influential following for osteopathy. In Duluth, Minn., and in his new location he has built up a big practice there and won a very influential following for osteopathy. In this city he has found a larger city requisite for the building of a consultant's and specialist's practice.

Among the new subjects allowed for by the four year schedule we find, a course in post mortem and post mortem pathology, sexology, insurance examinations, cystoscopy, X-ray, transilluminations, and diagnostic instrumentation and animal parasitology. Of course, some of each of these subjects have always been given but the added time will allow for definite courses in each. The curriculum is the strongest kind of a course and compares very favorably with any medical school in the country. It will be noted that there are over eight hundred hours in anatomy. Physiology runs through four terms. The ASO management is certainly to be congratulated on this course, which in actuality is going to be a good seventy-five per cent more than promised in the catalog, and that was the best catalog the school ever put out at that.

Death of Miss Gladys Still

THE sympathy of the entire profession goes out to Doctor and Mrs. Charles E. Still of Kirkville in the bereavement that has come to them. Miss Gladys Still, their daughter, a beautiful young woman of many graces, was called by death at Mountain Park, N. M., September 2nd, as the result of acute pulmonary tuberculosis. Burial took place from the family home at Kirkville, September 5th. The school friends of the deceased.

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THE DENVER POLYCLINIC & POST GRADUATE COLLEGE

The Denver Polyclinic & Post Graduate College has been chartered under the laws of Colorado as a regular post graduate college. The faculty is now giving three different courses: Number One, The Denver Osteopathic Efficiency Course; Number Two, the Ear, Nose and Throat Cadaver Course; Number Three, the Didactic and Cadaver Eye Course.

The college has been opened its fourth class which began August tenth and ended September sixth. The following doctors took advantage of the course: Dr. Eugene F. Pellette, Liberal, Kansas; Dr. E. C. Brann, Coffeyville, Kansas; Dr. L. N. Pennock, Amarillo, Texas; Dr. Pauline Sears, Vale, Oregon; Dr. Grace Parker, Pocatello, Idaho; Dr. Sarah Balfe, Denver, Colo.; Dr. A. O. Scharff, Wichita Falls, Texas; Dr. B. D. Stephenson, Nelson, Neb.; Dr. W. R. Benson, Longmont, Colo.; Dr. A. C. Cluck, Denver, Colo.; Dr. F. I. Purry, Cheyenne, Wyo., and Dr. H. J. Nims, San Jose, Cal.

The Efficiency Course is a great boon to all the osteopathic physicians who take the course. It is a great aid to those who lack business in the methods taught in getting business. It is also a great help to those who have a tremendous amount of business and are not able to hold up under the pressure, giving them the efficiency methods which help them to carry the load without breaking down.

The Ear, Nose and Throat Cadaver Course and the Eye Course are intended to help those who especially desire to specialize along these lines. Of course one cannot be made a competent specialist in one month but this gives the methods taught in getting business. It is also a great help to those who have a tremendous amount of business and are not able to hold up under the pressure, giving them the efficiency methods which help them to carry the load without breaking down.

The following doctors aided in the teaching the above named courses: Dr. J. E. Furry, Cheyenne, Wyo., and Dr. H. J. Nims, San Jose, Cal.

The next Efficiency Course is given in the month of November and the next Eye Course is given in the month of April. All who are thinking of taking the cadaver courses should take the courses as early as the numbers are necessarily limited. We take only a few in order that personal touch may be given in the work.

The following doctors aided in the teaching of the last Post Graduate Efficiency Course: Dr. T. C. Kansas, Dr. F. R. Hobcomb, Chicago, Ill.; Dr. Nettie Hurd, Chicago, Ill.; Dr. H. J. Nims of San Jose, Cal.; besides the local faculty which resides in Denver.

Georgians Endorse Progressive Publicity

EIGHTEENTH annual meeting of the Georgia Osteopathic Association was held in Atlanta, Ga., August 23. It was well attended and a great deal of enthusiasm was shown.

Dr. F. F. Jones of Macon, president of the association, outlined the main object of the meeting which was to discuss a statewide educational campaign. He introduced Dr. J. W. Elliott of Atlanta, first vice president, Dr. Elliott spoke on the importance of educating the people to osteopathy, and outlined what he had done along these lines. He stressed the importance of the State Association taking hold of the work and doing it thoroughly. He offered to contribute a healthy sum to help in the work.

