Osteopathy Stands for the Truth
Wherever It Is Scientifically Proven

Pain Primarily Due to Pressure, Pus or Poison

HADACHE, toothache, earache, sinusache, eyeache, throatache (sore throat), backache, jointache, armache, legache, side-ache, stomachache, bellyache, bladderache, genetaliache and any other practical or "fancy" name ache are all due to pressure, pus or poison. Don't confuse yourself or mystify the patient. Tell him his pain is due to one or all of "three" things: then "find" the pressure and "fix it" and "find" the pus or poison and "fix them." Now read Dr. Atzen's Conception of Osteopathy, and you will conclude that you are adjusting the body to a normal mechanism.

T. J. Ruddy, M. D., D. O., Los Angeles, Calif.

Anatomical Source of Pus?

Reports from various laboratories have been sent me from time to time which have attempted to distinguish the anatomical source of pus. It can't be done. Alkaline and ammoniacal urine with pus usually indicates that the pus has its origin in the bladder, while an acid urine showing pus usually indicates a perineal infection. I have seen many cases, however, of cystitis with an acid urine. In these cases of cystitis with an acid urine we may suspect either tuberculosis or a gonorrhea. Robert W. Rogers, D. O., Somerville, New Jersey.

Lumps In a Woman's Breasts

Here is a point which I have not seen mentioned and I think it is worth while. Most, or perhaps I had better say, many surgeons advise the immediate removal of all lumps or tumors in a woman's breasts. These lumps are not growths at all but are simply a "caking" due to an obstruction of the lacteal ducts. This condition has entirely disappeared under treatment continued for quite awhile. Lifting and separating the ribs and correcting all rib lesions was the principal treatment given.

Walter E. Eitrink, D. O., Chicago.

When the M. D. Prescribes "Rubbing"

It is indeed embarrassing to be called by the general public a "rubbing doctor" or a masseuse, but to have the medical profession refer to you as one, or say to you in the presence of a patient that "little rubbing might do some good," is more than galling.

I ask the profession, is it best to reply to such remarks or ignore them?

While it is an embarrassing position to be placed in, it is felt that it reflects more to the discredit of the one who uses such methods, than to the one to whom they are directed.

At any rate I would rather be falsely misrepresented and classified as a masseur than in reality be a "rubbing doctor" and thereby responsible for the depravity caused by such ignorance. —S. A. Evans, D. O., Houston, Texas.

Folly of Painful Technique

Your shop talks are great stuff. For myself I would like to ask, why in the world do so many D. O.'s persist in hurting people? Time and time again the patients come to me who have been to some one else who made the remark that so and so nearly killed them. To me it shows poor technique and if these "bone crushers" would be a little more gentle they would make some mighty good friends for themselves.


The Body a Transformer

The automobile is a transformer of chemical energy into mechanical motion. No one doubts that mechanical defeat in the automobile, will cause defective work.

Nature utilizes the human body, primarily for the purpose of transforming its chemical intake (food, air, and drink) into mechanical motion.

Any impairment in the body mechanism will result in trouble, as certainly as it will in the automobile.

In either instance a modification of the chemical intake, either adds to the mechanical defect—C. B. Atzen, D. O., Omaha, Nebraska.

High Colonic Enemas a Fake?

Enemas comprise a treatment that is very much abused and misunderstood, but by the profession as well. Many suppose that the ordinary colon tube passes through the sigmoid into the bowel, but the X-ray shows that it seldom does. The best way to give an enema is either in the knee-chest position or recumbent position, as it is an unnatural thing to use an enema; therefore do the bowel as little damage as possible. Never have a patient in a sitting posture and when ever anything enters the bowel you get a reverse peristalsis extending to the ileocecal valve. In giving an enema remember you are removing from the bowel its natural stimulant. This must be replaced by something or "disuse atrophy" will follow. For this use a cold enema and in place of the old-time ready made soap substitute a quart of cool water 70 or 80% of the following prescription:

Water, one gallon.
Phosphoric acid 85%, one dram.
Hydrochloric acid, C. P., six drams.

These are mixed and allowed to stand twenty-four hours after which is added to this stock, phosphoric acid 85%, one dram every two hours until three drams are added, this makes a stock solution. In all cases of ulcers this enema has proved very efficient as it liberates free oxygen and chlorine as it comes in contact with organic matters. It thoroughly clears the bowel and if this is taken at night the patient generally has a good night's rest and feels much refreshed. —Remont A. Bullock, D. O., M. D., Detroit, Mich.

Is Scientifically Proven

Bran Cookies

2 cup flour
1 cup chop nuts
5 cup table bran
1 cup raisins
1 t'spoon cinnamon
2 eggs

Bran Cookies

Cut the dough into circles. Bake in greased pan, in a moderate oven.

Where Consultation Fell Down

I have been studying Infantile Paralysis and nothing to get some ideas through the OP concerning methods of treatment for it. That was before the Millard book was available. I felt sure I could handle it in the acute stages, as well, for instance, as I could the other illness I have reported to the OP, but a brother osteopath ridiculed the idea. He said "I'd like to see you treat a child in the acute stage of infantile paralysis. Don't you know that they can't bear to be touched?" Isn't it queer that some persons can find the reason for the use of such a rigid conception about the limitations of osteopathy, and so little imagination and faith about its potentiality for dealing with obscure or difficult conditions?—Fannin Godden, D. O., Fortey, Ia.

The Universal Exercise


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Four Practical Tips

1. Weaken the springs in your specula until only a slight pressure is needed to separate the blades: You will then be able accurately to feel the tension of the tissues as you dilate. Lifting and separating the ribs and correcting all rib lesions was the principal treatment given.

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The Universal Exercise


Bran Cookies

2 cup flour
1 cup chop nuts
5 cup table bran
1 cup raisins
1 t'spoon sugar
1 cup melted butter or 1 t'spoon salt
1 t'spoon cinnamon
2 eggs
1 t'spoon bg. powder

Bran Cookies

Double the receipt. This makes a stiff batter. Shape in cakes and bake in greased pan, in a moderate oven.

Salt, nuts, raisins may be omitted if desired. Ground figs may be used. This cookie contains much nourishment. It is ideal for the dinner table. It was discovered by my wife and is the best receipt of dozens tried.—Geo. M. McCole, D. O., Great Falls, Mont.

Four Practical Tips

1. Weaken the springs in your specula until only a slight pressure is needed to separate the blades: You will then be able accurately to feel the tension of the tissues as you dilate.

2. Don't use vaseline as a lubricant on urethral or bladder instruments. It is insoluble in urine and may collect in the bladder and cause trouble.

3. In using the sphygmomanometer the most important finding is the pulse pressure. If you cannot figure out why, read up on the reading will repay for the time so spent.

4. In stubborn neuritis follow your treatment (which should be mainly pressure) by an ethyl chloride spray over the roots of the offending nerves.

-Hedley V. Carter, D. O., Baltimore, Maryland.

* Every wide awake member of The OP Family is hereby commissioned as an Associate Editor of this publication and ordered to send in his One Best Thought on some phase of diagnosis of practice—handed down to about 100 words—for the December issue. Get at it by Dec. 1st. The earlier the better. See if your idea is not important enough to read the whole paper.—H.B.
THE OSTEOPATHIC PHYSICIAN

Work and Listen

If there is one thought that comes to me its: Let the patients do most of the ‘talking’; tell them to come in and tell me all their work—then when you get the results tell them how, if you wish, and they will listen.—Josephine DeFrance, D. O., St. Louis, Mo.

Educate!

Educate the people to understand what osteopathy is and then deliver the goods.—J. W. Elliott, D. O., Atlanta, Ga.

Frequency of 5th L and Innom. Lesions

Each day is crowded with its new thoughts and it seems as though at times we have not the opportunity to properly consider the points on which the greatest emphasis should be laid. Some of these points I have been repeating for some time, but so many instances of subluxations of the 5th lumbar and the innominate have come to my attention, that it seems as though the structure of these two bones is so closely connected with the lumbar and the innominate, that one influence is the cause of the other. It excludes the rubblings of the 5th lumbar vertebra, but the ramifications in the lumbar sinuses, one of the troublesome diseases of long ago, is almost wholly due to innominate trouble and can be ordinarily cured by correcting the innominate lesion.

Dr. L. Taylor, D. O., M. D., president, Des Moines Still College of Osteopathy.

Uterine Adjustment

I was amazed when attending the Post Graduate Course at Chicago to hear one of the professors, very prominent in the profession, declare that he did not believe in uterine adjustment. He was very much impressed with the correction of a chronic retroversion of the uterus, as he was of the opinion that such a condition was due to a defect in the pelvic floor and that by correcting it he would undo all other anatomical mal-adjustments. This is not in accord with my experience. An abnormal position of the uterus will greatly impair the health of any woman. A very large amount of nerve energy is centered in the pelvic organs and mal-adjustment of these organs will certainly ring sweet music in the insides of the physicians who frequent clinical records unless he has an assistant or an expensive secretary, but I keep a small card record of every case I have treated during the past seven years, not an expensive outfit, just a plain 3x5 card costing about $2.56 per thousand. On this I make a few notes which I find very helpful especially for osteopathic college lectures and conferences.

Dr. L. Taylor, D. O., M. D., president, Des Moines Still College of Osteopathy.

Innominate-Lumbar Twin Lesions

Probably the most frequent mistake of lesions osteopaths (the only osteopaths) is their failure to recognize the general intimate relation of the innominate and the fourth and fifth lumbar lesions, one seldom existing without the other. In any innominate one of the above mentioned vertebrae will be found rotated in almost all the innominate lesions. The vertebrae will usually rotate toward (i.e. the posterior) an anterior lesioned innominate and away from a posterior correction. The correction of the lesions may be found on this base, the reverse being sometimes true in first correcting the innominate.

Dr. F. H. Koprivnik, D. O., Pendleton, Oregon.

Debating Society Consciousness

Give a large body of men the problem of 2x2=4 to discuss. They will, if given enough, be trying to work it out in the fourth dimension. But let a waif from the street pipe up in the odd parts in 2x2=4 the body of men who have been soaring the skies will resent his interference and attempt to put him out of his peculiar mental place. Such ideas will flock around him. Let’s get back to earth.

“Find it, Fix it, Leave it alone.”

-Ralph M. Crane, D.O., New York City.

Most of Your Troubles Are of Spinal Ignorance

(Apolgies, Harry, apologies.

Go up to the attic and dig out your Gay Notice the dorsal spines are opposite the vertebral column below. You are breaking your finger as per the wisdom of the advice as to what the wise and I found the suggestions few. Our osteopathic colleges are but feebly equipped with specialized apparatus. The public and even many of the successful ones do not know what to demand or expect from our osteopathic colleges in 1920. Osteopathy has made such strides in the last two years that an entire的家庭 of students and doctors of experience that Chicago 1919 was the best ever. At that time I am wondering how much help I am going to get from the constructive critic? I want to know what you want. Will you tell me, or will you “Let George do it.” George can do it, but not so well as with your help. Come on; let’s start early.—Carl D. Glop, D. O., Utica, N. Y. Chairman, Program Committee 1920 Convention.

Ever Arrange a Program?

Did you ever arrange a program for a site or another professional meeting? Did you ever ask for suggestions as to what the members wanted on the program? I have done both and I found that the constructive critics seem to be a minute percentage of the general critics (some call them knockers.) General critics should be understood by all osteopathic physicians, and the condition of the septum should be noted in all examinations. If the deflection is marked it should be corrected surgically and the earlier this procedure, the better the results.

W. C. Odom, D. O., Kansas City, Mo.

Lamp Heat for Neuritis

In neuritis I relieve pain and congestion with an electric lamp before giving osteopathic treatment. Then correct the lesion and you have 99 per cent cures. Lumbarago and torticolis can be treated in the same way with splendid results. I use a thermolite lamp. I loan it to the patient or have them buy one.

W. J. Cooper, D. O., Brooklyn, N. Y.

For the practitioner to be genuinely professional is above all other considerations the greatest essential in the pursuit of a practice. By this is meant that he maintain a clean dignified environment (in dress, office, furniture and equipment); be conservative in speech to the exclusion of all irrelevant dis­cussion; be interested in the work in hand; give sympathetic consideration to the patients and other physicians’ views of the patient’s ailments; that he make exhaustive examination, remain grounded in the science and give the patient the best treatment as to impress the patient with his skill and ability, his unwavering honesty and his deep concern for the patient’s physical welfare.—O. J. Snyder, D. O., Philadelphia.

Do’s for the D. O.’s

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Crane, D. O., New York.


Linnell, D. O., M. D., president, Des Moines Still College of Osteopathy.
THE OSTEOPATHIC PHYSICIAN

Osteopathy and Diagnosis

In reading medical books on diagnosis it is essential to remember that the authors, through ignorance, have been tricked into giving diagnoses of lesions in the cases they describe and have made no allowance for their effects. If the Osteopathic Lesions were eliminated from the causative factors of disease, there would be little disease left to diagnose.

In diagnosis, therefore, correlate the symptoms unaccountably with these through blood and nerve supply and drainage to some internal organ connected up with the same segment, nerve trunk or, between the segments and the turbinate osteopathic lesions. Excessively defective nasal septum is an osteopathic lesion. Lesions of the pleura are osteopathic lesions. Any loss of normal position or of normal motion in any tissue is an osteopathic lesion. Adhesions in the fossa of Rosenmuller or changed relations between turbinates, or between the septum and the turbinate osteopathic lesions. Excessively defective nasal septum is an osteopathic lesion. Latency of the osteopathic lesion. Look for these lesions as the real causes of many symptoms that fail to clear up when the spine is adjusted.

Any tissue in the body that is not receiving its proper blood and nerve supply and drainage is THEREBY predisposed to disease of the nature of which may not be evident till post-mortem. The great discovery made by Dr. A. T. Still is that the body will repair itself and thereafter keep itself well if you remove the lesions which have deranged its blood and nerve supply and drainage. OSTEOPATHIC LESIONS ARE FOUND ANYWHERE in the body, not only in the spine. Medicine aims to remove the causes of disease. Osteopathy is the science and art of healing disease by removing its causes. Any such necessary to discover or remove causes of disease is essentially osteopathic.—John H. Bailey, Ph. G., O., Philadelphia, Pa.

Necessity of Taking Acute Cases

The little Off is fine but give us more of the acute disease series, making people acquainted with our ability along that line. The future of osteopathy depends in great part on our ability to deliver as real doctors and not as limited office practitioners on chronic cases. Seems to me an osteopath who can't see the necessity of taking acute cases and accompanying gratifying results, has gone to seed or else doesn't realize the possibilities of our therapy.—Fraternally, L. E. O'Keefe, Toulon, Ill.

More Intensive Osteopathy

I do not agree (in its entirety) with the theory, "Find it, fix it, and leave it alone", for when the lesion is adjusted, it needs watching, and in the meantime, look for more lesions to conquer. In other words, re-examine at each point. The surest way to have a satisfactory result is to teach your patient the value of "Hours by appointment" is the best motto. Practice is to teach your patient the value of practice, as to the diagnosis, bas convinced me that this is first to relax spinal tissues either by manipulating or heat, then with patient on stool with knees close together, against the wall, doctor sitting on table in a firm steady rotary pull, part of the treatment being an upward pull with knees at sacro-iliac articulation. DON'T TREAT LONG.

Rabbit's Foot for the Complexion

A medical journal says: "To give the face a good healthy color, buy a box of rouge and a rabbit's foot. Rub the rouge three times from where you live; then walk out there and back, once a day, to see that they are still there."—James A. Cozart, D. O., Canonsburg, Pa.

Facial Erysipelas Plus Flu

I was ushered into the sick room at a farm home, by a patient with an acute disease, the good farmer's wife, "I am going to try you out and see if you can do what your little book says you can." (Dr. Bunting's Oste. Health) "Did you get the little book?" He asked. Of course she had. "And I presume you want me to cure you right now?" "You bet I do," she rejoined, with a distorted smile. Her nose, lips and cheeks were swollen. She ached from occiput to coccyx. Temperature 102 and pulse 120, as a typical case of acute facial erysipelas plus flu. We improvised a treatment table and by special adjustment and manipulation of muscle groups of the spine relieved the abnormal tension of the spinal nerves. The facial erysipelas was treated by lowering first rib and raising the clavicle. Saw Dr. Still give the same treatment for facial erysipelas. He explained how this specific work relieved pressure on blood vessels lying between clavicle and first rib, and thus established free drainage from the face. She got well. I think the treatment accomplished a lot for her.—G. O. Shormaker, D. O., Wichita, Kansas.

Early Altitudes and D to L in TB

Have just finished examining a gentleman suffering from a case of TB in early thirties who has been kept in the south long after his physician knew he suffered from this disease. He has lost little money when he first knew he had the disease, but it is gone and if it were not for fractional affiliations he wouldn't have asked for indiscriminate charity. Had he been told to come west into the altitudes early he could have received the care he was entitled to under our system of health care by one who is free to regain his health and become a producer.

Now that our soldiers are coming home to civil life by thousands, one thing has been subjected to gas and exposure. Don't wait too long before sending them to the altitudes. Give them high and dry (not too high) climate and would have stood a better chance to regain his health and become a producer.

More Light on Skin Diseases

Osteopathic physicians enjoy a considerable degree of success in the treatment of certain skin diseases, but a greater degree of success, and a more extensive field of endeavor would result from a more careful understanding of such conditions.—Frank J. Stetcant, D. O., Chicago, Ill.

Talk Anatomy

Osteopathy is practical anatomy. We should think it, study it and get it with our heads and fingers. This is what Dr. Still did. Try talking anatomy to patients. Tell them of the two sets of muscular fibers in the iris. When the fibers that radiate from the center contract, the pupil dilates. When the encircling fibers contract the pupil contracts. Tell them how we control the nutrition of the eye. That is osteopathy. Do not be technical.—A. L. Wilson, D. O., Chicago.

Lumbago

The best treatment I know for lumbago is first to relax spinal tissues either by manipulation or heat, then with patient on stool with knees close together, against the wall, doctor sitting on table in a firm steady rotary pull, part of the treatment being an upward pull with knees at sacro-iliac articulation. DON'T TREAT LONG.

Study the Distal End Also

We perhaps spend too much time considering exclusively the origins, and not the periphery of the extremity at its very changes. Let us do some tall thinking about the termini and read the story expressed in irritation and suppression—remove impingement—a periphery—clean up officially as well as per spinal.—F. E. Dayton, D. O., Escanaba, Michigan.
Say Doctor

If you want to do some good educative work this month, don't overlook the opportunity latent in that October "Osteopathic Health"—the magazine with the Green Parrot on the cover—for it is a simple, lucid, practical, interesting number that folks will appreciate. We can fill your order for anything from 100 to 5,000. Why not make a real killing with this particular issue?

*$4.50 per 1,000 delivered
18.50 " 500 "
8.25 " 200 "
4.50 " 100 "

Annual users get customary discounts from these prices.

The OP Co.
9 South Clinton Street
Chicago

THE OSTEOPATHIC PHYSICIAN

Flaunting Ignorance

There seems to be a strange fear in the minds of some of our people that it is possible for a physician to know too much. On the contrary, if we were all honest, we would talk frankly about our failures and of the many cases that pass through our hands, incompletely diagnosed, that drift into the hands of the other schools, hospitals and worse we would probably realize that there is still much to learn.

Recently one of the loudest shooters for "true osteopathy" announced that he never read medical textbooks. After hearing him talk for a few minutes the fact was quite evident. I wonder if he has ever looked over the list of textbooks recommended by all of our college catalogs? Where did he get what knowledge he may have of physiology, pathology, diagnosis, surgery, physical and others from? Let us be consistent.—Chas. J. Muttar, D. O., Philadelphia, Pa.

Confirmation Everywhere

A situation that should give the greatest comfort and inspiration to our profession is the fact that there is no scientific investigation today pertaining to the healing art that does not find osteopathic tenets. This in conjunction with the marked success of the osteopaths during the flu epidemic should give us an even more definite confidence in both themselves and their profession.—Carl P. McConnell, D. O., Chicago, Ill.

The Defective Child

The defective child offers osteopathy one of the greatest fields of endeavor, and in so doing,-million of them in the United States, the great majority of whom would promptly respond to osteopathy or osteopathy and surgery combined. Let us have clinics and more clinics, with a united plan to inform the public of what is being accomplished. This should include the now in use and is supported by our best field literature.—Ira W. Drew, D. O., Philadelphia, Pa.

Do All Apply Adjustment?

Recently we received a letter asking us to give osteopathic adjustments in our P. G. courses. What was the reason for that request? Why do many of us lose patients to chiroists? There is just one answer. It is not the price; for it we deliver the goods the patient will pay the price. The one answer is, "the technique of those thus complaining is usually of the massaging, muscle-kneeding variety. Adjustment technique which utilizes the levers of the body frame by means of which adjustments must often be made." Many of us need to study all over again the methods used by the "Old Doctor" and will find that adjustments such as he made do get results, which will hold our patients, even with a host of chiroists around us. Be osteopaths—not massuers.—E. S. Comstock, D. O., Chicago.

Proud of Our Flu Achievement

I feel with the other practitioners of osteopathy a just pride in what osteopathy did in the great epidemic of influenza. In my flu practice, I had the families of several M. D.'s in the hospital who were recommending the removal of such devitalized teeth are abscessed. The doctor and dentist who are recommending the removal of dead teeth will not be popular for awhile. Ideas have changed. A few years ago it was considered almost a crime to pull any tooth, but all possible sorts of teeth were devitalized and filled; now the people are reaping the results and people are finding that from 50 to 75% of such devitalized teeth are abscessed. It is the duty of every person in the healing art to give careful attention to the teeth and have all suspicious ones expertly x-rayed. Membrane of intestinal tract when in a healthy condition can tolerate a great deal of abuse. If we are to be true physicians we must be alert to things of the teeth.—C. E. Abegaemen, D. O., Colfax, Wash.

Sufficient in Flu

I believe there are many of us who need more of the spirit of our revered Founder and the practice of osteopathy a just pride in what osteopathy did in the great epidemic of influenza. In my flu practice, I had the families of several M. D.'s in the hospital who were recommending the removal of such devitalized teeth are abscessed. The doctor and dentist who are recommending the removal of dead teeth will not be popular for awhile. Ideas have changed. A few years ago it was considered almost a crime to pull any tooth, but all possible sorts of teeth were devitalized and filled; now the people are reaping the results and people are finding that from 50 to 75% of such devitalized teeth are abscessed. It is the duty of every person in the healing art to give careful attention to the teeth and have all suspicious ones expertly x-rayed. Membrane of intestinal tract when in a healthy condition can tolerate a great deal of abuse. I feel with the other practitioners of osteopathy a just pride in what osteopathy did in the great epidemic of influenza. In my flu practice, I had the families of several M. D.'s in the hospital who were recommending the removal of such devitalized teeth are abscessed. The doctor and dentist who are recommending the removal of dead teeth will not be popular for awhile. Ideas have changed. A few years ago it was considered almost a crime to pull any tooth, but all possible sorts of teeth were devitalized and filled; now the people are reaping the results and people are finding that from 50 to 75% of such devitalized teeth are abscessed. It is the duty of every person in the healing art to give careful attention to the teeth and have all suspicious ones expertly x-rayed. Membrane of intestinal tract when in a healthy condition can tolerate a great deal of abuse. If we are to be true physicians we must be alert to things of the teeth.—C. E. Abegaemen, D. O., Colfax, Wash.