At the afternoon session, Dr. Percy H. Woodall of Birmingham, Ala., spoke on public liety. He showed about a dozen films on osteopathic subjects and outlined a plan for state-wide work. These films will be used by the Association.

New officers elected for the coming year were: Dr. H. H. Trimble, president; Dr. Gusse McPhillips, vice president; Dr. A. W. Chaplin, secretary and treasurer.

Four new members applied for membership in the association.

A banquet was served that night at the Drift Hills Club by the local osteopaths.

New York Society Will Meet Mightily

NEW York Osteopathic Society is preparing for a big meet at Hotel Powers, Rochester, October 17 and 18. Quite a number of celebrities from the middle west will be on the job. Also, all the talent from the far east. It will be Secretary Bancroft's last 3-ring show before he lays down his secretarial jinx and becomes one of the plains, unworking pee-pul again, and you know "Bannie" won't quit any job except in a blaze of glory. You'd better come along and take it in.

New York State's Student Campaign

[From the New York Blotter.]

TO date the Committee has the names of only one college: but how many of these will enter the fall term it is impossible to say but the Committee feels that every good start has been made. I am certain that few of the osteopaths and working with prospectives whom they have not reported which will add to the total. We urge you all to continue this good work, keep after all whom you consider suitable, and if they cannot enter the fall term gromm them for the spring term. All who are associated with us are indebted to the advantages of osteopathy as a profession.

[If every state did only as well in recruiting for our colleges—as little satisfied as New Yorkers are with their business or any patient wishing to write me regarding their case, will please call or write 120 Archer ave., Monmouth, Ill., and yes see always reach me as I will not be in one place long at a time. All my patients who lose say in health while I am gone will be put in the same condition they were in when I left, free of charge, on my return. So I will not let you lose, during my absence. I understand, a remark or two has been made, saying I would not come back. Mr. McCoy of the Stearnу Bldg., will tell you I have paid two months' rent in advance, so I will absolutely come back as soon as I can get relieved.]

Dr. O. M. Bradley. Osteopath and Chiropractor.
Diagnosis vs. Error

"Gall Bladder Disease."

By F. J. Treenergy, D. O., Roentgenologist to the Taylor Clinic, Des Moines General Hospital

DURING the past five years the use of the Roentgen ray in the diagnosis of gall bladder disease has become more and more general. In all the great clinics it is a routine procedure. The public almost demands its use, feeling that an examination is incomplete without it. Even in localities where there is not ready access to a Roentgen examination, people are asking the x-ray men if they may receive the benefits of an x-ray examination. Of recent years people are beginning to lose their blind, implicit faith in the diagnostic all may of their practitioners and are demanding that they know the facts. They hesitate to submit to treatment unless the attending physician can assure them that himself can diagnose his case. Its great value is shown in those indefinite cases, the atypical cases. In these the patient suffers from a more or less vague distress in the abdomen, often described by the patient as a "misery." There is usually a history of more or less jaundice extending over a period of several years, an indefinite feeling in the epigastrium or right hypochondriac region sometimes described as a "pulling" or a "heaviness." Constipation usually prevails, occasionally diarrhoea, and the patient often complains about distress about the heart, back, or loins. The most pronounced symptom is the frequent gas in the stomach and bowels. Of this symptom the patient usually complains bitterly. He may have taken all manner of the x-ray remedies for gas trouble, has been dieted, but one food seems to cause as much distress as another. He is forced to use a cathartic almost daily and in spite of all that has been done his symptoms are not relieved. This condition is most frequently met with in women past thirty-five. It has been said that in the female sex the left side of the east, of the women who have borne children, who come to autopsy, a large per cent have gall stones, and when gall stones are so diagnosed or this condition even suspected.

It is in this great group of indefinite cases that the Roentgen ray is of the greatest value. First, the direct evidence of the presence of gall stones as shown by the shadow on the negative plate.

Second, the ability to demonstrate the presence of adhesions between the pylorus, duodenum or colon and gall bladder by the use of the opaque meal and the fluorescent screen, watching the movements of the bowels and manipulating them under observation.

Early in the history of the use of the Roentgen ray as an aid in diagnosis of gall stones, were so seldom demonstrated that Roentgenologists were wont to discourage its use in this field. V. J. Treenergy in 1899, used the Latex Coollidge tube, the Intensifying screen, and of late the duplicated film, together with the pressure improved technique, it is said that from seventy to eighty per cent of gall stones can be demonstrated.