Body Mechanics

The human organism is an aggregation of systems, each of which performs definite limiting and these labors are fundamentally mechanical. Respiration is dependent upon the mechanics of the thorax. Circulation upon that muscle, intestines, bladder and vessels. The mechanism of the bony, ligamentous, muscular and fascial systems combined, is fundamental to frame work efficiency. The nervous mechanism is fundamental in and excitatory nervous impulses. The mechanism of circulation and nerve control is fundamental to efficient antibody elaboration.

Close analysis demonstrates that structural integrity is prerequisite to efficient function in every system of the body organism, establishing the osteopathic or mechanical theory as fundamental to all efficient functions.—C. R. Atzen, D. O., Omaha, Neb.

Demonstration vs. Tradition

My biggest thought in osteopathy is that its philosophy is founded upon demonstrable science and not upon empiricism as is necessary the philosophy of drug therapy. It makes possible the development of osteopathy into an exact and complete therapeutic art.—O. J. Snyder, D. O., Philadelphia, Pa.

Relationship Between Poor Teeth and Systemic Diseases

This is not altogether a recent discovery, but much attention is again given to it and it is found that many septic cases that have been called not caused by teeth and people are finding that from 50 to 75% of such devitalized teeth are abscessed. It is the duty of every person in the healing art to give careful attention to the teeth and have all suspicious ones expertly x-rayed. Membrane of intestinal tract when in a healthy condition can tolerate a great deal of abuse. If we are to be true physicians we must be alert to things of the teeth.—C. E. Abegaemen, D. O., Colfax, Wash.

Consultation Profitable

Don't be afraid to call in consultation, for your serious and complicated cases, a fellow osteopath. Two heads are better than one. The family appreciate it. Your patient benefits from it. Special cases, if possible, should be referred to some one of our good specialists. These boost osteopathy, which should be our constant aim.—Cyprus C. Kump, D. O., Chicago, Ill.
The New McManis Folding Table

The Best on the Market

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.

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.

The McManis, Air Vented, Genuine Leather Pillow

This pillow is designed and made so as to be of great value in giving special treatments on the McManis Mechanical Treatment Table. The best quality of curled hair is used for filling, with either Spanish mottled brown, Spanish mottled green or black genuine leather used for covering.

One end of the pillow is closed by means of specially designed "Herculean glove fasteners" and can be opened, the hair removed and repicked after it has become matted together from continuous use.

The demand for this pillow, other than by Osteopaths using a McManis table, is becoming great. It can be used on straight table. Automobile users like the pillow to place in the seat of their machine for a back rest. It has many useful and valuable purposes.

McManis Table Company

Kirkville, Missouri, U. S. A.
The Unique Baby

If all babies were alike, and had the same powers of digestion and assimilation, a standard of feeding mixture calculated to agree with the average baby would suffice—

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

Success with High Blood Pressure

I read every word of each issue—and I'm busy too. Enjoy "Shop Talks" very much. Am interested in treating patients having high blood pressure. Have had very gratifying success by applying osteopathic principles to the entire vasomotor area, giving good corrective treatment, and by paying strict attention to diet as outlined in good texts on the subject. A few cases of long standing, complicated with arteriosclerosis have not responded so readily, but the ordinary case can easily be reduced from 150 mm to 150 mm in a few months treatment. Of the many causes of hypertension, the particular one in a given case must be "found, fixed, and let alone."—H. R. Stahlman, D. O., Clarion, Pa.

More Technique Wanted

Our national association meetings are void of genuine osteopathic treatments. Treatments should be given before the organization as a whole, each day while in session, for at least one hour daily. Such treatments should be given in such a manner as the doctor in charge would administer in his or her office.

J. Henry Hoefner, D. O., Franklin, Penn.

Success in Cardio-vascular Diseases

This case is one of the sort in which the results obtained by treatment can be accurately measured as a pound of beefsteak, namely, cardio-vascular diseases. Mrs. F., 57 years old, married, formerly a nurse, five years ago, after a moderate walk of two miles, experienced weakness and pain over the heart region. Had frequent attacks (every few weeks) since, would be weak and in bed for about one day. Had no medication. Examination showed blood pressure 170 systolic and 125 diastolic. Stimulating treatment had to be given to the heart centers before accurate reading could be obtained. Upon third examination, before third treatment was given, blood pressure readings were 145 systolic and 85 diastolic. Readings were easily obtained without stimulating heart centers as previously indicated. Now this decrease in blood pressure was the minor effect obtained, the most important being the increased energy of the heart as measured by the blood pressure instrument using the auscultatory method. In slight of past and present physiological experiments with the effect of various drugs, exercise hydrotherapy, massage etc., these results are marvelous. Few osteopaths, to say nothing of laymen, know the extent of the value of osteopathic treatment in cardio-vascular diseases.—S. V. Robuck, D. O., Chicago.

Improvement

Osteopathic methods of diagnosis are far superior to any other system but at that there is great room for improvement.

—J. V. McMannis, D. O., Kirksville, Mo.

THE OSTEOPATHIC PHYSICIAN

Back to the Backbone

Sometime along about 1903, during one of the controversies that used to rage in The OP over various points affecting our work, I mixed up in it and, in my reply to the legs of some misguided apostate, coined the phrase, "Ten-fingered osteopathy." It was immediately grasped by the two who were wagging war, and hold and held up to ridicule, scorn and objection by the wide-opens but, by those who took the straight and narrow way, was accepted in voting their creed and principles and has been used as a lamp to their feet. "Ten-fingered osteopathy" has become the designation of the sort used by our progenitor. It makes no difference which way it is held, scorn or pride, I am glad to have given it to the world.

At a recent meeting of the New York City O. P. Society, considerably hot up while discussing our problems and made use of the phrase at top of this story, "Back to the Backbone," for rally we must, lest Jack-the-Galant, the AMA, gets us while we are busy scratching the spots the cooties have bitten is to our foolish hides.

Absolute disloyalty to the faith and the seeking after strange gods is our sin and he who expiates or punishes Osteopathy is our religion and Andrew Taylor Still our God—all we forget him before his bones have lies less than two years on the Missouri hillside!

Then we must be up and doing and let not his teachings slip from our mind and it is "Back to the Backbone" if we shall live.—Charles O. Teall, D. O., Dean A. S. O., Kirkville.

Be Frank with Your Patients

Doctor Richard Cabot used to tell us that we must be absolutely frank with our patients, "I gave up lying seven years ago," he used to tell us occasionally.

If a patient has tuberculosis, tell him so. If he has cancer, tell him so, or Bright's disease, or any serious condition. There are two reasons for this. First, if you tell a patient frankly what he has, and there is any fight in him, he will begin at once to fight this condition and, thereby, help you in curing the case. Secondly, if you lie to him and tell him there is nothing serious, the chances are he will go and some other doctor later on who will tell him the truth, and then he will know that you either lied to him or were ignorant of his condition.

Go over your cases thoroughly from head to foot and tell the patient what you find. Tell him the truth, and thereby, help you in curing the case.

If the patient is not willing, tell the man he has a brain lesion or syphilis. Tell him this, for it is remarkable how many people are worried over the possibility of losing their minds. They may never say anything about it to anyone but, nevertheless, every time they forget anything or have a queer feeling in their head, they there is a possibility of their losing their mind. If you tell them there is no indication of that, they will feel grateful for it.

Use the non-conductor, transilluminator on their teeth. Any supply house will send you one for $4.50. In all cases of neuritis, rheumatism and sciatica, you should transilluminate their sinuses and the roots of their teeth as the trouble may be there. If they need a dentist instead of a physician, tell them so, and send them to a good one.

Examine the tonsils, not with the light, but with a wooden tongue depressor. Press the tonsils hard enough so that if there is any pus present it will be expressed. If you find pus in the tonsils, tell the patient, and if you are not in position to remove the tonsils yourself, refer him to some one who can.

Examine the lungs carefully. If you find any cough breathing, use the cardio-vascular breathing of the number one or number two type in conjunction with a low blood pressure and sub-
Several years ago criticism was heard from the True Blues of the Profession that there was not enough Osteopathy being taught at Kirksville. Some said it was not taught with either intelligence or conscience. It may be questioned whether that stricture was entirely just or whether the Department of Osteopathy was only overshadowed for a time by the rapidly growing departments of Pure Science. Be that as it may, the Parent College took the criticism in good faith and at once prepared to make the teaching of Osteopathic Theory and of Osteopathic Diagnosis and Practice the very buttress and bulwark of its training. Father Teall seemed to be the man called of God to carry on the Therapeutic Tradition of Andrew Taylor Still. He was given full charge of that Important Function and he has Made it Stick. The ASO Students of today and of yesterday are his Refined Products. Are you satisfied? Come on with other Constructive Criticisms. How best may we serve you? We shall keep improving every minute.

—American School of Osteopathy.
normal temperature in the morning, and a little above in the afternoon, with an appetite that comes and goes, you have a case of pulmonary tuberculosis to deal with, and you may be afraid to tell your patients frankly what the trouble is. If they want to live, and most of them do, you can help them by getting them to the seashore, or to use the brass tacks and help your patient to cure them if it is possible, and if the disease is only in the first stage, it is possible to cure them with the proper treatment.

Examine the heart carefully. If you find mitral regurgitation and stenosis with a thrill, the chances are nine times out of ten, you have a case of streptococci. A lot of his deals with either past or present. These cases lead to hypertrophy of the heart and are incurable. Tell the patient so. You may save his life by telling him frankly his condition and warning him against running for trains and other exercise that may bring a sudden strain upon his heart.

Make it a routine to examine the urine. If the patient gives a history of passing large quantities of pale urine with a low specific gravity and is in the arterio-sclerotic age, that is above forty-five, and has a blood pressure, say from 160 to 200, the probability is that you have a case of chronic interstitial nephritis. The patient will probably live longer if you will tell him this and warn him against indulging in alcoholic and protein diet.

Don't be afraid to tell your patients the truth. The physician is often called upon to deal with tuberculosis patients. If the patient is a woman, examine the clitoris to see if it is hooded. Examine the external meatus urinarius. You may find a carcinoma that is causing a lot of so-called bladder trouble. Examine the vagina. You may find a case of atresia or other unsuspected troubles. While examining this part it is well to examine the ovaries and uterus for cysts, tumors, etc.

Also make it a routine to examine the rectum and to deal with constipation, constipation, nervousness, and other troubles are reflexes from diseases of the rectum. Whatever you find, tell your patient frankly and also, if possible, give him a prognosis. People like to know what their chances are of getting well and how long it will take and about what it will cost. Tell them frankly about these matters and the probability is if it is a case that you can cure or help they will be glad to have you take the case, as people generally like to know the truth, although it sometimes hurts.

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

THE OSTEOPATHIC PHYSICIAN

Woman Osteopath Nearly Made Speaker of Utah Legislature

Hon. Grace Stratton Airy, D. O., Salt Lake City, has earned proud distinction on her profession as a leading member of the Utah legislature. The Salt Lake Tribune reports that she narrowly missed being elected speaker of the lower house at the special session which convened September 29th. It reported that there was very strong sentiment supporting Dr. Airy who had served several terms in the lower house, had had more legislative experience than either of her two women associates in the house and was excellently well fitted for the position by her tact, quickness of judgment and parliamentary knowledge. As it was, Dr. Airy had the honor of being the house whip of the session that ratified the federal constitutional amendment giving women the right to vote. We are all proud of Dr. Airy. When she retires from public life Dr. Airy will write extensively for The OP. She has promised it—and successful politicians always keep their promises.

Hon. Perry Made a Big Hit

[From the N. Y. Society Blotter.]

The AOA attorney, Perry S. Patterson, seemed to make a very favorable impression upon those who came in contact with him. At all times he showed a great willingness to work and to co-operate. It is rather remarkable what an understanding of our difficulties he has picked up in the short time he has been associated with our problems. The usual trouble with an attorney is that you have to spend time educating him to the proper point of view and just about the time he is in position to fairly represent you, the case is decided out of court or something happens to rupture the friendly relations. The employing of an attorney under a yearly retainer certainly seems to have great advantages for the AOA in a multitude of ways.

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"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 illuminating 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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THE OSTEOPATHIC PHYSICIAN

ACTIVITIES of the ACADEMY of
OSTEOPATHIC CLINICAL RESEARCH

How Osteopaths Treated Flu-Pneumonia

KEY TO REPORTS OF THE EPIDEMIC

(Read all abbreviated answers with reference to these questions as numbered.)

1. What kind of lesions were found?

2. Where?

3. How treated?

4. What general manipulations were given for bedside treatment?

5. What was the average time used per patient for osteopathic treatment?

6. How frequently were patients treated?

7. Did you observe any unfavorable reactions from too long or too short treatment?

8. How many days were patients under treatment?

9. Did patients who had been dropped resign as well as others to osteopathic treatment?

10. What regulation of diet was prescribed for

11. Did you use any substances like Antiphlogistine, Diodon or other local applications? If so, what?

12. What methods were used to keep the bowels active?

13. What method used to keep kidneys active?

14. Did you sweat the patient? If so, how and at what stage of disease?

15. Did you use cotton jacket for pulmonary complications?

16. What about ventilation, that is, much or little?

17. What was average temperature of room?

18. Were any means used to reduce temperature of patients?

19. Were any means used to overcome cough? If so, what?

20. Were any means used to stimulate the heart?

21. How many cases of influenza did you treat?

22. How many cases of pneumonia?

23. How many deaths?

By Hugh W. Conklin, D. O., Battle Creek, Michigan

Net Results: 161 Cases of Influenza; 11 of Pneumonia; No Deaths.

There are just a few things I learned during the "flu" epidemic from my work and observing others. First: Most people treat too often and too long. In my very severe cases I treated twice per day for a day or two during the height of the temperature, and about four minutes at a time. Second: My greatest asset in reducing temperature when it got too high was hot olive oil rubs, using the olive oil as hot as one felt he had actually seen almost everything he might be called on to do."

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Dr. Dayton Turney conducts the courses in Chemistry, Toxicology, and Pathology. In the first year, 90 hours are given to a didactic course in principles of chemistry. Special attention is given to ionization and solution reactions. During the first year also, 144 hours are devoted to laboratory practice covering the field of inorganic chemistry. In the third semester organic chemistry is taken up, 108 hours being given to the subject. Included in this course is a general survey of the field of industrial organic chemistry, sufficient to prepare the student for the occasional requirements of some medical examining boards, but in the main the course is limited to its connection with physiology and medicine. During the fourth semester 108 hours are given to a course in physiological chemistry, conducted mainly by the laboratory method. Included in this course is an analytical study of blood and urine which lays the foundation for work in laboratory diagnosis. In the third semester Dr. Turney gives a lecture course on toxicology. The antidotal treatment of poisoning for prevention of serious sequela is taught, also the detection of poisons, so far as the knowledge is of practical value to the physician. In the fourth semester Dr. Turney takes up the subject of pathology, the course being planned to articulate with both the course in the Principles of Osteopathic Medicine and the course in laboratory pathology. Under the course in general pathology, 90 hours are given to: the Causes of Disease; the Protective Mechanism of the Human Organism; the Changes in Structure Occurring in Disease. A course of 144 hours is devoted to histopathology. Laboratory study is made of the characteristic changes in cells and tissues due to the effects of injurious agents upon the body. Fresh and preserved specimens of normal and diseased organs are used. Methods of preparation and staining are demonstrated and practiced. The morbid anatomy of inflammation, degeneration, necrosis, and tumors, is considered as a general process in each case. Finally, in the fifth semester, Dr. Turney gives a laboratory and didactic course in special pathology in which each group of organs is studied in order and the effect of disease on each is studied.

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THE OSTEOPATHIC PHYSICIAN

a few cases alcoholic solutions or cold salt water used to bathe face, neck and arms.
19. Only measures cited above.
20. No, nothing needed.

By E. H. Cosner, D. O., Dayton, Ohio

Net Results: 166 cases of Influenza, 12 Bronchopneumonia, 6 Lobar Pneumonia, 2 Deaths.
1. The lesions found were muscular mostly, some cervical lesions, quite a few rib lesions. Flu seems to have a special affinity for muscular tissue. This is noted in the way it affected the heart tissue.
2. Gentle but firm pressure for the muscular lesions, with the patient on his side. Pull the erector spinal muscles away from the spine.
3. Average time used for treating the patient is not over ten minutes. Patients seriously ill were treated ten minutes, twice per day. Ordinarily cases were treated, perhaps, fifteen minutes once per day.
4. The larger number of my patients were treated from four to seven days.
5. Patients who had been drugged did not respond so well to osteopathic treatment.
6. Diet for influenza alone: Two to three quarters of water, some brandy, lime juice, orange juice, grape juice and some milk or very light broth. Pulmonary complications: The diet was limited to water and fruit juices. Practically the same diet for patients suffering for bowel, stomach and nervous complications. If the case ran longer than five to eight days, milk and light soups were added.
7. We used Antiphlogistine in six cases of pneumonia but we have an application we like better. That is, flannel cloths wrung out of very hot glycerine. Place over the chest and abdomen and covered by hot cloths, kept very hot. Change the cloths once per hour, using fresh glycerine. This treatment takes a good nurse but the results are marvelous.
8. For keeping the bowels open, a warm enema was used of about a two percent salt solution, very gentle manipulation used over the entire abdomen. We did not use any laxatives.
9. Drinking plenty of water keeps the kidneys active. In one or two cases, we used cloths wrung out of very hot water and placed them across the spine at about the twelfth dorsal.
10. At least half of my patients, I did not sweat. If the fever ran high, say 104 degrees, the fourth or fifth day I would sweat them with the use of hot-water bottles. We used hot drinks and a splendid thing is a thin cheese cloth muff in help of about six ounces of broth. This heat very hot.
11. We did not use any cotton jackets.
12. We always insisted upon ample ventilation.
13. The average temperature ran about 70.
14. To reduce fever, we always used manipulation only, to overcome cough. We relaxed all muscular tissues in the neck, in the posterior clavicular region on upper thoracic region. With the patient on his back, lift up the lower ribs, thus freeing the diaphragm.
15. Positively no drugs were used in any case of pneumonia. From four days to four weeks, say, any sweat. From five to fifteen days, the patient's circulation is kept somewhere near normal, the heart will not fail.
16. From one to four times daily.
17. Some Castor oil.
18. Sponge bath twice daily (Used saline sol.) Followed by brisk rubdown of alcohol and witch hazel.
19. Treatment directed to lower cervical, upper dorsal and upper ribs.
20. No Drugs used except in one case when it was necessary. In consultation with M. D. (His Case) gave 1/3 Gr. Strychnine, patient recovered under treatment.

By Fred W. Wells, D. O., Sedan, Kansas

I will try to give you a general report common to all cases without going into individual case records.

1. Principally contracted muscles and ligaments.
2. Contracted intercostals, rotated ribs, cervical and upper dorsal; a number of humeroscapular lesions.
3. Relief by bedside technique.
4. Relax muscles of spine, stimulate renal and cardiac centers.
5. Ten to fifteen minutes.
6. Patients respond as well or better to treatment of 10 to 15 mins than to more continued treatment except in Pneumonia where treatment would necessarily be longer and more frequent.
7. Twice daily if possible.
8. Average about 6 to 8 days.
9. No tie.
10. No regular rules followed as different cases required different diet; always followed the rule of light diet, milk, etc.
11. Mostly pneumo-phthysine and libradol, with tablespoon Soda to quart water, followed by Abdominal Manip.
12. About 70 degrees Fahr.
14. Yes, sweating when temperature was high.
15. Did not use cotton jacket.
16. As much ventilation as possible.
17. No.
18. Sponge bath twice daily (Used saline sol.) Followed by brisk rubdown of alcohol and witch hazel.
19. Ten minutes directed to lower cervical, upper dorsal and upper ribs.
20. No Drugs used except in one case when it was necessary. In consultation with M. D. (His Case) gave 1/3 Gr. Strychnine; patient recovered under treatment.

By Chas. O. Linder, M. D., D. O.,
Spokane, Wash., and Lenia, Idaho

Net Results: about 200 cases of Influenza, no deaths, 22 cases of Pneumonia, 2 deaths, (both hopeless cases called)
1. Muscular in some cases.
2. Cervical and Dorsal regions.
3. By manipulations and hot poultices.
4. 10
5. 15 minutes except in delicate cases.
6. From one to four times daily.
7. Too long treatments were not as beneficial as short treatment.
8. From four days to four weeks.
9. Did not get them until they were almost all "in."
11. Yes, used hot poultices of linseed meal and onion and Dionol.
12. Warm enemas daily, when possible in some cases; Laxative in some other remote instances. Manipulation when necessary.

(Continued to page 28)
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THE DIONOL COMPANY, Dept. 12, 864 Woodward Avenue, Detroit, Michigan
They argue that if a cure substitutes a worse disease, or if the disease or condition is incurable, it is poor therapeutics notwithstanding.

Let's patch it up, fellows—find some way to preserve the principle, heal the wound that has rent good fellowship, and restore good feeling. There is something sensible to be said in behalf of both sides. Good hard common sense can be expected to rise up to the task. There is a word for it, it is unkin to the AOA, to Dr. Edwards and to the profession.

Mr. John D. Rockefeller has added $10,000,000 more to his endowment of the Rockefeller Institute for Medical Research. It is serious and significant in biology, chemistry, physics, and medicine will be carried forward by reason of the new gift, and general enlargement of the scope of academic work has resulted, as is said.

The scientific staff of the Rockefeller Institute numbers sixty-five men. About 50 persons are employed in its medical and general service. All discoveries and inventions made by those in the employ of the institute become the property of it, to be "placed freely" at the "service of humanity."

The osteopathic profession which is in so much need of funds for research cannot but lose by the action if these large and not frequently are given to the institutes controlled by the "regular" medical school. We realize how much even a tithe of such a gift might accomplish for science and humanity if applied to research through our new and practical system of diagnosis and mechanical adjutant therapeutic sciences.

We keep the faith with our principles and practice, believing that the day will soon dawn when all osteopathic and medical abilities and sacrosanct order of legislative and judicial systems of therapy now being developed will be carried forward by reason of the new gift, and general enlargement of the scope of academic work has resulted.

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spirit of the new AOA is against this anachronism in government, but our friends the doctors, steeped in tradition, may not have wakened up to it yet.

Dr. M. B. Harris of Amarillo, Texas, who appealed in our last issue for AOA support in fighting a law suit against a local hospital for boycotting him as an osteopath, will not receive any sympathy or support from the national society; he has no need; that makes that very emphatic. Neither will Dr. Harris receive succor from the Texas Osteopathic Association. And the reason given is forcible.

They officially state to the national and state associations that all his life Dr. Harris has refused to affiliate with any of the professional societies; he has never said that, but distributed any money or work to the profession's organizations; he has held aloof and gone his own ways and let the profession work out its own destiny. Now they propose to continue the same policy of disinterest in him that they aver he has steadily maintained toward the professional organizations.

These officers further avow their disbelieve in the importance of Dr. Harris' local suit to the rest of the profession, and regard his case as having any vital bearing on the future of the rest of the hospitals throughout the country. There is some justice in that attitude of our professional associates toward those who have never shown any interest in their work. Who can criticize it? We can't.