The patient having been previously prepared by fasting for at least eight hours, the bowel movements being then impacted masses of fecal material in the colon and to take away the gas, a number of plates are taken with the patient in the prone position first in one, and then in the other lateral, the horizontal position, as well as prone, supine and lateral. In this manner the presence and extent of adhesions may be demonstrated. Sometimes a distended gall bladder is filled with nothing but mucous and inspissated pus. Each condition produces a distinctly different appearance on the negative plate.

To this direct evidence is added the indirect evidence obtained by given certain laboratory tests. The gastric contents, the bile, and foods given to the patient in the upright position be shown on the negative plate this examination is of the greatest importance. Rarely has there been any inflammatory process of the gall bladder disturbances. All of these conditions may be shown, and its size and position can be demonstrated. Sometimes a distended gall bladder is filled with nothing but mucous and inspissated pus. Each condition produces a distinctly different appearance on the negative plate.

The x-ray examination is of course supplemented by the most careful laboratory tests. The gastric contents, the bile, and foods given to the patient in the upright position behind the fluorescent screen. The position and shape of the pylorus and duodenum are observed. The patient is also examined in the horizontal position, as well as prone, supine and lateral. In this manner the presence and extent of adhesions may be accurately determined. These adhesions are frequently the source of reflexes which cause the annoying gastrointestinal and the indefinite abdominal distress and discomfort which the patient experiences. The x-ray examination is of value to the surgeon, should the case come to operation, in determining the nature and extent of the work to be done.

In cases in which stones were not demonstrated on the negative plate this examination is of the greatest importance. Rarely has there been any inflammatory process of the gall bladder without the formation of adhesions. The patient may have had a few-hour intermaxillary meal the meal is ready to leave the colon. The general condition of the small intestine as to position, presence of adhesions, constriictions or dilatations are not determined until the ileo-cecal valve, its size, position and degree of competency are observed. The condition of the appendix is not determined until the presence of adhesions are carefully studied. Lastly the colon adhesions are frequent between the hepatic flexure on the first portion of the transverse colon and the gall bladder.

In all of these cases it is very well to have a complete Roentgenographic examination of the gastrointestinal tract, the hepatic, the lungs and teeth. Other pathological conditions usually accompany gall bladder disease. All of these conditions may be shown, and its size and position can be demonstrated. Sometimes a distended gall bladder is filled with nothing but mucous and inspissated pus. Each condition produces a distinctly different appearance on the negative plate.

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Dr. Gair Returns from France

HAVEN'T seen any osteopathic literature since I left in May for France. I am glad we all went across, even if I did not accomplish the work of a lifetime in helping to do away for errors in judgment, or mere mistakes in matters of doubt or uncertainty, provided he exercised reasonable skill and diligence as is ordinarily exercised and used in the practice of the profession of defendant by those practice under like circumstances.

The court instructs the jury that in determining this case they are to consider that the defendant did not warrant a cure, but his conduct, as implied in law was that he possessed that reasonable degree of learning, skill and experience which is ordinarily possessed by others of his profession that he would use reasonable care and skill in the treatment of the case; and that he would use his best judgment in selecting the proper course of treatment. The defendant is not responsible in damages for want of success, unless it is shown from the evidence to result from the want of ordinary skill and learning, and such as is ordinarily possessed by others of his profession or surgeon. If the physician or surgeon is not bound to use any particular method of treatment, and if among physicians and surgeons of reasonable skill and learning the practice of medicine is recognized as proper, it is not negligence or impropriety for the defendant not to have adopted such method, so testified to by such physician or surgeon.

The court instructs upon the use of what is known in law as Hypothetical questions, that such a question as one which assumes a certain condition of things to be true, a certain number of acts to be proved or to be disproved, and calls upon the witness to state all the facts stated to be true, to express his opinion as to a certain condition. The witness is to hold the defendant to have assumed the facts as true, and bases his answer upon the facts as true. There, therefore, to bring to the test of the facts in order that you may judge what weight the opinion is entitled to.

We cannot reasonably expect 100% perfection in any line of endeavor, whether it be diagnostic, surgical, or popular literature. We must have an ideal and endeavor to approach the ideal. In the matter of publicity I fear a great many of our professional brethren are too captious and too easily influenced. Of course we should open to criticism, but one or two or even three or four criticisms do not necessarily mean that a piece of literature is not virile and effective. When some point is criticized, such as that quoted by Dr. Beeman, it is necessary for the physician attending a patient to be mindful that he is seeking compensation. You are further instructed upon the use of what is known in law as Hypothetical questions, that such a question as one which assumes a certain condition of things to be true, a certain number of acts to be proved or to be disproved, and calls upon the witness to state all the facts stated to be true, to express his opinion as to a certain condition.

The physician is the proper judge of the necessary frequency of the visits to his patient so long as the patient is in his charge, and in an action for his services the physician is not required, under the law, to prove the necessity of his making the number of visits that he made, and for which he is seeking compensation.

We decided then and there that something should be done to see that every guide on the "Sight-Seeing Bus" be instructed to call attention to our hospital and college. The many tourists who are friends of osteopathy would be pleased and the others would be given something valuable to think about.

The more I think of France, the more I think of osteopathy and the more I feel that I have done something to advance the interest of osteopathy.

We should be reasonable, not conservative, but when it comes to being conservative to the point of fear that we may offend somebody it seems to me it is too far to the extreme in that direction. Militant Osteopathy is what has brought us to the position we occupy in the world today, and the time has not yet expired for us to depart from the policy of militancy. We know we are right, we know that the medical man for the most part is working along the lines of the policy of peace and we are the foundation for all therapeutic endeavor. Realizing this fact, shall we not be courageous as well as firm and aggressive in our endeavors?

I congratulate you, Dr. Bunting, on your magnificent trip, and I wish you well regarding osteopathic publicity.—Very truly yours,


We Thank You for Your Letter

Dear Mr. Ralston: You are right on target in urging the importance that we, as osteopathic physicians, should publish and circulate literature. The objections which have been urged have been in vain. We have been asked to publish the literature for the benefit of the public and to keep the public informed of the real value and possibility of osteopathic treatment.

You are correct in saying that the literature should be honest and true, and that the literature should be concise and clear. The literature should be written in a language that is easily understood by the public.

We are grateful to you for your letter and we shall work hard to make sure that our literature is in line with what you have said. We shall be glad to have your assistance in this work.

Very sincerely,

[Signature]

Dr. E. Florence Gair, D. O., Westhampton Beach, L. I., August 28th

We Still Require Militancy

Dear Mr. Ralston: I thought you might be interested in knowing that I have been writing to the Boston Globe and the New York Times about the importance of osteopathic treatment. I believe that the public should be made aware of the benefits that can be obtained from osteopathic treatment.

Very truly yours,

[Signature]

Dr. E. Florence Gair, D. O., Westhampton Beach, L. I., August 28th

Sight-Seeing Bus Did Not Megaphone Osteopathy

Dear Doctor Bunting: I have just received a letter from my friend, Dr. Gair, who saw the sight-seeing bus on June 26th, and was calling my attention to a condition which she observed in Philadelphia.

You are quite in touch with the whole profession and have been the means of overcoming many obstacles and righting many wrongs for the good of osteopathy. I am referring you to a letter which explains this condition.

As you are aware, Dr. Gair is one of the leaders in the osteopathic movement and has been an active member of the osteopathic fraternity for many years. She has a great deal of experience in the field of osteopathy and has done much to advance the cause of the profession.

She was returning from her vacation in France and was returning to Philadelphia by train. She had been scheduled to give a lecture on osteopathy at the University of Pennsylvania, and was very much looking forward to it. However, when she arrived in Philadelphia, she found that the sight-seeing bus had not been equipped with a megaphone to give her lecture. This was a serious setback, as she had been planning to use the megaphone to reach a wider audience.

Dr. Gair has written me a letter explaining this situation, and I feel that you should be aware of it. It is important that we continue to support our profession and to work towards its advancement.

Sincerely yours,

[Signature]

Dr. E. Florence Gair, D. O., Westhampton Beach, L. I., August 28th

My Creed

1. If the case does not respond I have not found the lesion—or have not corrected it.

2. Study anatomy all the time—work on all the systems. You do not get the patient’s history. If I don’t get results, it isn’t the fault of osteopathy—it’s me.—Fred B. DeGroot, D. O., Rock Island, Illinois.
Industrial Osteopathy at Armour & Co.'s Plant

By Don C. McCowan, D. O., M. D., Chicago.