IP INTERESTED IN OSTEOPATHY'S PUBLICITY PROBLEM

We invite every member of The OP family to read a sensible appeal to the public. In the issue on Page 29 entitled “What is Proper Treatment for Winter's Diseases?” this department editorial which frankly at basis is a presentation of the merits of the forthcoming December issue of Osteopathic Health is really much more. It is a discussion of a serious situation in osteopathic propaganda work at this time. The growing tendency of the practitioner to prescribe his own publicity and sit as arbiter on every issue of appeal to the public—this gets in too many instances that this stuff is not written primarily to please him but to provide 50 per cent Attention-appeal and 50 per cent Suggestion-appeal to the public—simply that and nothing more.

Yet some of our people read OFF with a magnifying glass to see if there is any science in the stuff. Alas! A wise man, a philosopher, a man of much experience in measuring scientific quackery can they pick it with and if any issue—which remember is frankly only a piece of advertising writing for public edification and for information—sends its bit, no matter how small, presents any point of view that does not coincide 100 per cent pure with their own predilections and personal points of view or profession work out its own destiny. Now they propose to continue the same policy of disinterest in him that they aver he has steadily maintained toward the professional organizations.

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DEAR OP: We Osteopaths of California have a little saying that we repeat many times, and I feel sure that all patients find it true:

"When you get home go to a good osteopath frequently." Do they do it? As a rule, no. They go for a few treatments and that is all. Most of them consider the treatment a cost and do not think of it as a thing that can give osteopathic treatment, and get by with it. Sela!

There is one thing that seems to be injuring osteopathy. Our city physicians may be, and probably are O. K., and may know a lot more about some things than the country D. O. Yet we see the same thing still holding on and persuading us to do so, by our local friends, who have given up osteopathy on account of the fact that they are hardly settled on the table in any of our cities. I do not believe in long treatment, but the clock. We can not get by with that stuff in small towns for our patients compare notes on us, and we have to deliver the goods every day.

We have to consider "Ban" without exception the ablest state secretary we have—is the large amount of work that a chiro has to do to educate their people a little. I have had people from New York towns, who had had what they considered them as poor specimens, as they did not mix with the male population at all. Said he would drive to Troy, N. Y., and take treatments if he could find a real osteopath who could give a real treatment.

A man from New York city said he would like to take regular treatment but the price of osteopathic treatments was too high for his purse but he thought he knew where he could get them, and among them were two dollars per, the rate I charged him.

Man from Idaho, sent here to die with anemia, was fixed up and returned home. I received a letter from him saying that he wished he could get good general tonic treatments as the osteopath there gave him a pop and a crack and called it a treatment. Thought he would try a "professor" who, I judge, is a better man than the one who came here before us because he is so well that they can get what they think they need, and when we advise to have treatment at home, they do not want to do so. I advised the patient to write here yesterday, for her home in the north, to go to a certain D. O., telling her that he was one of our very best and that she was going to an expert in diagnosis. She replied that I might be correct, but that she did not care for any three-minute treatments.

Now what I am driving at is this. These things hurt our beloved science, for which lots of us have fought for twenty years or more. This may seem to be going pretty far, but if we have it here as we have our people here from all over the U. S., and the same thing comes up so often, I believe it is a menace. It is all right to be scientific, but it is all wrong to have the impression get out that we are out for the "kale."

Please pardon this tiresome epistle; will not burden you with more than this time; but simply had to get it out of my system.
An Able Assistant to Medical Skill

Hemo is an aid to a supply of rich red blood because of its high hemoglobin content. It contains six times as much red blood iron as cow's milk—as much as mother's milk.

Rich, creamy, delicious. For prospective and nursing mothers, for infants, for the aged.

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

Thompson's Malted Food Co.
128 Riverside Drive, Waukesha, Wisconsin
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

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THE DELAWARE SPRINGS SANITARIUM

Delaware, Ohio

Table and Stool is always the cheapest.

When ever you are ready to buy that good Medical Books, and fill orders promptly. samples of covers, sent ask for our Catalogue and Cover Samples. will more than please you. A good Osteopathic Table ask for our Catalogue and Cover Samples. will more than please you. A good Osteopathic Table

Osteopathic Table and Stool is always the cheapest.

When ever you are ready to buy that good Medical Books, and fill orders promptly. samples of covers, sent ask for our Catalogue and Cover Samples. will more than please you.

J. F. Janisch Supply House

Kirksville, Mo.

Treating Tables

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

Best folding tables on market $8.00.

Our "S. S." tables, something NEW.

Price $13.50. Write for circular.

Dr. Geo. Hayman

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Chicago College Matriculates

Largest Class in History

Chicago College of Osteopathy which formally opened on September 17th has matriculated the largest student body in the history of the school. The total number of students registered reached a mark of 162, of which number 75 are Freshmen, 37 are Sophomores, 22 Juniors, 26 Seniors and 7 Post Graduates.

The school which is quartered in the North wing of the present building property at 52nd street and Ellis avenue, has been remodeled and put into excellent shape for school work. New laboratories have been opened and portions of the hospital building have been turned over for college use.

The building is crowded to capacity and steps must be taken at once to provide additional accommodations for the increasing number of students that are looking toward Chicago for their osteopathic education.

Women D. O.'s Who Have Been State Presidents

A LITTLE notice in The OP makes the following facts interesting from an historical point of view. Will you please publish them? Each of these women has been president of her own state Osteopathic Society. Doubtless there have been other women serving in this capacity, but these are the names I happen to have by me at present.

Ohio, Dr. Grace Stratton Atray, two terms 1914 to 1916.

Utah, Dr. Alice Houghton, two terms, 1916 to 1918.

Colorado, Dr. Jennifer Hubbard Bolles, 1913-1914.

Iowa, Dr. Della B. Caldwell, two terms, 1919 to 1920.

Iowa, Dr. Ellia Ray Gilmour, 1913-1914.

California, Dr. Grace Albright Wycoff, 1913-1914.

Iowa, Dr. Ella Still, Dr. Wimer-Ford and some others have not been elected president of their own state Osteopathic Society. Doubtless there have been other women serving in this capacity, but these are the names I happen to have by me at present.

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Iowa, Dr. Ella Ray Gilmour, 1913-1914.
Clinical Reports

from many physicians tell conclusively of the soothing, antiseptic action of DIOXOGEN in tonsillitis, pharyngitis, rhinitis and nose and throat affections generally. They point in no uncertain way to the part DIOXOGEN plays in the effective treatment of the foregoing diseases. Its antiseptic efficiency plus its prompt and gratifying effect on inflamed and congested tissues have made it an indispensable adjunct in the practice of many a practitioner. DIOXOGEN, moreover, is as useful for prophylactic, as it is for remedial purposes.

Directions for Use of Dioxogen in Tonsillitis and Kindred Affections

Dioxogen in the proportion of one part to four to six 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 throat and nasal structures may be.

The Oakland Chemical Company
10 Astor Place, New York

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

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

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

An able staff has been secured to support Dr. Laughlin in the following departments:


A training school for nurses will also be maintained. A separate building for nurses' home has been secured. For further information address Dr. George M. Laughlin, Kirksville, Mo.
Chicago College Must Have a New Building

Chicago College of Osteopathy has already outgrown the commodious building purchased only eighteen months ago! Fully expecting that the college and hospital building, which the Chicago College of Osteopathy Corporation purchased a year and a half ago, would be sufficient to care for their needs for at least four or five years—conditions already have changed to such an extent that it is imperative that additional buildings be provided at once in order to care properly for the increasing business that is coming to both the college and hospital.

The profession felt that the Chicago College Corporation was taking great strides forward in the advancement of the profession of Osteopathy when they purchased this building and moved into it during the war when the outlook was anything but optimistic. Today, however, finds Chicago College overflowing with students and the hospital turning away patients because of its sheer inability to furnish rooms.

OUTLOOK FOR OSTEOPATHY BRIGHT

The general outlook is especially bright at the present time. The colleges, which are the foundation of our great science, are holding their own against the stream of rising costs, and are continually graduating Osteopathic Physicians in greater numbers. Our state associations, which have been fighting for legal rights and privileges, for the last twenty years, are slowly but surely coming into their own, until at the present time, we can see in the distance equality of rights and privileges for Osteopaths with other members of the medical profession.

CORPORATION AUTHORIZES ISSUE OF $400,000 in BONDS

To meet the demand for additional college space the Chicago College of Osteopathy corporation has authorized the issue of $400,000 in bonds, for the purposes of taking up the mortgages on the present property and converting them into a first and redemption mortgage, securing the entire bond issue, to remodel the present building for college use, only, to build and equip an A. T. Still Memorial Amphitheatre for clinical purposes in surgical and anatomical demonstrations, holding post-graduate courses, conventions, etc., and likewise to build and equip a new hospital building as a necessary part of the college equipment.

These bonds will all be handled by the Chicago Title & Trust Company of Chicago, and the trustees, and the immediate call is for $150,000, leaving the balance of $250,000 for the building of the A. T. Still Memorial Amphitheatre, and the new Chicago Osteopathic Hospital.

BONDS—SAFE AND SOUND INVESTMENT

Every precaution has been taken to make these bonds a safe and sound investment from a financial standpoint. The appraised value of the present property has been placed at the very conservative estimate of $150,000. Authorities state that the property is easily worth $250,000 or $250,000. The corporation's equity in the property as it stands, is over $70,000, making the total assets of the corporation $290,000, for which only $150,000 in bonds is being floated at the present time. The balance of the $400,000, or $250,000, will be secured by the new hospital building and the A. T. Still Memorial Amphitheatre, when those buildings are erected.

From past experience and present facilities the college and hospital will be in a position to net aside $21,620 per year, for the purpose of improvement, equipment, and retiring of the bonds. It is estimated that when the new hospital building is completed, the net income will at least be double, making a total of $42,000 net income per year, a total of $650,000 at the end of fifteen years,—for the purpose of retiring the $400,000 in bonds issued.

The subscription blanks for the bonds provide that the money will be held in a separate fund and none of it spent until at least $150,000 has been subscribed.

CHICAGO COLLEGE AIMS TO BECOME UNIVERSITY OF OSTEOPATHY

The aim of the corporation is to make Chicago College the greatest Osteopathic centre for education in the United States. This applies both to an undergraduate course, as well as to a special post-graduate curriculum, which will permit the opportunities for osteopathic physicians to return to school for a length of time, in order to either brush up on work in general practice, or to specialize in any of the numerous branches that will hereafter be offered.

PUBLICITY CENTER

It is also the desire of the Chicago College to become the central agency for the dispensing of information relative to Osteopathy to the American public. When it is considered that only 10% of the people in the United States really know and understand the merits of Osteopathy, it is certain that some educational institution should take over this publicity work.

ADVANTAGES OF A GREATER OSTEOPATHIC COLLEGE

The advantages of such an institution as the greater Chicago Osteopathic Hospital and College are too numerous to detail here. We are all aware of the important factor that it would be—particularly in legislative work, where the course of instruction offered in the colleges are considered, rather than the work of the individual practitioner. Every state department of registration and education in the United States looks toward the college as the foundation for the osteopathic training of the physicians in the state, and, if it does not come up to the standard, how can the individual practitioner ever expect to be recognized as on a par with the medical doctors?

ENDOWMENTS

All over the United States is heard the cry

**STILL-HILDRETH OSTEOPATHIC SANATORIUM**

MACON, MISSOURI


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

Write for Information

**DIET in the WINTER DISEASES**

Most of the common affections at this time of year—influenza, pneumonia, diphtheria, tonsillitis and other contagions—are characterized by fever, marked weakness and indisposition to take food. (To maintain nutrition helps withstand the disease.)