LIKE everybody else who writes a paper for a convention or medical journal, I will try to make the best of a little toot. In fact, I shall feel at liberty to give it a couple of toots. Before the first plane of the distinction of being the first osteopath to receive a railroad appointment with Armour & Company, the Union Stock Yards, I was immediately testing the efficacy of this treatment but because I am an osteopath and they are looking for a man who could give osteopathic treatment to their employees and all their old bad fracture, joint, muscle, and ligament cases were turned over to me from the root. (By the way, the office force numbers about thirteen hundred, has a medical department of its own under the care of an osteopath.)

As to results I have obtained? Wonderful is the word that tells it all. Of course, I could do little to detail and give three or four dozen cases or refer to the statistics of the Claim Department of Armour & Company. In my last written statement, but I will simply say that I have the respect of the nine M. D.'s, the Claim Department, and the senior officials of the Medical Department which is sufficient.

You wonder how the employees take to it? I will say with one or two very rare instances, punctually. Our employees are mostly Negroes, Poles and Lithuanians, with no type of intelligence and the natural antipathy against a company doctor, there is occasionally one who objects to any kind of treatment. But I want to say, big industries have a way of getting along without the medical profession, as I found it to be a fact at this plant. I addressed a meeting of the manufacturer's association where there were 300 industrial surgeons at which the two principal speakers were the chief surgeon for the State and Dr. Magnusson, who is the surgeon for the State Industrial Board of Illinois. The burden of Dr. Magnusson was the necessity for the big industries must give manipulative treatment. He even went in detail and gave some very clever osteopathic technique. Of course, he did not call it that. He rubbed it in that to advise a patient to put on some hot fomentations and rub on some linament was not enough. He told them the worst cases they had to settle before the board were cases where scientific manipulation treatment had been neglected, that in the big industrial hospital under consideration they would have specially trained men in this line, even if they had to put in a special department in some medical schools and train the men.

Of course, big industries are not going to the Osteopath and offer him a big salary to go out and work in their plants, but the medical man is right on the job and of course will have an easy time to get in, but the managers of big business are awake and are demanding something of the medical man that he cannot deliver. So it is up to the osteopath to come to the front and supply that demand for, besides the actual benefit to both employer and employee, it is bringing osteopathy to the knowledge of thousands of the less educated working class.

THE OSTEOPATHIC PHYSICIAN
THE OSTEOPATHIC PHYSICIAN

PUBLISHERS DEPARTMENT

Every Osteopath is Really a Nerve Specialist

FROM the very beginning of osteopathic practice to the present hour the osteopathic physician has been the world's first and only practical specialist in combating diseases by nerve treatment—by a true nerve therapy, that of relieving nerve tissue of mechanical irritation, assuring it good nutrition and drainage, and indirectly, by such means, relieving it of correct metabolism. While the drug schools have sought to treat nerves by a further upsetting of correct metabolism through introducing extraneous poisons, the osteopath has treated and cured nerves and manifold diseases by his saner therapy. He is therefore the true nervous disease specialist. The great bulk of all diseases he treats by giving prime attention to the integrity of nervous tissue. No wonder he wins out in competition with drug efforts at healing.

The philosophy and practice of this basic fact is well developed in the new installment of Osteopathic Health. (November issue) which reprints that justly celebrated brochure, "The Why of Nervous Diseases."

Those who have been long in practice ought to know all about the merits of this first-rate piece of educative literature. We can not fancy an osteopathic office willingly going without it. The new practitioner ought to lose no time getting acquainted with it and using it for its excellent results in putting osteopathy in a clear light before the people.

This brochure is equally good for the office or family practice, for general osteopathic practice or restricted chronic practice. It is good fundamental doctrine even for the osteopathic specialist to circulating.

"The Why of Nervous Diseases" has great merit to use in fields where the chiro virus has been disseminated, German propaganda style, to prevent the truth, falsify therapeutic history and rob osteopathy of its own character and achievement. It does not mention the chiro but it eliminates him by stating osteopathy clearly and fairly on its own merits as a theory and as a practice.

We don't think you could get anything else so good to use this month in a progressive educational campaign for osteopathy in general and for your own practice in particular.

In addition your office equipment will lack something for the next year or two to come. If you do not have an adequate supply of these brochures on nervous diseases to hand out to your callers and patients, for themselves and their friends.

Order a good supply for your immediate distribution and a reserve stock for your educational arsenal—The OP Company.

God Bless Our Girls

ONE thought that comes uppermost in my mind is the fact that The OP has become a necessity. I wonder what we would actually know about each other, professionally, were it not for this medium! It has proven itself a necessity in the professional osteopathic world and I do not see how any wide-awake osteopathic physician can be without this publication. It is just like reading the home paper and, personally, I do not expect ever to maintain an office without it, so, really, my one best thought to you today is that of my appreciation of your efforts for the profession. It is very fitting that we should have as the editor of our professional news sheet a man who has walked with the lives of those who were first enmesh in the osteopathic world, and I want you to know that I appreciate the privilege of reading your paper. Assuring you of my desire to operate in any possible way and with every good wishes for your continued success, I am, Fraternally, L. Alice Foley, D. O., Muskonop, Minn.

Smiling Harry

[From the N.Y. Society Blister]

I an issue of The American Dentist there appeared an editorial dealing with the success of the osteopathic physicians in treating influenza. This is well written and a thing that is not dollar tainted that I am more than glad to call attention to this unselfish act. No matter what he gets paid for, he does more good wish for your continued success, I am, L. Alice Foley, D. O., Muskonop, Minn.

Museum of Osteopathic Medicine, Kirksville, MO
Dr. Charles E. Pollard, formerly of Westfield, Illinois, is now located at Champaign, Illinois, where he has purchased the practice of Dr. O. P. Hard, who has moved to New York state to take charge of a farm which he purchased some time ago. Dr. Pollard has entirely re-equipped the offices with new furniture and furnishing and among his equipment is a latest model deluxe McManis treatment table.

Dr. Percy Evan Roscoe, Osteopathic and Minor Surgery, 601 Guardian Bldg., Cleveland, Ohio.

Dr. J. Deason, Osteopathic Physician, Specialized in Ophthalmoscopy and Occlusal Treatment, 27 East Monroe St., Chicago


Dr. C. E. Amsden, Diseases of the Alimentary Tract, 2 Bloo St., East Toronto, Canada.


Dr. T. J. Ruddy, Eye, Ear, Nose and Throat Originator (Bowling) of "Flexure Method" for Hay Fever and Catarrhal Deafness, etc., Chief of E., E. N. & T. Dept., C. O. P. & S. 905-9 Black Building, Los Angeles, Calif.

Dr. Frank J. Stewart, Ophthalmic and Facial Surgery, 3 Orange Ave., Orlando, Florida.

Dr. Preston R. Hubbell, Osteopathic Physician, 504 Fine Arts Bldg., Detroit, Mich.
Dr. George T. Still has opened offices at 616 Commonwealth building, Allentown, Pennsylvania.

Dr. W. T. Dowd recently returned from France and has opened an office in the Arcade building, Rome, New York.

Dr. Charles S. Greene of New York City just recently returned from a six weeks vacation in Canoe at the camp in northern Ontario.

Dr. M. A. Allen, who formerly practiced at St. Marys, Idaho, has changed his location to Moscow, Idaho, where he has offices in the Miller building.

Dr. J. R. Baneroff, of Lincoln, Nebraska, will be associated with Dr. Will Clasen of Hobeon, Nebraska. Dr. Baneroff is a recent graduate of the Kirksville college.

Dr. T. J. Ruddy, of Los Angeles, wrote us recently that he had just returned home from a three months stay at Mayo's. He said he had a wonderful trip.

Dr. D. A. Vold of 468 Washington St. Chicago, says that he has just returned from a delightful vacation spent in Florida and he is now again in the office with a fair degree of regularity.

Dr. H. G. Turley, of Arvada, Colorado, recently won quite a distinction in his locality. He was responsible for a bathing beach being established at Arvada and for this reason the beach was named Turley Beach.

Dr. Frederick E. Keefer is now located permanently at South Orange, New Jersey, with offices at 18 South Orange avenue. He reports that he has a nice location and that the prospects for good practice are very fine.

Dr. J. G. McMath has removed from Dayton, Washington, to Gardena, California where he has opened offices with his son, Dr. W. T. McMath. They are practicing together under the name of Drs. McMath and McMath.

For twelve years Dr. C. C. Root, Denver, Colorado, has done Eye, Ear, Nose and Throat work, but still doing more or less general practice. In future his practice is restricted to Eye, Ear, Nose and Throat according to an announcement.

Dr. F. P. Millard of Toronto, Canada, states that he has closed his art studio forever and that no more drawings will be produced by him. He is going to devote his entire time to his very heavy practice and some literary work.