DENNOS FOOD The Whole Wheat Milk Modifier with proper amount of milk furnishes a bland concentrated liquid diet highly suitable for feeding such invalids.

Dennos surcharges the milk with rich assimilable carbohydrates essential to a fever diet. It reduces the curd to fine, flocculent particles, non-irritating and readily assimilable. May be made a valuable aid in re-establishing normal nutrition when vomiting, nausea or diarrhoea is present.

Samples of Dennos sent on request

DENNOS PRODUCTS COMPANY - 2025 Elston Avenue, Chicago, Ill.
THE OSTEOPATHIC PHYSICIAN

How Military Surgeons Reclaim Spinal Cripples

The reconstruction of maimed and crippled soldiers of the great war is calling 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 sufferers.

Of particular interest to physicians having in their case 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 vertebrae 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 excaveation.

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 advisers.

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 refuse 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.

"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:

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

A Dietetic Standby

THE ORIGINAL

Successfully Used Over One-Third Century

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

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

B U R D I C K

Deep Therapy Lamp
Scientific-Efficient
The New Daylight Therapy

Distinctive Features:


Shakur's Cabinet Company
175 Atlantic Ave., Milton, Wis.

How does the article discuss the success of the bond issue and the importance of endowments for osteopathic colleges?

The success of the bond issue, to date, is exceedingly encouraging. A large number of staunch supporters of the non-profit sharing type of college have already signified their intention of joining their efforts in this one most important forward movement in the history of osteopathy. The Chicago College of Osteopathy stands in a unique position in this respect. Situated in the heart of the educational facilities of the United States, with a financial endowment of property that will permit of every expansion, with a hospital and college that has won a reputation for high standard of work, with a group of enthusiastic Osteopaths in the city itself, ready and willing to sacrifice anything and everything, for the good of the institution, one-fifth of the 5,000 Osteopaths in the field by showing their actual support will place this osteopathic college in a position to receive millions of dollars in endowment by contributions and bequests.

The goal of a great University of the Profession, by the profession, and for the profession of Osteopathy.

One for Doc.

A lawyer had lost a case and showed much temper. His doctor friend said to him, in a joke.

"Your seclusion doesn't mean anything to doctors."

"No," answered the lawyer, "I should have been a doctor."

"Like a second cousin?"

"He knew."

A chiropractor, trying to sell down druggist on article: Chiro—Don't you give reduced prices to doctors.

Druggist—Yes, I give cut rates to "Doctors."

Chiro—Takes the article—well regular price.

One for Doc.
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.

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Let us print for you your cards and letterheads

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1000 cards for $3.50
2000 cards for 5.50
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For Letterheads and Envelopes we use Lucas Bond, 20 lb. Letterheads are the regular "single" sheet, size 8½ x 11. The Envelopes are standard 6½ size. We offer choice of two standard arrangements of wording and two styles of type. We specialize on a simple, dignified, "professional" style. Price for single 1000 Letterheads $7.00: Single 1000 Envelopes $6.00. Special price for 1000 Letterheads and 1000 Envelopes, $11.50.

All prices F. O. B., Chicago; Send us your order. Save money.

The O.P., 9 So. Clinton St., Chicago

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

Why Osteopathy Cures Numberless Ills Where Medicine and Surgery Fail

Modern Medicine Has Scored Only Eleven Victories Against a Thousand Failures

3,000 Drugs More Harmful Than Healing

Drug Abuses Far Outrun Drug Uses

Heart Stimulants in the Infections Are Gross Malpractice

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

The Osteopathic Dominion Includes All Curable Diseases

Museum of Osteopathic Medicine, Kirksville, MO
THE OSTEOPATHIC PHYSICIAN

The Colon and Its Neglect in Osteopathic Diagnosis

By C. Ethelwolfe Amsden, D. O., Toronto, Canada.

THERE is nothing of the human race. It is the foundation on which we build illness or health, happiness or unhappiness; and it is chiefly to the colon that we refer those who fall or are sick or are about to die. The colon is the enemy that worketh in darkness because its deeds are evil—and how many of us are willing to let that enemy work in the darkness, to take the trouble to throw a little light on the stum condition of this back yard, this neglected cesspool, that spread disease and suffering? We can tell the fellow osteopath, the general practitioner, the homeopath, the surgeon, and many others who do not believe in osteopathy for the man who does not believe in the methods we use, and I did not so believe, thoroughly and intelligently, we would be trying to keep up with the high cost of living by other and surer means. Therefore, I crave your patience for a few moments while I take you over familiar territory.

We have banished cesspools from cities and towns and made the drainage system, but what have we done to banish cesspools from the human body? I ask you that! I admit that the relation between the general body condition and the digestive system, the colon, rectum, and uterine conditions, has been a matter of some interest for a number of years, but we have not been able to work out the bottom facts and so have not treated a good per cent of our patients with any marked degree of success. The old-school physician, with his physics and pills, dosed these patients until they got tired of going to his office: then, if their pockets were not empty, he took them in to see the right iliac fossa slightly below McBurney's point; it has a wormlike outgrowth below the iliac crest known as the appendix. This small organ causes more trouble and has produced more notoriety than any other organ of the body.

The Ascending Colon extends upward and backward and from the cecum to the under surface of the liver. In cases of piosis of the transverse colon this angle becomes more acute and sometimes we have here the retention of the semifluid. The Transverse Colon extends across the abdomen from the hepatic flexure to the splenic flexure and from this point the descending colon extends to the sigmoid flexure. The Sigmoid Flexure is divided by recent anatomy into iliac colon and pelvic colon. The Ileum Colon extends from the ileum crest to the brim of the pelvis where it passes downward into the left iliac fossa to a point just opposite Poupart's ligament where it turns inward across the psoas muscle and becomes the Pelvic Colon. Here, the colon forms a loop and, turning downward, becomes the Rectum.

The cecum is the blind starting point of these five feet of large intestine and it is in the right iliac fossa a bit below the McBurney's point; it has a worm-like outgrowth below the iliac crest known as the appendix. This small organ causes more trouble and has produced more notoriety than any other organ of the body.

THE OSTEOPATH was the only hope left untried. He was the last resort. He always is. To him come only the desperate who are willing to stake their all on one last throw of the dice!

The Treasure Colon extends across the abdomen from the hepatic flexure to the splenic flexure and from this point the descending colon extends to the sigmoid flexure. The Sigmoid Flexure is divided by recent anatomy into iliac colon and pelvic colon. The Ileum Colon extends from the ileum crest to the brim of the pelvis where it passes downward into the left iliac fossa to a point just opposite Poupart's ligament where it turns inward across the psoas muscle and becomes the Pelvic Colon. Here, the colon forms a loop and, turning downward, becomes the Rectum.

The Cecum is the blind starting point of these five feet of large intestine and it is in the right iliac fossa a bit below the McBurney's point; it has a worm-like outgrowth below the iliac crest known as the appendix. This small organ causes more trouble and has produced more notoriety than any other organ of the body.

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The function of the colon is to absorb the semifluid and to prepare the refuse for elimination. The digestive process in the colon is carried on by myriads of physiological bacteria, the presence of which is necessary to a state of health. Unfortunately this area is menaced by other germ life that are both toxic and death-dealing.

The cecum, because of its pouch, is a particularly dangerous and prolific source of disease and the appendix, that much abused offspring of the cecum, is strangely enough, very often the innocent sufferer from the faults of others. One of the troubles to which the cecum is especially subject is impaction of feces, the weight of which causes a sagging down of the organ. This dragging-down distorts the cesal valve and pulls open the mouth of the appendiceal opening. This, together with the formation of foreign material in this small and apparently useless organ, the removal of which has done much to enrich numberless surgeons. This foreign material generally consists of fluids from the small intestine.

Many eminent men, Osteopaths as well as Allopaths, are of the opinion that constipation is the direct cause of this impaction and the
Ed D. King, D.O., Detroit, is Paying for this Ad out of his interest in the revolutionary thinking truths he says this book contains. Here is the truth about osteopaths generally. The book is entitled

**VOICE, SPEECH and THINKING**

and may be had of the Music in America Publishing Co., 215 Woodward Ave., Detroit, Mich., for $3.00 postpaid. Ed says it is "the most valuable piece of reading you ever purchased." Voice, Speech and Thinking is a remarkable work that is being heralded by Dr. King, the great educator of Toronto, as the best book on this subject ever written. It contains information which, as far as we know, has never before been released to the reading public.

We are confident that, if you will carefully read the following comment on the author's thought concerning this most vital asset of the human race, you will willingly subscribe to a copy. And that you will sense that you are not buying blindly.

"I think we are all agreed that the mucous lining of the intestinal tract is subject to all the diseases that effect the mucous tract in other parts of the body. These diseases are many and serious, for example: T.B., syphilis, gonorrhea, diphtheria, catarrhal, and others.

The last named, Catarrh, is the most prevalent. The same classification of catarrhal diseases applies here as to the nose and throat: acute and chronic. The chronic is subdivided into: Simple, Hypertrophic, and Atropic.

A peculiarity of catarrhal colitis, and one that we do not find in any other structure, is a separation of the mucous lining from the muscular coat; this allows it to slide down and fill up the lumen of the gut with a corrugated fluid which, when exuded from the anus, becomes responsible for pruritus, eczema, and other associated affections. Local treatment is of no importance, the portion of the toxin is, necessarily reabsorbed and enters the blood stream and then auto-intoxication must and does result. With conditions such as these it should not be difficult to understand why auto-intoxication is so prevalent. It is only wonder how does any one escape?"

N

**What a Wonderful Meeting Was That in New York!**

*New York Osteopathic Society had a wonderful meeting at Rochester—the state’s 21st— at Hotel Powers, Oct. 17th and 18th. The main topic was secretarial work, and the meeting went out in a blaze of glory. Prominent D. O. present from Canada, New England, Pennsylvania, New Jersey, Michigan and Illinois seemed to agree it was the finest meeting they had ever attended. The OP editor was there—he never had so much fun and satisfaction out of any meeting he ever attended.

The meeting was held at the Museum of Osteopathic Medicine, Kirkville, MO.
**The Osteopathic Physician**

*Worms or Bedsores*

By A. R. Tucker, M.D., D.O., Raleigh, N. C.

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We have been taught that headaches come from many things. It is true that many things influence headaches, and are probably secondary causes.

Now, let us reason a little about headaches. The major influence is the depressor and opthalmic division of the fifth. These are the nerves that feel the pain in the headache. The blood may produce a headache either by too much pressure or by too little pressure.

Toxic conditions may influence headache either by the nerves or the blood. We rarely see chronic headaches, or headaches at all in children under six years old, unless they have either adenoids, infected tonsils, or possibly been washed four or five times. He headaches.