Dr. Joseph Pocock, June 1818 graduate of the American School of Osteopathy, after spending one year in France with the American Expeditionary Forces has established his office for practice of osteopathy at 1829 King street, West Toronto, Canada.

Dr. Arthur T. Seymour, of Stockton, California, is in Los Angeles for a period of special study. He has interned in the eye, ear, nose and throat clinic of the College of Osteopathic Physicians and Surgeons and will be there until about the first of February.

Dr. Dan C. McCowan who was formerly located at 225 Burr Oak avenue, Blue Island, Illinois, is now located at 1809 W. Garfield Blvd., Chicago, Illinois. Dr. McCowan is also doing some special work at the Stock Yards where he is acting as osteopath for some company.

We were sorry to learn of the death of Mrs. Christine Law Nye, wife of Dr. Carlos Nye, of Buenos Aires, Dr. Nye states that he arrived in New York August 17th and buried his wife at Chauncey, Ohio, on the 23rd. She died of Meningitis, following an operation on the phaehoidal sinus. Dr. Nye states that he is going back to Argentine soon.

Dr. Charles Gapeke, formerly of Chicago, is now practicing in Massachusetts. Being associated with Dr. H. J. O'Neal in Suite 115 Colonial building, Boston, and having a suburban office at 38 East street, Brookline, Massachusetts. Since leaving Chicago, Dr. Gapeke put in special study at the Massachusetts University School of Medicine and now has his M. D. degree.

Dr. J. E. Olson of Bushnell, Illinois, is planning on taking a rest for a year in an endeavor to regain his health which has become broken on account of extremely heavy work. He is planning to spend a great deal of the time and expects to take a trip through the east.

Dr. Olson has secured the services of Dr. A. R. Elson, a graduate of the Chicago College of Osteopathy, who will have charge of his office during his absence.

Dr. Albert J. Molbux and Dr. Corn Relle Molbux of Jersey City, New Jersey, have returned from a seven weeks motor tour of the New England states and Canada. They toured eastern the Mohawk trail, Berkshire, White, Green, Adirondack and Cats mountains, visiting Lake Champlain, Lake George, Lake Placid, Saranac Lake, and the Belgrade Lakes in Maine. They report a pleasant fishing and an interesting time spent in Montreal and Quebec.

Dr. Hubert Pocock, of Toronto, Canada, has returned to practice after a fishing trip vacation taking in deluxe form, so to speak. Dr. Pocock was the guest of the president of the Algoma Central Railway and enjoyed all the privileges and comforts of the president's private car which was shunted to place his convenience to the finest fishing section along the route which by the way, are among the best on the North American continent. The party caught 150 bass in three days, in the Little Current River, north of Sudbury, Ontario.

Dr. John J. T. Johnson of Logan, Illinois, is planning on a trip for their vacation during August. The party left Chicago, Illinois, last two.

Dr. W. T. Hart, of 225 Burr Oak avenue, Blue Island, Illinois, is now located at 108 W. Garfield Blvd., Chicago, Illinois. Dr. Hart is also doing some work at the Stock Yards where he is acting as osteopath for some company.

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Dr. and Mrs. J. A. Nowlin and sons, of Farmer Ga. Illinois, had an auto trip for their vacation during this past August. They visited Chicago, City, Michigan, and also visited their farm at Dans. Michigan and then crossed into Canada from Dans by car which was shunted to place his convenience to the finest fishing section along the route which by the way, are among the best on the North American continent. The party caught 150 bass in three days, in the Little Current River, north of Sudbury, Ontario.

For Sale—Good practice, office equipment. Full information given to interested parties. Reason for selling, ill health. Address—No. 182 e/o The OP, 9 South Clinton St., Chicago.

Wanted—Male assistant of good presence and character, licensed to practice in Wisconsin, Salary and commission or interest in practice. Address No. 179, c/o The OP, 9 South Clinton St., Chicago.

Wanted—Opportunity to work as partner, assistant or take charge of practice. Have practiced two years in Michigan. Just received honorable discharge from service. Address No. 177, e/o The OP, 9 South Clinton St., Chicago.

For Sale—Established general practice in Missouri town of 2,760. Man and wife would do well. Should do some surgery and fit glasses. Small six bed hospital arrangement upper floor of rented residence. In August, earned $1150 and collected over $600. Good reasons for selling, $1600 buys it. Will introduce.—Address No. 183, c/o The OP, 9 South Clinton St., Chicago.