We have been taught that headaches come overcomes the systemic infection, but the local infection stays right there in the nares. This ulcer, those innocent-looking ulcers under the nose and the nose runs a little to the left, and there is a and the nose runs a little to the left, and there is a and the nose runs a little to the left, and there is a...
14. In some cases hot poultice on back and on.
15. No.
16. Used no cold air, had to be warmed before it reached the patient, not too much ventilation.
17. About 65 and 70 to 75 degrees.
18. Yes, but no cold of any kind allowed to be used. All patients kept cold out of cold water. Manipulation of cervical and dorsal regions and sponge bathing with warm water only. Stretching the muscles of neck, deep pressure in dorsal, digital vibration over chest. In ordinary cases treatment once a day. 3 or 4 times a day in serious cases.
19. Yes, manipulation of neck and throat: spray and gargle of principally sol. Chloroform was used in all cases of “flu,” the gargle. I mean. Also used Calcifin throat troches (Abbott’s).
20. No, except in great weakness of heart where indication permitted it. I resorted to cold compresses over heart and back. When cold water was used on the patient at a moment, but cold water compress usually did the work if permitted, in connection with spinal treatment.
21. I treated over 500 “flu” cases, and in Lenia, Idaho. No deaths from “flu.” I treated 28 cases.
22. I used cold compresses where indicated.
23. I reported my cases to the Osteopathic Association which had been started over from several recent issues but is too important an item to “kill” because of its satisfaction and congratulations to the members of the Missouri Osteopathic Association which had been provided for by motion passed at MOA Convention at Kansas City, May 8th, for the express purpose of investigating and recommending final action in the expulsion of undesirable members from the Missouri Osteopathic Association.
24. May 8th, for the express purpose of investigating and recommending final action in the expulsion of undesirable members from the Missouri Osteopathic Association.
25. Then was given the breast.
26. About four to eight days.
27. Yes, but no cold of any kind allowed to be used. All patients kept cold out of cold water. Manipulation of lower limbs. Patient on back, limbs flexed, rotate limbs with pressure in lower spine. Advantage of cold is that it is the deep, gentle relaxing treatment the entire length of spine, being careful to keep the patient well covered, and move the patient around as little as possible and still give thorough treatment. After relaxing muscles spring the spine, and with patient on the back, if on patient’s right side, take right arm of patient under your arm, flexing the patient arm so that force was directed towards the side, take right arm of patient under your arm, flexing the patient arm so that force was directed towards the superior Osteopathic Association which had been provided for by motion passed at MOA Convention at Kansas City, May 8, 1910, a motion was made, seconded and passed by unanimous vote that A. L. McKenzie, D.O., of Kansas City, Missouri, be, and is hereby expelled from membership in the Missouri Osteopathic Association for the following reason: That the said A. L. McKenzie has for some months been spreading Medical propaganda among the members of the Osteopathic profession, among the students of Osteopathic Colleges and to the public in general, all to the detriment of Osteopathy, the work and pride of Dr. Andrew Taylor Still and for the purpose of benefiting himself in building up a medical college at Kansas City, MO. This action followed the recommendation of the Committee of fifteen which had been appointed at the MOA business meeting at Kansas City, May 8th, for the express purpose of investigating and recommending final action in the expulsion of undesirable members from the Missouri Osteopathic Association.
29. Flexible length and spine.
30. Deep gentle relaxation. No effort was made to reduce old lesions.
31. General stretching of the spine, patient on face, muscles raised to raise the back. Manipulation of lower limbs. Patient on back, limbs flexed, rotate limbs with pressure in lower spine. Advantage of cold is that it is the deep, gentle relaxing treatment the entire length of spine, being careful to keep the patient well covered, and move the patient around as little as possible and still give thorough treatment. After relaxing muscles spring the spine, and with patient on the back, if on patient’s right side, take right arm of patient under your arm, flexing the patient arm so that force was directed towards the side, take right arm of patient under your arm, flexing the patient arm so that force was directed towards the superior Osteopathic Association which had been provided for by motion passed at MOA Convention at Kansas City, May 8th, for the express purpose of investigating and recommending final action in the expulsion of undesirable members from the Missouri Osteopathic Association.
32. Yes, lots of fresh air, with the room about 65 where possible.
33. Many places impossible to regulate.
34. General treatment, special attention to upper cervical, sponge baths, and enema.
35. Thorough relaxation, if cervical and upper thoracic hot, and cold pack to throat, Vick’s Vapo Rub. Had only one or two of this to 40 cases, but this was troublesome. It was made to reduce old lesions.
36. Never used a drug to stimulate the heart.
37. Liquids as stated above and special attention to nerve supply.
38. When called to see case, if I was first physician called, I gave a vigorous though not rough treatment of lemonade. Usually patient was sweating before I left, but if not within an hour lemonade repeated. If called second or third, nothing medical treatment and had not had sweat, gave as vigorous treatment as condition of patient would warrant, and sweat.
39. General treatment followed by a hot lemonade usually produced sweating. Two cases that did not sweat with this treatment were placed on chairs with quilts around, put electric sterilizer under chair, brought water to boiling point, and made to drink. Placed patient under chair with quilts around, put electric sterilizer under chair, brought water to boiling point, and made to drink.
What Is Proper Treatment for Winter’s Diseases?

SUCH is the title of a thoughtful and conviction-compelling HSB brochure, appropriate to the season, which comprises the December installment of Osteopathic Health’s educational service for the professional practitioner.

You might as well look forward and travel fast in your propaganda efforts, Doctor, as to be using only the same old literary vehicles that served us so well ten and twenty years ago—before anybody, even ourselves, really knew for certain that osteopathy was a general therapy, unequalled among all resources of the healing art, for combatting the infectious diseases. Now we know. A small part of the world knows. The whole world ought to know.

Shall our advertising messages be written in the phrases of yesterday? Not those put over for the profession by Bunting, certainly.

This December OH is a message to the American public based on the fact that osteopathy made good in the big epidemic. A system of healing that managed its flu and pneumonia cases wisely and successfully, and that cut down the usual mortality very markedly, may safely be trusted with all other wheeziness, from coughs, colds and sore throats to the most serious and dangerous among them.

That’s the argument. What do you think it will appeal to the people? Of course it will. A profession that conquers a plague will hold its head high in asking a vote of public confidence and support as the other propagandists do. Or else the public will not credit the report that it controlled the alien forces of the epidemic. How there are reasons enough given why the death rate was high or low under different treatments. Comparison is established by the mere fact of variations in that ratio of fatalities between osteopathic and nonosteopathic practitioners. As long as the system managed its flu and pneumonia cases wisely and successfully, the well-known laws and results of all scientific inquiry were demonstrated. The limitations of the individual passing upon a case wisely and successfully, and that cut down the mortality very markedly. If you have faith in the people, you will not make the mistake this month or half the months in the year of stopping your OH publicity—of losing it for the science and profession—just because you feel the limitations of the individual passing upon a case wisely and successfully.

But don’t—don’t make the mistake this month or half the months in the year of stopping your OH publicity—of losing it for the science and profession—just because you feel the limitations of the individual passing upon a case wisely and successfully.

Isn’t the logic good?

If you want me to be responsible for results take the service I furnish you and use it. Don’t emasculate it. I pray you, if you desire to make osteopathy prevail, by chopping out important links of it, breaking the continuity of it, destroying its vital force and reducing it to hum-drum disinterest and mediocrity. This is said in your individual interests as much as that of the profession collectively.

Now dear friends, our customers, read this December OH and see that I do not knock drug medicine at all but I do explain why the system is false in logic and based on error in practice. If the day ever comes that you osteopaths ask Bunting to quit explaining why materia medica and vaccine-serum experimental therapy is mainly wrong I’ll quit working for you and join the Christian Science Monitor staff who have the guts to preach what they believe and stand for what they believe. Believe whether several good friends who are M.D.’s in the home town will approve of it or not. Did you ask the approval of those M.D. neighbors when you entered a school of osteopathy or set up in practice as their competitors? It is all right to consider them, up to a certain point, but you ought to consider osteopathic advancement and the conserving of human life even more. If you don’t believe that what I preach is true then you have no business being in osteopathy for I am preaching osteopathy, scientific and practical, pure and undefiled.

Please look up that December issue of Osteopathic Health and see how splendid it really is for your purposes. That explanation of how and why osteopathy got such good results in the flu epidemic is fine. I’ll say it is. That authoritative summary (quoting standard research authors) of the errors of strong drug medications is also something you have simply got to circulate in your neighborhood if you want families who are now consuming aspirin and other salycilates to quit that custom and take the service I furnish you and use it.

Here is what this issue contains: Professor John Comstock’s beautiful statement of “Osteopathy As a Science.” John is Scientific Director of Southwest Museum, Los Angeles and a Loyola D. O.

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That Magazine with the Red and Green Parrot on the Cover

T HAT October magazine (OH) took mighty well with the profession. No wonder. It is good. They nearly all say so. A very fine number to send out to former patients to keep them alive to osteopathy, or to send to persons not yet informed or interested in our science and practice. Suppose you look at this October issue with a view to spreading a thousand and over your field. We have the magazine prepared ready to send out—you have the money to draft a thousand to fight in your behalf—why not cooperate? Let us pull together.

Here is what this issue contains: Professor John Comstock’s beautiful statement of “Osteopathy As a Science.” John is Scientific Director of Southwest Museum, Los Angeles and a very loyal D. O. You should read this popular biological statement of our science and practice—and let others read it.

The other articles—ten in number—all deal with practical cases cured, embracing Acidosis, Facial Paralysis, Hemorrhoids, Insufficiency, Facial Paralysis, Pains in the Back, Appendicitis, Inflammation of the Bladder and Gastroitis.

Gosh all fish-hooks! What finer diet could you ask for the dear pee-pul? We’ve 5,500 yet in stock to supply your requirements. Will you use 1,000 of them? Don’t let us get stuck on dull minds who won’t give it attention if you never vary the diet. OH gives ’em mixed diet. You advocate it in foods. Why would you advocate monotony and bread-and-water brain food only?

(4.) If you insist that you are an advertising expert and know better just what should and should not be the methods and means of osteopathic propaganda, then clearly I ought to be in the practice and you ought to be directing the propaganda activities of the profession.

Isn’t the logic good?

This, doctor, is not any assumption of plenary wisdom in advertising on my part, or of inability to make the usual average number of misjudgments or mistakes—such as all profession persons will make in their work, despite their average skill or total of achievements.

But it is submitting to you the definite proposition that if you are going to advertise osteopathy you ought to do it in accordance with the well-known laws and results of all scientific inquiry. If you are going to advertise, and instead of being the judge of this yourself you need expert counsel. If you have knowledge, experience and professional advertising skill you are able to trust. But don’t—don’t make the mistake this month or half the months in the year of stopping your OH publicity—of losing it for the science and profession—just because you feel the limitations of the individual passing upon a case wisely and successfully, and that cut down the mortality very markedly.

If you want me to be responsible for results take the service I furnish you and use it. Don’t emasculate it. I pray you, if you desire to make osteopathy prevail, by chopping out important links of it, breaking the continuity of it, destroying its vital force and reducing it to hum-drum disinterest and mediocrity. This is said in your individual interests as much as that of the profession collectively.

Can it be that Dr. Bunting had a glimpse of paradise when he hatched a mental vision of that bird on the front cover of the October (OH)? This is the statement to pull as a “patient getter” but it is a profoundly scientific statement that evokes my heartfelt admiration.

—George O. Shoemaker, Wichita, Kansas.
Copy well-equipped operating rooms, with adequate arrangements to have the distributions Comstock, Osteopathy. Dr. H. V. Halladay, of Kirksville, Missouri. So' Cedar Rapids; treasurer, Dr. Margaret D.O., secretary. Nombaska. Offices.

Some Methodist. Rice, Museum of Osteopathic Medicine, Kirksville, MO.

ing when he had almost finished preparation the coroner declares his death to have been accidental. He was taken with nausea and fainting when he had almost finished preparation for a journey he was about to take his home in Davenport.

Dr. Bixby was a graduate of Still College of Osteopathy. Spent one year as Intern in Des Moines General Hospital, and one year in the practice of osteopathy in Frisco City. Iowa. He graduated from the Kansas City College of Physicians and Surgeons in June, 1919.

Dr. W. B. Bixby Meets Death by a Fall

Dr. W. B. Bixby, D.O., M. D., died at Iowa City, Iowa, Sept. 17th. His death was caused by a fall from a 5d story window of an apartment house at Des Moines. The statement of the attending physician and of the coroner declares his death to have been accidental. He was taken with nausea and fainting when he had almost finished preparation for a journey he was about to take his home in Davenport.

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Differential Diagnosis of Shoulder Conditions

By Harold Glascow, D. O., M. D., Raleigh, N. C.

SHOULDER conditions comprise quite a number of cases that come to the osteopath. The most important conditions which present themselves for treatment are rheumatism, tuberculosis, neuritis, bursitis, infection of the joint, dislocation of the acromial end, and certain conditions of the clavicle. These conditions are all treated under the caption of “trouble in the shoulder,” and no time or thought is given to making an intelligent diagnosis of the condition.

The following differential points I have found to be very valuable:

Rheumatism presents fever in the joint, with redness and swelling of the joint and other joint involvement.

Tuberculosis.—Daily temperature. Other tubercular foci. X-Ray.

Neuritis.—Pain in the neck. Pain in the shoulder. Pain makes the insertion of the deltoid, also in forearm. Shoulder joint may be moved without pain. Pain worse at night. No swelling. Arm weak.

Bursitis.—No pain in the neck. Pain in anterior and posterior part of joint. Joint painful on motion. Pain near insertion of the deltoid. The neck is the most common site of involvement. Dislocation of Acromial of Clavicle.—Tenderness over aconio-clavicular articulation. Arm cannot be raised to right angle with the body, but elbow may be brought across the chest with external rotation of arm and raised perpendicular with the body without pain. Pain severe. Temperature.

Infection.—Chill. Motion limited. Pain severe. Temperature.

THE OSTEOPATHIC PHYSICIAN

Chicago College New Dean

INCREASE in students at Chicago College of Osteopathy and when a full-time Dean is employed. At a meeting of the Board in September, Dr. Edgar S. Comstock, Secretary of the Board, who gave half of his time to teaching last year, had expressed the necessity for a full time Dean to handle the work and asked to be relieved.

J. Paul Raymond, D. B. from the University of Chicago was appointed Dean. Dr. Raymond has had experience, having been President of West Virginia for a number of years and President of the Toledo University and Medical School. His life has been devoted to educational work and the Osteopathic profession should feel fortunate in having so able a man at the head of one of their institutions.

J. P. Raymond will continue his work as Secretary of the Board of Trustees. The profession owes a debt to Dr. Comstock for his untiring efforts the past year, and he has sacrificed in every possible way to make the school a success, and succeeded nobly in bringing it through the war period in a highly satisfactory manner.

Osteopathic Cures 206 Hour Siege of Hiccoughs

B. Sutton, Tacoma, Wash., was cured of hiccoughs which persisted 266 hours and realized the best efforts of two medical doctors in two of the best hospitals of this city. P. G. Gott, D. O., Provident building, Tacoma, who was called in on the ninth day. The trouble was a traumatic luxation of the fourth cervical vertebra—due to a twist of the neck while carrying a board on his head. The hiccoughing subsided within fifteen minutes of adjustment.

The hospital where Mr. Sutton was incarcerated and was being prepared for death from exhaustion had not part of his larynx entrance to its portals; so the sick man had to be removed to another asylum before his injury could be healed.

Three other cases of persistent hiccoughs have been cured in Tacoma by osteopaths within the month that received no mention in the newspapers. The good work was reported by Dr. M. E. Cleveland, Iowa City.

Cured Week-Old Hiccough

I had a case of hiccough of one week standing which I cured in one treatment. I laid it all to gastric irritation. I relaxed his neck with inhibition on phrenic nerve, also made pressure on the dorsal spine, also made pressure on the sacral spine, also made pressure on the 4th and 11th; then I filled him with warm water and the hiccough stopped immediately, never to return.

A. K. Aiser, D. O., Lockport, N. Y.

Some Recent Dionol Results

The Dionol Company—Aug., 1922.

“FLU” AND PNEUMONIA. First I had wonderful results treating “Flu” and pneumonias last winter with Dionol Treatment. The cases ran shorter courses, the patients convalesced in a shorter time, patients were converted into the surgical department. They were then converted into the surgical department without after exhaustion would not permit an osteopath to enter the hospital, but Dr. in a case of facial erysipelas. He did everything which I cured in one treatment. I laid it to another asylum before his injury could be healed.

Four other cases of persistent hiccoughs have been cured in Tacoma by osteopaths within the month that received no mention in the newspapers. The good work was reported by Dr. M. E. Cleveland, Iowa City.

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A. K. Aiser, D. O., Lockport, N. Y.
The McManis Company Issues Beautiful New Catalog

The two-volume catalog of the McManis Table Company of Kirkville, Missouri, has just issued a new catalog and it is in every respect a most useful addition to its already extensive line. It is typical of all McManis products, and is designed to meet the needs of the profession.

Miss Anna D. Jones, New Superintendent of Chicago Osteopathic Hospital

Miss Anna D. Jones, a graduate of the Englewood Training School for Nurses in the year 1899, has been appointed the new superintendent of the Chicago Osteopathic Hospital. Miss Jones is very highly recommended, and has been engaged as Superintendent in a number of large hospitals.

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In a recent letter we received from Dr. A. Still Craig of Kansas City, Missouri, he stated that he had sent his connection with the Central College of that city.

Dr. H. L. Studley, of Eugene, Oregon, has just returned to his practice at that location after several months absence. He was away on an extended vacation.

Dr. T. Tandy formerly of Gravette, Missouri, is now located at Kirksville, Missouri, where he plans on specializing in prenatal work at the AOI.

Dr. Eugene F. Follette, of Liberal, Kansas, just recently took advantage of Dr. G. C. Reed's Denver Polytechnic and Post Graduate Schools and is now in his office ready for practice.

The latter part of October, Dr. W. C. Duwee, of Bozeman, Montana, a patient to Cheo Hot Springs, to have Dr. Townsend remove an infected gall bladder, Dr. Duwee assisted in the operation. On the last report from Dr. Townsend, the patient was doing nicely.

Dr. M. F. Rogers, of New Castle, Pennsylvania, and Miss Majorie Smith, also of that city, were quietly married October 1st. Dr. Rogers was the pastor of the church at New Castle. After the ceremony the couple left for a month's trip thru the East and midwest.

We just received a letter from Dr. Clarence C. Wright stating he was moving into better quarters at Charleston, Pennsylvania. Dr. Wright also stated that on the day he moved into the larger headquarters, November 13th, he had been practicing osteopathy for fifteen years.

Dr. Albert C. H. Esser of Chicago, has removed his offices from 6090 Stoney Island avenue, to 6861 Stoney Island avenue, where he has more and more convenient quarters. Dr. Esser started his practice at the 6090 Stoney Island office about seven years ago and this is his first change of location.

Dr. G. Glenn Murphy, after spending something over three years in the Canadian Army Medical Corps on overseas service in England and France, has returned to his practice in Winnipeg, Canada. He reports that he is mighty glad to be back on this side of the water and to have a chance to again take up his practice.

Capt. Arthur Willard, of the New Mexico, flagship of the Pacific fleet, entertained Seattle osteopaths on board his boat at the time President Wilson was reviewing the fleet in Seattle. Capt. Willard is a native of Kirksville, Mo., and gave a cordial reception to members of the profession who were familiar with his old home.

Dr. Grover C. Jones, formerly of Milledgeville, Georgia, returned about October 1st, from France where he served as a lieutenant in the French Corps. Dr. Jones graduated from the American School of Osteopathy in the class of 1915, and located in Milledgeville, Georgia, being associated in practice with his brother, Dr. Frank F. Jones.

Dr. Addison O'Neil of Daytona, Florida, was just recently appointed by Governor Sidney J. Catts as president of the Florida State Board of Osteopathic Examiners. Dr. O'Neil succeeds Dr. J. C. Howell of Orlando. The other two members on the board are Dr. A. E. Berry, of Tampa, and Dr. Ida Ellis Bush, of Jacksonville.

Dr. George H. Fulton of Roanoke, Virginia, recently addressed The Virginia Osteopathic Association and took for his subject the life of Andrew Taylor Still. This talk with extremely apropos to the fact that Dr. Taylor Still was born in Lee County, Virginia. Dr. Fulton on his return home got a full column write up giving the paper he read in full.

Dr. H. L. Mason, of Tyler, Texas, just recently announced the opening of a modern x-ray laboratory in Tyler. With his offices in the City National Bank building at that city, Dr. Mason states that a competent operator will have charge of this department and that all kinds of radiography will be handled from the lightest dental film to the heavy bone tissue pictures.

Dr. R. Kendrick Smith of Tifton, Georgia, read a paper on October 18th at the annual meeting of the American Association of Clinical Research in New York City, his subject being "One Hundred Thousand Cases of Influenza with a Death Rate of One in 200" That under Conventional Medical Treatment." Incorporating the statistics of the epidemic as officially published by the American Osteopathic Association.

Dr. D. C. Ward, formerly of Rialto Logan Blvd., Chicago, has been located in Orlando, Florida, for about two years. He has built up a splendid practice there. The climate has proved very beneficial to himself and his family and they expect to make Orlando their permanent home. Dr. Ward extends a cordial invitation to any osteopath visiting in Florida to call and see him and this invitation is particularly emphasized for the members of his class of 1911.

Dr. Frank J. Stewart, of Chicago, made a combined business and pleasure trip to Iowa recently. He left September 15th and was away ten days. The purpose of the expedition was to build a house on his Iowa farm and to give some time to as much time as possible visiting his mother in Atlantic City. The weather turned out very rainy so the visiting was more of a success than the building operations which proved necessary for Dr. Stewart to return to Chicago before the house was much more than started.

On his birthday recently and shortly after his return from attending the AJA convention at Chicago, Dr. W. C. Dawson, of Bozeman, Montana, had a call on an extended visit. When his birthday he thought it would be nice to get a boy before twelve o'clock but the "bates were a grin him" and it proved to be a girl and arrived about eight minutes late. The mother suggested that the reasons that girls were apt to run over her was that they needed the extra time to primp. Dr. Dawson also sent us a nice message about "Osteopathic Health." He says that his patients are always glad to get the magazine and that he knows that it makes them "Trumer in the faith."

What is Proper Treatment for Winter's Diseases?

A system of healing that was safe in the Flu-Pneumonia epidemic can be safely trusted in any disease

Dr. F. E. Dayton of Kieniche, Michigan, sure is a busy man. Now is a day and a half, for instance, he just attended the 22nd convention of the surgical surgeons at Chicago. During the convention time he made a very pleasant visit to The Osteo office, also assisted on an operation on patient from Clevelander, Michigan, and left the patient under the care of Dr. Nettie Hurd, of Chicago. St. Dayton now tells us he has been asked to appear on the program of the Michigan State meeting, Detroit, October 29-31, the subject of the meeting to be "Free Clinic."

Dr. Charles L. Hawkes, of Great Falls, Montana, who died recently, was one of the best known men of his profession in Montana. He was regarded as a true and faithful osteopath and an honor to his profession and he was very successful in his practices. He was a man of high ideals and was much beloved by all who knew him. His health broke down about a year previous to his death but he had a great determination to live. It made a wonderful fight for life up to the very last minute and it is believed that but for his courage and determination he would have passed on many months ago. An operation which he underwent a few days previous to his death revealed gall bladder very much enlarged and full of pus, three large gall stones, and appendix and kidneys greatly inflamed. Dr. Hawkes leaves a father, mother, two sisters, a wife and a little daughter, two and one-half months old. His body was taken to Princeton, Montana, the home of Mr. Hawkes, for burial.

Dr. B. M. Rogers, of New Castle, Pennsylvania, and Miss Majarie Smith, of New Castle, on September 16th.

Dr. Kenneth R. Lawton, M. M., and Vera Elizabeth Willard of Newton Highlands, Mass., on October 9th.

December Issue

Osteopathic Health for November, 1919

The Why of Nervous Diseases

Our Bodies Like a Great City

Brain and Cord the Power Plant of the Body

The One Commonest Cause of Disease

Drugs Do Not Cure

Osteopathy to the Relief

The Exchange and Market

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